The Breaking Wheel

by J_Baillier

Summary

His immune system is decimating his nervous system - a civil war raging inside of him. Is there a reaction he's supposed to be having to this news, now? Something normal: cry, scream, pound the wall? Shake his fist at the uncaring universe?

John can't stop this. An uncomfortable bed at some hospital ward isn't going to stop this.

They keep telling him that this will most likely pass, but no one is answering the most
important question: how will he be able to endure the uncertainty and the long wait?

Notes

The main page of the series contains information on the full chronology of the fics that belong to it. In terms of the TV series' timeline, this kicks off right after Baskerville.

Every writer deserves betas like Emma221b and 7PercentSolution. Besides conducting my light in the right direction they are also fic supernovas in their own right: you should all be reading their stories.

There is a podfic available of this story, read by the fabulous Lockedinjohnlock.
'Breathing is boring' is a phrase John has seen fit to remind him of several times lately. It's something he'd once said in a fit of pique, for lack of a cleverer retort.

At present, he doesn't need to perform the act of breathing himself at all, which is deeply unnerving. It's only one of the things he isn't able to do at the moment. Instead, he feels his lungs filling and emptying in a steady rhythm commandeered by a respirator. It should be reassuring, and Sherlock knows that modern Intensive Treatment Unit respirators have numerous fail-safes and backup systems in place, but still he finds it hard not to worry.

Like any man-made machine, it could easily malfunction. This is what it must be like for parachute jumpers and scuba divers - to be deeply dependent on a contraption, and to be acutely aware of that very dependency.

Like all machines, biological or otherwise, humans break down too. There are thousands of known diseases, and it's a miracle any human ever sees a healthy day when taking into consideration all the things that could do wrong.

It's a selective ignorance that protects humans from worrying about all that, and when the Transport is functional, Sherlock doesn't think about these things, but when it fails this severely, it's all he can think about.

Air in, air out. Every breath is a relief in itself, but offering no guarantees if the next one will ever come.

At home, in his own bedroom, he has often shrouded himself in the quiet and the darkness, but now the silence is somehow sickening and makes him feel weak and abandoned.

During most of the hospital visits in his past he has always had the option to escape as long as he'd been conscious. He'd made a habit of self-discharge, relishing the feeling of deciding himself when he was sufficiently mended. He knew best - it was his Transport after all, so how could the doctors know when he was healed enough to leave?

Not this time. This time he wouldn't leave of his own volition, because he can't even get out of this bed.

There's an empty chair beside his bed, its regular daytime occupant tucked into bed at home.

John. As much consolation as his presence offers during the day, at night the empty chair beside the bed feels like a gaping wound.

He has all the time in the world, now, just to think. He doesn't like it. Paranoia is just around the corner, ready to whisper in his ear how easy it would be for some minion of an old enemy to sneak in, disguised as a nurse, and to turn off the machines that are keeping him alive.
John says that this will pass, with a reassuring smile that's only two thirds honest. Medicine is unpredictable. Life is unpredictable, and Sherlock wonders if his quota of unlikely survivals, rescues and dumb luck has already run out.

If there is not change for the better soon, there's a possibility he will remain locked into his own body, like a restless ghost tethered to an abandoned house, reliant on occasional visitors for human contact.

If that happens, what will he do?

He isn't usually like this, but this place has a strange tendency to make his emotions bleed out as though they were an undammed river.

He tries to blot the desolation out with memories of home, but that only serves to allow fear to gnaw at the edges of those recollections - what if that's all they'll be now, memories, instead of being reassuring promises of the future? What if home will no longer mean 221b Baker Street with John, but this: staring infinitely at the ceiling of some medical facility?

What will he do, then, if he can no longer do anything?
Blue light

The Guillain-Barré syndrome is caused by the immune system traitorously turning on its host after being over-activated by a microbe.

In a way, it's the human body being too clever for its own good.

It's the story of Sherlock's life, really, being so high-functioning that some of the cleverness eventually backfires on him.

The exact trigger mechanism of this syndrome is unknown, and it's not possible to predict which one out of a hundred thousand vaccinated or stricken with a banal flu virus will get it.

It's just a matter of luck, but statistics won't console those who fall prey to the illness.

It all started with an innocent bout of flu - just a cough and a sniffle. John had prescribed tea, paracetamol and bed rest, none of which Sherlock had really indulged in. These things tended to pass quickly. Just some pedestrian virus infection unworthy of worry or attention.

There had been a case on - several, actually - and such a banal ailment was not reason enough to abandon any of them. Not even a case that was, at most, a five on his scale of interest.

Eventually, Sherlock's cough had become persistent and hacking, but the associated fever only lasted two days and was so mild that he never bothered to tell John about it. The nights were lonely and miserable, rolling around in sweat-soaked sheets, but he used the misery to his advantage since he didn't sleep during cases anyway.

His body was used to lack of sleep and food. He had taught it to obey his iron will - not to gripe about non-life-threatening and thus inconsequential seasonal infections which were always gradually overcome by the formidable machine of destruction that is the immune system.

He had still been coughing when the fatigue began to set in. At first he'd self-diagnosed it as probable onset of pneumonia - an opportunist bacteria had settled into his lungs which had been rendered vulnerable by the flu. He'd had pneumonias before, with their associated general malaise. This time fever stayed away, but he knew that it was not a feature of all lower respiratory tract infections.

"Has it ever occurred to you that you might not even produce fever even when really sick, what with the wringer you put your body through all the time?" John had asked, hands on hips after interrogating Sherlock about a cough he could no longer hide. "I've told you that while you have some superhuman ability to still stand on your feet after days of not eating and sleeping, systems will start shutting down. Your immune system would be among the first to get trashed," John had chided
and commanded him to at least buy some multivitamins in the future if he wasn't going to mend his meal routine.

This is what John had been so very wrong about - it wasn't that his immune system was weakened. It was quite the opposite. His immune system was very functional, and apparently prone to going after the wrong target with relish, when actual intruders were not giving it enough of a challenge.

John had made a song and dance about it, listening to his lungs with a stethoscope that looked like it had seen better days. John had told him he'd bought it during his first week in medical college. Sherlock appreciated, on a theoretical level, the old-fashioned way in which John, a traditionalist in his trade, was used to making do with simple equipment as an army physician. He had, however, taken an irritating amount of his time, pressing the disgustingly cold stethoscope onto Sherlock's chest, frowning and humming.

Being the subject of John's scrutiny had made him feel strangely exposed, even though they were not at a disinfectant-smelling clinic but their own sitting room, warmed by the cosy, burning and crackling logs in the fireplace. Sherlock hadn't asked what the findings were, relying on John telling him if there was information that was necessary to convey.

John had not liked what he'd heard, so a brief visit to the surgery where he worked had been undertaken. Sherlock had tried to argue against it, but John had used a very specific tone which Sherlock suspects he had learned in the army. It's a tone that invites no arguments. John uses it sparingly, and it does pack a punch. Medicine is the only area Sherlock concedes to John's decision-making, mostly because he suspects it might be insulting to argue with Dr Watson on such matters and even though he'd never cower before the man, being at the receiving end of that one particular tone is always unpleasant to say the least.

After some blood samples had helped John discern whether what Sherlock had was more likely to be a bacterium than a virus, a course of antibiotics was deemed necessary. This, Sherlock had tried to half-heartedly decline, but John bulldozed over him. The prescription was written by one of John's colleagues after a brief discussion about complying with the General Medical Council Guidelines which Sherlock naturally found ridiculous. Still, their directive was simple - John could not treat friends or family. "At least not in a way that'll leave a paper trail," John had told him on their way to the pharmacy. "Since I'm forced to intervene in these things with you all the time, GMC or no GMC."

The medicine helped. Sherlock got better - until a very strange Monday arrived.

At first, Sherlock was certain he'd simply sat in a strange position in the cab, which had trapped a nerve. An irritating tingling in his feet and shins which refused to stop, grated at his concentration at that day's crime scene, leading, even, to Lestrade asking if he had a pebble in his shoe. Sherlock had paced and darted around the body more than usual, convinced that once he'd moved enough to warm the muscles, the tingling would probably stop.

By the time he'd decided on a cause of death - which most certainly wasn't the aspiration pneumonia Anderson was stubbornly convinced of - the tingling had reached his knees.

Sciatic pain was unlikely to be this symmetrical. Besides, he didn't have any other symptoms of a slipped disc or any other benign back issue. No back pain - or pain of any kind - at all.
He put on his gloves when the coroner arrived to pick up the body. It was difficult, because his fingers were suddenly numb. It wasn't cold, so it couldn't have been frostbite, and he had most certainly not had his arms in any kind of a position that would have put pressure on the brachial plexus - the convergence of upper limb nerves.

There was a suspect. Sherlock deduced he was the culprit from the way the man ate up his omelette. He'd tried to escape, and had been promptly tackled by Donovan after trying to leap through a second-storey window.

Unable to muster much enthusiasm for the turn of events, Sherlock had sat wordlessly in Lestrade's car when they headed back to NSY headquarters. Paperwork was filled, their suspect transferred to the containment unit and a celebratory lunch offered. Might as well - this was the last case he'd had going, and John wasn't arriving home for a considerable number of hours.

Sherlock was asked to sign his name on a billing roster at the cafeteria. His fingers kept losing their grip on the pen and his signature ended up a weak scribble.

"People always say doctors have the worst handwriting. I guess you've picked that up from Watson, then," DI Sally Donovan had pointed out as she sailed past him and Lestrade with her own tray.

At four in the afternoon, in the cab he'd hailed with an achy, tingling arm at Vauxhall Bridge, Sherlock had been bone-weary and almost incapable of pulling his wallet out of his breast pocket. His hands were shaking from the effort, and his fingers had lost all strength in their key pinch grip.

After fumbling with the wallet for what felt like minutes, he let out a shaky breath and passed the item to the driver. "Please take out a twenty and pass it back to me. You can keep the change," Sherlock added hastily. Had there been change, he would probably have dropped it, or at the least he would have dreaded having to try to get the coins out the pockets of his trousers later.

His head had felt heavy and light at the same time, as though its contents had been filled with cotton, but his neck was stiff and there was a band of pressure tightening his temples akin to how he sometimes felt before a thunderstorm began.

The numbers on their door had looked unfocused. He blinked and squinted, and finally they agreed to settle back into how they usually looked. It took him several minutes to get the door open - he kept missing the keyhole and he had to enclose the fingers holding the key with those of his other hand for fortification, lest his grip on the key be lost completely.

Finally, the door had opened with a click. After he had stepped in and turned to pull the door closed, he'd lost his balance as it shut. His arm swung out to stop him from collapsing against the doorframe, but his movements were unco-ordinated and sluggish, and he had ended up hitting the doorframe shoulder-first anyway. His palm had missed the wall, because he couldn't feel a thing with it.

He stood there for a moment, catching his breath and allowing his galloping heart rate to calm down. His shoulder throbbed; it was probably going to bruise.

He hadn't properly entertained the thought that something may have been severely wrong just yet. He'd been too focused on getting home, too task-oriented on everything he suddenly found very difficult to do. Focus on the task at hand, look at the big picture later.

There are seventeen steps up to their flat from the downstairs foyer. Just seventeen. Usually he ran
up, taking several at a time.

On that Monday, he only managed to drag himself up four of them before his legs gave out from under him.

That's where John found him two hours later, sitting on the third step, leaning the side of his head on the rails of the bannister. Sherlock had tried to text, tried to call John, but using the phone without any feeling in his fingers and a blurry double-vision had proven as impossible as negotiating the stairs.

"There's something wrong with me," he had said, and John, looking alarmed and perplexed sat down next to him.

He never tells John such things, but then again, he had never experienced losing control over his body like this before. He had been drugged on occasion, but this didn't feel similar at all. His thoughts felt clear and apart from the tiredness still lingering from the pneumonia, he wasn't anywhere close to passing out.

In a clipped tone, Sherlock had listed to John everything he'd noticed was not working properly. He expected John to help him upstairs and to put him in bed, but John had dug out his phone instead and called the emergency number. John had first introduced himself professionally and recited their address. Then: "I'm with a 34-year old male with symptoms of spreading symmetrical limb paralysis. I need a blue light ambulance, please. Yes, conscious and breathing normally." John had then ended the call and shoved his phone in his coat pocket, taking a seat next to Sherlock again. He had pressed his cool palm against Sherlock's forehead and grabbed his wrist with his other, muttering as he made a rough estimate of Sherlock's heart rate.

"What is this?" Sherlock had asked John, who had ignored the question and begun firing a set of his own instead.

No, Sherlock doubted that anyone would have had an opportunity to drug him. No, he hadn't eaten anything from the fridge in several days - neither fresh food nor any of the grossly outdated things. No, he hadn't licked the dead toads in the bathroom sink - honestly, did John think him a complete imbecile?

Sherlock had wanted to believe that there was no reason to worry. This had only been going on for a few hours. Well, maybe seven, but less than a day. He had been preoccupied with more important things - such as the aforementioned dead toad decomposition experiment John had been on the warpath about - to pay attention to the possible initial signals that something was wrong.

Yes, his tetanus shots were up to date.

No, he hadn't been bitten by any animals.

No, he hadn't used. Nor had he done anything else hazardous while being distracted by the damned toads.

When John seemed to have run out of questions he had just sat there, fingers still curled around Sherlock's wrist, frowning. Sherlock would have expected an encouraging smile, some pointless promise of everything being all fine, but John just kept watching him with such intent that Sherlock wondered if John might have been expecting him to suddenly do something rather spectacular, like spontaneously combust.

John never looked this serious on crime scenes. He only looked like this when there was danger.
Sherlock had found himself frightened by this idea, feeling suddenly light-headed and a little breathless. "What is this?" he had asked John again. He had wanted to ask about the need for a blue light - really, John, aren't there any properly sick people in London who need it more?

"We're going to find out," John had said in a determined tone. "You said tingling and numbness. Any coordination issues?"

"It might just be the numbness, but yes. Double vision that comes and goes," Sherlock had admitted begrudgingly. "What is this?" he had reiterated, leaning his sweaty forehead on the railing again because his neck muscles felt twitchy and spent.

John's arm had snaked around him to keep him steady. "Don't worry. We'll get to the bottom of it."

Sherlock had not found such a promise very credible or very reassuring, because to him, not knowing and not worrying have always seemed like incompatible constructs.
What a welcome this story has received! It seems to have found a readership quicker than any of my earlier works. Thank you is all I can say, and even that feels woefully inadequate.

I've received a few private messages enquiring as to what devastating depths this story will potentially be plunging down to, angst-wise. Rest assured that the tags and warnings (or lack thereof) are already comprehensive at this point concerning major plot events; what you see is what you will get. An easy ride this will not be, but if you've read any of my earlier works that probably isn't very surprising.

I am greatly indebted to my muses and betas, Emma221b (my absolutely indispensable NHS expert) and 7PercentSolution. May you live long and prosp--- deduce.

See the end of the chapter for more notes.

Sherlock has endured many visits to the numerous Accidents & Emergencies departments of London. John has been invariably present during the more recent ones, often using his connections and the fact of his profession to negotiate the slow bureaucracy and the increasingly creaking vehicle of a national health service that is threatening to disintegrate entirely. When even Captain Watson mode fails to get them what they need within a reasonable waiting time, they have Mycroft to fall back on. John clearly hates pulling strings to get special treatment, but after the first time he'd faced the reality of having to deal with an injured, irate and increasingly anxious Sherlock at the hands of the NHS he seems to have realized he needs all the help he can get, and acts accordingly.

On those occasions when Mycroft somehow gets wind of Sherlock being either ill or injured, he habitually offers the alternative of arranging an appointment at a private clinic if the situation does not require emergency treatment. Sherlock tends to decline out of spite. As far as he is concerned, going to the doctor is hell even if the toilets have marble floors.

A&E departments are worse than supermarkets and shopping malls in terms of getting overwhelmed. The smells, the noise, and general air of illness and exasperation, the beeping, the clanking and the constant examinations and pain associated with these places exhaust his mental reserves. The barrage of sensations is relentless and makes his skin crawl. The fact that the constant waiting for things in these arduous places is supposed to be borne with some sort of stoicism that he has yet to discover, makes it even worse.

In the ambulance, John had watched him like a hawk. He had also kept careful note of the numbers
on the vitals monitor. At one point he'd covered Sherlock's hand with his own and squeezed briefly. In his expression Sherlock could not find the reassuring smile he'd expected, the familiar smile that said that this was nothing John hadn't seen before and that they'd be home soon after a brief visit to A&E. Instead there were now deep shadows of stress etched on John's features that were unsettling - as far as Sherlock could tell, there was nothing amiss with his heart rate, his blood pressure or his oxygen saturation, and the EMT traveling at the back of the ambulance with them appeared quite calm. No medications were administered during the ride, not even oxygen was offered. There was nothing to indicate the need for urgent transport in an ambulance, save for the look on John's face. Usually Sherlock would pounce on such a mystery, but he found himself somewhat reluctant to do so when at the end of the road could await an uncomfortable truth about himself.

They didn't roll him into an acute bay at the A&E department of the hospital. Instead he was deposited in a cubicle in one of the regular areas for non-emergency cases, making him strangely relieved. That could have meant that John was overreacting after all.

Upon their arrival at the University College Hospital John had tiresomely jumped into his physician's role - insisting Sherlock be seen at once by an emergency physician and asking him repeatedly to please swallow, to please squeeze his fingers, to try and wriggle his toes. He even made sure the trolley railings were up at all times. Did John think he was going to do a runner or fall out of bed somehow before he was properly assessed?

Worry, it seems, is more contagious than any disease. It moved in the shadows on John's face and kept bleeding out in his clipped tone, firmly anchoring Sherlock in a state of unease. After forty minutes of waiting for someone to jolt the proceedings forward, John had declared he'd had it and stormed off muttering about four-hour admittance-or-discharge rules, presumably to drag someone to Sherlock's bedside. That was fifteen minutes ago.

The trolley is uncomfortable, not designed for long waits. It doesn't even have proper sheets - just a thick mustard yellow cloth with handles for lifting patients, and a thin green blanket. Originally there hadn't been a pillow but John had pilfered one from a linen closet nearby.

Sherlock is still wearing his own clothes, having refused a hospital gown upon admission. The gown is on a work bench beside the trolley. He stares at it as though it might pounce on him. If he doesn't touch it, it's easier to hold onto the illusion that he's just visiting, just getting something fixed quickly before going back home where he belongs.

Just to pass the time, he goes through what John has repeatedly asked him to do while idly skimming a motivational poster about quitting smoking. Swallow. Blink. Easy.

Wiggle toes.

Wiggle toes.

He had probably learned to wiggle his toes on his first day on this Earth. There is nothing wrong with his brain, he knows how to do this, his brain knows how to command his spinal nerves to commence such a thing. It could just be the numbness. It must be the numbness, tricking him to think his toes are not moving when in actuality, they are.

His gaze locks on to his feet and he leans towards his toes.

Wiggle. Toes.

It doesn't happen.
John is worried.

John is worried.

The gown is still on the workbench and he feels as though its very existence is mocking him now.

The ugly disposable blue paper curtains separating the area separating his brand of illness from those of other patients is suddenly tugged aside. It's John, accompanied by a forty-something man who is obviously another doctor. John fires off a concise explanation of the situation to his colleague. The other doctor - whose nametag reads Ben Linwood - listens and poses questions, mostly ignoring Sherlock. This is not uncommon - doctors favouring the viewpoint of another physician over what the patients themselves might have to say.

John and the other doctor are looking at him like a lab specimen. Sherlock's lips are dry. He misses his coat, which lies abandoned on a nearby chair. He wants it around him, desires something familiar and reassuring to envelop himself in. He realizes he's crunching the fingers of his left hand together with his right hand - or at least trying to. He doesn't feel a whole lot of anything in his left hand, and his right hand might be following suit. What he's trying to do is a nervous tic John had once frowned at but said nothing out loud about. It's not as consoling as it usually is, because his fingers are tingling and completely numb. To be precise, it's no longer just his fingers - the pins and needles and the slept-on like numbness is now all the way up to his elbow. He shakes his fingers to get rid of the feeling, to no avail.

Come to think of it, he'd hardly felt the cannula being inserted into the back of his hand. The muscles still seem to work, albeit slowly, but it's hard to do anything without the feedback given by skin sensation.

John grabs his hand and frown at the broken skin on his knuckle. Out of boredom, frustration and perhaps even worry, he had, at one point during the wait, begun knocking his knuckles against the metal railing of the trolley. Distracted, he'd kept at it for God knows how long until he'd noticed that the skin had chafed. He hadn't felt that happen, either.

John goes through his brief but thorough neurologic status routine again. Wordlessly, Sherlock complies. The other doctor then commandeers him through an even more assiduous assessment, even examines his eardrums. Sherlock tries to amuse John with an eye roll during this part, but John doesn't even quirk up a lip.

It turns out that he has lost the reflexes in his limbs. The slight jerk he's used to seeing when doctors tap the tendons below his knees refuses to materialize. He hardly even feels the reflex hammer. His limbs hang like wet cloth when he's told to relax them.

His face feels warm - flushed, even. He's cold, but sweating. It's like his inner thermostat is broken, as though he's feverish without noticing it.

He doesn't have a fever. "And you still act clever, which means that it's probably not a meningitis or an encephalitis", John tells him.

During the next hour they keep making him repeat the same things: touch your nose, keep your hands level, lift your legs. Is it just him, or are those things getting harder by the hour?

They test his lung function - at least that's what John tells him, after presenting him with what looks like an empty toilet roll attached to a kitchen scale. It looks similar to what Mycroft had had to blow into as a child in order to monitor the mild allergic asthma he'd manifested back then. Sherlock forcibly exhales into the contraption as best he can, feeling rather ridiculous about it. "Normal," John
announces, looking so relieved that Sherlock realizes that 'normal' can actually be an ominous word.

They've been at A&E for hours now. The four-hour mark forcing the doctors to decide to either admit or discharge must be just around the corner.

John looks like he already has an idea what this is, and is trying to hide it. His lack of hesitancy in calling the emergency services could be indicative of him having a good hunch right from the start as to what they're facing.

There must be at least a tentative diagnosis made, now, which surely ought to be a good thing? If they already have an idea, why is nobody telling him anything? John keeping his mouth shut must mean that they are considering something serious.

If John can figure this out, Sherlock decides that so can he. He reaches out over the trolley railing to get to his phone which has been left on his folded-up coat. As he leans over, he loses his grip on the railing and collapses on it, the metal bar hitting his chest, and gets the wind knocked out of him. With difficulty, he tries again to retrieve the phone, bent in half over the railing. Finally, he succeeds.

Sherlock collapses on the bed, phone in a death grip or whatever pathetic excuse for it his useless fingers can muster, panting. It takes him what must be minutes but feels like much more to regain his strength.

When he tries to straighten his back, a jolt of electricity-like pain shoots down from his shoulder blades all the way down both his legs, making his toes curl. He grimaces, afraid to move, afraid to breathe in case it happens again.

He had been fine this morning. If this thing can hit so suddenly and develop so quickly, wouldn't the laws of reason command that there be a possibility that it might abate quickly, too?

There aren't any severe, permanently debilitating neurological illnesses with this furiously fast an onset, or are there?

A neurological issue or spinal issue is what the doctors must be suspecting or at least trying to rule out, because after a CT of his head and spine he is next dragged down to the neurophysiology department on the basement level of the building for an electroneuromyogram.

The A&E doctor had warned him it would be unpleasant. Idiot. What else could needles stuck into muscles be like? Sherlock had wondered if physicians were purposefully taught to downplay everything: 'this'll prick just a little', 'you'll feel a slight twinge', 'it's going to be a bit uncomfortable'. If something was bound to hurt like hell, would they ever be honest about it beforehand? Probably not, since patients then would likely not consent.

It turns out that mild discomfort had been an overestimate. The exam doesn't hurt. In fact, it doesn't feel like anything, really. Seeing those needles sink in without feeling so much as a faint touch is disconcerting up to the point that Sherlock begins to feel entirely disconnected from himself in a way he imagined sleep paralysis would be like. The urge to roll off the exam table and somehow make a
desperate escape is slowly becoming overwhelming.

Every one of those needles feel as if they are being stuck into something separate from him, like a round of some exotic variety of voodoo. It is a relentless hammering home of the truth that something is very, very wrong.

There's an alarm going off at the back of his mind. With the lack of reassuring sensations conveyed by his skeletal nerves, the adrenaline surging through his confounded body feels like wildfire raging out of control. The numbness, the paralysis and the demands placed on him by this exam to lie still have now largely deprived him of all the small things he does with his hands to curb anxiety, to turn it into physical sensation instead of allowing it free reign in his brain.

As a last resort before the panic will truly swallow him whole, he bites the inside of his cheek so hard he tastes blood.

It helps. It proves his body and his brain are still connected, still able to send signals to one another. Natural endorphins kick in and dampen the panic. The lingering ache afterwards is a safety blanket that helps him to be still for the long minutes still needed for the exam to be carried out.

After it is all done the apologetic, evasive look on the examiner's face tells him the gist of what the results look like. Sherlock is grateful for this, because it's way more honest that the carefully constructed expressions John has been wearing tonight. John is not good at hiding things from him. His feeble attempts will probably work with the average morons he doctors at the surgery, but not with someone whose livelihood is based on skills of observance. It's irritating that John would use these theatrics him, but he knows he must cut the man some slack - a physician cannot simply crumble under pressure or recite all the worst-case scenarios at the very start of things.

This is what the sordid look on the clinical neurophysiologist's face says: pathologic. Abnormal.

This is not the first time such words have been associated with Sherlock.

John the terrible liar pops in to check on him an hour after the EMG. He's lying when he says they still need to verify certain things before he can wager a guess about what's going on, and that they'll put everything together and make a diagnostic conclusion later.

John already knows. He must. He knows, because of the way he's looking at Sherlock.

As a rule, John does not hide important things from him like this. Sure, John hides the clean mugs and his gun and all those of his CDs that Sherlock hates, but he does not hide the truth, even when he has engaged his doctor mode. He looks like he knows something, but is hoping to put off saying it out loud mostly for his own comfort.

Or is it something else than a diagnosis John needs to tell him which he'd prefer to avoid or delay?

Sherlock decides to scowl.

John leans his palms on the railing of the trolley. "I'm not going to make them cut corners just because it's you. I'm not going to risk missing the right diagnosis just because I didn't want you to go through this," John says.
"Go through what?"

"It's a much smaller procedure than people usually assume. The internet's full of horror stories that aren't really based on anything," John says quickly. His speech picks up the pace and becomes slightly higher-pitched than usual when he's nervous.

"John," Sherlock warns, "What?"

"Have you ever had a lumbar puncture?"

Oh.

Sherlock was expecting something truly terrifying. Not this. "I've had a sternal biopsy for anaemia and a low white cell count years ago. Not delightful."

Some of the anxiety seems to evaporate from John's carefully constructed smile. "No, yeah, that's much worse. No biopsy this time. We just need to look at the protein levels in the fluid. It's important," John adds, as if to hammer home that he isn't torturing Sherlock just for the hell of it.

John shouldn't have to apologize like this. He is hardly the one calling the shots here. He'd told Sherlock he had no admitting rights here, no jurisdiction. On the other hand, a few phrases spoken in a Captain Watson voice, and John had probably still obtained an unofficial but in practice a very involved role in what is going on.

Sherlock doesn't mind John taking part in medical side of the process - clearly he's good at what he does and if his involvement hastens the proceedings it's a good thing. The issue Sherlock has with it all is that jumping into his professional role makes John act detached and perkier than usual in a way that reeks of falseness. To curb his annoyance Sherlock keeps reminding himself that this is John's bedside manner, not the way he behaves at home. Still, he's uncharacteristically hasty in his interactions, and the manner in which he's addressing Sherlock is ever so slightly condescending - at least to Sherlock's ears. This is not his John.

Is John hiding behind this boring, irritating roleplay? Couldn't he just speak the truth, sit down and be present?

"Anaemia? Can't say I'm surprised. What type?" John asks.

This is deflection. Sherlock knows it, and John probably knows it, too. Or would this be a sneaky way of getting more medical history out of him?

Sherlock decides to play along: "Microcytic. They told me it was dietary and sent me home with a bottle of iron supplements."

"What about the white cells?"

"What about them?"

"You said you had problems with both cell lines."

"They couldn't tell since the biopsy results were normal, and since the issue fixed itself no diagnosis was placed." All this means that his Transport had done its job by self-repairing and stopping misbehaving. Just like it ought to do right now.

"When was this? Shouldn't you still be taking those iron supplements, then? It takes a long time for diminished iron stores to be built up again," John says, crossing his arms.
"About a year before we moved to Baker Street. The supplements are gone. Forgot to buy more."

"Gone as in you took them as ordered?" John sounds sceptical.

Why is John going on about this? It's highly irrelevant now.

"Gone, as in I used them for an experiment," Sherlock says, lifting his chin defiantly.

The curtain which John had only parted slightly is drawn away, and the A&E consultant wheels in a metal tray loaded with petri dishes, sample tubes and three needles in sterile packages. "We've got everything we need, now all we need to do is wait for transport."

"Would you like me to come along?" John asks, his gaze locked onto the needles.

Sherlock raises his brows, not understanding why everyone is referring to going somewhere.

John makes note of his puzzlement. "They don't do lumbar punctures here at A&E. Not sterile enough an environment. They'll take you to the OR floor for that. Usually they'd admit you to a neuro unit and do it there, but the University College's neuro unit is a whole separate building," John prattles on uselessly with a tone that betrays relief that Sherlock doesn't seem to be preparing to create a scene over this. "They've decided to admit you, but you're coming back here after the lumbar because the neuro unit hasn't got a bed available yet."

Best just get on with it, then. Especially since he isn't fond of John interrogating him about his health. It always leads to exasperated sighs and nagging.

Sherlock isn't surprised about the decision having already made about admittance to a ward. John's reticence of keeping him updated, and the extensive regime of imaging and lab work being done are further proof that this isn't something that can be fixed with just an outpatient visit.

God, he hates this. Like many things he has already endured tonight, having another procedure combines many things he does his damnedest to avoid, for good reason based on experience. Being touched by strangers, not being told what is going on, being treated condescendingly like just another patient, John behaving strangely. Truth be told, he would prefer to have John's company, but only if he dropped this hardly Oscar-worthy doctor performance of his and returned to being just his John. Sherlock has no taste for clichéd encouragement or pats on the head. He'd much prefer John to curse and fume a bit like he does when things go to hell on cases.

For John, this actually is a case of sorts - or at least he's trying to pretend so that he could float above the reality of it.

The best solution would have been to have John do the lumbar. That way Sherlock wouldn't have to endure being touched by people he doesn't know, and John would be able to focus on the procedure instead of deflecting Sherlock's scrutiny by distancing himself. Sadly, this is not possible. John has no admitting rights, no official ties to the University Hospital as he himself had told Sherlock.

This will be hateful.

Still, he's not a child. He's not afraid of needles - *addict, remember, John?*

He's irritated, tired and feeling as though he's about to be thrown off a cliff, but this he knows he can do.

It's just pain. It doesn't mean anything. The rest he's just going to tune out. A visit to the Mind Palace, maybe.
"I'll be fine. Go have tea or something," he tells John.

Chapter End Notes

John has indeed pulled some strings here - an EMG is not something that is this easily or quickly obtainable during at A&E visit. My excuse is artistic license.
Oh, my dear readers who have adopted this story with relish. I adore you people. I do I do I do.

My brilliant betas deserve recognition as always. 7percentsolution and Emma221b, I'm pointing my magic wand at you.

The lumbar puncture turns out to be very much what he'd expected, and compared with the memory of the biopsy he'd had years earlier this is but a pinprick.

During the procedure, he lets himself drift into the maelstrom of his own unfiltered thoughts, and finds himself thinking about grass. He imagines running on sunlit field as though dropped into some parallel universe in his head like a moving figure somehow added to a still painting. He's thinking about grass, because there's a faint scent of something lingering in the examination room that reminds him of it. He closes his eyes and focuses as deeply as he can and there it is - the nurse assisting in the procedure clearly lives in a house with water damage, causing its occupants' clothes to smell of damp vegetation.

For Sherlock, the smellscape is one of the worst things in a hospital. It is governed by the congealed odour of too many humans in one place - the smell seems to practically plaster the walls. Also featured are the pungent odours of antiseptic cleaning solutions and the mild but distinct aromas of plastics and rubber used in much of the equipment. All in all, to Sherlock, hospitals smell much like used underwear dunked in methanol and abandoned at a layby.

He has always been sensitive about scent. Taste is closely allied to that very sensation, making him a very picky eater as a child. Many a tantrum had been staged over broccoli and mushrooms and Earl Grey tea - an abomination in his view due to the bergamot it contains. At home, Earl Grey will promptly be poured down the drain regardless of whether John is just about to consume it.

Vanillin, used in many foodstuffs as a cheap substitute for real vanilla pods, makes him practically gag, and he'd never purchase any cosmetic products or foods containing artificial fruit aromas. John had once come home from a date drunk on peach schnapps, some of which he'd managed to slosh on his cardigan. Sherlock had sulked for a full 24 hours after which the smell had finally completely abated from the flat.

There are scents he likes, of course, such as coconut for a reason he hasn't been able to discern; petrichor - which is why the mouldy smell of someone living in a damp-damaged house does not put him off; rosin on wood which immediately conjures an image of his violin; lemon which he tolerates, even in pungent cleaning products. There's also one very particular combination of probably dozens of different nuances which he's partial to: the scent that could only be referred to as John. He'd never tell this to the man, but he could easily tell apart a John who is standing still in a dark room from dozens of others present. There's cotton in the combination; tea, sand, a bit of lavender from those pointless sachets of potpourri Mrs Hudson sticks in their linen closet, and something that does not
even have a name. It just is, and nothing smells exactly like it. Were Sherlock feeling sentimental he'd describe it as *homely*.

He flinches as his back is cleaned with antiseptic that feels ice cold. He then lets himself drift back into the image in his head - the sunlight, the quiet rustling of the field, and the susurrus of insects on the flowers. The scene has the unreal, overly romanticized and garishly coloured gloss of memory, since what he's imagining are the fields behind his childhood home in Surrey instead of some generic summer landscape.

The only thing that, at one point, manages to penetrate into his thoughts, is a prick of a needle and the smarting of the local anaesthetic on his back.

The smarting comes most likely from lidocaine. 2-diethylamino-N-2-6-dimethylphenylacetamide, in the past also used to treat ventricular tachycardias; blocks sodium channels, and prevents neurons from transmitting their signals to the central nervous system. He almost snorts - as though he'd benefit from losing even more of his nerve functions. He might point the irony out to John later, but then again John never appreciates such intellectual revelations up to the point of laughing at them with him. John smiles, but his delight is more directed at what he sees as Sherlock's own peculiarity instead of an appreciation of scientific facts.

Unlike others, John does not mock him with his smile. Instead, John considers him *endearing*.

That's what John had actually said out loud, just once, to Sherlock's great astonishment. Granted, John had been rather drunk at the time, but the sentiment had sounded genuine. He doubts John had remembered saying such a thing the next day, but Sherlock certainly still does. *You're endearing sometimes, you know*, had been John's exact words when he'd found Sherlock sleeping on the couch, half of him buried under a morning coat stolen from a murder suspect and a forensic entomology textbook under his cheek onto which he may or may not have drooled a little, at least according to John. Pure conjecture, of course.

*Endearing*. Insinuating Sherlock is, in some capacity, *dear to him*, inspiring of affection and adoration. The word is akin to a claim that Sherlock is capable of creating a feeling in John denoting protectiveness and warm sympathy. He'd found those synonyms in the dictionaries he'd consulted along with *cute, delightful, lovely, charming, enchanting, beguiling* and *attractive*. He'd dissected the word like a corpse after hearing it, hopeful and desperate to decipher its hidden meanings. In the end he'd realized the key had not even been the word itself but the slight embarrassment visible in John's demeanour right after he'd said it, as though he'd caught himself making some important admission he hadn't really meant to utter out loud. Even when inebriated, there are some things John does not joke about.

Endearing is a word that operates quite comfortably both in the realm of friendship, and in the world of romantic attachment. It had felt as though John's embarrassment had meant he was sitting on the fence between.

There had been a very good case after that confusing minor incident. The mystery of John's words had thus remained unsolved, diluted by the excitement and the mania of the chase. It still doesn't mean that Sherlock would have forgotten it, not at all. That moment is very safely hidden in his Mind Palace, where he can access it anytime he wants. It's just that the more time passes, the less convinced he is of finding anything more in it than the lukewarm commitment of camaraderie.

Sherlock is jolted from his thoughts by someone tapping his shoulder. "All done, Mr Holmes," the voice of a neurology registrar who'd been recruited to do the procedure tells him.

He nods automatically, and the sights and sounds of the small operating room - more of a suture
room, really - begin to register. He's still lying on his side on a narrow operating table. He creeps his hand behind his back, unable to really move his fingers but still giving in to the impulse to try and touch the spot where the spinal fluid sample had been taken. With clumsy movements, he manages to locate the spot with his wrist, finding a small gauze taped into place.

"Everything went fine," the doctor who is now snapping off his gloves assures him. The sound of the rubber stretching and then snapping grates on his nerves, and most likely the whole routine is completely unnecessary - is it something doctors think they're expected to do, along with throwing the balled-up gloves into a bin with a metallic clang? Is it a sensory award of some sort for a job well done? He should ask John sometime. 'Do you snap and donk your gloves, John?' will probably not be anywhere close to the strangest thing he has ever asked the man.

He knows he ought to be worrying about himself, not going off on a tangent about gloves. It's just that this is how he awards and consoles himself, really - allowing the barrage of information he registers all the time to fling his consciousness in random directions. It's like starting at a Wikipedia page and three hours later realizing one had ended up reading 34 pages more with increasing disconnection from the original topic. He tends to avoid Wikipedia for this very reason. There's always something more, something he just can't force himself to ignore.

Most of the time he has to fight the onslaught of information that the world feeds to him, keep it in check, deflect most of it. Now that he's being towed along the corridors of this hospital like a resuscitation dummy he might as well let go a little. He's tired, and that's when things tend to leak in and out anyway - there are occasions when his control really begins to slip. If that happens when he's working, he rambles on with his deductions even when no one is listening, and seems to jump into conclusions at crime scenes, when in reality there's an unbroken chain of logic there but he has traversed it so quickly even his considerable verbal prowess ends up lacking in speed. Letting all the information in is a good distraction as long as he doesn't need to try engaging with the universe at the same time. Exhaustion both removes some filters, and helps him focus on the data that seems to scream the loudest. He doesn't sleep during cases, because being extremely tired sometimes helps him see the forest for the trees, to focus on the important things instead of trying to organize every single bit of data trickling into his head.

When he finds himself overwhelmed by the universe there are certain things he deliberately steers his mind towards in order to keep it in check. Lately, the roads of his thought processes always tend to arrive at a singular destination: John. His proverbial Rome.

Sherlock has barely settled back into his spot at the A&E, when John strides in and purposefully begins carting him off someplace again.

"What now?" Sherlock exclaims angrily, having decided he isn't going to put up with this anymore - with John keeping him in the dark.

"We've got you an opening at the MRI - they had a cancellation on a slot reserved for an ITU patient," John replies, slightly out of breath as he parks the trolley right in front of a set of lifts. "I'm not waiting for the transport office to get their business sorted out this time in case they get tired of waiting and give that timeslot to someone else."

As much as Sherlock appreciates John's conviction, he's had it with the cloak and dagger routine. As John is about to press the lift call button, Sherlock shifts on the bed so that his back is leaning on it, covering it from view. He would have slapped his palm on the button to prevent John from using it,
were he able to. He can't splay his fingers, nor can he really lift his arm high enough.

John seems to catch his drift. He straightens his spine, rakes a hand through his hair impatiently and lets go of the bed. "What?" he asks, exasperated.

"Why do I need an MRI?" Sherlock asks, trying his damndest to keep his tone neutral despite his rising irritation.

John tries to reach behind him to press the button. Sherlock leans to the right and glares at the man.

"Why do I need an MRI, John?" he repeats, every syllable crisp and loud.

"The CT rules out some things, but an MRI gives a better view of the spine and the soft tissues of your brain. The CT will show blood, large tumours and other major changes, but for more subtle stuff the MRI is better."

"That explains why people in general might want an MRI. It tells me nothing of why you'd drag me back down to radiology to get one."

John exhales in the deliberately slow manner he seems to use when he needs to calm himself down and buy himself time to figure out how to deal with Sherlock.

That's what people have always told him they are forced to do, to deal with him. As though it's a special skillset taught only to the hardest of law enforcement and healthcare professionals.

John deals with him all the time. Why can't he answer this simple question without making a fuss?

"I can't tell you your diagnosis because there isn't one yet. Just a general idea, nothing conclusive. Besides, I'm not your doctor right now."

"Really? My mistake. I had no idea you'd been demoted to deliveryman."

John ignores his barb. "You've been extraordinarily patient tonight. I'll give you that. I'll - we'll tell you everything once we get to the bottom of this. If I give you what we've got now, you're just going to go off on some wild theory of your own and drive yourself nuts. You never leave the medicine to actual doctors. Maybe this time you should."

"Whatever happened to patient rights? I could request a copy of my records and results, couldn't I, regardless of whether you think it's a bright idea that I know what's going on?"

"Requests like that take hours to process."

"Tell me!" Sherlock demands.

"You can't wait forty minutes for this? Forty minutes, then the MRI's done, and instead of educated guesses you'd get facts. I could list you the differential diagnoses, but I doubt you'd have heard of all of them. Your head's just going to go round in circles."

Sherlock scoffs, and prepares to remind John that while he hadn't dragged himself through the tedium of medical college, his knowledge of the field is substantial in scope. But before he can launch into this plan of attack, John says three words that somehow disarm him and deflate whatever ire he might have been willing to direct at the man: "Trust me, please. I know you, and nothing good will come out of it if we let your imagination run wild at this point. Please," John adds. In general, that word has never stopped Sherlock in his tracks, but this is John, and he finds himself strangely unwilling not to grant him what he wants. Sentiment and exhaustion are clearly making him pliable.
and weak and John is taking advantage of it. Perhaps John has been taking lessons from Mycroft in *dealing* with him.

Sherlock shifts on the bed, finally allowing John access to the lift controls.

Sherlock will consent to this, but the minute they return to A&E he's going to figure all of this out with or without John's help.

The MRI he enjoys even less than the lumbar puncture. The machine is loud even through the headphones, and once the hypothetical thought of what it would be like to be forgotten in the machine for some reason while the rising paralysis spreads and consumes him refuses to abate, despite his best efforts at staying rational.

Before starting the scan, the MRI technician had given him a signal button and immediately scurried away. He probably hadn't realized that Sherlock might be incapable of using it since his pincer grip has now disappeared. The button lies on his stomach like a dead insect.

At least the double vision that has been coming and going, distorting lines and making him slightly dizzy, seems to have resolved on its own. He will probably be able to use his phone now, if he can manage to turn on the voice control option.

"I should be the one to tell him," John's voice says on the other side of the already familiar flimsy paper curtain separating his bed from the other poor buggers currently stuck at the A&E department. It's been an hour since he'd returned from the MRI suite, and everything is grating on his nerves, most of all the pointless waiting for someone to finally come and tell him what the hell is going on.

At the sound of John's voice, Sherlock perks up and painstakingly shoves his phone under the pillow. According to some information posters that have certainly seen better days, the use of mobile phones is supposedly banned at the A&E department. Still, no casualties have seemed to have resulted from his frantic googling.

"We haven't received all the results yet, and usually this sort of a diagnosis isn't discussed until the patient has been transported to a ward where it can be done in a quiet and private environment. Besides, you being the one to convey this information would be highly irregular, Dr Watson. We would be opening ourselves up to a complaint about who was allowed---" the person speaking is clearly one of the doctors, but his voice is unfamiliar. Likely a consultant from some other unit brought into take on Sherlock's care from here on.

"Nobody's going to be filing anything, least of all him. I know him. I can get through to him. Look, he's going to practically *smell* it on us that we've got something, and he's going to torture everyone in the vicinity until he gets to the truth. Better just get it out in the open right now, and better it be me than someone who's not used to his particular brand of impolite."

"Very well," John's new verbal sparring partner capitulates.

All the doctors Sherlock has encountered during this visit so far, have seemed fairly competent but
overworked. From their standpoint John is probably taking a load off their shoulders by volunteering
to lead this discussion.

The news clearly isn't good - John wouldn't be insisting on being the one to break them to him
otherwise. Then again, Sherlock will hardly be shocked. He's not even going to be mildly surprised.
He got that done and over with about thirty minutes ago. At least he hopes so. Sometimes these
things catch up to him later.

He feels quite calm. Everything feels slightly unreal.

The curtain is pulled aside, revealing John and the other doctor. This new colleague of John's takes
up a position standing at the foot of the trolley.

After lowering the side bars John sits down on the blanket covering most of the trolley, next to
Sherlock's knees. Sherlock suspects this isn't actually allowed. He finds he's quite thankful for John's
willingness to bend the rules for him.

John lays a palm on Sherlock's right shin, which he feels, but only vaguely.

John looks serious, unflinchingly so - he isn't shying away from meeting Sherlock's eyes. There's still
a veil of detachment in the way with which he's regarding Sherlock. Mannerisms. Learned
behaviour. Ritual. Sherlock had thought he'd got through to John in the lift lobby, but clearly the
army doctor still controls the microphone and John the blogger, his John, has been shoved into some
proverbial broom closet for the time being.

The touch on his leg feels strange - patchy, since the whole leg is still in pins and needles. It feels as
though there's a thick blanket between him and John, when in reality it's bare skin against bare skin.
A trick of the mind - his brain expecting the visual sensory input to match the touch. It's as
disconcerting as the EMG had been.

"Sherlock, do you know what myelin sheaths are?"

What does John take him for, an elementary school pupil? What sort of an inane quiz is this?

The doctor at the end of the bed is frowning. This approach can't be how the doctors are taught to
dish out bad news.

On second thought, it is actually quite clever of John, engaging Sherlock's intellect instead of putting
on some dog and pony show taught at a medical college seminar on the subject of telling people that
they've got cancer or Parkinson's or some other terrifying thing.

He doesn't need such theatrics, does he? He can take cold facts, absorb them and act accordingly.
He's not going to turn into some irrational, blubbering mess just because he's told bad news by a
physician. He'd like to think he's above all that. "Of course I do," Sherlock elects to reply, slightly
insulted. This is, after all, basic neurobiology. "They surround peripheral nerves, making them
conduct electrical impulses faster than nonmyelinated fibres."

"And do you know what happens when those sheaths are damaged or destroyed?" John asks, and
his tone is a strange mix of the one he uses to demand Sherlock solve a puzzle as quickly as possible
so that no one will get hurt, and the careful, tentative one he uses to try and coax Sherlock to do
something he hates.

"Conduction velocity suffers and impulses might not travel at all."

"When it's the immune system attacking them, it's called Guillain-Barré syndrome," John says. Did
his voice just waver the slightest bit? On the other hand, he sounds as though he's lecturing to medical students. The other doctor is nodding like a bobblehead. *Imbecile.*

Sherlock commands his brain not to adhere to the name John has just said out loud. He's not going to wallow. He's going to engage in this discussion without succumbing to hysteries. "Which type?" he asks, proud of his own disinterested tone and the fact that this is going to catch John off guard. Serves John right for assuming Sherlock wouldn't put the pieces together before someone deigned to tell him the truth.

John's hand drops to the thin sheet covering the trolley's squeaky mattress. "What?" he blurts out.

"Which subtype? Acute inflammatory demyelinating polyneuropathy, Acute motor axonal neuropathy, Acute motor and sensory axonal neuropathy, the pharyngeal-cervical-brachial variant, Bickerstaff brainstem encephalitis or the Miller-Fisher syndrome?" Sherlock recites flawlessly.

John's eyes go wide. Then the penny drops. "All right then, how long have you known?"

Sherlock scoops out the phone from underneath his pillow, which John picks up to glance at the screen which is showing the Mayo Clinic website article Sherlock had been reading. "Long enough."

"It seems we've been bested by Dr Google," John tells the other doctor, whose own phone begins to ring. The man steps back and disappears behind the curtain, starting a hushed conversation barely within earshot of John and Sherlock.

"Of course you would have already figured it out," John says, mostly to himself, sounding like he's berating someone. Himself, probably.

Sherlock manages to lock his phone screen by manoeuvring it to lie against his thigh and pressing the side of his palm against the button. His fingers are utterly useless. He drags his hands to rest on his thighs, looking expectant.

"We don't know yet. The first one, most likely. It's the commonest. It'll become clearer once the symptoms develop further," John tells him.

"Get worse, you mean."

John's smile is apologetic and it doesn't reach his eyes.

Sherlock feels like screaming, He wants John, not this roundaboutly communication trained physician. He wants John, who will tell him the entire truth without pitying or mollycoddling him.

"Yeah. It will probably get worse. How much did you read? The diagnostics bits, surely, but did you get to prognosis?"

"Excellent," Sherlock quotes. "Treatment may shorten the course but there's no cure. Spontaneous resolution expected in more than 90% of cases," Sherlock declaims. His voice sounds foreign in his own ears, akin to listening to himself speak on a tape.

He had read those parts of the articles again and again and again. Most people would rejoice at hearing a number like 90%. Sherlock knows too much about the pitfalls of statistics not to be lulled into a false sense of security. What about the remaining 10%? What about the three percent who will suffer a relapse? What about the five to ten percent whose recovery is delayed or incomplete? 30 percent of those stricken with the disease end up having residual weakness even three years later. *Death can result from pneumonia, sepsis, adult respiratory distress syndrome and less frequently
from pulmonary embolism or an acute manifestation of autonomic dysfunction’, the article still open on his phone had told him. 'Mortality varies widely between one and eighteen percent.'

John pats his thigh, this time leaving behind an almost burning sensation.

His nerves have gone mad.

"I know it's a lot to take in," John offers and Sherlock doesn't know what to reply.

Should he admit that yes, of course it must be a heavy load, being told that the next months of his life will imitate some of his nightmares and probably create a few new ones in the process? That somehow even the thought of being buried alive seems, in some fucked-up way, less claustrophobic than what he has gleaned from his reading as to the worst-case scenarios associated with this disease?

Or should he approach this with denial: no, it's not a lot to take in? Should he tell John that it's really quite simple, and there's not much anyone can do and could he just please get out of here?

"I'll go see about that ward bed," John says, "We'll talk more but right now I'll bet you just want to get out of here," he says reassuringly, and then disappears behind the curtains, which are left swinging slightly by his hasty departure.

The other doctor has scuttered away somewhere, too. Good riddance.

"Fine," Sherlock snarks after him, with the same put-upon voice he uses when John manages to bend him to his will over takeaway choices. He sounds like he's making a concession out of the goodness of his heart.

John's footsteps disappear down the hallway, the rubber soles squeaking slightly on the linoleum.

Aren't doctors supposed to ask if you have questions? John hadn't. He had obviously assumed Sherlock was quite content after hoovering into his head hundreds of virtual pages’ worth of online data.

There's a baby crying somewhere with a high-pitched wail that feels like Sherlock's eardrums are being skewered with cocktail sticks. He fights the impulse to cover his ears.

He rearranges the pillow, which rustles in an irritating manner since it's covered with a plastic bag, with a starchy pillowcase on top. The texture of it is disgusting - too much poly and no cotton, wrapped up in crinkly plastic.

Must everything in this wretched place be designed to drive him crazy with maximum effectiveness?

He reads seven more articles about Guillain-Barré on his phone while waiting for John to return. The more he reads, the more it feels like the syndrome has nothing to do with him.

It's just semantics. The whole ICD-10 medical diagnostics system used in the Western world is a committee-formulated pile of agreements over which dead bearded men get to be honoured as the titular characters of which random clusters of symptoms. It's just an arbitrary agreement between physicians - a game of statistics, of averages. Never in his life has Sherlock been a poster boy for average. Every disease has as many forms as they have sufferers. Averages and most common forms might not apply to him at all.

This might not be Guillain-Barré at all. It could be something they haven't properly named or diagnosed yet. A novel disease. They could have misinterpreted his results. He should probably make that request for a printout of them after all. There's surely been a mistake. This can't be him.
He makes some more online searches with the same keywords again and again. Why he'd expect different results, he has no idea.

There's a video he stumbles upon. It's one of those pathetic inspirational ones self-made by survivors of whatever illness is the current buzzword of all the charities. In Sherlock's experience, all such videos seem to feature fonts imitating handwriting and pan flute music.

This one is by a Scottish woman named Jeannie who'd had Guillain-Barré.


Part of the video had been shot at an intensive treatment unit. The woman lies there, face expressionless. Eyes vacant but filled with tears. Limbs like moulding clay, a rag doll at the mercy of others.

That's someone else. Not him.

Not him.

The ambulance John had called had been unnecessary. Completely unnecessary. He's not bloody invalidated. He had been fine this morning.

He slowly flips the phone around with his palms. The video is still playing, the phone screen faintly illuminating the sheet covering his leg. He wants to fling the phone away, suddenly disturbed by the fact that the video is still there, that it still exists in the same space as him. As though it might be contagious somehow.

His hands are shaking slightly, and it isn't from cold. He decides to make a survey of himself again. Every time he checks, things seem to have become worse.

Tingling and static electricity -like sensations are reaching above his elbows now. A dull backache plagues him constantly, but he relishes that pain, because at least it means there are still some nerves actually transmitting information instead of shutting down. His limbs feel as though they're floating due to the lack of feeling.

John is right. He shouldn't have demanded information at a point where there's clearly only a working diagnosis. With time, the neurologists will find what's really wrong with him, and fix it. There's no need to discuss this ridiculous Guillain-Barré theory of John's any further. He'd heard the radiologist tell John that the MRI of his back had shown, quote 'inflamed lower lumbar spinal nerve roots'. He hadn't found that mentioned in the Guillain-Barré articles. Clearly something that doesn't fit, something that overrules this running gag of a diagnosis. John is a war surgeon, not a peacetime neurologist.

Sherlock manages to press the phone's power button. It takes him several tries. He abandons the phone on the blanket.

Within minutes, John returns.

Sherlock wastes no time in addressing this obvious problem they have with the misdiagnosis. "Have they ruled out West Nile infection? Botulinum toxin? Myasthenia gravis?" he interrogates frantically, eyes narrowed to slits. If there's something these idiots - or John - have missed, he's going to find it and then tear them to fucking pieces for being so clueless. Well, perhaps not John.

This is not him. It's not him confined to this bloody bed. It can't be.
"It's not botulism - that one wouldn't have surprised me to be honest, there's no telling what's brewing in those plastic containers at the back of the fridge. Botulism is descending, not ascending weakness," John explains. "It'll be okay," John then adds without addressing any of his other sensible differential diagnosis suggestions.

John then slumps down on a chair next to the bed. "Jesus. What a fucking night," he says and presses the heels of his palms on his closed eyelids.

Sherlock's first impulse is to point out that John has hardly borne the brunt of it, but something stalls his tongue.

John gently grabs Sherlock's coat, bundles it tightly and places it at the foot of the trolley. Sherlock watches him, feeling deflated and absent-minded. There are words that hang heavy in his head, such as what John claims is his diagnosis now, but suddenly he doesn't feel like grabbing hold of them and forcing them out.

"It's going to be fine," John says again as though it's a spell, looking like someone who'd run a marathon and come last. His voice is soft and instead of it irritating the hell out of Sherlock like it should, it now makes Sherlock feel utterly defeated. Is this something John always says to sick people, no matter how dire the situation because he actually believes in it? 'Your head's dropped off your shoulders but don't worry, it'll be fine?'

Sherlock would be tempted to believe him, at least a little, if only he hadn't read all those articles.

"They're going to move you to the general neurology ward," John says.

"I'm going home," Sherlock replies.

"No, you're not. If you read all that stuff you must know this could progress quickly. You need to be somewhere with proper monitoring."

Sherlock isn't really listening. Couldn't he just walk out and forget about this? He does it all the time, sidestepping what others try to force-feed to him as the truth. He's good at bending people and events into his will, finding alternate solutions, making square pegs fit into round holes. He could solve this. "I will tell you if it gets bad. You can monitor the progress at home. Come on," he tells John and attempts to get off the bed.

In his mind, he's already on his feet by the bed, reaching for his coat. In reality his legs, which six hours earlier had still managed to transport him from the taxi to the downstairs foyer at home, now won't move at all.

He hasn't moved an inch off the bed.

His. Legs. Won't. Move.

And, as it turns out, he doesn't even have enough strength in his grip to shift either of his thighs to the edge of the bed by hand.

John watches him struggle without a word, staying back, letting him battle with his own limbs. Their eyes meet when Sherlock finally gives up and meets John's eyes.

There's a warning in John's gaze which Sherlock ignores.

Sherlock's head is a beehive of random facts: pathogenesis, symptoms, diagnostics, prognosis, treatment. None of it is useful. None of it is telling him what to do. His legs feel like they have been
cut off at the joints, as though someone had left dismembered bits of dead people in his bed.

"This is bullshit," John says and that really does cover it. He moves to sit down on edge of the trolley again. He halts Sherlock futile efforts of flinging himself off the trolley by grabbing his wrist. Sherlock shakes off his grip.

"I'm sorry it had to be this. I haven't called Mycroft. I thought you'd want a moment," John offers gingerly.

Sherlock meets his gaze, frowning in bewilderment. A moment for what? Is there a reaction he's supposed to be having now? Something normal: cry, scream, pound the wall? Shake his fist at the uncaring universe?

Mostly he just feels like he has walked onto the wrong stage.

John is looking at him curiously with his kind blue eyes.

Maybe this is happening, after all.

There's a slight chance this is, in fact, happening. That John's theory might have some merit.

He can't rule out the possibility. And John seems convinced that the mystery is solved, which is pointless, absolutely pointless, because John can't stop this.

An uncomfortable bed at some ward isn't going to stop this.

His immune system is decimating his nervous system. There's a civil war raging inside him.

The diagnosis in itself is useless. True enough, he now has data, but he doesn't have answers. Not to the important questions, at least.

How long will this last?

Why now? Was it that stupid Winter flu? Or the atypical pneumonia that came after it that triggered this? Could it have been prevented?

What will it be like?

Will it hurt, and how much?

How do we do this?

_How do I do this?_
Once his A&E paperwork is done, Sherlock is loaded into an ambulance again, to be taken to the National Hospital for Neurology and Neurosurgery on Queen Square, which is where the University College Hospital's said specialties are housed. John assures him the National is the best in the country 'for this sort of thing'. Sherlock finds he couldn't care less.

John doesn't accompany him on the back of the ambulance this time - instead he walks, and stands by the main entrance, waiting as the transport arrives. Perhaps John had felt he needed some fresh air. Sherlock rather thinks he could have used some as well. Judging by what John has hinted at, it might be a while since he gets to enjoy it again.

Through the glass walls of the eastern lift he watches Queen Square getting smaller and smaller. The symbolism seems apt - as the lift rises, he feels as though control over his life is drifting further and further away. He is effectively being removed from his normal everyday existence to somewhere that feels very in-between - a precarious limbo governed by rules he can't influence or bend to his liking.

John is acting as though they're on a sightseeing tour, pointing out the different buildings visible through the lift window. Sherlock considers it likely that John is just trying to compensate for his own unease, but it's irritating nevertheless. He'd tell John to shut up if it weren't for the pleading desperation in the man's demeanour for him to participate in this charade, acting as though this is business as usual. John is trying to keep him engaged and entertained, as though he isn't busy enough trying not to scream out of sheer frustration.

He is given a private room at the neuro-medical intensive treatment unit, instead of the regular ward John had been talking about. Sherlock wonders if it's because this has all happened so fast. He doesn't need intensive care now, but does ending up here straight away mean that the doctors are certain that he will?

The single window in the room opens to a corridor, not the outside world. He might as well be trapped in the basement. The furnishings are mostly pastel in colour. Bland and depressing. Sherlock could almost imagine he's in some budget hotel if it weren't for the medical paraphernalia.

After a miserable argument with John he had conceded to the hospital gown before being transported out of A&E. It's pale cornflower blue, continuing in the pastel theme. So not his colour.

There's a framed Monet poster on the wall. It's one of the artist's park scenes, sunny and warm in colour. Sherlock would think it more fitting if they'd put up one of the artist's oil paintings of his wife.
Camille on her deathbed. At least that would have been relatable and less delusional. What is the point of putting up pictures of nice things someone stuck in this room would have no access to? Oh, the pointless things people cling to when they can't handle realism.

John tells him the nurses' station is right outside the door, with the CCTV camera and all the monitors wired so that the room can be remotely observed from there. John says he's perfectly safe.

He doesn't want safe. He's never wanted safe in his life. What he wants is out.

He'd pace if he could, like a trapped animal.

Theoretically, he has admitted himself into this hospital of his own free will, as Mycroft would undoubtedly point out if he were present, but that isn't the whole truth, now is it? Since he can no longer move around of his own accord, he's dependent on the help of others, and if they decide this is where he belongs - as John obviously had done - he can't really make a run for it anymore.

A nurse comes in, introduces himself as Jonathan whatever. "Duly noted. Out," Sherlock commands sharply. John smiles apologetically. Ignoring Sherlock's command, Jonathan-the-nurse uncurls a set of wires from the back of a monitor and reaches into a drawer for ECG electrodes. "These need to be set up. It'll only be a minute, Mr Holmes," the nurse tells Sherlock and begins hooking him up to this impressive collection of wires.

The nurses in this place are all calling him Mr Holmes instead of his first name. Sherlock finds it somewhat archaic.

The monitoring does nothing to curb his escalating sense of claustrophobia. From now on he can't even hiccup without someone writing it down on a chart.

Sherlock drags his hand along the duvet to inspect the pulse oximeter clipped to his finger. John shoots him a warning glance, as though he was about to do something untoward to it.

Even though the room is quite spacious and there are just three people in it at present, Sherlock still feels crowded, boxed-in. The hospital feels like a beehive; a writhing, thousand-headed hydra that has him trapped in its clutches. The almost imperceptibly vibrating halogen lights in the ceiling feel like they're creating a magnetic field or emitting radiation. He knows it's not true, that it's just his paranoia and his irritation and his sensitivity to such sensory torture that's bringing forth these thoughts, but even though he knows these notions are, quite frankly, delusional they're still there, cluttering up his head. The world is complex and overwhelming enough even without the what-ifs. He huffs in annoyance.

The nurse looks unperturbed by his sour mood. Finally, he stops adjusting things and turns to leave. He lingers in the doorway for a moment on his way out. "I'm going to bring you a toothbrush," he says amicably.

Sherlock glowers. "No need. My own will be delivered."

They had agreed that once Sherlock had been settled in - whatever that even meant - John would fetch him some things from home. Toiletries, some clothes, his phone charger.

Sherlock had not requested his laptop. He is already reliant on his phone's voice control in order to be able to use it. He doesn't want his computer delivered just to find out he'd only be able to use it for a couple of days. Or would that be mere hours? Or not at all?

He doesn't want to make another survey of himself. He's been doing that all evening, and every time he gives in to the temptation, everything seems worse.
He drags himself up to a sitting position on the bed by grabbing the edge of the mattress. His fingers are completely numb now, and he's operating solely on muscle memory.

"I won't be more than an hour," John says, donning his coat. He seems, finally, to have shed the steadfast cheerfulness he's been wearing like a mask all evening. John opens his mouth to say something else, but seeing the look on Sherlock's face seems to effectively shut him up. He had probably been about to make more groundless promises that everything was going to be fine. "Be nice to the nurses," he says with the tone of a man who knows his wish is unlikely to be granted.

"See you later," Sherlock offers blandly. Why would he need to be nice? Isn't civil quite enough? Has he been anything but?

John disappears out of the door.

Sherlock had vowed not to keep doing this, but John's departure has left him feeling oddly adrift and idle, so he can't resist: he tugs at the sheet covering his toes so he can see them better. He tries to wiggle them. Nothing. When he tries to bend his knees he can feel the femoral muscle tensing, but there's no movement. The tingling has moved up to his hips now.

Through the window he can see a nurse and a doctor walking by in the hallway, laughing at something. The contrast is staggering: outside everything is business as usual whereas here, in this room, Sherlock feels like he's standing in line for the gallows.

His eyes drift to the monitor attached to the wall nearby. Oxygen saturation 94%. - within the normal range. Latest blood pressure measurement: 123/89; marginally higher than his usual but quite normal. Heart rate: 110 beats per minute. He wonders what John would make of such an elevated reading. Probably use it as a further excuse for fussing.

He wipes sweat off his brow. His face feels oddly flushed even though he feels by no means feverish or hot.

Will the blood pressure cuff keep inflating even when he sleeps? Likely, yes. How is he supposed to sleep? He finds the task challenging enough at home.

Sleeping would at least make time pass quicker. Not that he wants to do that now. Usually he enjoys the night-time. He gets peace and quiet for his thoughts. He doubts he'll want much of that in this wretched place.

He remembers other hospital nights, in circumstances less dire than this. He has hated every single one of them.

His phone begins vibrating on the table. John has apparently put it on silent mode.

Caller ID reads 'Antichrist'. Mycroft has been slower than usual to catch up on something being out of the ordinary, since it's been over six hours since Sherlock's A&E visit had begun.

Perhaps John has called him. Sherlock grits his teeth - he hadn't explicitly banned John from contacting his brother - perhaps he should have. It's likely that Mycroft has simply been informed of an ambulance visiting their home address and that it isn't Mrs Hudson who had needed it. Why did John have to go and do that, to call the emergency number, to draw such attention to this right away? If it hadn't been the ambulance, then Mycroft has probably had MI6 insert some piece of spyware into the NHS system that alerts him whenever someone with Sherlock's NHS number enters a treatment facility.

Regardless of Sherlock's wishes, Mycroft is indubitably going to show up at some point. It's a
A standard part of any hospital visit of Sherlock's, of any drug relapse or other misfortunate that befalls him: Mycroft, the harbinger of doom, will always be there to lecture and tut.

Strangely enough, Sherlock finds that right now he can't muster his usual amount of annoyance at the thought of Mycroft walking through the door.

Does he want company? Or does he want to be alone, staring at the walls, staring at the numbers changing on the monitors? Somehow, he wants both, and neither.

John has the uncanny ability to provide nonintrusive company. John is capable of just being there, available, without distracting Sherlock much. It's reassuring and familiar.

There's a darker side to it, too - he can handle John's regular absences due to work and occasional pub nights with old friends just fine, with just a mild irritation and a tendency to text the man too often. It is when he's not at home and Sherlock doesn't know where he is, that he practically panics. John could be in danger, but he could also have just left, in search of a better life, a more accommodating flatmate, in search for someone he would want more than just a very complicated friendship with.

He hates it when John dates people. It's pointless. Sherlock finds it downright insulting that John thinks these floozies he drags around the reasonably priced restaurants of Greater London have more to offer than Sherlock does, just because they can boast a considerable set of breasts and the associated nether bits. Sherlock has never been able to understand why John often looks at him quite similarly to how he does these women, but there is still somehow a line there that cannot and will not be crossed. He has not allowed himself to perform a more detailed analysis of all this, since John has made his intentions - or lack thereof - quite clear.

While it is true that a lot has happened after their only conversation on the subject, Sherlock is unwilling to broach the topic. He likes to stick to areas of life where he feels he has at least a moderate grasp on both the subject matter and proper social conduct.

It's pathetic. John has been gone for forty-one minutes, and he's missing the man already. Being in clinic against his will must be making him sentimental and irrational. They're the same thing, really. Irresponsible, too.

Part of why he feels like this must be because John is the only familiar and reassuring thing in this dire place and as a doctor, he can buck the system for Sherlock's benefit. On the other hand, Sherlock doesn't really enjoy watching John take on his professional role, since it tends to screw up their power dynamic. Sherlock prefers to be the one in charge.

When John gets all doctorly, Sherlock tends to be at the receiving end of all the unpleasant attention, unlike when he's employing his Captain Watson shtick. That one Sherlock does enjoy observing, but his motives for it are not solely practical.

There is no kind of Watson at his disposal now. Sherlock wonders how long it will take for him to get home and back. Maybe John will get something to eat on the way, in which case he's bound to bring some for Sherlock. He's going to decline. His stomach is in knots and he'd likely just get nauseated if he ate now, which would only serve to intensify John's hovering.

A thought occurs: he's in for endless hours like this, with nothing to do except to chronicle this downfall in his head. John would probably point out the television set and the possibility of reading - at least as long as he'd be able to hold up a book, but since those things hardly abate his boredom at home, how could they possibly offer more value in here?
Sherlock feels rather detached from where he is, as though he's expecting this whole charade to draw to a conclusion at any minute, like a stakeout or a movie. He finds he needs to constantly remind himself of what is actually going on in order to keep believing in it.

He manoeuvres one of the ECG wires on top of his wrist and makes it shake frantically. The line on the monitor turns erratic, like a squiggle a small child has drawn on a piece of paper. A satisfying alarm begins blaring out and in less than thirty seconds a nurse scutters in to check on him. He stills his hand and glares at the woman, who raises her brows and leaves without a word since the monitor signal looks normal now. This probably happens all the time so it doesn't cause much of a commotion among the staff. Such pranks will thus not have very lasting entertainment value.

Finally, John walks in without knocking. He's carrying a plastic bag. Sherlock can imagine him hurrying home, grabbing the first thing he could think of in which he could carry things. He imagines John throwing his possessions into it - random, useless things. He wouldn't know which dressing gown Sherlock would have preferred - or would he?

"Hi," John says and Sherlock suddenly wants to yell at him for choosing such a stupid, useless, irritating thing to say. He doesn't answer, merely arranges the sheet back onto his feet. He has no interest in demonstrating to John all that he's lost so far.

John begins taking things out of the plastic bag. Toothbrush. Toothpaste. Shaving kit. Sherlock watches the proceedings with increasing discomfort. How long until he can't use any of those things?

Everything John is putting into those drawers seems to have an expiration date of sorts, a disclaimer: *enjoy this while you still can.*

John quickly sticks the underwear he has brought into a shelf in the wardrobe. Were Sherlock feeling less antsy he might have cracked a joke about that, something about the false nature of people's assumptions about their relationship, but he can only muster up the energy for such humour when he's in a good mood, because something about it stings. Always has. He doesn't like to examine why.

John has brought the blue dressing gown after all. Small blessings.

Before Sherlock can decide on something to say to John, his ears pick up a sound from the corridor: a familiar set of footsteps accompanied by the strident click of an umbrella catch his attention. They approach and then stop behind the door.

*Oh for fuck's sake. That didn't take long.*

There's a sharp knock on the door.

John stops fumbling with his things and straightens his back after leaning over the plastic bag he's placed on a side table. He doesn't call out to the visitor at the door because this is not his room, now is it? Not his permission to give.

Sherlock has no intention of consenting to this visit. He makes no sound either.

Regardless, the door opens and Mycroft steps in, taking in the sight of the two of them.

"I hope you remembered to wear your best gloat today," Sherlock says, glaring daggers at his brother.
Mycroft doesn't adopt the usual exasperated look he tends to employ as a reply to Sherlock's snide remarks. Instead, he shifts his attention to John and takes in the sight of the man dangling Sherlock's dressing gown - he had been about to hang it in the wardrobe. "Were you able to procure all the necessities? If there is anything more that you require, I'm sure my assistant can remedy that," Mycroft enquires politely.

"I didn't really know what to bring, and he wasn't much help," John admits, giving Sherlock a chary sideways glance.

When John had asked what Sherlock thought he'd need, Sherlock's distracted and exasperated reply had been, 'I don't know, you sort it out'.

"You know what we're facing here?" John asks Mycroft, who nods and arranges his umbrella to lean against the wall near the door. He hasn't approached the bed, probably having sensed the seething disapproval emanating from its occupant.

Of course Mycroft already knows. In all likelihood he's already read every bloody word the A&E doctor and the neurologist have typed down somewhere in the NHS records.

"We are not facing anything," Sherlock says icily. "I've contracted something, so to the rest of you lot, it will be a spectator sport. Not contagious. You must be so relieved."

"Have you decided on a course of treatment?" Mycroft asks Sherlock.

"Immunoglobulin," Sherlock replies. If Mycroft gets what he wants - information, that is - perhaps he'll return to whatever rock he slithered out from under.

Mycroft nods, probably having read up on both standard treatment options already. Neither of those seems enticing to Sherlock. He's had transfusions of blood products before, with no serious adverse reactions, but it seems somewhat counterintuitive to use antibodies produced by the immune systems of countless blood donors to combat a disease in which an overactive immune system is the very problem. John had told him the precise mechanism of action of immunoglobulin is mostly unknown. How reassuring. The other option would have been plasmapheresis - to filter out and replace the plasma in his blood - that's where the elements harmful to the myelin sheaths are floating around. Were the veins in his limbs in better condition, this could have been a first-line option, too, but due to the damage done by his narcotics habit it would require the installation of a central line, which he doesn't need - at least for now. If this progresses from bad to worse, he might.

"Easier and faster to start than plasmapheresis," John says, "Possibly more side effects. But we'll worry about that later."

"With your approval, I would like to tell Mummy," Mycroft says, reaching into his pocket to recover his Blackberry.

"Absolutely not. I've got plenty enough people hovering as it is," Sherlock says pointedly. He then uses his arm to shove an introductory leaflet about the hospital from the bedside cabinet onto the bed. He opens it to a random spread, which takes him a moment since he has to use the side of his palm to open it instead of his fingers. "As though I really need to know where the gift shop is," he says incredulously and slams the leaflet shut against his knee.

He wants to crumple it into a ball and throw it at Mycroft as punishment for daring to stand there all pink and healthy and useless and superior.

There's an irresistible, burning desire in him now to ravage, to take down, to maim and destroy and
kill before anyone gets a chance to look at him as though he's suddenly become less than himself.

John is eyeing the vitals monitor. Sherlock's heart rate has spiked. Clearly Mycroft standing there worrying and plotting whatever it is he must be plotting isn't conducive to his wellbeing. He tries to stare his brother down, his eyes narrowed to slits, but Mycroft merely turns his attention to John again.

"My sources tell me the course of this is hard to predict in terms of a timeframe. Might you be able to offer an assessment?"

"In other words, please Doctor Watson, do give me an estimate on when I can expect my brother to stop inconveniencing me with this nonsense?" Sherlock cuts in, his tone theatrical and mocking. He relishes in watching both John and Mycroft's mouths tighten into horizontal lines.


Mycroft's gaze locks onto him. "Sherlock," he says with a clipped tone. It's a warning that he's overstepped his boundaries.

Good.

"Have you discussed potential communication tools, in case this progresses to compromise his airways? In case he requires a respirator?" Mycroft asks John, and Sherlock can detect the tiniest waver in his otherwise calculated tone. He realizes that Mycroft is hiding more than just superficial concern behind all this cargo-cult jargon he has probably pilfered from some medical website. Thirty minutes of googling, and Mycroft, the pompous ass, already thinks he's akin to a doctor, discussing airways and whatnot.

John has paled at Mycroft's mention of a respirator. This probably hasn't occurred to John, that it might happen. It should have occurred to John, since he's the physician here, but apparently he's been too preoccupied with devoting himself to pointless hovering that he's ignoring the facts; ignoring the possibility that Sherlock might, soon, be like the woman in the video he'd watched at A&E - his face expressionless like a death mask, his bodily functions taken over by machines.

The memory of seeing evidence of what that actually looks like from the outside hits him like a punch to the solar plexus. He swallows. "How---?" he starts but by then he realizes he hadn't meant to say anything out loud. His voice hadn't even sounded like himself, at all.

How is he supposed to do this?

How could anyone?

"John is right," he says. "It might not---- It's-- The course is difficult to predict."

Mycroft is watching him intently, and Sherlock can practically see the cogs turning in his head.

To his astonishment Sherlock finds that he might actually prefer for Mycroft and John to take over all the decision-making. He wants to not think about any of it. He can't think about any of it, not now.

It's not as though anyone can do much to alter the course of this. It's pointless to talk about it.

He's cold. The sheets are too coarse. "I want a duvet," he announces.

"We'll get you one," John says in a tone that tells Sherlock John would probably try to lasso down the Moon at this point if he asked for it nicely.
He doesn't want this accommodating, comforting John. He wants his John, who demands he bins all the disgusting things in the fridge and stops playing Tartini's devil's trill sonata at three in the morning. He wants John to yell at him for being himself like he does at home, with that glint of endearment in his eyes.

Sherlock shifts on the bed and some wire gets stuck under his arm, tugging at his IV. He grits his teeth, wanting to rip it all off. He wants to go home --- or actually, in all honesty, he really would prefer to take the Tube to Haringey, to find his old dealer and score in order to properly forget this nonsense. He's been sober for so long that most of the time the cravings are absent. It is during times like these when his patience is being tested but there's no constructive outlet for his frustration, that the longing gets intense.

He doesn't know whether he should tell this to John or not. The man would just watch him even more closely than he already does.

He wonders if John might consent to five nicotine patches. Probably not.

"It's true, it might not come to that. The intubation, I mean," John says and he couldn't even convince a complete idiot with his tone. "It might not get like that," he reiterates and his voice is tinged with a foolish hope.

"Still, it's best to prepare for everything," Mycroft says conversationally and smiles at Sherlock in a way that's probably an attempt at encouragement. Stiff up the lip.

Sherlock pouts his lip instead.

Both John and Mycroft are still looking at him, and Sherlock has a sudden impulse to wrap himself in the sheet to cover himself more thoroughly. To hide his failing body.

Mycroft has probably deduced that he wouldn't be forthcoming when inquired about his current symptoms. John hasn't asked, either, after he'd returned from popping down to Baker Street. John must know how rapidly this can progress, but he's clearly giving Sherlock some space.

John picks up the toothbrush he'd left on the nightstand before Mycroft had entered. "Do you want to use this now or should I put it in the bathroom?" he asks, presenting the item to Sherlock as though he somehow needs a reminder of what his own toothbrush looks like.

"Why would I want to use it now? It's only quarter past eight in the evening."

John's fingers curl around the toothbrush. "You've had a long day, I thought maybe you'd want to turn in."

Sherlock blinks, unsure if he could possibly have heard right. What fresh hell is this? "I have not had a long day. This day has consisted of precisely the same number of minutes as any other. What I've had is a taxing, irritating, tedious and unsettling 13 hours, which the two of you are making even worse by the fucking minute, and going to bed at a quarter past eight in the evening isn't going to fix any of that!"

By the end of this diatribe his volume had risen to yelling level.

John looks slightly shocked, and Mycroft picks up his umbrella, clearly intending to leave the room. "John? May I have a word?" he asks, clearly trying his damnedest to sound as though nothing's out of the ordinary, but Sherlock recognizes this is Mycroft's crisis management voice.
His tone for crisis- and Sherlock-management. To Mycroft they're probably one and the same.

John nods, placing the much-maligned toothbrush on the edge of Sherlock’s bed. Sherlock grabs it, and after a couple of tries manages to stick it in his mouth. "Happy now?" he asks venomously, the toothbrush bobbing on his lower lip as he speaks. It's the sort of thing John would usually scoff at with a half-concealed smile. This time he's staring at Sherlock with alarm.

Without a word, John heads for the door and slips out after stealing one more careful glance at Sherlock. Mycroft has already disappeared into the hallway.

"Good Lord," Sherlock hears his brother say with a voice oozing disbelief and disapproval in equal measure. The door closes, muffling his and John's voices. Sherlock suspects by the sound of their footsteps that they have begun walking away from the room.

Sherlock spits out the toothbrush, suddenly shaking with rage. In the course of less than a day he's been sidelined with a diagnosis and a wristband slapped on him, and left here to rot while John and Mycroft conspire to try and keep him contained, docile and decent.

 Isn't there even one damned person in this building who would talk to him like a human being?

The door opens again and Sherlock draws in a sharp breath, ready to erupt in ire, but the person arriving is not John or his brother. "Oh," he says, deflated and disinterested when Jonathan-the-nurse walks in to arrange a pile of towels on a shelf in the narrow wardrobe.

John had remarked earlier that the room is unusually large, and better equipped than what the NHS usually has on offer. Sherlock has his suspicions who may have had a hand in such a room being made available for him. Damned overbearing brother.

"Don't they have some sorts of auxiliaries or assistants for such housekeeping?" Sherlock asks. He's not really interested, he just wants to take his frustration out on someone, and Jonathan is his only option at the moment. This is a low blow even for him - taking down a male nurse.

Said nurse shoots him a glance that does not hint at dismay. "Budget cuts and holiday season. It's all hands on deck here."

"How reassuring." Sherlock uses his left little finger - the only one that has somehow retained movement - on the bed remote to bring himself to a proper sitting position.

"Anything else I could get you, Mr Holmes?"

"A cab," Sherlock says and lets his head loll back and his gaze fix on a crack on the ceiling.

Jonathan chuckles and takes his ear temperature. "36.7. Normal."

Sherlock coughs and rearranges his pillow which has now slid down to his lower back. "I could have told you that. Is that thing even accurate? What if there's a significant build-up of earwax? Surely as an insulator it would skew your results."

Jonathan pockets the thermometer and rewraps Sherlock's arm in the blood pressure cuff he'd wiggled off. "The doctors look at trends more than they look at individual results."

"Shouldn't you tell me to shut up while the cuff is inflating? They always do that at A&E as though speaking in itself will significantly affect the results. It won't. It's the autonomic response to the emotions behind the words that might."
Jonathan's smile is a little devious. "Dr Watson is under the impression that telling you to be quiet is useless."

Great. Just great. John has been debriefing the nurses about him. No wonder most of them seem rather intimidated by him. Not this one, though.

John and Mycroft are still AWOL. Maybe there's potential for a momentary distraction here. Something to tear Sherlock's mind off all the things he currently wants to avoid mulling over, even if just for a second.

If he really focused, he could imagine he isn't a patient at all. A traveller at a hotel, maybe, temporarily bedridden due to something banal such as the flu. This man could be room service, or a murder suspect. This could be a case.

Jonathan-the-nurse is still fiddling with the blood pressure cuff. It seems that talking might have affected the results, after all. Good. That will give Sherlock some game time.

Jonathan's nametag reads 'Baxter' besides his first name. His dialect places his background somewhere in Greater London. It is clearly upper class - somewhat unusual but not unheard of for a male nurse. Another thing confirming an upbringing in the upper echelons of society is that fact that he'd called John 'Sir' in a very specific manner instead of saying Mr Watson after being introduced to the man. After John had disclosed his profession the nomenclature had understandably changed to Dr Watson.

Jonathan's nametag is an agency one, not University Hospital issue. Bank nurse, then. Judging by his conduct so far he is no trainee. He behaves very naturally around both Sherlock the patient and John the doctor. Clearly he is very comfortable with a hospital environment - even more so than some of his older, experienced female colleagues. Medical professionals in his immediate family?

Jonathan's tightly packed, but not bodybuilder-like musculature speaks of an avid sportsman. He has a deeper tan than even the most enthusiastic British sunbathers can boast at this time of the year, and it has not come from a spray can. It is also too uneven to be solarium-created. He wears a braided, worn string bracelet which tends to be a favourite among those connected to certain sports lifestyles such as surfing, but his hair is not coarse and bleached by salt water, so the sport that takes him abroad has little to do with water. Such adornments as the bracelet are, as far as Sherlock knows, strictly banned among NHS staff, so wearing one is a sign of defiance, an attempt at separating himself from his colleagues. This likely means that he does not define himself by his profession. The man's fingertips are split, the manner in which he's being careful of his left index finger might point to a fracture and his finger joints seem unusually flexible as he reattaches the air hose to the blood pressure cuff.

The deduction is gleaned quite easily from all this: rock climber. Many of them seem to favour short-term jobs, spending the Winter in the southern parts of Europe where the big walls enjoy tolerable weather, even during the coldest months. He could also have travelled to any other warmer destination for climbing, but there's a tiny Spanish flag on his nametag, meaning he speaks the language. All this explains why the man is well schooled but a nurse by vocation instead of a doctor, which is probably where medical parents would have shoved him towards. It's all because medical college and the following years of training for consultancy would have deprived him of a chance for the lifestyle of a climber.

Jonathan obviously has a girlfriend: he smells of a floral aftershave, of which he has put too much on, probably to make a point to someone. It clashes with the cheap-brand shower gel he has used which carries a much more masculine odour profile - hints of menthol and lemon. Clearly, the aftershave has been a gift and the fact that the gift-giver has been present when the concoction has
been practically poured on his face confirms this. Likely not married - women who go in for rock-climbing don't tend to be the sort who would drown their significant others in cheap floral aftershaves, and the more traditionally feminine sorts of young women would probably hesitate in becoming more seriously involved with someone whose lifestyle was as unconducive to settling down and starting a family as a rock climber's wife.

"Pyrenees, Iberia or the Cantabrian Chain last winter?" he asks Jonathan with a deliberately disinterested tone he might as well have used for discussing the weather. He needs to test his deductions, and he enjoys the look of dismay on people's faces when he pretends everything he has deduced on them is quite obvious, really.

The man puts down the blood pressure cuff, having finally registered an acceptable reading, and gives him a curious glance. "Costa Blanca, actually. Got back three weeks ago. Good guesses, though. Are you a climber, Mr Holmes?"

"My father is the Mr Holmes, and my brother is a Mr Holmes. I'd prefer Sherlock."

Jonathan replies with a smile and a slight nod. Even though nurses mostly seem to use the first names of patients, that does not seem to be the case in this particular unit, and someone like Jonathan likely finds the practice very stifling and unnatural.

Sherlock has the distinct feeling that he and Jonathan have one thing in common: both of them fancy themselves just passers-by in this institution.

He's not a patient. Being a patient does not define him.

He is a consulting detective temporarily banished from his own life.

Jonathan is not a nurse. He's Jonathan, who's a climber and someone's boyfriend and probably in a band when he's not busy trying to fall off cliffs, since he's got what look like guitarist's calluses. Jonathan seems like the sort of person television executives tend to recruit to all those idiotic reality TV programs John watches with Mrs Hudson. "Do your doctor parents approve of this chain of temporary jobs?"

Jonathan ought to be insulted by now, as would anyone who felt that their employment situation was the result of bad luck and bad cards dealt at birth. He does not look miffed, because for him it's all very likely been a deliberate choice. Just as it had been a choice for Sherlock not to seek a career in chemistry, to become a freelance sleuth instead of fighting his way through the social minefield that is academia.

"Father's not happy, no. He's a urologist here. My mother's dead - at first they thought it was medical malpractice but turns out it was the result of some bureaucratic error with her hospital records that lead to her death."

"I'm sorry," Sherlock offers because that's what one is supposed to say when the words 'death' and 'medical malpractice' are mentioned in the same sentence, isn't it? It's a pity that the case is already solved. He could have used John's help with it, had it landed on his lap. It could have been at least a four on his scale of interest.

"I never wanted to be a doctor. I wanted to be a paramedic - I probably will, some day, but right now I'm happy with what a nursing degree offers. I can do what I want, really, decide when I want to work and when to take time off."

"Girlfriend not bothered by your lifestyle choices?"
Jonathan looks taken aback. "How do you know about her?" For a moment a flash of alarm moves across his features - he has probably encountered enough patients with unstable personalities who cling on to staff like emotional leeches and pry into personal affairs until they realize they're not getting whatever it is they're after, which is when they proceed to turn the professional in question into an archenemy in their heads.

"Aftershave. You wouldn't have picked that one for yourself."

Jonathan huffs in amusement. "She's Spanish, runs a small hotel in Teulada. I help out when I'm not out climbing or back here working. I haven't been able to get licenced in Spain, and the pay isn't very good there. I'm actually flying back there tomorrow."

Sherlock finds he is mildly disappointed. As healthcare personnel go, Jonathan is clearly one of the more bearable ones. Sherlock finds he appreciates the business-like air with which he does his job, without any condescension or mollycoddling. His absence will mean that Sherlock will be stuck with the usual intellectual offerings of the NHS staff pool.


Sherlock smiles triumphantly, his anger temporarily dissipated. Heckling this man is much better than just sitting and waiting for --- he isn't even sure what. For John to return, of course, but in the long run--- what? "You've not heard of me? Sherlock Holmes?" he asks in a grandiose tone.

"I don't really read the papers," Jonathan says.

*A true Eton rebel*, Sherlock scoffs inwardly. It's likely Jonathan has been abroad during Sherlock's more visible recent cases. "I'm a consulting detective. This is what I do, deduce things from the details people usually miss."

"Maybe you should have gone to medical college, then. Sounds as though you might have been rather good at diagnostics, picking up on the small things," Jonathan counters his earlier question.

Sherlock rather enjoys how the man isn't treating him as though he's about to shatter into pieces or file a complaint about being talked back to. "I don't need to be a doctor; I have John for that."

"John?"

"Dr Watson," Sherlock hastily adds.

"Right," Jonathan says. "He's your husband, then?"

If John were present, Sherlock would at least half-heartedly pretend to be dismayed at such an assumption about the nature of their relationship. He isn't, really. He pretends for John's sake, because his conforming to all that shocked sputtering seems to be important to the man - originally Sherlock hadn't wanted to react to these assumptions at all, but that always seemed to have left John longing for some sort of backup. "No, he's my fl--- friend."

"Your flute friend?" Jonathan asks, his forehead creasing.

Sherlock snorts. "Flatmate-slash-friend. Some would describe him as my assistant, though he'd argue he's more of a colleague. What John is, is---"

John *is* at the door, having just opened it. He looks a little apprehensive, which is probably the residual effect of the anger Sherlock had been projecting at him earlier. "I'm what?" he asks, looking as though he's bracing himself for something unpleasant.
Sherlock realizes John is probably expecting the word 'idiot'.

"Back," Sherlock says pointedly and turns to Jonathan. Their conversation has come to a natural end, his deductions now mostly confirmed. "Thank you. If there's nothing else...?"

Jonathan removes an empty disposable water cup from the bedside cabinet, crunches it up and deposits it in a bin in the corner. Then he heads for the door, slipping past John who's still lingering in the doorway, probably expecting some official permission from Sherlock to enter.

To Sherlock this seems ridiculous. John never hesitates to approach him at home. This idiotic illness is making everyone walk on eggshells around him.

After Jonathan has left, John recounts to Sherlock the rest of his results which have now come through. The diagnosis is confirmed up to the smallest detail, which means they can start planning the chosen treatment. John tries to be encouraging about it, but Sherlock can't really find much to be happy about.

There is no cure - neither of the treatment options will actually stop this. They might slow the progression, but not halt the disease.

Mycroft returns during the tail end of John's explanation, a cup of tea in hand which he places on the nightstand. Clearly it's meant for Sherlock.

*How typical.* Sherlock has not been asked if he even wants tea. He does, but still. "Slip in a Valium, did you?" he quips at Mycroft, who raises his brows in the mock-ignorant manner which he tends to use with Sherlock.

He is forced to pick up the mug of tea between his palms as though he is wearing oven mitts. Mycroft and John pretend not to notice his struggling.

They stand there, vigilant and silent, while Sherlock swallows down the terribly tannic, lukewarm tea.

He can't pretend anymore, can't play at being in this bed as though it were a part of a scheme to solve a case.

It's real, and it's going to get him. In many ways, it already has.

Chapter End Notes

There was a reference in this chapter to one of my earlier stories. Brownie points awarded for those who can find it.
Freefall

Chapter Notes

You get a particularly long chapter to make up for the wait that was slightly longer than usual. Emma221b deserves particular praise for betaing this chapter due to her rendering some very pertinent Mycrofting assistance.

See the end of the chapter for more notes.

After Mycroft has popped back in to the room and uttered a pointless series of well-wishes, he bids farewell and promises to visit the next day, disregarding all of Sherlock's protests.

John starts reading the leaflet Sherlock had abandoned on the table, stealing occasional glances at Sherlock, who seems strangely inactive. Mostly he's just shifting around within his bedding and looking wary.

John does this same thing every time they've had an argument: he pretends to engage in some menial task as an excuse not to have to leave the room. He's obviously waiting for Sherlock to stop sulking and to break the ice. Usually John caves in first, makes tea accompanied by exasperated sighs and shoves a mug of it in front of Sherlock as a token of surrender.

John talks in teas like Sherlock talks with his violin. The other one recognizes that a message is being conveyed, but sometimes the precise content of it gets lost in translation.

To Sherlock, the room feels disconcertingly quiet. He turns to face John. His hair rustles as it gets pressed against the pillow-cased, plastic-wrapped pillow. The sound seems loud but it probably doesn't even travel all the way to John's ears.

Nothing moves, except for dust swirling in the fluorescent light shining through the corridor window.

The room is much too quiet for Sherlock's liking.

Earlier tonight, Sherlock would have preferred to get rid of all the irritating ambient sounds of the hospital but now he desperately wants a sign that the real world, the world he has been a part of up to this moment still exists beyond this room, that this parallel universe of plastic and metal and the smell of antiseptic isn't all there is.

It's too quiet, and suddenly he can't breathe.

He sits up, eyes wide, gulping air as though drowning. He's panicking but he realizes this after he's already past the point when he could have willed himself to stop.

The feeling of losing control is like a blinding light detonating in his skull, overloading all his senses. The only thing he can think of is to lean forward like a ragdoll, dragging his palms onto his unfeeling shins. His limbs feel alien; as though they have been numbed with local anaesthetic, or that they could well have been entirely cut off for all the sensation they're giving him. He wishes he could curl his fingers enough to claw at his legs, to draw blood, to prove they're still alive and part of him.
Does his skin look more translucent than usual? Is he slowly dissipating into thin air? The thought is ridiculous but he can't bring himself to completely discredit it. Or is it his eyesight that's playing tricks on him again? The double vision has made occasional appearances - John says it's probably due to the illness mildly affecting the ciliary muscles which tense the lens in his eyes.

Or is this all in his head, so to speak?

The control is gone. Anything could be happening.

He's shaking like a leaf, his chest constricting as though it's trying to cave in on his lungs.

John puts down his stupid, useless, pointless leaflet and stands up, grabbing the side rail of the bed with his hands, clearly unsure of what he's seeing. "Sherlock?" he asks in a carefully controlled tone that strikes a precarious balance between casual and alarmed.

"I'm -- disappearing," Sherlock gasps in awe and horror, and then continues what he recognizes as hyperventilating but he can't stop it. His head is pounding with the rhythm of his heartbeat and he's seeing black dots. He blinks frantically - an attempt by his brain to find an overload reboot switch by occupying itself with something repetitive.

He shoves his trembling hands underneath his thighs and slams his head back against the pillow, but this only serves to make him dizzy. He squeezes his eyes shut.

John's voice floats in from somewhere. Sherlock can't make out any words, because he's too busy trying to suck oxygen into his heaving lungs that feel as though they've been filled with concrete.

His eyes fly open, but little remains of his visual field. There's just a swirly cosmos of black dots against the white ceiling. He should fight, he should try to ---- His train of thought is being derailed by the swirling chaos in his head, a tight band of panic constricting around his temples.

Suddenly the strangest thing registers among the crushing mist - he smells provolone cheese and some kind of salami, of all things, and someone roughly grabs a handful of his hair at the back of his head. He tries to lift his arm to shove the intruder away, but it's so weak it's like trying to fence with a wet piece of spaghetti. There's a loud rustling of paper and the smell of cheese becomes so strong it's borderline nauseating. John's voice still floats around the edge of his consciousness like a distorted recording.

Despite the cheesy aroma invading his nostrils, he can now breathe a little. At least he thinks so. Curious.

Slowly, the rest of the room begins to register as his vision returns. John's face is right in front of his, the look on it determined but distressed. Half of John's face is obscured by a large brown blob - he can't see it properly because it's so close he goes cross-eyed if he tries.

He contends to just breathing a little more. What he now recognizes as a hand - John's hand - at the back of his head slowly withdraws, as does the smell.

Realization dawns: a paper bag had been held on his face. Judging by the smell it had likely contained sandwiches for John's dinner. Apparently John had acted so quickly he hadn't even removed them from the bag.

"Better?" John asks. "I thought you were going to black out on me."
"Not even close," Sherlock counters. The paper bag is crackling annoyingly as he breathes into it. John, too, had thought he'd been hyperventilating, then, and John's solution had been to fix it by making him breathe in some of his own exhaled carbon dioxide. While it has momentarily worked to keep him from fainting, in the grander scheme of things it's still akin to a plaster on a tectonic plate vault - it doesn't fix anything.

John looks sceptical at his claim that he hadn't been about to black out. John has never seen such a thing happen - hasn't even witnessed any of Sherlock's milder episodes of this. He could have, had he been present in their shared room at the Cross Keys Inn after their argument in the lounge downstairs. The whisky hadn't helped - when Sherlock had gone upstairs his panic had become worse. The end result had been waking up on the carpet next to a potted plant with a bump on his head, a bruised ego and a dull, pounding headache. When John had returned an hour later he'd pretended to be asleep. Not his finest hour, but at least that time he had the hallucinogen to blame. Now it's all down to his own head.

He used to have panic attacks such as this when coming down from a cocaine high. That's why he he'd originally taken up the heroin, to soften the crash.

John retreats to his chair and peers into his sandwich bag as though Sherlock exhaling into it could have rendered its contents inedible. Sherlock wonders if the treatment even works if the paper bag isn't empty. It would be embarrassing to fall prey to placebo like this.

Luckily common sense seems to prevail after all, since John finally digs out one and starts eating. He offers the other one to Sherlock, who shakes his head, still feeling faint and nauseous and suddenly exhausted.

John is acting as though everything is fine. Why? He must be unsettled by what he has just seen. Could he be anticipating Sherlock's embarrassment and trying to downplay everything because of it?

"Would you like to tell me what that was?" John asks after scarfing down his first sandwich, wiping crumbs off his lips. Provolone, arugula and spicy Calabrian salami - John's favourite from Speedy's.

"Forget it."

As far as John is concerned, he did not just have a blatantly obvious panic attack in front of the man. No. Absolutely not.

"Kind of hard to do. Look, I'm not going to ask you again. If you want to talk about it--" John starts.

"Good," Sherlock cuts in and manages to slide his hands across his lap in a sad attempt at crossing his arms.

"--But I am going to tell you that I think you should," John concludes, "Anyone would be scared when faced with this, anyone. Frankly, I think I'd be bricking it at this point."

Sherlock defiantly meets his gaze, offering no reply.

"I can't help if you don't talk to me. Unless you can convince me I did not just see what I think I just saw," John provokes.

Sherlock's brain scrambles for an excuse - any excuse. He dreads to think what John will do if he starts suspecting Sherlock is already losing it now that they've barely only left the starting line of this ordeal.

He knows that the best way to deal with John at this point would be to discuss everything honestly
and sensibly. It's just that Sherlock doesn't exactly know how, and there have been occasions in his life on which, admitting what he's really thinking and feeling instead of pretending everything is fine, have led to... certain interventions that he wants never to experience again. He will gladly lie, even to John, to avoid that.

"Obviously my blood glucose level must be low, since I've not had a chance to eat anything," Sherlock says quickly.

John is looking at him as though he has suddenly sprouted a pair of horns. It's a little unfair, since he has actually once nearly passed out from exhaustion and lack of food at a crime scene. Only nearly. More of a stumble, really. It had been during one of their first cases and he'd let himself get carried away by it all - the case was a full ten, which never happens, besides when Moriarty shows up, and that has complications. There had also been the novelty of John, the delectable newness of someone who would look at Sherlock as though he's the most marvellous thing this pointless universe has ever belched out. The case had dragged on, its twists and turns barely allowing bathroom breaks. They were all running ragged. John himself had dozed off once in Lestrade's office.

That stumble, swagger, near-fainting, whathaveyou, had led to a frank discussion at home as to how badly Sherlock actually looks after himself. John had been unconvinced by Sherlock's theory that his Transport was trained to require much less nutrition and rest than normal people usually did. Of course Sherlock is aware this is probably not the case - as a man of science he knows one can't fool basic human physiology, but science doesn't change the fact that this is how he has always felt - as though his body is his to command and only a flimsy connection exists between it and his mind. A connection, the nature of which he can't quite grasp. How his body might be connected to his emotions, he has no idea. He doesn't usually turn his feelings into physical symptoms but sometimes when everything gets too overwhelming, something spills over from the mental to the physical. Panic attacks can be the result, as well as a need to experience pain of some sort, to use it to reconnect with himself. At its mildest, this need to reinforce that connection manifests in nervous ticks such as flapping his hands, pacing and wiggling his fingers as though playing an invisible instrument. John had clearly begun to pick up on these early on but he never says anything.

There's a challenge in John's eyes now, though. "Would you like some of this, then?" he asks and digs the second sandwich out of the paper bag.

"No."

"You don't see how you might be contradicting yourself here?"

"I might benefit from food, but at present I don't want any."

John stares at him with disbelief. "You're impossible, you know that, right?"

Sherlock has been around John long enough to know that this is a rhetorical question.

John puts his sandwich on top of the paper bag on the table. "They checked your blood glucose at A&E. Lower end of the normal range, that's why they put you on G5 saline," John reveals. "I get it, it all sucks but why the hell are you so convinced everything in here is done just to spite you? At some point in the course of this you're going to need a lot of help, in a lot of different ways. You need to accept that."

"I need to do no such thing. I don't need to accept any of this. I think you already have, though, and I'm glad you're finding it such an easy thing to manage," Sherlock counters.

"I'm on your side here!" John exclaims looking like he wants to tear his own hair out.
"Doing what exactly?" Sherlock asks, eyes narrowed.

"Telling you, as a friend, that you need to keep me updated on what's going on. That you need to eat and sleep. Those things will make everything go a little easier."

"Or what?"

"Excuse me?"

"Or what? You'll shove a feeding tube down my throat? Drug me up for the night? You and everyone else keep bulldozing all over me on the pretence of medicine. Whatever happened to 'the client is always right'?" he asks incredulously.

John's gaze is patient if a little tired. "You're not a client or a customer, because customers are happy and well served, when they get what they want. What a patient asks for isn't always good for them, and it's our job to make sure they get what they need, not just what they want."

'Our job.' Despite not being employed by this hospital, John includes himself in the community of healthcare professionals running this show.

"I'm not your job!" Sherlock fumes.

"Judging by everything I do at home and out on cases, you may as well be," John says. "God knows there are three-year-olds who are less of a handful." He yawns, which keeps him from spotting that Sherlock is actually rather insulted by his statement.

Is it pity that drives, John, to employ himself so tirelessly as Sherlock's self-appointed minder? Or perhaps some wonky sense of duty to someone he sees as worse off than himself? The Hippocratic Oath?

"Nobody has asked you to do any of it. Be it known that I certainly don't want you as my doctor right now."

John is taken aback. "You want me to leave, then, is that it?" he asks, sounding as if he's teetering on the edge of being very, very crestfallen. "Please, Sherlock, think carefully. If you really want that then I will go, but you might not be thinking very clearly right now."

"God, you're such a--- " Sherlock swallows the words 'condescending idiot' because John dislikes such descriptions, and because it wouldn't take this conversation anywhere beneficial. Even he can see that. "I want you here, just not as my doctor! Is that clear?" he demands, trying to hide the desperation with which he wants John to understand it all without him having to detail any further what has been going through his head.

John no longer looks as though he's been banished to exile. "I thought you'd prefer me to act professional and sensible instead of hovering like you think Mycroft is doing."

"You're doing both at the same time and it's highly annoying."

There's a knock on the door and an orderly brings in a tray of food, placing it on the tray table. John makes the effort to smile and say thank you. Sherlock simply bristles silently.

When the orderly has left, Sherlock cranes his neck towards the tray and scoffs. He makes no move to partake in anything on it.

"You need to eat. Lying in bed is going to be murder on your muscles, you'll need new building
blocks for them. It's non-negotiable, really."

"You're at it again," Sherlock reminds him.

"Sorry, it comes so automatically," John says sheepishly. "I really didn't say any of it to drive you up the wall."

"I still don't have to like it."

"No, but you could stop behaving like a spoiled brat, and stop fighting me and everybody else every step of the way on principle?"

To stop fighting? To adapt, to concede, to submit? It wouldn't make any of this easier or less uncomfortable, but it would mean giving up his last shred of self-control. Why won't John see that? Had it been easy for John to make the monumental mental shift from army surgeon to war invalid? Had he not been annoyed in the least by the change in how everyone else treated him? Judging by what John had written down on his blog and what he'd told Sherlock about his largely result-less therapy he hadn't coped very well with the return to London. Are these personal hindsight revelations he's doling out to Sherlock, or merely theoretical assumptions based on what his professors in medical school had advised about difficult patients?

John has been here, in a way. He clearly doesn't like to dwell on it. When asked what had changed to wring him from loneliness and desperation towards a new life, he always answers with Sherlock's name. What about when it's Sherlock instead who finds himself purposeless and indisposed like this?

A significant portion of Guillain-Barré survivors end up with disabilities that can last years, even. Sherlock's line of work requires a level of physical fitness. John can compensate his own weaknesses with a firearm, but how will Sherlock be able to compensate whatever the legacy of this could be?

'Mortality between----' What was it now? Five and eighteen percent? One person among twenty or one person among five?

Mortality. Funny word. Medical encyclopedias list it for all illnesses as though the mortality of humankind wasn't going to be a hundred percent anyway.

Suddenly, it all feels rather ridiculous - these attempts by the medical establishment to try and stop his body from cannibalizing and wrecking itself. The statistics have to be wrong. Nerves don't fix themselves. At least cut ones don't. "Nothing like this can be survivable," he tells John. "I know what the risk factors are for the more severe forms of this and how many of them I have. Nothing like this---" he lectures, but then shuts up because he doesn't want to repeat himself. John has probably understood him already.

John reaches out for his hand and curls his fingers between Sherlock's which are numb, tingling, strangle. "Shush. We've been over this. The statistics--"

It is in no way unexpected that John would dismiss his worries with platitudes and false reassurances. Mycroft still behaving somewhat normally towards him is a good sign - if he were dying right now, surely even Mycroft would be at least a little bit beside himself. On the other hand, Mycroft had clearly abandoned a Cobra meeting to come to his bedside today, which means that this is serious.

This is only the early stages and anything could still happen. Anything.

"TO HELL WITH THE STATISTICS!" Sherlock wails so loud that John flinches and shakes off John's hand. "What about the three people out of your ten who don't return to normal? What happens to them?" he demands. "I might die," he then says out loud, bewildered, as though the thought had
now, for the first time, occurred to him.

The thought had been in his head before, but it had only moved through, transient and unimportant and purely hypothetical. He's said it now, it's real.

The uncharacteristic curse word that had escaped from his lips moments earlier will, regrettably, hint to John as to how lacking his self-restraint currently is, and he hopes John won't use it to pry further about how his state of mind. If he has to bear another word of well-meaning worry, his head is going to explode. His skull is going to fracture from the inside out in a marvellous display of flying bits of bone and skin and that will teach everyone to keep poking at his emotions as though they were crime scene evidence requiring cataloguing.

"No," John says and it's half a denial and half a battle cry, "you won't."

This is sounding more like his John.

This is what they do together - beat the odds, explain the unexplainable, solve the impossible. But this isn't a puzzle, it isn't a case, it's just... failure.

Sherlock knows he's being histrionic. He knows he could shout to high heaven his disapproval and anger and it wouldn't change a thing. There would still be this wildfire consuming his nerves, burning their vital parts to cinder. He's combusting internally, self-destructing----

John interrupts his train of thought. "I've told you, and so has Dr Airlen, that the small minority who don't recover fully after the plateau phase are left with some, usually mild, impairment. This is survivable. This will pass," John says with the incisive tone he'd adopted a moment earlier, trying to lock their gazes in a feeble attempt to stop Sherlock from losing his mind over this.

"Don't patronize me," Sherlock says, and as much as he tries to muster anger back into his voice he fails, since to his own ears he ends up sounding miserable and deflated.

John's face falls. "Sherlock, I don't know what else to tell you. There's no reason to assume you won't make a full recovery." John reaches out a hand, letting it hover above Sherlock's shoulder, but Sherlock dismisses this attempt at consolation by turning his head away.

"If you would just stop," Sherlock says defeatedly. "With the --- Dr Watson routine, please." He lifts his palm and then lets it flop uselessly on the duvet. Comical. Pathetic. "I want you involved. I just want you to stop being so... doctorly. There's nothing you can do so stop bloody trying," Sherlock orders but with less assertiveness than he usually uses with people. He doesn't need to boss John around. The man will take a hint from less.

"I can't just sit here and be useless," John counters.

"You can do precisely that, and even be good at it," Sherlock snaps back at him.

John sighs, rubs his forefinger up the side of his nose, drags his chair closer and puts a palm on Sherlock's shoulder - slowly, as though trying to catch a poisonous snake - and Sherlock realizes that there might be a time where he can't even feel this, that regardless of whether this illness will be the culprit, there will be a time they are deprived of one another permanently, whether it be due to his own demise or John's.

He does feel that touch now, and it's somewhat grounding. His shoulders sag in defeat and exhaustion and John smiles, but it isn't in any way a smile of happiness. It's probably mostly relief that his fingers didn't get bitten off.
"I'm sorry," John says, his voice thick with fatigue and frustration, "I'm so sorry this is happening. To you of all people."

It should be an annoying, useless, banal thing to say but there's something in John's voice that softens the hard lump that has wedged itself firmly in Sherlock's throat just a little.

John knows him. He doesn't know everything, not all the things hidden in the dark recesses of Sherlock's mind, but he knows enough, he's seen enough to be aware of how much Sherlock hates others dictating how he is to live and be, and how much he hates not trusting his own senses.

Sherlock closes his eyes momentarily. Where is this all coming from, this terrifying, acute tendency of his to wallow in worst-case scenarios and the pointlessness of the entire universe? He can usually stick to the facts, operate on rationality but now he finds himself unwilling to be sensible. Maybe he should yell and throw something. He never cries, even though he might feel like it now. He'd quit crying at an early age. It's pointless and only invites pity.

"I'm sorry," John reiterates quietly and removes his hand. John probably mistakenly now thinks his touch is unwelcome. It has left a ghost sensation akin to a crease in a shirt that isn't yet annoying but might become that at some point if Sherlock doesn't smooth it out with his own hand. He tries to lift his arm but it won't conquer gravity. He can bend his elbow and slide his palm to his chest, but not up to his shoulder. He'd prefer to make a fist, press his nails into his palm, but he can't. The pent-up energy and the imaginary sensation of his skin crawling at even the mildest touch by others remain.

It's worse than the physical symptoms, really, this excessive energy trying to take over without having any outlet for it. At home he'd rant, he'd pace, he'd sneak a cigarette, he'd flap his hand against his thigh, anything to extradite the emotional into the physical.

Now his emotions rage unchecked, bounding around in his head like a panicked animal searching for a way out, clamouring around so frantically it might harm itself.

There's no escape from himself here. His breathing is becoming erratic again, his control slipping.

There's no escape from John's scrutiny, either. Standing by the bed his eyes narrow as though he's still trying to solve a problem in lieu of just keeping Sherlock company. Suddenly the frown abates and John's lips curl into a smile and he hurries to the drawers into which he'd deposited Sherlock's things from home. He rummages around the topmost one and produces a set of headphones. They're John's - a Christmas gift from Mrs Hudson who had though John might need them during Sherlock's noisier experiments. John had probably never even used them, despite his regular griping about various rackets Sherlock makes around the house. Maybe John likes to be aware of his presence like he prefers to be aware of John's.

John presents the headphones to Sherlock expectantly. "I thought about what you could do when you can't, you know, can't really--- Anyway. If you tell me what you want downloaded on your phone we could make you a music library. That'll pass the time, won't it?"

Sherlock lets out a ragged breath, and realizes that maybe he shouldn't have told John to stop trying to make things better, after all. He studies John's face, wondering what strange black magic allows this man to do easily what so many others have failed attempting - derailing the vicious circle of his thoughts and pushing his mind towards a more constructive direction.

To his own surprise, Sherlock manages to produce a hint of a smile. "Start with Vengerov's performance of Shostakovich's violin concerto number one."
Two days later, Mendelssohn’s violin concerto in E minor works surprisingly well in letting Sherlock forget this whole mess for a moment. When he closes his eyes he can almost imagine lying on the sofa back home with John puttering about in the kitchen.

John has gone home for the night after Sherlock’s insistence that he'll be perfectly fine, that there hasn’t been all that much worrisome progress today. This can’t be the plateau phase yet - it would be practically unheard of for a case that initially progressed so rapidly to stop worsening after mere days.

On the two previous evenings, John has lingered until way past midnight, only leaving after Sherlock had fallen asleep, assisted by the sleeping pill he insists he doesn’t need, but John has told him to accept in a tone that invites no counterarguments whatsoever. Sherlock had begrudgingly accepted the premise - long nights staring at the ceiling had not seemed enticing.

Visiting hours end at eight in the evening, but John has probably been playing the doctor card so the nurses have not lifted a finger to evict him. Perhaps they're just relieved that John is the one having to engage with Sherlock.

Tonight, John had looked as though he was running on fumes and judging by what Sherlock had learned when cases deprived them of a reasonable amount of sleep and nourishment, John would soon grow irritable and short-tempered if he weren’t relieved of this watch duty he’d adopted. Sherlock had sent him home at nine in the evening.

As per his requests, John had printed out some more articles detailing the prognosis and recovery statistics or survivors, but after deciding that they were only escalating Sherlock’s worries, John had refused to let him read them anymore. They're now in the wardrobe, on the top shelf. They're just two metres away, and Sherlock still can't get to them.

At this point, all John would need to do to keep him from getting something he's trying to grab is to hold it above his head.

It's only 10 p.m. now. Sherlock finds himself wondering about the weather. The broadcast had said showers with a chance of thunder. There's no way for him to verify it, since the only window in the room opens to a corridor.

He might as well be in the cellar.

Or buried under the floorboards.

He's waiting - not for anything specific, because recovery from this will likely not be marked by clearly definable steps, but simply for time to pass.

His neck feels stiff, his limbs heavy.

Slowly, he turns his head to face the bedside cabinet and to stretch it a bit. There's a crumpled ball of wool there - Mrs Hudson had been by earlier.

Her reaction to seeing Sherlock had been refreshingly honest and sudden - she'd burst into tears and hugged him so hard that all air had been squeezed out of his lungs.

She had brought him a woollen cap she had knitted.

"I do not have cancer," Sherlock had pointed out, confounded by this gift.
Mrs Hudson had blown her nose and told him she knew that, but still.

What on Earth was he to do with a light blue woollen hat? He had opened his mouth to pose that very question, but John - lips quirked up in amusement - had shaken his head behind Mrs Hudson to keep him from protesting.

Ah. This was one of those things, then - fragile attempts at consolation through utterly pointless gestures. Something not to be pointed out and criticized lest it offend gravely.

John does these things, too, but more subtly. It's the overattentiveness to every sound Sherlock makes, the slavish willingness to procure any and all foodstuffs he might want, and endless patience for his unsightlier moods.

John had brought lemon ice-cream which they had shared. John himself hates it - 'who the hell would pick that one over chocolate or anything else, really?' - but he'd brought it especially for Sherlock. He had liked it much better than the hat.

Slowly, he slides his left arm onto his chest. Its weight feels reassuring where he still feels it - he'd realized the skin of his stomach had become numb a day before, when the blood thinner - enoxaparin, John had told him it was called - injected underneath it every evening hadn't felt painful anymore.

He spots a round, red stain on the sheet next to his thigh. His hand had been there a moment earlier. A trickle of blood is trailing down his wrist. It seems that his IV had snagged on something a moment earlier and he hadn't felt the twinge or the ripping off of its adhesive covering. The cannula is still attached to the tubing, making a small, colourless puddle on the duvet next to his thigh from the glucose solution running from a bag hoisted onto the IV pole. They'd put him on glucose since the ice-cream had been the only thing he'd agreed to eating or drinking today. The sugary, creamy, cold lemon dessert had been the first thing presented to him that didn't turn his stomach.

They tell him nausea can be produced by the dysfunction of the autonomic nervous system caused by Guillain-Barré. He had nodded, even though he knows it's not just that. When he's anxious, he doesn't eat, because he can't. Never has.

The blood is still trickling from the small needle hole in his wrist, this time onto the sheet covering his chest. He watches it, mesmerized.

How uncoagulable is his blood due to the anticoagulant? Surely he shouldn't still be bleeding this much just from such a small injury? On the other hand, he has no idea how much time has passed since the IV had come off. Lately he's been trying to avoid watching the clock move its slow hand - it seems to move slower the more attention he gives it.

He has all the time in the world now just to think. He doesn't like it. He knows that paranoia must be just around the corner, ready to whisper in his ear how easy it would be for some minion of an old enemy to sneak in, disguised as a nurse, and to finish him. This is not delusional, since he actually does have enemies.

Is there any way to verify what it actually there in that supposedly innocent IV bag? Or the so-called blood thinner?

If he ends up on a respirator, anyone with rudimentary knowledge of hospital equipment could turn off the alarms and switch off the machine.

Moriarty would laugh at this: his own body beating him. His own cells besting him, destroying him.
No need for an archenemy now.

Mycroft should have given him a false identity to be associated with his NHS number. John should not have revealed his real name to the EMTs who picked him up from home. No one should know he's in here, incapable of defending himself.

His hands are shaking now, breath coming in short gulps. How had he not even realized where this was all headed? An errant memory floats in - a bad ketamine trip years ago, during which he'd been convinced he was going to be assassinated. He'd given Mycroft a bloody nose, absolutely certain that he was the one hired to do it. Add that to the unsightly locale from which his brother had come to drag him to rehab once again and Mycroft had not been pleased.

Speaking of his brother - the door opens, and the very same walks in, shaking a soaked umbrella and placing it in the corner. Weather prognosis accurate, then.

He fights to control the building panic, not wanting Mycroft to pick up on it. Sherlock's hands are still shaking and he's blinking furiously, a nervous tic that always proved useless but he does it anyway when confused or angry or anxious enough. He'd once been suspected of having partial epileptic seizures because of it. It never works in abating the panic, only serves to alert others that something is wrong. It's the definition of a madman, really - repeating the same action and expecting different results.

"Evening," Mycroft says. He reaches his hand to the wall switch, clearly planning to turning on the ceiling lights.

"Don't," Sherlock says, and coughs feebly to hopefully distract Mycroft from the waver in his voice.

He's disgustingly grateful for the company. The darkness is still just around the corner, but having someone else in the room gives him incentive to pretend it isn't there. Maybe he'll start believing it himself if he can keep pretending long enough that nothing is wrong.

The paranoia is like a coiled snake, ready to strike when he isn't paying attention to what is really happening and what is not.

There are no assassins. He hasn't been injected with poison.

It's just that... it's not that implausible, now is it? During his lifetime he's already been kidnapped several times, blackmailed, nearly stabbed to death among other assaults on his person. He has enemies both inside prison walls and outside them.

This hospitalization is like offering himself to them on a silver platter. It certainly wouldn't be beyond Moriarty's capabilities to find out exactly what ails him and where he is.

"Some spy you are, not even signing me in under a false name," he spits out before he realizes what conclusions Mycroft might draw from the fact that this is the topmost thing on his mind.

"You are quite safe here. No records of this will be inserted into the electronic patient records. All that remains in the NHS systems are the technical details of your A&E department visit, claiming you'd been discharged that same evening."

His paranoia may not have been all unfounded, if Mycroft has gone through the trouble of orchestrating such subterfuge. He could acknowledge his brother's cleverness, but that would bloat the man's ego.

"Any other concerns you'd like to address?" Mycroft asks.
"No," Sherlock answers adamantly - so sternly, in fact, that Mycroft frowns.

"Sherlock?" Mycroft inquires in a pointed voice.

Damn the man for knowing him so well and reading him like an open book. He always has. "Is this safe?" Sherlock asks. "I don't know where I am. I can't see any wall signs through the window. I could be anywhere. There's no way to verify this is a hospital. It could just be staged. John could be in on this, if you convinced him this is for the best." Sherlock is a man of science so why should he believe anything he has no tangible proof of. Is he really present, or is this a dream? His voice sounds strange to his own ears, slow and artificial and muted. "This could be your attempt at finally wrenching control from me, having me declared incompetent," he points out to Mycroft, "that would spare you much trouble indeed, not having to sort out my messes, as you insist on describing everything I do that ends up involving you."

Has he lost time? Has he behaved erratically at home, done things he's forgotten? What if he's been using and can't remember? What if he's relapsed, got himself injured, and this is some idiot's attempt at breaking the news to him gently that something has gone very wrong in his head?

There's no way to verify anything.

Cold sweat has broken out and he's not getting enough air. His breathing is off, he knows it is, but he doesn't know how to fix it---

Mycroft's palm lands on his bicep, fingers gently curling into the muscle. "Stop it. Control it, or it will control you. You have not been using, so this will not be a repeat of 2007."

All Sherlock remembers about 2007 is the shouting, the bugs crawling underneath his skin and his attempts at removing them with a pocket knife, and the fury he'd harboured towards Mycroft for having him committed to treatment against his will.

He had been using then. Heavily. Those distorted memories are some of which he keeps under lock and key in the furthest corner of the Mind Palace, but they keep seeping out during times like these.

2007 is what he dreams of sometimes. Waking dreams, even, when there's moonlight coming through the window, their flat is dark and he hasn't slept. Some detail begins irking him and then sends him on a spiral of doubt. He hates it when John sometimes describes him as stir-crazy, endearment coating these words like they were a treacly pet name.

John has seen him merely slightly restless. John has no idea what 'stir-crazy' even means.

He has never feared madness - why would he? He flirts with it daily. It's the consequences of it he fears - the proverbial padded cells, the chemical castration of his intellect and the boredom of not being allowed to live the way he wants to.

He glances at the crooks of his arms. No marks. He could have been injecting between his toes, he'd always been rather good at that.

He drags the sheet off his feet. Nothing there. His unmoving toes which John thinks are always strangely pale, look pristine.

It's not 2007. It shouldn't be. Those numbers hold almost magical significance to him. A symbol of a place where he never wants to end up again.

"You're ill and not thinking straight. I promise that this is a bed ward at the National Hospital for Neurology and Neurosurgery. I will see to it that no one can get to you." Mycroft does not make
promises just to console others, to distract them or to buy favours. He's always been up front about things.

Sherlock goes through his memories of the last few days, tries to move his fingers to remind himself that this isn't in his head, it's not a chemical imbalance in his brain brought on by extraneous chemicals flooding his synapses. This is concrete, this is physical, this has nothing to do with his brain, and it isn't his fault.

Still, the nagging doubt lingers like a chattering, disapproving nanny. He'd had plenty of those in their childhood.

There's one major difference between 2007 and now. One thing that runs through his short-term memories like a red thread of reason.

*John.*

John, whose name he has now whispered out loud without realizing.

He glances up quickly like a startled animal, feverishly seeking on Mycroft's face confirmation that he hadn't heard what he'd said.

"You seem to be still hyperventilating," Mycroft points out discreetly, "If you can't get this under control - and I know you can, I will need to call in a doctor."

Sherlock's mobile phone - mostly abandoned on the tray table since he can't use it anymore - chimes with a text alert.

Mycroft picks it up and turns the screen so he can see.

It's from John.

*I hope someone shows this to you. Let them know if you need to get hold of me. Mycroft promised to come by later. Goodnight.*

This is confirmation enough that everything is real.

John is real.

Mycroft's wet umbrella is real. The forecast *had* said showers.

Sherlock now remembers that the very same weather forecast had listed a date, too, and it wasn't 2007.

Moriarty wouldn't go to the trouble of faking a weather forecast in the future. He would have no way of knowing Sherlock would watch it. All the programs would have had to be faked, and as evil plots go that would have been nothing short of ridiculous even for a consulting criminal genius.

Mycroft studies his face for a moment, then lets go of his arm, looking marginally less concerned.

Sherlock closes his eyes, suddenly feeling very drained.

"What happened here?" Mycroft asks, and Sherlock opens his eyes when his brother's fingers trace the skin next to the now crusted and brown trail of blood on his wrist.

"IV came out."
"And at no point did you consider that it might be a good idea to alert the nursing staff to the fact that you were slowly exsanguinating onto the sheets?" Mycroft chides, retreating and reaching for the call button. He doesn't sound surprised, but the disapproval in his voice is tangible. "Honestly I do wonder sometimes, Sherlock, what it is that goes around in your head. I had hoped John's influence would have increased the meagre amount of common sense you have."

How would Sherlock have done that, exactly? The call button had been on a side table, forgotten there by John, and Sherlock could hardly shout so loud they'd hear him down the hall. Or perhaps he could.

Sherlock realizes he had forgotten all about the blood. He could have trickled to death without even realizing.

This place is decimating his concentration, lowering his intellect and making him forget how to hold onto reality. All this is much more worrisome than whatever vacation his peripheral nerve function is taking.

"Answer me honestly, please," Mycroft says and as usual, it's not exactly a polite request when the man says please, merely a way to soften a command. "Do I need to organize a rota of watchers for you, for someone to sit with you during the night when John or I are unavailable?"

As Mycroft has already pointed out, he can stop this escalation of panic, as long as he doesn't let it progress this far. He needs to work on his self-control - he has no intention of letting John see any of this again. Maybe he needs to hold on to the anger - it's the only thing that seems to be able to distract him from this creeping sense of disorientation and reality distorting itself around him. "I'm not a child, Mycroft. I have not been declared mentally incompetent. Since you have no medical jurisdiction, I could request you be removed from the premises on the grounds that you're making me worse."

"That applies to John, too, then, I presume, since everyone who is currently trying to help you are merely managing to infuriate you further?"

What has John got to do with this? Of course he doesn't want John to leave. He didn't want that in the first place, but apparently John needs a rest from him. Everyone does at some point, it seems, because he's not an easy individual to manage.

"As usual, beside the point," Mycroft declares dryly. "I'm going to talk to your doctors. If you won't manage this, it will be managed for you. Your return to full capability is much more important than respecting your desire to keep throwing all your toys out of the pram and declining assistance over something that is nobody's fault."

Sherlock rolls his eyes. "You love this, don't you? This reignng over me routine?"

Although Mycroft is looking straight at him with his usual steely determination, there's a hint of battle-weariness in his gaze. "I am not entertained or delighted by the fact you are severely ill, no, and I find it insulting that you would say such a thing." Usually he'd deliver such lectures with an air of superiority, but tonight there's an honest urgency in his voice - as though there's something he's put off saying but has now decided to divulge. "You inconvenience and embarrass me, endanger national security, taunt international criminals for amusement and are generally a very troublesome individual, but I would not have done all I have through the years if it were not for a sense of attachment to you."

"Is that business speak for brotherly love, then?" Sherlock shoots back but the edge is missing from his voice. He feels embarrassed, mostly - embarrassed on behalf of Mycroft who has for some
unfathomable reason decided to go unbearably soft on him tonight. "A sense of attachment'. You should put that on a greeting card. I always thought that, with your traditionalist high ideals of Queen, country and family, you'd put more stock in brotherhood than just calling it minor attachment."

"I did not use the word minor, although admittedly, in comparison, I do find my devotion somewhat paling in comparison to that of someone else, someone very unrelated by blood to you."

Sherlock raises his brows in mock amazement. "Excuse me? Stop being your melodramatically cryptic self and explain," he challenges before realizing the answer may not be something he would willingly discuss with Mycroft of all people.

"To what - or whom - I am referring is for you to realize and to address on your own. As you keep telling me, I am but a meddling busybody micromanaging your life. Believe me, I am more than willing not to intervene with this particular area of it," Mycroft says pointedly. "Though I can't resist adding that it is very unlike you not to notice blatantly obvious evidence right in front of you."

"Why are you trying to distract me with such nonsense?"

"No distraction. It merely came up."

Mycroft sits down on the chair. John's chair. He doesn't look as worried anymore, clearly having decided his little brother is no longer acutely threatened by insanity. "I do wonder which of the two of you will prove to be the more stubborn."

Chapter End Notes

Since some people have asked: no, I don't snap and donk my gloves. Instead I snap them, and then bundle them up inside one another and then use the visible cuff as a slingshot to fling the whole bundle into a trash bin. Much more fun and way more accurate when it comes to aiming. Let me demonstrate.
"It won't necessarily get any worse than it is now," John tells him every morning.

Despite John's empty reassurances, it does. It's been six days since Sherlock had been admitted, and the progress is incontrovertible. The latest development is that his voice is getting hoarse. It's weak, leaky, and sounds as though he has a cold. It makes arguing with Mycroft harder but he does it anyway. Old habits die hard and it helps pass the time. And it's not like Mycroft doesn't enjoy their verbal fencing matches at least a little.

John doesn't. He rolls his eyes, sighs and claims the Holmeses are giving him a headache.

"I wish you'd see sense and accept the assistance offered," Mycroft says.

"And I wish you'd finally receive that personality transplant you so desperately need now that you're here, but clearly the NHS is not that generous," is Sherlock's reply.

It doesn't seem fair that Mycroft gets to keep his condescending baritone, with which he doles out pretentious-sounding but probably still well-meaning advice with his usual air of superiority.

Today Mycroft has arrived to bother Sherlock with his presence, because he wants to discuss long-acting power of attorney forms. Probably to soften the blow of wanting to discuss such a subject he has also brought in childish offerings of liquorice allsorts. On this day, of all days, he has had the utter gall to bring in Sherlock's favourite childhood treat.

Childish indeed. That's what Sherlock been called today, by both Mycroft and John. They expect him to keep his calm and be rational and make adult decisions.

He knows all about adult decisions and adult conversations. Such discussions were held constantly when he had been small, and standing in the same room. Once he was told by a Harley Street developmental psychiatrist to go play with an insipid red ball 'while the adults are talking'. What he actually did after such a prompt was to take out a Sigmund Freud biography from the doctor's bookshelf, rip out its pages, make a batch of origami airplanes from them and fling them at the heads of said adults. He was put on a mood stabilizer after that, and he suspects it was part medical and part revenge for the humiliation of being bested by someone the size of a fire extinguisher.

His intellect is his only weapon against the world. Without it, he's at the mercy of imbeciles and the rules created by them. They are normal, average, forgettable, but clearly their lives are easier for it. Sherlock has never had that luxury.
If he loses the ability to communicate he'll be the sum of his faults, unable to distract people with his cleverness from the things he lacks. 'Poor Sherlock, he used to be so smart, now all he can do is roll his eyes.'

He can't even stich his hand in the bag of liquorice allsorts on the table to fish one out. It stands there, mocking him. John doesn't seem to like them much, since he has taken care to dig out and eat only the sugar crystal-covered light blue marmalade ones.

He doesn't request a single morsel from the bag of sweets, even though he might want to, because another thing he'd be incapable of doing is separating the layers of the pieces with his fingertips like he always did as a child. It would be unthinkable to stick the entire thing in his mouth, allowing the textures and colours to mix into chaos.

There needs to be order. There needs to be control.

A third reason not to touch Mycroft's offerings is that it might alert John to a fact he does not like to think about himself - that swallowing has become significantly harder than it's supposed to be.

"Mycroft's got a point," John says. He's standing by the sink into which he's just poured the rest of the sorry excuse for a hot beverage the cafeteria had dared to sell the man.

Sherlock can tell by the smell alone that the beans used have been low quality and over-roasted. John deserves better. Much better.

"While you're not going to need a will - don't look at me like that, you're not - but you haven't ever told me if you've actually got one," John asks.

Sherlock ignores this and glowers at Mycroft on principle. "Wills and directives be damned. I always suspected --- " he pauses to draw a breath, trying to make it sound like a pregnant pause for effect but Mycroft will probably see through it and realize longer sentences have begun to give him some trouble, "---you'd fancy hijacking my share ---- of Grandmére's inheritance. I thought you'd have enough decency to wait", another deeper breath, which he's regrettably going to have to waste on Mycroft, "---until I was actually dead to perform this coup."

Mycroft lets his head lean back in a gesture of exasperation, not offering a reply.

John strides to his bedside, having clearly lost his patience. John's patience usually increases when Sherlock is ill, but when it runs out it usually does so with a bang instead of a whimper. There has been yelling, on occasion, but not lately. Not after he began losing his voice. It seems that for all three of them, it has been a sobering thing to make note of. "Sherlock. I know you're upset. I'd be, too," he says quietly but sternly.

Of course John would be upset if their roles were reversed. He'd be upset, but he'd also happily concede to all this hospital nonsense because the staff wouldn't treat a doctor like a child. They'd treat John as an equal who had simply ended up in dire straits. They would treat him better than they treat an unemployed ex-junkie who they feel clearly does not know his own best interests.

John is, at present, plenty upset for the both of them even if he's only a spectator. That gives Sherlock the freedom to be furious instead.

John has more to say. "Still, it's best to think about everything before things get tougher. When I joined the army they had us fill these things, to sign this standard pack of paperwork before every deployment. You don't need a will right now, but you do need to decide who calls the shots when----if you can't. Your work - our work - is kind of risky. I think you should have made these decisions
anyway at some point."

"Where's this standard pack of yours now?" Sherlock asks John and coughs to clear his throat, even though it doesn't fix his voice. He doesn't really feel out of breath, but there's a strange need to give his lungs more attention than they deserve when he's talking. It's as though he suddenly needs to make a conscious effort to breathe properly.

His vitals are fine. His PEF readings and today's spirometry results had been only borderline low.

"Harry's got it," John says, "now that you mention it, I should probably draw up a new directive and will."

"To name who as your lasting power of attorney?" Mycroft asks.

John scratches behind his ear, regarding Sherlock with slight evasion. "I figured it'd be you."

Sherlock blinks, his anger now derailed by confusion. "Me?"

"Yeah. You know me - better than anyone does after Afghanistan. I'd trust you to make the right decisions."

"I'm not a doctor," Sherlock dismisses, hoping he could lift his hand high enough to knead at a cramp in his shoulder blade. He doesn't say that he wouldn't want such a responsibility - even he can deduce that declining would probably be insulting to John. Frankly, the thought frightens him a little - John's life and health in his hands? He would have to find some actual medical professionals to consult in that case.

Why are they discussing John, now? Even if it'll likely be temporary, all of Sherlock's capabilities are draining, drifting away. He'll be in no shape to be anyone's medical proxy in the near future, even theoretically.

"Do you have any ideas of what you might want?" John asks him.

"It's a no-brainer, really," Sherlock says, directing his words mostly at Mycroft, who clicks open his briefcase and begins rummaging around for something. "No need to alter the will; yes, John, I do have one." He turns his attention to Mycroft, whose excavation of the contents of his briefcase are still ongoing, "As for an advanced directive - John gets lasting power of attorney. He calls the shots."

Judging by a quick glance, John doesn't look too surprised, but he does look rather solemn.

"Very well," Mycroft replies, digs out an outrageously expensive-looking fountain pen, the set of papers he has finally managed to produce from his briefcase, and gives Sherlock a slight smile that speaks of begrudging approval. He presents the papers to John, who frowns and begins reading.

It seems that Big Brother has, unsurprisingly, anticipated Sherlock's decision and has already had the appropriately worded paperwork created complete with signatures from two non-beneficiary witnesses. Practical, yes. Condescending and meddling to the extreme, hell yes.

Sherlock decides he has too much on his mind at current to get into an argument over the pre-emptively drafted papers. Mycroft shall have to hear it later, once this charade is over and he can unleash his tongue without having to pause every five words.

"I assume my signature has ---" he coughs which doesn't really do anything for the mild shortness of breath that indeed seems to have become his constant companion now, no matter how many deep breaths he draws, "---already been artfully forged into those?" There is no way he could physically
"Not even Scotland Yard technicians could tell the difference," Mycroft assures him.

The haunting Allegro part of Elgar's violin concerto accompanies him on his seventh evening at the ward. John has dozed off in an armchair he'd dragged - stolen, more accurately, from a lobby - into the room. Even if the nurses have realized the chair isn't supposed to be there, they say nothing.

When the concerto ends after the Allegro Molto, Sherlock is left ensconced in the near silence of the room. The monitor sounds have been turned off apart from the alarms.

John had refused to make a longer playlist for him for the night - probably an attempt to use this hospital stay as an excuse to try and instil in Sherlock some sort of a sleeping routine. It would undoubtedly make John's life easier at home, but it's another example of the sort of condescending subterfuge people have tried to pull on Sherlock all his life. He must resist on principle.

Painstakingly, Sherlock manages to shake his head so that his ear rubs against the pillow in order to make the earphones slide off.

John is snoring, a newspaper fallen from his fingers to the floor where it lies in a haphazard heap of flimsy paper.

Suddenly, there is music again, but from an unexpected source.

A wavering, raspy voice somewhere on the same ward begins singing the unmistakeable first notes of Scarborough Fair. The voice seems to be that of an old woman who can clearly carry a tune. Even through its laborious quality it's clear that once this voice had been formidably expressive and beautiful, and its owner must have a good ear.

Craig, an Irish nurse Sherlock finds moderately agreeable, quietly opens the door and makes his way to the armchair, reaching out a hand to rouse John. Sherlock mouths 'don't', and the man's hand stalls.

"Who is that?" he asks the nurse, gazing towards the corridor window.

The voice is still singing, the sound floating through the open doorway. It almost sounds as though it could be coming from an old gramophone recording.

"You know I can't tell you," Craig says and readjusts Sherlock's pulse oximeter because its curve on the monitor had been flat and disappearing on occasion due to it being partly dislodged from his finger. When a more normal-looking curve returns, the numbers read 92%. Possibly a little below normal, but only a little.

No cause for concern.

None at all, Sherlock decides. John might not agree, but then again he gets into knots over everything these days. Even though the readings have been a reassuring 94% or above all day, John had turned the monitor slightly away from Sherlock's line of sight earlier, obviously to keep Sherlock from having a staring match with it.
Craig now turns the monitor back to its original position. He then stands up straight and seems to take a moment to listen to the ghostly voice floating in through the door. "She's dying," he says quietly. "She can't talk anymore, but she can still sing."

Sherlock knows this is possible. Music is processed in the right hemisphere of the brain, whereas the motor control of speech is located in Broca's area in the dominant hemisphere which is usually the left one. John had once shown him a newspaper article about a choir consisting solely of left hemisphere stroke victims.

This is a swan song they are hearing.

Somehow, Sherlock feels as though he is duty-bound not to block out that sound, no matter how sorrowful, how eerie it feels. He wants to listen, because what if that were him, deprived of speech, with just this one manner of communication left?

What if that were him, and no one would listen?

A day passes. He exists, tries to pass the time. Visitors come and go, bearing gifts of flowers and treats. The flowers he cares very little for - why do these people assume he ever would? The treats don't interest him much, either, and after he declines even Mrs Hudson's scones he is forced to disclose to John that he finds it increasingly hard to swallow.

In the evening, after John has gone home to sort out their mail, to do some laundry, have a change of clothes and whatnot, Sherlock finds the randomest of memories floating to the surface.

On closer scrutiny, he understands the connection.

It's a memory both wonderful and terrible.

He'd been six. He had snuck out of the house into the very specific sort of velvety darkness that only August produces, to chase the death's-head hawkmoths gathering to feast on the honeysuckles at night. Emboldened by his new flashlight and the sense of adventure, he had ventured into a nearby field to run along the rows of oats growing there. Not even caring about the rough culm beating his bare shins which would have normally driven him to the edge of madness, he'd been intoxicated by the sense of freedom and anonymity in the near-darkness of the open, starlit sky. He remembers intimately what it had felt like, running across the field to the tune of crickets chirping and the wind whispering in the poplars lining their garden.

What he remembers in even more acute detail, however, is the agony a moment later, when he'd tripped on a rock near the tree line and broken his ankle. It's his earliest memory of pain, really, the strength of the agony making all earlier recollections of painful things pale in comparison.

Hours later, he'd been forced through the now familiar routine of becoming a meaningless cog in the routine machinations of a hospital - an irritating gnat refusing to comply, to be docile and behave, despite all efforts of his parents to force him to consent to what was being done to him. Despite how much it hurt, he remembers caring more about the invasion of his privacy and the deprivation of his own free will than the pain or the disturbing sight of skin that had been mottled blue by the bleeding caused by a cracked bone.
John has warned him, wearing a mask-like sad face that looked very practiced, that this syndrome he now has sometimes produces *significant* pain. What does that even mean? Isn't all pain significant, in the sense that it's an alarm call? Of course he understands that John had meant it as a synonym for intense, excruciating or extreme, but that John had been too polite, too prone to walking on unnecessary eggshells to be open and honest. It saddens Sherlock to consider that John would think such imprecise language could possibly console him. He prefers the truth.

The line between protecting someone's peace of mind and being patronizing is very thin.

As he now lies in this bed with nothing to pass his nights with apart from studying the cracks on the ceiling and keeping a constant inventory of his physical decline, he would gladly take a *very significant* amount of pain, if in exchange he could shed this disconcerting sense of disappearing bit by bit.

He feels as though he's evaporating, fading from the view of his own mind's eye, the connections between his body and his mind being slowly cut like burning ropes.

His mind drifts back to the discussion they'd had about wills and advance directives, should this progress. He shouldn't think ahead, shouldn't mull on what it would be like---- *will* be like, if push comes to shove. Will he be awake, then? What would it be like to be all alone in the room with nothing to accompany him but sound of a respirator? He has managed to chase off the panic for the past few days, but he knows that it's right around the corner, like a shadow at the edge of his visual field.

Realizing that the panic could take over at a point when he can't even properly communicate what's going on, hits like a sucker punch.

'**Control it, or it will be controlled for you**', Mycroft had sternly warned him. This statement, together with the promise that a repeat of what had transpired in 2007 will not happen, are a paradox, mutually exclusive and thus impossible.

In 2007 he will gladly admit, his cocaine and heroin use had spiralled out of control. A hastily slapped-on A&E diagnosis of a drug-induced psychotic break based on what were really quite standard crash down sensations - bugs crawling underneath his skin and the like - had prompted Mycroft to move to have him sectioned. Mycroft's charisma combined with an inept, inexperienced A&E psychiatrist and an overworked senior prone to believing the imbecile's working diagnosis of a psychotic disorder had been enough to land him at a closed ward in Bethlem Royal Hospital.

The reality of it had sent both him and Mycroft reeling. The details are something Sherlock absolutely refuses to actively remember or discuss with anyone - John included.

Somehow, he had endured the 28-day compulsory assessment period. At the end of it, he assumes Mycroft had pushed for further involuntary treatment. Sherlock had been released after more than half a year spent behind Bethlem's walls, and having had enough of psychiatry for the rest of his life, he'd eventually left Mycroft's house where he'd been living afterwards, abandoned all attempts at follow-up care, returned to the streets and went back on the drugs. Part of going back on the sauce may have been revenge on Mycroft, but only a half-hearted attempt at that, since it had not escaped Sherlock's attention how much his brother had been visibly shaken by the ordeal. Mycroft's political influence had had no bearing once the wheels had been put into motion. He had been forced to bear witness to the full glory of Sherlock's experience as an involuntary psychiatric patient at a facility that was equipped enough to deal with patients with neuroatypicalities, but an IQ such as his combined with such issues clearly left them struggling.

Mycroft had probably genuinely believed that such a drastic measure was necessary, but Sherlock
doubts that good will had been his only motivation. The burning fury Sherlock had felt towards his
brother during the hospitalization lingered on, having later translated to a need to constantly smite
him down, if only in conversation nowadays. Residual bitterness, can't be helped.

Mostly, Sherlock had gone back to the drugs to try and forget the whole experience, but his keen
memory rarely allows him to succeed without chemical assistance. In this case, not even his cocktail
of choice could rid him of those terrifying recollections.

His tolerance grew quickly, and so did the doses. His recklessness had also grown to what could be
described as epic proportions. He would probably have been dead within six months of hospital
discharge, if he hadn't accidentally met Lestrade during that period.

Thinking back to that year without really intending to has made him restless, antsy, in a way that
carries an air or foreboding. He needs to do something, distract himself with something, lest the
thoughts start going round and round in his head, gathering up speed until they become a vortex of
panic that will lead to further discussions of competence and management. God, he hates the word.
It's what the closetedly alcoholic, personality-disordered charlatan they'd assigned his case to in 2007
had loved using: *the management of Mr Holmes' case has proved challenging, because he
adamantly refuses to engage with staff.*

John doesn't use that sort of language about him. John just tells him in earnest that he's impossible
and that he should stop sulking and come to the kitchen to have some tea. Sherlock will gladly take
that over any official DSM-IV or ICD-10 diagnosis.

He should focus on the moment instead of letting his thoughts drift to unsavoury places.

He's sweaty and cold - hot and cold flushes have been a regular feature during the past few days, as
has an irritatingly erratic heartrate. He's shivering, but his hands might also be shaking.

A nurse's head pops in through the doorway. "Everything alright here?"

"Yes," Sherlock replies, trying to sound convincing but his voice cracks a little. He's quite certain he
isn't emotional enough for that to happen. He sounds as though he's going through the voice change
of puberty again.

The nurse walks in. She's a middle-aged blonde woman with nothing much to remember her by;
single, sedentary, loves EastEnders and has hammer toes. Two cats. No obvious secrets.

They do the evening lung function check of the PEF meter. Sherlock decides not to heckle her by
decining to do it - it'll take less time to just get it over with.

Deep frown lines appear on the nurse's face after she sees the results. "I'm going to need to talk to the
doctor taking call."

"Why?" Sherlock asks, and can't keep the alarm out of his now suddenly hoarse voice. The results
have been fine. It's been something he's been holding onto - still borderline normal.

"They've dropped considerably from yesterday and even a little from this morning. Any shortness of
breath?"

"No, it's just ---" he'd thought that the claustrophobic feeling of being mildly hungry for oxygen has
simply been caused by the hoarseness, combined with his inability to control his own worrying - the
mental spilling over to the realm of the physical. Could it be something more ominous after all?

The nurse pats his arm in an attempt at consolation, from which Sherlock recoils. He hates strangers
touching him like this, no matter what their intention.

"I will discuss it with the doctor and I'm sure they will talk to you about it later tonight." She leaves the room, a practiced, encouraging smile plastered onto her features.

He's alone in the room again, having been left with more questions than answers.

It's starting. Is it starting? Is this it? Does this mean he needs a respirator? How will he know? Will he need to decide when?

He can't consent to anything, because he can't do any of this without John. Can't decide without John.

John has gone home. John needs to be here. John understands all these things.

It's starting. It must be. His ability to breathe could disappear any minute, he needs John here to get Mycroft off his back, to keep Mycroft from---

He needs a distraction, he needs it now, he needs it right now, he can't look at the big picture because this is going to kill him, isn't it, he needs to focus on details so he won't think about the big picture because he can't----

He sits up and painstakingly drags his arm onto the call button by leaning against the bed railing.

The same nurse flings the door open. "Yes?"

"I need you to call someone for me. Right now!", he demands frantically and as harshly as he can muster with the leaky half-whisper his voice has become, "Speed dial number one. Speakerphone."

The nurse walks in, grabs his phone, having clearly registered the urgency in his voice. To Sherlock it feels as though minutes pass while she places the call. She then arranges the phone onto his lap.

"Speakerphone!" Sherlock commands, blinking, breathing heavily. He can't seem to draw in a proper breath. He feels weak, his chest constricted. An alarm begins to blare on the monitors, but he's too focused on listening to the dial tone coming from the phone to care which alarm it is. The nurse is offering him an oxygen mask, to which his answer is a hostile glare. "Oh sod off!" he tells the nurse, who takes a step back.

Finally, finally the line clicks and a familiar voice calls his name at the other end. "Sherlock? Is that you?"

He swallows. "John, I----" he takes a moment to try and get his breathing under control. "I need---"

John had gone home to change clothes, intending to return for a short visit before nightfall. Sherlock can hear the clink of porcelain against metal - John had probably been having tea in the kitchen and has now put down his mug.

This is good. Details. He needs more of them to keep his brain from sounding a full alarm. "You need to distract me," he practically begs, and finally the feeling of drowning begins to abate. "Please," he adds quietly.

He's saying please, which he never does, and he hopes it will be enough of a hint to John that this is serious, that he's not calling just because he's bored. He hopes John will deduce what's going on, instead of asking him to admit what the real reason is for this call.
That he needs someone here. That he can't do any of this right now. That he doesn't even know what
to do, because he can't bloody well do anything now, can he?

There's a wooden scrape at the other end - John must've stood up from sitting by the kitchen table.
"Right, yeah, of course," he says urgently. He doesn't ask if Sherlock is alright, which means that he
already knows the answer. "Of course I will," he reiterates, probably to buy himself some time to
figure out what on Earth he could offer as a solution. "Listen, I just finished dinner and now I'll be on
my way back, yeah? Thirty minutes, tops."

"It's getting worse," Sherlock says and tries coughing, hoping it might dislodge something that would
stop this ridiculous breathlessness.

"What is?" John asks, and judging by the ambient sounds he's gathering his things.

John is thirty minutes away. He took the Tube home, which means that he'll need to get off the
phone when he goes back down into the tunnels for the train ---

"I'm getting a cab right now," John says determinedly, "don't want to get cut off the line in the Tube.
Keep talking. Tell me what's happening."

Sherlock wants to kiss this man for being telepathic. In all honesty, he'd kiss John for other reasons,
too, which have nothing to do with being ill, but those will have to wait. Perhaps for all eternity.

"Sherlock? Is there someone there with you?" John asks.

God, he loves that voice. Even its tone can somehow fix the short circuit trying to happen in his
brain. "Nurse," Sherlock replies and finally dares to lean back against the pillows. He still feels
breathless, but at least he can think a little better now. "She needs to go and find the doctor on call.
PEF result's gone bad, I think."

"Can I talk to her? Can you hold on while I do that?"

Sherlock can imagine John holding the phone with both hands. He can hear John's footsteps - he's
probably pacing in the living room, unable to contain the nervous energy. It's somewhat consoling
that other people do such things, too, distract themselves physically like this.

"The speaker is on---", Sherlock points out, taking a pause to breathe, "she can hear you."

The nurse leans her head closer to the phone on his lap - quite unnecessary, really, judging by the
acoustics of the room and the properties of his phone's microphone - it's just something that people
automatically tend to do. "PEF value has dropped a third from yesterday."

John says nothing for a moment that, to Sherlock, feels much longer than it probably had been. "That
is a big change in a day. Are you hearing me, Sherlock? It's a significant change, but if you're feeling
alright then you don't need to worry too much right now."

"Yes," Sherlock replies. John is telling him that it's significant news, but that he shouldn't worry.
Another paradox.

The sounds from the other end of the line - jangling keys, door handle, fabric rustling - tell him that
John is about to walk out of the door. "I'm coming in. We'll talk more when I get there." Who's on
call?" John asks.

"Dr Roberts. I'm going to inform him now," the nurse tells them both. Sherlock acknowledges this
with a distracted hum. The nurse gives Sherlock a smile and leaves.
"Good, good," John says distractedly. He's clearly hurrying down the stairs.

Sherlock decides he feels better now that John knows what's going on. "Try the corner of Paddington and Baker. Empty cabs more likely to pass through there," he tells John. Talking in sentences of any length now invariably seems to leave him scrambling for breath.

"Okay. You're the expert," John tells him and Sherlock knows by his tone that he's smiling. "You know what I'm going to ask next and I'd really like you to answer this time."

"A little out of breath. Nothing to it, really," Sherlock assures him. John seems to accept this and not call him out on the fact that he'd been acting uncharacteristically nervous at the start of the conversation.

"If you say so. Anything else new that I should know?"

John had been present that afternoon when the neurologist had gone through his usual set of tests. No movement below his elbows, legs useless and his lower back is achy and prone to tiring quickly when he's sitting up. "Not really."

Car door slams, traffic sounds become muted. Sherlock hears John tell the driver where he wants to go. "I'm glad you called. I'll be right there, I promise."

Sherlock is tempted to tell him he's fine, but he knows that it's a lie he wants to tell himself, and John probably sees right through it anyway. Why does he keep saying it, then?

"I wanted to ask you about that Spitalfields murder you solved last week," John tells him, "I was writing it up but I never did catch the motive."

This is very tangent-y, very out of the blue. Sherlock knows he has requested a distraction - is this what John is now trying to provide?

It's quite transparent, but Sherlock decides he doesn't mind, and there's even a grain of truth in John's subterfuge, since John hasn't shared that case with the world yet. Not that Sherlock cares if he writes up every single one, especially if that entails sharing something mildly embarrassing about Sherlock, but it is nice to see the appreciative reader comments. For some reason John's readers never come to Sherlock's own blog to comment. He would certainly engage if they asked him something worthwhile. They never do. 'Probably because you always call them imbeciles,' John had told him.

What else should he call them, then? A rose by any other name...?

"It wasn't insurance fraud. Another example of how ---" he takes a breath, "NSY always cling to assumptions ---- which then derail the whole investigation. The suspect's wife had received a ---- substantial inheritance a year earlier ---" he lets himself prattle on, taking breaks in his monologue to draw a few deep breaths - as deep as he can, since he needs to pull back his shoulders slightly to force his chest muscles to stretch. There are pins and needles around his waist now and his head feels heavy. He closes his eyes and focuses on thinking about John, sitting in the backseat of that cab, trying to make sense of the case. "The only other living relative had ----- sued the wife, leaving them in dire straits---"
An hour later, John is still talking to the neurologist on call while Sherlock scowls at the fact that they want to put him on oxygen. A mask would be bothersome, and the nose prongs tickle. He has ample experience of both.

Dr Roberts tells him that many patients plateau - stop progressing - at this stage. "Mild respiratory dysfunction is common. We just have to wait and see," the doctor tells him, as though such a non-answer could possibly be comforting. He had said 'mild' dysfunction. Sherlock knows full well he has probably progressed beyond mild.

No talk of respirators yet.

"No need to call Mycroft yet, I guess?" John ventures to assume, once Dr Roberts has left.

"No reason at all," Sherlock replies, crinkling his nose in a futile attempt to readjust the oxygen prongs. One size fits none?

John stays the night - keeping him occupied with crap telly, effectively interviewing him for a blog post and playing battleships since Sherlock can handle a smaller-sized game board of it in his head.

"Can you do chess as well?" John asks in awe and he shakes his head. "I probably could if I dedicated some practice to it." Sherlock tells him.

John tells him, once again, that he's amazing. From everyone else such claims are usually sarcasm.

There's no change in his lung function the next day, but it isn't improved, either. The siege continues.

Sherlock sends John home since he's effectively nodding off in an armchair after rounds.

The next 24 hours pass as they have before - uneventful, stagnant, boring - sprinkled with occasional bouts of worry threatening to turn into more. John is there - if not present, then at least within the range of a phone call. The thought is reassuring.

Illness is strange in the way in which it reveals one's priorities and strips away convention and expectation of how one is supposed to behave.

Sherlock isn't supposed to need anyone. He's not supposed to seek out company because he longs for reassurance that he not be abandoned here, that others will not gradually drift away once it becomes clear that this might be all he is from now on.

Most of all, he wants John to be there. Of the others he cares very little. Mycroft, perhaps, might be allowed to linger as well, in suitably small portions. Parents, perhaps occasional visits after all. Mrs Hudson, Molly, Lestrade and other will want to come by again. He'll let them, but he won't promise to be very enthusiastic about it. As hard as he might try to act as if it's all business as usual, seeing the reactions of people when they walk through the door and see him like this do nothing for his already precarious mood.

John is the exception - despite the mortification he feels over the man witnessing his decline, he doubts he could do this without John. All in all, Sherlock can no longer imagine an existence without him.
He has not asked John to spend too much time keeping him company. He doesn't need to. John doesn't seem to spare one thought to whether it's expected of him or normal or reasonable, the minuscule amount of sleep he gets or how long he sits in that chair every day. He does it without a word of complaint.

When life at home is normal, John does take off on occasion - pointless visits to relatives, imbecilic medical conferences. During these absences Sherlock feels like a rudderless boat - mostly flitting about the flat, doing everything and nothing all at once, chain-smoking with his head out of the window lest the smell get stuck in the furniture. Sometimes he experiments - mostly on what sorts of havoc he can wreak before that someone magically conjures John back home to lecture him. It's somewhat insane, but it always works. It also makes Mrs Hudson scream and Mycroft frown, the latter of which is always a plus.

Since he has no choice but to do this, to survive - at least there's the consolation that John will be by his side. He'd like to convey this thought to John, but he doesn't know how. He isn't good with this sort of thing.

How does one tell someone they are the most important thing in the entire universe?
Awake

Chapter Notes

After chapter 2, a reader described the style of this story as *unflinching*. This chapter certainly tries to live up to that.

Thank you readers, commenters, kudos-pounders, reccers and lurkers - you are all very dear to me. Keep asking those clever questions and challenging me - I'm loving it.

Betaed by Emma221b and 7PercentSolution, who diligently combed through this chapter several times - and then I went and changed everything. Well, almost everything. A lot.

See the end of the chapter for more notes.

> When I'm not with you I walk dark tunnels of my heart
> When I'm not with you everything comes apart
> - PJ Harvey

Every day, Sherlock counts the ways in which he seems to be becoming less of a person and more of an inanimate object in the eyes of those in charge of his care. His mind almost seems like an unnecessary, cumbersome gate crasher in the processes they are inflicting on his body.

The whole system that has swallowed him whole feels strangely hostile towards the precise subjects it has been designed for.

The feeling of his disability being the only thing everyone else sees is reinforced every morning at rounds, during which a gaggle of so-called medical professionals gawk at him like a laboratory monkey.

"At seven days after admission into the ward, Mr Holmes appears to be progressing towards full bulbar palsy---" one of them begins explaining, not even making eye contact with him or saying good morning.

How the hell can a word such as 'progress' describe what's going on here, since in all other contexts than medicine that means a positive advancement or achievement? Sherlock himself would prefer to call it a slow descent into a hell of complete reliance on others.

He gets so angry at the manner they are discussing him, as though he isn't even present, that he finds himself unwilling to even engage with them in any way, choosing simply to glower. He knows it's very unlike him not to pounce into a counterattack. What is there to even counter? They are simply listing facts written down in their notes, not deliberately insulting him.
The doctors have strength in numbers, and nothing Sherlock could possibly say would change the manner in which they conduct their business. Sherlock has never been good at picking his battles, but this is one he knows he'd lose. The sun will go supernova before the medical establishment shifts to a state that would be more to his liking. The typical patient is expected to be accommodating, grateful and timid, appreciative of anything and everything that the system is inflicting upon them. Sherlock is none of these things.

He doesn't have options. This is the only construct of medical science available in the Western world.

John is the exception to all these things he hates, of course. No wonder John had wanted to get as far as he could from this world. All the way to Afghanistan.

He listens to the rounds with half an ear. The neurology registrar chosen to present his case to the group is currently reiterating what the emergency room physician had written down about Sherlock's initial symptoms.

They could just ask him, of course. He had, after all, been present - he just might have some insight into what was going on in his own damned body!

Next it's time for his past medical and social history.

"Mr Holmes is currently unemployed, doing occasional freelance private eye work for the police. His medical history includes----" at this point the neurology registrar steals a nervous glance at him, "-- misuse of substances including but not limited to heroin and cocaine."

What does his profession have to do with his Guillain-Barré?

Sherlock knows that these are all standard parts of a medical history, but he doesn't have to like it being discussed like this.

When John has been present during rounds, Sherlock has noticed that he always looks decidedly uncomfortable when the drugs are mentioned. John assumes he's clean, and he does his best to keep things that way. If he ever fell back into those old ways, would that be the deal breaker? Would John abandon him right that moment, the ghost of Harry's similar issues John had been unable to fix snapping at his heels and telling him it's useless to even try?

Sherlock wonders if it would be possible to decline rounds. To withdraw consent in just this aspect of his care? Couldn't they at least hold their conferences in the hallway outside? He decides to ask John when he comes in later in the morning.

He could, of course, tell the group to leave, but he doubts that would improve the quality of his treatment. Medical professionals are not above petty revenge after being slighted. Sherlock has firsthand experience of this. Granted, it had happened at a closed psychiatric institution, a place in which individuals yearning to play power games with others would certainly seek employment, but still.

Once the doctors finish telling their version of his life story, as defined by the malfunctions of The Transport, the senior in the group - sloppy eater, cat owner, philatelist - turns his attention to him. To Sherlock, the man looks like a Hamley's teddy bear wearing one of John's better jumpers. Under suitable conditions this man would make the world's most boring murder suspect if it weren't for his obvious BDSM proclivity. But all that is all hardly relevant now.

"Would you like to add something, Mr Holmes?" the doctor inquires in a tone that doesn't really encourage him to join the conversation.
"No, I don't. I'm sure you lot know what you're doing with your patients, since you need to be reminded of every pointless detail about them twice a day while scuttling around like lemmings with notepads," Sherlock says venomously, "I'm sure your out-of-date NHS software contains all of the relevant details without requiring any additional input from the actual data source." The bland expressions on the group's faces tells him that his barb has gone way over their heads. Unsurprising. They bid him a good day - what a joke - and disperse out of the room.

Sherlock sighs and lets his head slump onto the pillow.

As though it weren't embarrassing enough that he is treated as though he isn’t a competent adult, there's also the physical side of this mortifying hospital stay. In many ways it's the worst part of it, making his cheeks burn with rage that feels as though it's seeping out of his pores. One by one, he has lost control over most of his bodily functions. It's shameful stacked on top of shameful - the word embarrassing doesn't even begin to cover it. All those things his transport does that he sorts out himself, in the privacy of the bathroom or his own bedroom, are now splayed out for everyone to experience with all their senses.

He had needed a urine catheter two days after admission. A nasogastric tube, an invention of which the Spanish Inquisition would have been proud, has now been added - installed during the night when he was forced to admit he could no longer swallow at all. He had asked the doctor on call why the IV couldn't take care of whatever it was they were trying to achieve with this new torture device. The doctor had told him that intravenous nutrition is always a second-line treatment option compared to some foul, creamy white concoction of soy protein, vitamins and lipids being poured down a nasogastric tube. They also suspected that his stomach contents might start ending up in his lungs without the tube if the muscles around his oesophagus took a leave of absence at some point.

As a result of the tube, his throat is now permanently sore, and what remains of his voice has now a disgustingly nasal tone. His breakfast comes from a plastic bag suspended on a pole, while John gets to go to the cafeteria to have actual food. Not that Sherlock has much of an appetite, but at present he would have appreciated having the choice.

The worst thing about the tube is that in some ways, he prefers it to how things had been before - having to throw John out of the room several times a day because there was no way in hell he was going to allow John to watch while he was being spoon-fed by others.

Mycroft had accidentally wandered in during dinnertime days earlier, when he'd still had a passable voice. The nurse assisting Sherlock had naturally refused to fling a sandwich at the man. Suffice to say, that dinner had ended right then and there, and Sherlock had ended up yelling at Mycroft so loud that John had returned to the room to see what was going on. He now regretted some of the insults he'd flung at John, but his rage had spilled over in a manner that had surprised even himself. John had ushered Mycroft out of the room quite quickly and stayed out himself for half an hour. Sherlock had wondered whether the timing of the visit had been deliberate on Mycroft's part, if John had shared his epiphanies about Sherlock's reasons with him.

"You want to tell me what that was all about?" John had asked when he'd finally returned.

"Not particularly," Sherlock had said.

"I was down at the cafeteria when he arrived," John had defended himself, "I know you don't want guests during---" He had reiterated the promise to keep visitors out during such occasions.

"It doesn't matter now," Sherlock had replied dourly. He wasn't going to discuss this further. He had made his opinion clear.
"I have to be honest with you," John had said, "Before this is over you're going to have to go through worse stuff than needing help with eating."

"I don't have a problem with that," Sherlock had replied, residual rage making petulance seep into his tone. "But I dislike the fact that whatever I say, whatever I ask for, nobody ever listens."

Except you, Sherlock had wanted to add a moment later once the brightest flare of the anger had begun to dissipate, but John had hidden his face behind a newspaper, clearly annoyed with him.

Sherlock's back begins hurting around lunchtime. At first he tries to ignore it, but when it gets so bad that he can no longer concentrate on anything else than the burning, gnawing, squeezing agony, he alerts John to it by wincing and groaning.

The result is expected: he gets poked and prodded by doctors, which does nothing to lessen the pain. They give him pethidine and paracetamol, which does kick the pain down a notch, but in the larger scheme of his misery the relief is marginal.

To his surprise, an hour later he's being carted to an MRI unit again. The National has its own scanner, so there's no need to return to the radiology unit at University College Hospital's main building.

"They want to rule out an epidural hematoma - a possible complication of a lumbar puncture," John had told him prior to spilling the beans about a new MRI being planned.

"Shouldn't the symptoms have ---- developed a little earlier?" Sherlock asks, having to pause mid-sentence to draw a breath.

"You could have had symptoms before, but there's no way to tell while the nerves aren't functioning."

Sherlock knows little about lumbar puncture complications, but a blood clot pressing on his spinal nerves does not seem like an enticing concept. He consents to the MRI.

This time, John comes along to the radiology unit. He doesn't ask for permission, and Sherlock doesn't object - he's too preoccupied with trying to dare to take a deep breath lest it aggravate his back. Talking to John is the only thing at the moment that allows him to stave off the dejection of having lost all aspects of his own life and independence, and the pain makes him reluctant to engage in even that. The medical establishment certainly could make a bigger effort at making all this at least bearable. At the moment, everything is grey and dull and uncomfortable and painful and miserable.

He has not been offered the option of being put under sedation for the duration of the illness. He suspects that discussion might happen at some point if the Guillain-Barré begins affecting his breathing so severely that a respirator becomes necessary.

At the moment, Sherlock would gladly shove a syringe of practically anything narcotic into the veins of his own arm to escape.

John is standing by the MRI table watching it being slid into the machine. He looks serious - more serious than he has looked all day, and Sherlock suspects it's to do with having just seen Sherlock being moved onto the table by no less than three nurses, lifted like a powerless ragdoll. If John hadn't understood earlier the extent of Sherlock's current disability, judging by his expression the realization
has just been hammered home.

A hot flush comes on and he can feel prickly droplets of sweat gathering on his forehead. Along with sudden chills and shivering these sorts of sensations now plague him with increasing frequency. Autonomic nervous system dysfunction is what the doctors are calling it. All part of the standard package when it comes to Guillain-Barré.

John disappears off somewhere for a moment along with the staff members who had set up the exam. After a short moment, John's voice comes through the small speaker in the MRI tunnel, tinny and distorted. "Is everything alright?"

They've let John into the control room, then. Sherlock amuses himself with a fantasy of John practically breaking down the door and simply announcing that he was going to be present no matter what the rules say about non-staff attending a scan. John would do that for him, if he had to. He would, of this Sherlock is certain. It would be small potatoes compared to *shooting* someone.

Sherlock is used to Mycroft's flavour of protectiveness - one borne out of brotherly duty. John's is rather different, since it stems from a conscious choice, a personal preference instead of some archaic notion of blood being thicker than water. Sherlock ought to be dismayed by it, since he detests all manner of hovering and meddling, but somehow John's attention and chivalry do not irritate him all that much. They should. They really should. Is this how John is with all his friends and girlfriends? Surely he does not shoot people for them less than 48 hours after meeting them for the first time?

"Get on with it," Sherlock replies, his throaty whisper echoing in the machine. He tries to shift so that his sore back wouldn't press against the cold, thinly padded table underneath, to no avail. Every minute the pain gets worse, and to add insult to injury, the pethidine has now kicked in properly, too weak to properly dilute the pain but potent enough to make him dizzy.

The already familiar clanking and banging starts. The earplugs do a lousy job in muting the sounds of the scanner.

Sherlock tries to swallow out of habit, but the only result is that the nasogastric tube makes him dry heave. The feeling is almost intolerable - his abdominal muscles are now too weak to even vomit, so the best he can manage is that his throat constricts painfully around the tube. He squeezes his eyes shut, wishing for a sizable meteor to decimate this half of London, preferably right now.

His still ongoing, inefficient gagging produces nothing but an interruption in the exam. The table is slid out of the machine and soon he's staring up at three concerned and - in the case of a senior radiology technician - mildly annoyed faces.

He inhales and then exhales slowly. The room is spinning, but at least the nausea seems to have stopped. Nevertheless, he feels *ill*. He probably looks the part, too.

The whole hospital reeks of illness. Illness that pervades his entire being, soaking his cells in a grey fog that makes even his thoughts sluggish.

The pain in his back spikes again, breaking out a sweat on his forehead. Thankfully the worst of it doesn't last long. He opens his eyes and meets John's gaze. He'd prefer to sleep, but the spinning in his head seems worse when his eyes are closed. John's face keeps blurring and sharpening like an automatic camera that can't decide whether to focus on a subject or the background.

John's fingers have been clenched into fists, something John tends to do when trying to decide on a course of action. A normal person's mild nervous tick. Much more socially acceptable than the ones Sherlock indulges in when he's certain he's alone.
"Sherlock?" John asks, "Talk to me."

"Dizzy. It's the --- Demerol, I think."

"You're not allergic to that, are you?"

Sherlock shakes his head again slightly. The movement is slow and uncoordinated - his neck muscles feel as though they are made of lead.

"Good. Claustrophobic, then?"

Sherlock shakes his head again, not wanting to talk lest the nausea worsen. The question is pointless - surely John would have noticed long ago if that were the case. They've had to squeeze through some very narrow gaps when in pursuit of suspects, rummaging around attics and in one memorable case, hiding from the Yakuza.

"Do you think we could continue?" John asks, frowning.

The lights inside the MRI had been just right - dim and undirected. Now that Sherlock has been taken out of the machine the fluorescent lights are worsening his vertigo and forcing him to blink and squint.

Everyone is still staring down at him. It suddenly feels terrifying, as though he's sinking down towards the ground. "I need to sit," he says and hates the way his voice shakes.

The radiology technician clears his throat. "We're on a schedule here," he points out.

"You should find someone to write off on Zofran, then, unless you want him to throw up mid-scan," John replies venomously.

"I need to sit up," Sherlock says more urgently, actually managing to produce a bit more than a raspy whisper. He can't take another second of lying down, everyone else surrounding him like a corpse on an autopsy table. He needs to sit, because he can't breathe like this, with three people staring him down.

"You heard him," John says and slides a hand under his shoulders. The nurse and the technician make no move to assist.

"For fuck's sake help me get him up right now!" John orders so loudly the ceiling lamp actually resonates a little, and the others present flinch.

They manage to haul Sherlock up to a sitting position, his legs dangling over the edge of the table. John is standing behind him and gripping his biceps for support. Leaning momentarily against John's shoulder, Sherlock manages to drag his head up.

The room doesn't stop spinning but he finds he really rather prefers sitting right now - it makes it a little easier to breathe, somehow, and no one is staring down at him like he's the star in an open casket viewing. The pain in his back also lessens a little.

His head feels heavy. Everything in him is weak and sore. He doesn't remember being this exhausted in years.

An oxygen mask is offered - why is that always the slap-on-plaster solution to everything in hospitals? No matter what the problem, distract the patient with that pointless contraption? Useless - unless the heart of the problem is lack of what's flowing through the mask. Sherlock shakes his head
and a sweaty curl sticks to his forehead.

If John suddenly let go, he'd slide to the floor. It's a bit like that inside his head, too - John holding him up when he wants nothing but to melt into nothingness.

He imagines the foundations of the Mind Palace cracking and crumbling, the support pillars falling.

Never before has he realized what losing the connection to his body would mean. Never before has he realized that it could actually happen while he was still alive.

A brain in a jar. What if the jar breaks?

"We'll get you something for the nausea. You're all tense, and you can't even feel it, can you?" John grips his left bicep harder and slides his right hand down to support Sherlock's waist, fingers digging into his hipbone. "God, your lower back's like a brick."

How is that possible? Without any instruction from the nerves, shouldn't his muscles be completely limp? Or are they cramping because he can't shift himself around on the bed and whatever harmfully contortionist position his limbs or back end up in he can neither feel it nor can he fix the problem?

"Could you call Dr Airlen to get permission for Ativan or diazepam?" John requests the nurse.

She makes no move to leave the room, looking sceptical. "Isn't there a risk of---"

"As long as he's in pain, I can promise you it's going to keep him breathing. Besides, that is not for you to assess," John says sharply.

Looking sour, the nurse hurries to the control room.

"It should help with the muscle cramps. That could explain the back pain, but a new MRI still isn't a bad idea."

"I don't want it," Sherlock says, "Just get me out of here. I don't want---" he gulps for air, "---any of it," he concludes and gasps to catch his breath.

He wants to sleep. He wants a bag full of white powder, a pair of functional hands and a syringe. He could easily imagine riding the high of the contents of that bag into glorious oblivion. He would still feel miserable, he'd still be ill, but at least he wouldn't care. "Just leave me alone," he says defeatedly. He mostly means everybody else, but in all honesty not even John's presence feels very useful at the moment.

Couldn't he do this his own way? What would have been so wrong about weathering this hell at home at least until he needed a respirator? Couldn't Mycroft have delivered any and all of these monitoring contraptions to be used in the safety of their flat?

Sherlock knows it would have been unfair on everyone, he knows there are resources available here that John and Mycroft and Mrs Hudson and everyone else would have had to toil terribly to obtain. He knows, but it still doesn't seem fair that he's the one going through this, yet he's unable to make the rules.

John shakes his shoulders a little and he lets his head loll back.

"No," John says with a sternness he had not been expecting. "Nope. We're doing this. You hear me?"
John jostles him so that he can move from standing behind Sherlock to holding him upright whilst standing in front of him.

Sherlock opens his eyes again - he hadn't even noticed them drifting shut. The fight feels as if it's truly gone from him but when their eyes meet, he realizes that there's plenty of it in John's beautiful blue ones. Plenty enough to lend a little of it to Sherlock?

"We're going to get you something that helps, and then we're doing this. I'm not going to let you ignore what could be a blood clot in your spine or let you do anything else that would make this worse just because you feel like keeling over and giving up. I'm not going to give up, and Mycroft never would---"

Historically not an entirely accurate statement, the latter, but Sherlock suspects this isn't the time to point that out. John knows very little about the years before the two of them had met. It's better that way.

"You sure as hell don't get to give up, either, because I'm not having it. We'll get through this, you're going to get better, and after that I'm going to take you home."

In Sherlock's head, Baker Street has an almost imaginary quality now, like an old faded sepia photograph. It doesn't feel attainable. He doesn't feel like the man who cured John's limp, a man John would kill for. He doesn't feel like someone who could stiffen his upper lip and get on with it. He wants to sleep.

It feels like he's been in this place for years already, and that he has years left in this prison sentence.

"I don't care how you do it, I don't care if you need to piss off all the nurses and drive me nuts and Mycroft out of the country but we're not giving up. We're doing this, because you're Sherlock Holmes and you can do anything and I'm sure as hell not going to let you forget that."

Sherlock has always found direct eye contact awkward, but now he finds himself practically drinking the strength from John's eyes, trying to drown himself in the unwavering belief he finds there that this isn't the end, that this is just a low point from which the only way is up.

"I don't care if I have to drag you through this kicking and screaming---" John says, and then as he realizes what an ill-fitting figure of speech he had just chosen, he blanches.

Before he can apologize, which he inevitably will, because he's John, Sherlock opens his mouth. "You can do that part for me, then. You do always say you don't ---- mind the legwork," he says, hating the fact that he can't manage a full sentence without stopping for a breath.

John stares at him, his gaze so full of such lovely, distilled Johnness that it feels like a jolt of energy flowing into Sherlock's bones, making it a little easier to keep from crumbling into a heap on the floor.

The corner of John's mouth cracks into a smile. "Prat."

The prat you chose, Sherlock suddenly wants to add, but doesn't.

The nurse returns with the requested medications in tow.

Five minutes later, Sherlock is still dizzy, but the Ativan at least makes him drowsy enough not to care about the rest of the scan. It does help with the pain which, together with the MRI results, confirm that the reason for it is harmlessly muscular instead of a blood clot requiring surgery.
He sleeps the rest of the afternoon, only waking up briefly when an anaesthetist wanders in to install an arterial line. John says its purpose is to allow more frequent blood samples to be drawn and his blood pressure continuously monitored, since it has been flip-flopping between alarmingly low and being on the higher side.

On the eighth day after Sherlock's hospital admission, they reach the stage at which his ability to breathe begins to decline so sharply that contingency plans need to be made. The doctors assure him that this timeframe is quite normal in reference to what is known about severe Guillain-Barré, as though there's any place in any conversation for that word which has never described him anyway.

A spirometry is performed - meaning a more detailed testing of his breathing function. He's operating at a level of a terminal-stage patient on the list for a lung transplant, hardly able to perform the different stages of the examination.

It takes him at least a minute to get all the words out in even a short sentence. His voice has lost all tone; it's just a raspy whisper now, and he's forced to gulp for air in between words. This is because he's lost the command of most of his chest muscles, leaving only smaller accessory muscles to shoulder the burden along with his diaphragm to expand his lungs. He's afraid to sleep, and he can't concentrate because he feels as though he's breathing through a straw.

Sherlock has been intubated and mechanically ventilated before, but those have been unplanned emergencies, during which he'd been under general anaesthesia. Now, he's asked to consent to such a thing in advance.

Who wouldn't consent? A suicidal person? Would anyone, no matter how depressed, choose slow asphyxiation as their method of death?

John has turned the vitals monitor slightly away from him again; Sherlock isn't sure why. Admittedly, he has been watching it, finding himself both morbidly intrigued and alarmed by the way his oxygen saturation keeps dropping into the low eighties if the head of the bed isn't raised high enough, after he tries to talk or if he doesn't award breathing his full concentration.

It no longer matters that there's nothing to do in this hospital, since he doesn't have the energy to do anything anyway. He exists. Survives. Prevails, breath by laboured breath.

"Sherlock," John starts in the voice he probably uses at work to dole out bad news, "we can't put it off much longer."

"It." Sherlock repeats incredulously and gives John an angry glare he doesn't really deserve, but then Sherlock doesn't think he deserves to feel like this, either.

Uncaring fucking universe.

Failing weak sad fucking ridiculous transport.

"ITU," John says, "Intubation."

This is something he appreciates in John - even though medicine isn't, strictly speaking, Sherlock's specialty, John is aware of his extensive knowledge of it. The two words John has just let escape his lips are plenty enough to cover what is being discussed. John knows Sherlock doesn't need him to go into details or explain medical jargon. It's a nice reminder that at least for John he's not just some
helpless, unintelligent patient lying on coarse hospital-grade cotton sheets, trying hard to inhale at least one decent lungful of air.

He's still himself.

Sherlock nods.

A visiting ITU doctor begins rambling on about the procedure of initiating such treatment, explaining about potential risks associated with prolonged mechanic ventilation. It's a waste of time - Sherlock doesn't have a choice in the matter, now does he, so the marginal risks of ventilator-assisted pneumonia and different kinds of trauma to the lung air sacs are a purely academic point. His only choice is this: to put up with this torture that is the best that modern medicine can offer, or die.

They give him a choice to be awake or moderately sedated for the period during which he'll need the ventilator. Sherlock hadn't really expected to be given a choice. He'd assumed to be asleep until the storm ravaging through his immune system had run its course.

"Would you like to be fully awakened from sedation once the endotracheal tube is in place? We will be pausing sedation at least twice daily to monitor recovery, but during the periods in between, what would you prefer?" the doctor asks him. "There are many proven benefits to light sedation with frequent sedation breaks when compared to deeper sedation," he continues helpfully. "We see much less pneumonia; muscle mass is preserved better---"

Sherlock shoots the man a disapproving glance to shut him up.

His chest feels as though it's made of concrete, and speaking drains his energy, which means he needs to conserve enough of it to be able to give an answer.

John and the doctor are standing side by side, John looking thoughtful and worried.

It's important that John worry as little as possible. John would definitely worry about all these complications.

It also feels important that Sherlock is the first one to know when the illness turns its course. He doesn't want to waste a minute longer in this bed than he absolutely needs to. The only way to ensure that and possibly to lessen some of John's concerns is to choose to be..."Awake," he gasps.

John's expression is hard to read. There's mild surprise there, and not nearly as much relief as Sherlock would have liked. Was it not the right answer? Is there one?

"Of course, you can always decide differently later on, and we'll alter our plan accordingly," says the other doctor, whose name Sherlock isn't sure he'd heard. Not that he cares much what it is. This man is part of the hospital, and the hospital needs to be static to him lest he start imagining he's somehow a part of it, a permanent fixture in this disgusting, pastel-coloured room.

In all honesty, *everything* feels like static, now, except for the oxygen he's desperately trying to pull into his lungs.

"But how is he going to tell us what he wants then?" John asks, frowning. He then turns to face Sherlock again. "Are you sure that's what you want? The whole thing will feel much longer that way."

Sherlock meets his gaze with a defiant half-smile. He's made up his mind. If he needs to change it later, he's simply going to tell John. He's going to tell John somehow, and John will understand, because that's what John does - understands him when no one else can or wants to. He doesn't know
how to do any of this, except for one thing: he knows he can trust John to do right by him.

"Awake. With you," Sherlock whispers as pointedly as he possibly can.

Sherlock is moved to the ITU that evening. The room he is given is not much different from the one he'd had at the neurology ward. Pastels. Garishly cheerful art. Still no actual window, one that would offer a glimpse of the outside world.

Non-invasive ventilation through a face mask is given a trial run, but Sherlock decides that the contraption is not much of an improvement on a simple oxygen mask. John tries to convince him to give it time, but since he can't talk with the thing on and the noise is as unconducive to sleeping as the hunger for oxygen, he'd decided to go without.

John isn't angry about this decision. They both know that it would only have bought them some time, not fixed anything.

The disease could stop progressing at any minute, but neither of them are holding onto the hope that it would happen at such a last minute before intubation becomes a necessity.

It's a nerve-racking night for the both of them. John doesn't sleep a wink on the mattress that the nurses drag in for him. They don't even ask if he wants it brought in, probably because, at least to Sherlock, it's obvious from John's body language alone that he's staying and that fact should not be contested by anyone with a sense of self-preservation.

They don't talk. Sherlock is too occupied with breathing and John looks like he's too busy worrying.

John sits in the hard plastic chair by the bed, keeping silent vigil all through the night.

Mycroft comes by next morning - he does so on most days. What is new is that he is carrying a Waterstone's bag full of books with price tags still on them. Sherlock wonders if his brother has bothered to select and purchase them himself, or if he's sent a minion on the task.

John digs them out of the bag and lifts them, one by one, so Sherlock can see the covers.


Unless Mycroft has given someone a specific list, he must have gone to the bookstore himself.

"How are we today?" his brother asks, leaning over the bed. Sherlock slowly turns his head to the direction he has entered the room from, and Mycroft takes this as permission to sit on the chair right next to the bed. John's chair.

"Choking to --- death," Sherlock whispers as venomously as he can. "You?" He wonders if this will be the last time he is able to talk to his brother, at least for a while, and hopes the sarcasm was still clear, despite his failing voice. He knows it's deflection, but he needs it right now, needs Mycroft to gripe back at him so that it'll be easier to pretend it had been just a joke, not a reflection of reality.

When Mycroft had visited him the first time, the man had been visibly unsettled by what he'd seen.
The signs had been subtle, but Sherlock has observed the man enough during their shared lives that he can tell. In all honesty, it had rattled Sherlock to see Mycroft, who is always in control, always detached, always business-like, actually do a double take at seeing him in the neurology ward. The illness hadn't even been all that advanced yet. Had it been more the idea of it, what was probably going to happen, than the actual sight of Sherlock sitting in a hospital bed? Talking to John outside the door had seemed to calm Mycroft down that first evening, but he'd still been less eloquent than usual when he'd returned to Sherlock's room - downright unable to decide what to say.

Teaming up with John to discuss practicalities seems now, to have become Mycroft's favoured escape from the harsh reality, rather like verbal revenge on the entire universe is Sherlock's.

"Gallows humour. Not entirely unexpected. No alterations in prognosis?" Mycroft asks, glancing at John who's leaning his good shoulder on a wall, stretching his arms behind his back.

"We got the last of the MRI results back today confirming no lumbar puncture complication. Everything still indicates that this is Guillain-Barre's most common form, despite its severity. Very good prognosis."

"Not 'excellent prognosis'?" Mycroft asks curtly.

John pushes himself off from leaning on the wall and straightens his spine. "Very quick onset has been associated with more severe cases and a larger likelihood of after-effects but still, even out of those patients, nine out of ten make a full recovery." John is glancing at Sherlock as he speaks, looking slightly wary as though he's not entirely sure how honest he ought to be.

Sherlock appreciates honesty. He cultivates it in his own actions to the point of brutality. He'd expect nothing less from John than full disclosure. He can't operate without all the facts.

He finds that his attitude to all the monitoring equipment has changed. They feel like a lifeline now, something that will signal others when things go wrong. A distress beacon that will work even if he loses the ability to communicate. Besides, getting tangled up in the wires is no longer an issue, since he can't move around enough for that to happen.

Mycroft is smiling. Sherlock wonders if even his genuine smiles always look slightly off like this one.

"Did you hear that?" Mycroft asks Sherlock, "It's just a waiting game."

"Nothing wrong... with hearing," Sherlock answers. Full sentences, even short ones, now make him feel desperately hungry for air and the monitors tend to start wailing in a high-pitched tone that makes him feel as though an ice-pick is being shoved through his eye sockets.

Three hours after Mycroft has left for work, John flinches as the monitors begin screeching.

Sherlock's neck hurts, and he can't even turn his head anymore to try and stretch it. The spit pooling in his mouth which he's unable to swallow makes him feel like he's drowning - the amounts he's producing is staggering, all part of the autonomic dysfunction. God, he never wants to hear those words again. Anyone who utters them he swears to shoot with John's gun if he ever manages to wrap his fingers around the trigger again.

Breathing takes precedence over everything, now. It consumes all his energy, all his willpower, all
At eight in the evening, Sherlock tries to listen to Donizetti’s *Les Martyrs* streaming into his ears like a river from the headphones, but it’s impossible to concentrate when his brain is hazy with hypoxia, his lungs are burning, and John is yelling at him to *breathe*, while frantically digging around the crash cart for an ambu bag.

Sherlock had overexerted himself, stubbornly trying to achieve a passable result in the lung function test they had done on him again. Half an hour after he’d been wheeled back to his room, the saturation numbers had begun dropping and stubbornly refused to climb back up to an acceptable level. At first, the music had helped stop the cycle of hyperventilation - the panic making him breathe quick and shallow instead of taking proper lungsful.

He feels as though he's floating through water; sounds muted and colours distorted. He keeps forgetting to breathe. His head is pounding mildly.

Something is pressed against his face. He doesn’t fight it - how could he? After a moment - how long, he has no idea - his head begins to clear.

He opens his eyes - when had he even closed them?

It seems that someone has brought him back to his senses with some rigorous squeezing of the ambu bag. The monitors stop wailing. The head of the bed is raised and the mask exchanged for the ordinary oxygen mask he'd had on before. It must have slipped off his face at some point.

John starts pacing and carding hands through his own dishevelled hair while muttering curses. He can't get near the bed because of, what Sherlock deduces to be, a resuscitation team crowding it.

"It's high time we secured his airway," a young man, who is likely an anaesthesiologist, tells John. "Carbon dioxide is rising to sedative levels and I'd rather we did this while he's stable and not crashing again," he says, holding a laboratory result strip between his fingers of a sample of arterial blood he'd just taken.

John nods, looking forlorn. "I need to call his brother," he says and disappears into the hallway, limping slightly.
Helloooo lovelies! Chapter 8 left us all at a bit of a cliffhanger, but I am here now to grace your Sunday with a brand new chapter so you can find out what happens right after.

Someone asked for my writing soundtrack in the comments section of an earlier chapter. Here you go.

Emma221b and 7PercentSolution betaed, and the rest of our lovely coven (you know who you are) egged me on.

Thank you for all the fantastic comments and questions. I am practically floating on a cloud of fandom love here!

See the end of the chapter for more notes.

Fifteen minutes later, John is pacing, still favouring his formerly bad leg. He's also talking nonsense: muttering curses and cracking jokes that aren't exactly jokes after all, because each one of them accidentally manages to hammer home what is about to happen. "Look at it this way, you're always staring at the ceiling at home, now you can really have a go at that--- Fuck, I---"

Dr Watson has left the building. There's just John here, now, and the state he's in isn't exactly doing wonders to Sherlock's mood.

The room is full of people. Nurses, an intensivist, an anaesthetist, Sherlock's neurologist. Mycroft, having promptly returned to the National after John had called him.

John abruptly leaves the room, swiping at the edges of his eyes angrily as he strides out.

Prior to this, John had been able to grin and bear it, remind Sherlock constantly that the prognosis is very good, that this is temporary. Now there's just the insensitive jokes and the tears he thinks Sherlock hasn't already got wind of. They're doing nothing to curb Sherlock's own escalating unease.

A nurse closes the window blinds. They're about to do something that would upset passers-by if they saw it. Sherlock closes his eyes, trying to command his brain to think of something, anything, but the moment currently at hand.

For the next thirty minutes, Sherlock's part is actually the easiest, John had claimed. The only thing he'll need to do is close his eyes when the anaesthesia induction drugs hit the receptors in his brain, turning off his anterior hypothalamus and midbrain reticular formation, the pons and central midbrain tegmentum, flooding the brain with gamma-aminobutyric acid--- his train of thought is interrupted by someone touching his shoulder. There's still some feeling left in there, not much below that level.

He opens his eyes, which requires some effort - all the energy he has left he needs for breathing.
Mycroft is standing by the bed, his decidedly steely gaze barely hiding his discomfort at what he's seeing. "How would you like to do this?"

Sherlock hadn't been aware there were options. He doesn't want to stop wheezing in order to ask for clarification, instead assuming it will come if he remains silent.

"Would you like me to summon John back in?" he asks.

Sherlock wonders what Mycroft's plan is - his guess is that his brother is not going to stay and watch the proceedings. The staff probably wouldn't even let him.

John is a special case in regards to access. He'd probably be allowed to stay. On the other hand, if their roles were reversed, would Sherlock be able to watch? Would John want him to? He's not a doctor, it's not analogous---- suddenly the point is moot, because Mycroft turns on his heels and heads for the door, leaving it ajar, probably having made the decision himself since Sherlock wasn't offering any input.

He can hear Mycroft talking to John. Sherlock strains his hearing to make sense of the conversation - the oxygen mask he's got on is making it hard to hear some of the words being spoken since the flow has been cranked up to who-knows-how-many-litres per minute. He has to try and ignore the metallic clanks and other assorted noises created by the resuscitation team setting up everything they need to put him to sleep and to shove a plastic tube down his windpipe. He wonders if this is what prisoners about to be hanged would feel when the sound of the workers erecting the scaffolding reached their ears.

"Why does he want to be awake, he's going to go mental, I know it, he's going to be scared and he's going to go absolutely stir-crazy. God, he'll be so bored!" John exclaims.

"If you want me to transfer medical jurisdiction to you, I will," Mycroft says solemnly.

John's borderline panic seems to be infective - there's a tighter-than-normal pitch in his brother's voice Sherlock does not often hear.

"I can't go against his wishes. You know I can't. This doesn't affect his brain, I've got no reason to assume he hasn't understood all of it, but I can't tell whether he's got some ridiculous reason for doing this which I should be bulldozing him over for, or if he's got some reservoir of patience in there that I've never seen him tap into before that'll keep him from going psychotic over this. He doesn't even have the patience to wait for the microwave to ping, how is he going to do this?!!"

"He can't harm himself, John, not in this state, even if he did do - what was that expression, 'stir-crazy'."

Sherlock doesn't know what to think. Everything suddenly feels very overwhelming - the crowded room, John and Mycroft practically arguing, the oxygen mask like a muzzle on his face. The desire to leap out from bed, fling that door open and argue his own case is overwhelming but he can't, because he can't. Just get it over with.

"What if that were you?" John asks in a tone dipped in panic as though he's running out of time to win, "would you want to face what could be weeks, even months if we're that unlucky, not being able to say anything, to do anything?"

"I'm aware of the horror of it, John, and I could not come up with someone who'd suffer more in this scenario than he, even if I tried."
A chair creaks. John must have landed himself in one. "We just have to pick up the pieces afterwards, then, once he can talk again? Is that what you're saying?" John now sounds like a deflated balloon.

"I'd tread carefully. We'll see how it goes. We can overrule his decision to be awake later, if and when you deem it necessary."

"I-- I'm not sure I can make that decision. It's too close. I'm too bloody close."

Another chair creaking. Someone else seems to have taken a seat.

Mycroft never sits down during important discussions. He likes to keep the upper hand by standing. He'd never sit down for this if he weren't somehow emotionally influenced.

Mycroft does not get emotionally affected. Not really. At least Sherlock doesn't like to think so. Because that would mean things have truly gone sideways.

They haven't, have they? This is an anticipated course of the disease, not all that rare, and he should be fine----

"You're close, you know him," Mycroft says, "he allows you close, whereas I am not a medical professional, nor does he award me the same trust he's willing to place in you. Which is why I consider you the only one who best advocate for him."

Suddenly, a burning, stinging warmth is spreading up Sherlock's arm. He'd withdraw his hand if he -- never mind.

Vertigo hits. He can no longer focus or steady his line of sight.

He knows this, he knows what's going on.

He's being put under anaesthesia.

He fights what must be either propofol or sodium pentothal. He fights it as though his mind were a sea and his awareness the surface, on which he's desperately trying to swim.

They didn't even warn him. They know he can understand and hear everything perfectly well, and they're still treating him as though he's nothing but a damned piece of furniture.

They didn't even give him a warn--------

"---still don't know if this is a good idea---"

"---lock might not-----fifteen minutes---"

Voices. A heaviness in his limbs as though going through withdrawal. Coarse sheets rustling. A taste of blood in his mouth.

There's something wrong with the air. It's dry and smells of chlorine and iodine. He had probably left a bottle of antiseptic cleaning solution open after some experiment.
There are lagging footsteps on the floor nearby. The sound is wrong - it sounds like steps on linoleum instead of the creaky wooden floor of his bedroom.

Why isn't he alone in his bedroom? No one should be in there. At least the footsteps don't sound as though someone is trying to sneak up on him. It could be John, bringing in laundry or tea.

He can't move. Has he been drugged? Is this a concussion? Where's John?

"---I think he's------"

"----sure he won't react------"

That last voice had certainly been Mycroft. What the hell is Mycroft doing in his bedroom?

He doesn't recognize most of the other voices. He hasn't been kidnapped, has he? Why would Mycroft kidnap him, it's John he always whisks away somewhere to pick his brain.

The bed is also way too comfortable to be a mattress on the floor in some prosaic abandoned building criminals frequent.

"----open your eyes?----"

That was John, at least. Finally, it's John. Unmistakeably John.

Of course he could open his eyes, but he doesn't want to. He'd prefer to give in to sleep, to drift away for a moment more. He never lounges around in bed. Surely he must have been drugged.

His throat feels stuffy, odd, as though it weren't there at all, and he can't swallow. Everything feels so very heavy.

He's holding his breath; he knows he is but his chest moves anyway. Curious. He should probably investigate further, but he's too tired to actually care. Is someone giving him CPR? No chest compressions, thankfully. That would have been uncomfortable. God, he wants to sleep----

"Sherlock? Can you hear me?"

John's voice is no longer distant, nor is it being cut off periodically anymore. Before, all the voices had been full of interference as though coming through a bad mobile connection.

Sherlock finally pries open his heavy lids, expecting to come face to face with the white, brown and green wallpaper of his bedroom, the window facing the east side of the building, and his periodic table poster. It's hard to focus. Human-like shapes move around what must be his bed, and he can't decide whether to be relieved or alarmed by them.

This isn't his bedroom. This isn't home.

He needs to get out of here. In his mind he's already sitting up, sliding off the bed, heading for the exit wherever that is, and it takes a moment for his brain to catch up with the fact that he hasn't moved an inch.

He opens his mouth to say something, he hasn't even decided what, but then his thoughts jar as he's startled by a hand placed on his shoulder. His heart leaps to tachycardia, blood pounding in his ears and some electronic device begins screeching.

"It's just me," John says, his tone urgent. "Sherlock?"
The other voices have fallen silent. It's... good. Sherlock finds he has trouble concentrating even on just John's. He realizes his eyes have drifted shut again.

He takes a moment to get his bearings, because if John is here then he has at least some protection from whoever had done whatever this even is, to him.

Errant memories float in. They all feel unreal, like remembering something he's read in a novel. Hospital. Hard to breathe. Can't move.

The impulse to cough is sudden and overwhelming, but he can't recognize what could possibly have caused it since his throat feels odd but not obstructed. His stomach and his lungs refuse to contract, and a cough never materialises. The irritated sensation remains - it's like the after burn of accidentally having inhaled something intended to be swallowed, the last split second before sneezing. He can feel tears prickling at the edges of his eyes because of it. Finally, the feeling dies down.

"Hey," John tries, his hand sliding along Sherlock's shoulder, finally curling underneath the nape of his neck. It's warm and lovely and good and he could stay like this forever. Couldn't they let him sleep? Couldn't John stay and the rest of them go?

"Is he awake?" Mycroft's voice asks.

"How is he doing?" John's worried tone asks, sounding as though he's not facing Sherlock as he speaks.

"The muscle relaxant is probably still partially in effect. We don't usually reverse it in order to allow patients to get used to the vent. He hasn't drawn any breaths on his own after waking up. Vitals look good, airway pressures normal," an unknown female voice from somewhere close by says.

Sherlock begins blinking in order to banish the remains of sleep from his consciousness.

Are they talking about him? What does any of that even mean?

Finally, John's face comes into focus. He seems to be leaning over the bed. Mycroft is at the foot of it, eyes fixed on Sherlock, looking circumspect.

John's features have shifted into a sunny, relieved smile. "There you are."

Sherlock tries to talk again, to no avail. What has happened to his throat? It feels as though it isn't there.

"Don't try to talk. You're still coming out of anaesthesia. Everything's fine." John removes his hand from behind his neck and places his palms on his arms as though to keep him in place.

It makes Sherlock feel slightly claustrophobic. He tries to struggle but naturally, nothing happens. He can't really even feel John's hands on him though they must be there.

John's claim is preposterous: everything can't be fine. He can't feel substantial chunks of his body, at all. That is as far from fine as is humanly possible.

His head feels like it's filled with cotton, but slowly fragmented memories begin drifting in.

*Hospital. Paralysed. Can't breathe*---

There's nothing wrong with his breathing now. The hunger for air, for oxygen and the associated panic have disappeared. Something is still amiss - the rhythm of his breathing is odd. Mechanical.
Sharp. Very, very regular and the breaths are exactly the same, no variation.

Something about it is unnatural.

"How much do you remember?" John asks, and then turns to look at someone at the corner of the room with sternness in his gaze. "I told you the midazolam wouldn't be a good idea. He's probably got a tolerance, but it might still have erased most of what he remembers."

"It's a standard part of our cocktail for ITU intubations; it lowers the propofol dose required."

John doesn't look happy with the answer but doesn't argue further. He fixes his line of sight on Sherlock again, finally leaning back and letting go of his arms, probably having now decided Sherlock isn't going to leap up and make for a daring escape. How could he?

"You were put under for intubation. This is the ITU. You've been sleeping for about half an hour. Do you understand?" John asks him, "Blink twice for yes," he adds hastily.

Sherlock does as he's told. It takes a moment for the words to connect with the right images in his head. The anaesthesia explains why his brain is so dreadfully slow.

Intubated. Ventilator.

That explains his odd breathing. If they've put him on a ventilator, shouldn't he feel an endotracheal tube in his throat?

This should be terrifying, he realizes. He's lost control over everything. The residual effects of the drugs must be keeping the panic at bay, for which he's grateful.

Sherlock remembers everything now, and wishes he wouldn't. This is it, then, the worst has happened. He no longer needs to fear it. It's like jumping into cold water - the anticipation had been the worst. Now he knows what this is going to be like.

Since the head of the bed is slightly raised, Sherlock can see Mycroft circling the bed so that he ends up standing opposite John, studying him wearing an expression that is an unusual mixture of hesitation and relief. Through the haze in his head Sherlock realizes, to his astonishment, that this scenario has rendered his brother somewhat unable to decide what to say.

"They numbed your throat with lidocaine so you wouldn't be bothered by the tube," John tells him, sounding hopeful and grasping-at-straws sort of encouraging.

A blonde, tall woman with a faint thyroidectomy scar and watermelon-shaped stud earrings appears by Mycroft's side. The melons must mean something, but his brain seems to have ground to a halt and the whole thing feels like a dead end. Watermelons.

She's wearing light green scrubs. Does that mean something? On the other hand, every other member of staff is similarly clad. "The effect will last a few hours, after which you can hopefully tolerate the endotracheal tube. Most patients can, and if it still bothers you, we'll start infusing something that will block the reflex to cough. Do you understand, Mr Holmes?"

He blinks twice. He finds he doesn't remember much of what he's just been told but strangely enough, he's not too worried about it. The blessed oblivion of drugs. Normally, he'd file all such information carefully for future reference.

John sits down next to him on the bed instead of his usual chair. Nobody tells him not to. Sherlock wishes he could feel John's thigh where it rests against his own, to feel something other than just a
vague pressing down of the mattress.

"Does everything feel all right?" John asks, tugging at the edge of Sherlock's blanket so that it rests evenly on his chest.

Why is John arranging his bedding? Does he not know what else to do?

Mycroft is holding on to the handrail on the opposite side of the bed, looking expectantly at John.

There was a question, but he can't quite remember what it was. He runs through the likely options in his head and decides that if it had come from John it had probably been about his current wellbeing. Sherlock decides to blink twice. John gives him a tight-lipped smile and glances at the monitors as though to seek further confirmation. It seems like he's using Sherlock's heart rate as a lie detector.

Sherlock finds it hard to accept how calm he feels. Of course it's mostly due to the drugs, but some of it must be due to the fact that this is the proverbial rock bottom, the thing they'd spent countless hours worrying about; and now it's here. He's somehow surviving it, minute by minute.

"Do you want to remain awake, Mr Holmes?" the woman in scrubs, likely an ITU doctor of some kind, perhaps as anaesthetist, asks Sherlock, having reappeared by the bed.

He blinks twice and realizes that this is the only word he has. He definitely needs a 'no', too. He has a vague recollection that someone had raised the subject of communication early on during the course of this. Why hadn't he pounced on it? Why hadn't they made a plan before they all become preoccupied with the breathing issue.

John suddenly looks astonished. "That thing still works?" he asks, eyes falling on the general direction of Sherlock's left hand.

At first, Sherlock doesn't realize what he's talking about, but then John lifts his palm from the duvet and inspects it.

It's not a thing he's looking at: it's that resilient, stubborn little finger that has refused to go the way of the rest of him. It's the one small set of musculoskeletal nerves that's still functioning, still giving orders to their assigned muscles. One finger, weak but still functional. Sherlock likes the idea - one small part of him stubborn enough to defy the onslaught of the illness. A flickering light in a cavern of darkness.

Sherlock tries to move this defiant finger again, and if he concentrates hard enough, he finds he can control it.

"Again," John requests and he repeats the tapping movement.

The ITU doctor is frowning. "That could be a good sign. When did it become mobile?"

Mycroft's brows are raised, but his expression returns to a wary neutral when he sees John's face falling. "I don't think it ever stopped moving. Has it been working the whole time?" he asks Sherlock.

Two blinks. He also taps twice - his finger is still against John's palm.

"Couldn't he use that for Morse code?" Mycroft asks, as though it's the most obvious thing in the universe.

John's smile lights up. "You think you could do that?" he asks Sherlock, arranging their hands so that
the little finger is in the middle of his palm, the rest of Sherlock's hand supported by John's hand around it.

Sherlock closes his eyes in order to concentrate, rummages around his memory for the right collection of data, and soon manages to produce the letters Y, E and S by tapping them in Morse on John's palm. It's quite a pathetic thing to feel triumphant about, but Sherlock certainly does, and he decides that anyone willing to question his right to it can go sod off.

John encloses his hand in his and squeezes. "This'll work. I assume you already know Morse?" he asks Mycroft, who nods.

Sherlock would have snorted if he could, out of schadenfreude, since Mycroft probably considers such an inquiry more than mildly insulting. His older brother is an intelligence director, after all.

"We'll need to hang up a list of the alphabet for the staff," John says eagerly.

The anaesthetist soon leaves after adjusting the respirator, having clearly decided that Sherlock is doing well enough unsedated.

Mycroft begins discussing some urgent practicalities such as the 221B rent with John, then prepares to leave after receiving an urgent phone call. "Let John know if you require anything," he says, before disappearing out of the door.

Sherlock's feelings towards Mycroft's presence during times like these are contradictory. He can't parse how much of his brother's devoted presence is out of guilt, how much out of perceived duty and how much out of genuine empathy. He's never been good at reading such things.

John stays, and sits with him, holding his hand as though it is the most delicate thing in the universe. Come to think of it, he hasn't let go of Sherlock's hand even for a second. It feels more reassuring than any promise of prognosis or sedation could ever be.

It's a means to communicate. A lifeline.

This is how he'll maintain a connection to the world. As a means of communication it'll be painfully slow, and Sherlock might lose even that at some point but it's something.

They experiment with Morse code through blinking, too, but to his disappointment, Sherlock finds that his blinking has become somewhat slower than normal, and John mistakes the lines for dots more often with blinking than he does when Sherlock uses his little finger.

John doesn't ask if Sherlock wants him to stay the night. He simply does so. The old, worn mattress on the floor could well be murder for his shoulder, but he doesn't complain. Sherlock doubts he gets much sleep, since he keeps scrambling up, wandering to the bedside and giving him a once-over, looking for signs of awareness.

Sherlock isn't certain if he sleeps that night or not. The hours merge into one another, and since he can't move, it hardly matters if he simply rests or sleeps. This idleness is stagnation for his brain, so he might as well use these empty hours to do something with it. Rearrange information. Practice memory techniques. He keeps forgetting things - the date, the year even. It must still be the drugs. At one point he becomes certain that this isn't the same room it had been an hour earlier, that without him noticing, someone has moved him. Damned medications.

In the early hours of the morning, the ventilator sounds some sort of a half-hearted alarm - it doesn't sound critical, but the melodic tone of it and the blinking text on its monitor are annoying. The doctor on call at the ITU comes in with a nurse, and without any explanation whatsoever they slide in a
suction catheter through the endotracheal tube.

Sherlock berates himself for thinking that the nasogastric tube had been the worst this place had to offer. This - done for whatever purpose - easily rivals it in vileness. And he can't even cough, even though he feels as though his windpipe is trying to contract so hard it's practically turning itself inside out.

After the torture is over, the doctor leaves and the nurse stays to clean up the gear they'd required. "There we go, all sorted now," she chants like a mantra, glances contentedly at the now-quiet ventilator, and leaves.

John has woken up due to all the commotion and pads to his side, raking a hand through his messy hair. "What was that all about?" he asks, looking practically cross-eyed from exhaustion.

Sherlock answers with the most dramatic eye roll he can manage.

John begins habitually sliding his palm underneath Sherlock's hand whenever he takes his customary seat in his chair next to the bed.

If Sherlock's finger moves even an inch, John practically flinches and then focuses on him with a gaze so determined it's almost frightening. To be the focus of someone like that, without malice being the reason, is not something Sherlock has often experienced. It's as intriguing as it is unsettling. Is this how his undivided attention feels to John?

Sometimes he taps his finger just to see the instant homing of John's attention to him and to feel the connection between their hands.

Strangely, this feels more intimate than anything he remembers ever doing with John.

They do science quizzes from some website John has found. John assigns letters to the answer options and Sherlock answers by giving the letter of the right one. He gets all the chemistry questions right, of course. The astronomy one he adamantly refuses to answer.

"Look at us, doing this," John says, looking happy and calmer than Sherlock has seen him since this whole debacle had started. Somehow, he knows John isn't just talking about the quizzes.

Every ability he has lost has made Sherlock wonder what he'd do if he never regained it. John has promised him to stay, has effectively promised him a forever, at least in the context of this sickness, but when John had made that promise in the MRI suite he'd looked as though he would have probably sold his soul to the devil right there and then if that would have put the light back in Sherlock's eyes so that they could get through that moment.

The question hangs in the air: if he never gets better, will John truly stay? Surely, at some point a man like John, still in his prime, would begin to yearn for a life beyond endless hours of sitting by the bedside of a former consulting detective? Despite their best intentions, people's interests in others
wane if the relationship is one-sided in some way.

People give up. Even the most dedicated ones do, when they realize the crushing odds stacked up against them.

John had used Mycroft as an example of endless, unwavering support. In Sherlock's reality he is the opposite - the final piece of evidence of the limits of human devotion. If nothing else, then at least a sense of self-preservation from further pain might drive away even those who make the greatest promises.

In 2007, being locked up in a draughty ward as formal patient, an impressive array of psychiatric drugs forced on Sherlock and his dignity completely wrenched away had not been the worst part of that year.

The actual worst part had come four months after he had been discharged from Bethlem Royal Hospital's psychiatric wards.

They hadn't seen each other after his release from hospital. No calls, no messages. This was in direct contrast to the fact that Mycroft had been the only one who had visited him in hospital, what few visits were even allowed. No parents. Sherlock had assumed they either did not know about his predicament, or that they were too upset and Mycroft had been appointed as some sort of an official family liaison.

On a garishly sunny Sunday morning, Sherlock had walked up to Mycroft's door on South Eaton Place in Belgravia. He remembers Boursault roses being in full bloom in front of the apartment building, dew on their petals.

Mycroft had answered the door looking tired and aloof in his Balmain dressing gown and silk pyjamas. The hour had been so early that his housekeeper hadn't come in yet - if she even did on Sundays. Mycroft had taken in Sherlock's appearance, shaven and short-haired, wearing somewhat ill-fitting but clean clothes, and said nothing further than a curt "Yes?"

Sherlock had been taken aback, at a loss as to what to reply to a greeting more fitting the postman than a brother. 'Ta-dah' somehow didn't feel appropriate anymore, if it ever even had been.

"Morning," Sherlock had settled on eventually. "Not happy to see me?" he'd offered in a sarcastic and triumphant tone.

Mycroft, fingers still curled around the doorhandle as though he were worried Sherlock might storm his castle, had said: "It all depends on the circumstances."

Sherlock had provided him a context by shoving a wad of papers into Mycroft's hands. They were the lab results from his recent drug tests.

Six sheets of them, taken a week apart from one another. All clean.

Mycroft had leafed through them looking sceptical. "I see they haven't tested for ketamine," he had concluded, dryly.

A mild irritation had taken root in Sherlock. "I never did ketamine, unless it was unbeknownst to me, used to cut something."

"And what am I to do with these?" Mycroft had enquired unenthusiastically, waving the wads of lab strips as though he had an obnoxious spider walking up his fingers.
Sherlock had been confused by his stern disinterest. "I---" he'd practically stammered.

"What was it, then, the incentive which I could never provide? I assume this is why you're here, what you have come to gloat about?"

"What?" whatever sort of explanation to this icy reception Sherlock had hoped for, this hadn't been it.

"It's clear that all my attempts at helping you have failed, so pray tell what or who it was that made you succeed, albeit most likely transiently, to lay off the sauce?" Mycroft had a tendency, still, to use colloquialisms to prick Sherlock in conversation, insinuating that he was of some more noble breed than his younger brother.

"How is this suddenly about you?" Sherlock had blurted out. He had not been naive enough to expect being received with open arms, but such a cold shoulder had been a surprise.

"That's just it, Sherlock; it has never been about anyone other than you and your drama, so maybe it's high time we changed that notion. Even though you may not have noticed or cared, your path of destruction has left collateral damage. I spent years protecting Mummy and Father. When you took to the streets straight from Bethlem, I told them everything. Finally, I might add."

"I never assumed you would keep anything from them," Sherlock had said. It honestly had not occurred to him that Mycroft would have performed a years-long cloak and dagger routine to protect their parents from the truth about his lifestyle choices. To all intents and purposes, Sherlock had assumed he had been the main talking point at the Christmas dinners he'd missed. This revelation had made him wonder who Mycroft had been protecting more with such a decision - their parents or Sherlock?

Another realization had hit right after: this was Mycroft's way of telling him he had given up.

Given up protecting, given up helping, given up hoping that he might turn from the direction where, from his perspective, Sherlock seemed hell bent on heading.

Mycroft had promised never to give up on him, and he'd still gone and done exactly that. If even Mycroft could cave, what chance did John have? Granted, the circumstances are not exactly similar to what was going on, but if Sherlock would not make a sufficient enough recovery to return to an independent life, he suspects his old habits might make an appearance at some point. Not that he wants them to, but he knows himself well enough to know that being deprived of the life he had painstakingly built - the only life that has ever provided a good enough substitute for the drugs - the temptation might well turn out to be too much.

It had been sobering to realize that Mycroft's giving up had stung worse than the sectioning. As terrifying as the stay at Bethlem Royal was, it had been borne out of someone actually caring about him.

All this had proven that it was the very heart of human nature that couldn't be trusted, not just his brother's dedication.

If Sherlock were capable of making even Mycroft, a great believer in family and duty, to dust off his hands, surely Sherlock's abilities in the matter could also lead to John calling it quits when driven too far.

"Mummy has been worried sick. I lied that I couldn't locate you. I could have. Probably with little effort, even," Mycroft had told him, arms crossed as he leaned on the doorframe. "Nevertheless, you
made your choice."

Mycroft had always covered for him, as he for Mycroft, although occasions requiring the latter had been few and far between. This was new; Mycroft opting out of being falsely reassuring towards the parental unit.

"Sounds as though the act of telling them everything contained at least an ounce of self-flagellation on your part," Sherlock had pointed out and Mycroft's lips had tightened.

Mycroft had not replied.

"Anyway, I thought you might want to know how things turned out," Sherlock had added and turned to leave.

"I do. Always," Mycroft had said. "Caring has never been an advantage, but I do not regret doing so."

"You contradict yourself," Sherlock had said and snapped a fully blooming rose from a branch reaching over the handrail. He'd plucked a few petals off and then let it fall on the stairs, mauled and forlorn. He had not known whether he ought to go or to stay, to expect something more from Mycroft or to retreat in defeat. "You just told me you gave up."

"Sherlock," his brother had scolded in a tone he had used on Sherlock ever since they had been little.

"Bye," Sherlock had called out, because there wasn't much more to say, was there?

"Where did you get those clothes?" Mycroft had asked, which had made him pause and turn back towards the house.

"Social services."

He distinctly remembers Mycroft staring at him almost vacantly - rarely had he seen his brother so surprised. "You would voluntarily seek aid from Adult Social Care?"

"A DI I met at a crime scene arranged everything. I'm staying at a halfway house in Soho. I might be getting an apartment on Montague Street next week."

"A halfway house? Is that safe?"

"Compared to a four-bedroom flat in Belgravia with gilded taps and a panic room, I'm sure it isn't," Sherlock had snapped back.

"Hold on, did you say you met a detective inspector? Of the Scotland Yard variety? Who then arranged all this? That sounds highly irregular. You're not in a ---- relationship, are you?" Mycroft had sounded disapproving and suspicious.

Sherlock had scoffed. "No, I'm not his rent-boy, if that's what your dirty mind has conjured up. He merely thinks I could make a career out of solving crimes instead of wasting my time on the streets. He'll hire me, now that I'm clean, he says."

Mycroft had let out a noise that was half a snort, half a laughter. "You? You're not a police officer. Nor are you even eligible to become one. Too extensive a criminal record."

"It's freelance work. And there might be other cases, too, once I establish myself."

"As what?"
"Consulting detective."

Mycroft had rubbed the side of his nose and furrowed his brows at the sunny weather.

"You want to stay sober so you can solve crimes with a detective inspector of the Scotland Yard,"
Mycroft had reiterated, looking at Sherlock as though he'd gone a little insane.

Only a little. Not banished-back-to-Bethlem level of insane.

Finally, Mycroft had laughed politely and shaken his head, opening the door wider. "Come in for tea. You can tell me all about this new career of yours."

Sherlock had taken him up on that offer. Despite the incredulity with which Mycroft had regarded the whole idea of Sherlock solving crimes, he had acted in an uncharacteristically supportive way that had reeked a little of guilt.

Later, slowly, gradually, Mycroft seemed to begin to actually believe that Sherlock would have a decent chance of staying sober - that Sherlock's new life could be more than just a temporary respite before an even worse fall down the rabbit hole. As this belief grew, Mycroft began to interfere more, seemingly doing his damnedest to make sure things stayed the way they were. Sherlock begrudgingly allowed this meddling, griping mostly on principle. In a way, Sherlock was perhaps paying back something as well. He didn't have to like the invasions of privacy and the condescension, though. And he still found it hard to trust Mycroft.

Mycroft had seemed relieved at John's arrival in Sherlock's life - perhaps he saw this as an opportunity to finally step back and focus more on his own life. On the other hand, John had not exactly lead Sherlock onto a path of least resistance when it came to acquiring enemies and ending up in dangerous situations. However, it seems that as far as Mycroft is concerned, chasing assassins and murderers is still a much better option than heroin.

Chapter End Notes

There is a slight medical inconsistency in this chapter (for dramatic purposes): as the ITU doc says, they have not reversed the muscle relaxant used for intubation. Most likely it would still be in enough effect that Sherlock would probably not be able to move his finger that soon. Then again, people metabolise that stuff at differing rates, it isn't stated which drug they used (succinylcholine wears off within 15 minutes but I'd personally avoid that in a patient with muscle weakness issues) and it has been at least half an hour after the dose was administered. Just wanted to point that out for completionism's sake. As you were.
Chapter Notes

It's a double post, folks! Tonight you get not one but two updates at once, because I just couldn't find it in my heart to separate these two (I'm speaking of chapters, of course, *wink*).

As usual, Emma221b and 7PercentSolution were on beta duty. And what a splendid job they did!

See the end of the chapter for more notes

*You are the silence in between
What I thought and what I said*
- Florence Welch

This is day eleven. How many are left?

The morning routines have just been performed - teeth brushed, position altered, a quick wash of his face. He has declined more thorough bed baths in the ITU so far, but he knows it's a matter of time before he'll need to submit to that - yet another thing he'd prefer to be drugged up to his gills for. He knows he won't request sedation for it - it would seem strange to want it for *that*, but not for anything else. The Mind Palace is always an option for distraction, but lately he has found himself reluctant to go there. It feels much more difficult to get out of it than ever before, even when he *wants* to leave. The last time he had visited it he had spent a disorienting hour or so afterwards not entirely sure where he was.

There's the faintest sound of rain coming from somewhere - or is it just the ventilator?

The room is empty, save for him. He knows the nurse will soon be back, unless John gets here first. They never leave him unsupervised for long - it seems to be standard procedure at the ITU not to.

The rain makes him remember crime scenes: the smell of damp earth, shoes getting muddy in some field, John complaining about the weather, Lestrade gritting his teeth and accepting the icy drizzle out of a sense of duty for the dead. The rain never bothers Sherlock, because there are always more interesting things to focus on than precipitation.

He doesn't dwell on death when solving homicides. There's no room for such abstract philosophical considerations when there's a killer on the loose, whereas here there's nothing keeping thoughts of death at bay.

He thinks of corpses found in the sea, crabs crawling over them. Bits falling off, being carried off by
the waves, devoured, decomposing. Biological matter reuniting with the universe. It's how the physical law of conservation works: the total amount of energy of an isolated system remains constant as it can neither be created nor destroyed. It merely transforms from one form to another. A human's mass transforms to heat in the cells of another organism - nature's very own economical crematorium.

It's fascinating, all of it. Shame it's such a complex thing to try to explain to John via Morse.

An animal could come and eat his toes now, one by one, bones cracking in their jaws, and he couldn't do a thing about it. Couldn't even scream. Couldn't call for help.

The head of the bed is raised so he can see what's going on outside the room through the windows facing the corridor. Which means that he sees more of himself, too, than he does when he's on his back. His toes look pale and thin. They look like the toes of the dead in pathology fridges. All that's missing is a name tag swinging ghoulishly from one of them.

It's fitting, really, since he rather thinks he'd be better protected in a coffin.

He hates it how people he doesn't know - people he hasn't been introduced to, people he has never seen before - move in and out of this room day and night without asking for his permission. Any one of them could be an imposter - an assassin disguised as staff.

The nurses and the doctors are usually polite enough to address him and tell him their names, but maintenance, cleaning personnel and the others not directly involved in his care largely ignore him, which makes him suspicious.

There has been a campaign about hospital staff introducing themselves to patients, John tells him. 'Hello, my name is' had been the title. In all honesty, he doesn't really need the polite hellos. What he really wants are reassurances that that person intruding on his privacy isn't working for Moriarty.

Is this normal, this vacillation between skirting the edges of some sort of a meltdown and a sense that he has left his body and is watching the proceedings from the ceiling? 'Prone to dissociative episodes', his hospital records from the first Mycroft-machinated stint in rehab had proudly stated. How is that a bad thing, if it lets him escape this hell of being akin to an Arabic djinn trapped in a bottle?

He doesn't exactly trust his perception right now. He keeps forgetting what he's just been told, and his thoughts keep getting stuck on pointless worry loops about things that would probably be the unlikeliest to harm him. Was that cupboard door the same colour yesterday as it is now?

Funny things John says have stopped making him laugh, and things that should have no humorous value whatsoever suddenly make him feel rather hysterical. It would probably show, if he hadn't lost the ability to even frown or smile properly. This is a new development, and one he really doesn't like to think about.

How can this disease possibly still be getting worse?

When he'd begun to suspect his facial muscles were acting up, he'd made John snap a picture of himself in order to see if his expression actually matched the mental image he had of it. At first John had declined and told him that while was familiar with Sherlock's strange predilection for looking at creepy things, this might not be the best idea.

He'd nagged as well as someone can nag with one finger, and finally John had relented.

He'd looked at that picture on the screen of John's phone, and dismissed it. It didn't look like him,
somehow. The man in the picture had his pale complexion, his eyes, his messy curls, a fledgling beard that was more than just the five-o'clock shadow, a slight sheen of sweat on the forehead and chapped upper lip a bit like his own lip felt at the moment, but it wasn't him. Clearly it couldn't be. The picture did not look unsettling - the only disturbing thing about it was the wax-figure like expression.

Sherlock had felt like confronting John about this obvious prank, until he'd realized that John couldn't have forged such an image, since taking it had been Sherlock's own suggestion, made only minutes earlier.

Mostly, Sherlock had wanted to laugh. It was him - but not him, because how could his head be on a hospital pillow with an intubation tube sticking out of his mouth, taped in place with some sort of special white, thick, soft tape? He had wanted to laugh, the thought had been so preposterous. The photo felt as though it had nothing to do with him.

John had been unnerved by his non-reaction. He'd gone through his usual round of 'are you alrights' and 'talk to mes', to which Sherlock's reply had been simply: N.I.C.E.T.R.Y.

He had recognised that there had been an issue with logic there. The picture was not him, but all the evidence he could glean from it matched how he had physically felt at that time. All that had left him wondering what the hell was going on?

He isn't sedated, and they're not giving him anything with significant central nervous system side effects. Or maybe they are, but this fact has been deliberately kept from him? Maybe Mycroft and John have already wrung control from him legally, and no one has informed him?

Instead of being his to command, his Transport has become a medico-legal entity. It has been suggested that its malfunction might, at some point in the near future, compromise his ability to make sensible choices concerning its fate.

He doesn't want to die - never has, not even when he hasn't been making much of an effort not to. But he is rather fond of the idea that life and death - his life and death - are nobody's business but his own.

Not anymore. Not now. If he told them to turn off the respirator right now, they'd likely drag in a psychiatrist to tell him that he's having some sort of a mental health crisis and can't be allowed to make such drastic decisions. Documents would be typed up and signed, and it would be 2007 all over again.

Illness and medications must be affecting his capacity, as Mycroft had phrased it last night.

Maybe they are.

Out there, in the real world outside these walls, he has the liberty to walk off a bridge or not walk off a bridge. Now that he has conceded himself to the care of the medical establishment, he has to play by rules created by others, which is worse than any needle prick or bed bath. This is why he has never felt comfortable in hospitals.

Here, they chain people to that bridge and insist that they want to be on it, no matter how much pain they're in, no matter how bleak their futures.

This argument is purely academic, of course, because the illness his body has chosen to involve itself in will pass. It's transient. Significant recovery is not only likely, it's downright imminent, at least judging by the statistics that John enjoys quoting.
Sherlock has never been a poster boy for statistics. What if he's the one in a thousand, the one in a million who doesn't get to walk again, to breathe again, to return home?

Statistics do not console those who are the exceptions to the rules, the aberrations, the ignored points outside the Gaussian curve. The problem was that he always seemed to end up being the one who never fit it - the aberration. The freak.

The course of his particular case of Guillain-Barré is so unusually severe that the ITU holds a conference of experts. Mycroft isn't allowed to sit in, but John is.

The doctors are now recommending another round of intravenous immunoglobulin. "We usually don't, since the benefits aren't proven and there are no official guidelines, but in special cases, it's a possibility," the neurologist who had chaired the roundtable tells Sherlock.

John stands beside his bed, arms crossed and studying Sherlock's expression very carefully. "Always knew you were a special case," John teases him.

Sherlock had tolerated the first round of the IVIG without much trouble, although some of the nausea, flushing and muscle cramps everyone had chalked up to having been caused by the Guillain-Barré may have actually been typical side-effects.

He has little to lose.

"Would you like to do this?" the neurologist asks.

Sherlock realizes that apparently John had been nervous enough about this conversation that he'd forgotten to take up his usual position in the chair beside the bed, Sherlock's fingers resting on his palm.

Or could it be that John did not wish for this colleague of his to witness their new mode of communication?

The intimacy of it has not escaped Sherlock's attention. It entails is the two of them effectively holding hands. Maybe John feels it's not appropriate for this moment, in which he's acting more as one of Sherlock's doctors and less his ----- what?

What does John's embarrassment over such a practical matter say about the two of them?

Y.E.S., Sherlock blinks slowly. His lids feel heavy afterwards, but not from sleep. He has no stamina nowadays.

The neurologist turns to John, eyebrows inquisitively raised.

"It's Morse code," John explains. "He says yes, he consents."
On the night before the thirteenth day, Sherlock wakes up with a start, drenched in sweat not produced by this wretched ailment but by a nightmare. It had been none of the usual ones - no falling, no death, and most thankfully, no Moriarty - but it had rattled him to the bone, nevertheless.

As it often is with dreams, it had consisted of partial scenes that formed a somewhat understandable narrative. First, there had been John telling him with glistening eyes and a broken voice that this was it, this was as proverbially better, as recovered as he was going to be. Sherlock had been staring at his hands in the kitchen as Mrs Hudson had lead a twenty-something man up the stairs to the flat.

The next image had been that same man holding his violin, coaxing out a dramatic and technically flawless rendition of Paganini's Caprice number sixteen in G minor - a work well beyond Sherlock's skill level.

The young man had put the Stradivarius - Sherlock's Strad - in its case, paid in cash, and then left with it.

"Isn't it nice," John had said, "isn't nice that someone will put it to proper use; do some concerts with it so people can see and hear it? It would have been a shame, letting it collect dust in here."

In the dream, Sherlock had then stood in front of the sitting room window, watching the man walk down the street and disappear.

After that he had thrown the thick wad of cash in his hand into the flames in the fireplace and heard a whoosh as the dry notes had been caught in the flames. That's when he'd woken up.

A nurse sits in a chair in the corner. John has gone home after Sherlock had insisted he was fine with it.

The pain he'd been having in his arms and his lower back is under control today after John had yelled at some people.

There is no progress in one direction or the other. Things are not worse, nor are they better. This stasis doesn't mean anything; it doesn't alter his prognosis. And it most certainly doesn't erase the fears that his subconscious is choreographing into dreams.

Strangely enough, this is the first time he has properly considered the effect this disease could have for his music. Even a minor residual effect would be catastrophic. It seems that his subconscious had drawn these conclusions before he had.

Without the violin, he'd be as good as mute, when it comes to emotions.

Several therapists had thought that he was completely disconnected from emotion, an automaton performing tasks like a computer, emotions merely an occasional fly in the ointment, a glitch, a computer virus. He sometimes hides under that notion when they get the better of him. Sometimes John buys this ruse, sometimes he doesn't. In Baskerville, Sherlock had managed to anger him in his panic disguised as vehement denial. Sherlock hadn't really understood his reaction - what had he done wrong?

He has never been much good at deciphering emotions in others, nor has he ever felt confident in his skill to convey his own in words. He'd always found the vocabulary severely lacking - until he had discovered music.

In the spoken and written language, the possibilities for defining an emotion are very much finite. It's more of a taxonomy, really - "happy" or "sad" or "angry" being categories under which many nuances resided. In music, the possibilities were almost limitless. The hopefulness, clear conscience
and aspiration for a better world of the B flat major was a creature very different from the contention, innocent love and meagre hope of the A major and the rustic idyll and tender gratitude of the G major, nor could the worried unease and discontent of the G minor be mistaken for the languishing love-sick tones of the C minor. Combined with the keys, different chords and melodic passages created a language more complex than any spoken one, and movements from one auditory picture to another further deepened the possibilities.

One of his music teachers had seemed to understand, and he had given Sherlock a repertoire encompassing a collection of violin compositions as varied as possible in terms of atmosphere and composition period.

Sometimes, Sherlock speaks to John through the violin, mostly to understand his own emotions better. The music creates a veil between them, an option of plausible deniability that he hadn't meant anything by selecting a particular piece.

On occasion, John seems to pick up on it. Mostly, he smiles when he recognises a tune, but there have been occasions on which something had momentarily passed on John's features, an emotion very closely matching the one conveyed by the music.

Remembering some of these occasions makes the memory of the dream he's just had even more bitter.

John would never describe it as a nice thing, Sherlock losing his violin. Sherlock knows this is just his malignant subconscious trying to get the better of him, his inner Moriarty trying to drive a wedge between him and John just for the hell of it.

It's his own cannibalistic pessimism, saying none of this will ever work and everything has gone to hell.

He shouldn't think about the violin. He shouldn't worry, because it won't affect the outcome. It is what it is.

Stoicism has never been his strong suit.

If he loses the violin - no, better not think on it.

If he loses the violin—

If he loses the violin, he'll still have John, won't he?

The next day, pain explodes in Sherlock's skull like a white supernova, reverberating down his upper back like a circuit short.

His neck is as stiff as though it were a block of marble, his shoulders are in knots, and there's a band of pressure around his skull, turning his head into a pounding, searing, stabbing orb of agony.

The sciatic jolts of pain down his legs of the early days have been blissfully quiet during the past few days, but the muscle cramps in his lower stomach and his thighs have picked up the slack. His hands and his feet are numb, but the myelin-deprived nerves are still producing burning ghost pain that has
been driving him insane in its utter pointlessness. He'd make a fist, curl his toes if he could to curb it. Couldn't the nerves just be silent if they're malfunctioning? Why aren't the pain pathways in his spine doing their job of keeping useless signals from reaching his brain?

The pain squeezes salt water out of his tear ducts, sweat out of his pores and a whine out of the monitors as his heart rate skyrockets as the pain rises like a wave. There's blood pounding in his ears like a turbulent river, a metallic taste on his tongue, and it's hard to concentrate on anything beyond the margins of his body. He can't open his eyes because he fears the light might make the headache worse.

Even though their eyes are not meeting and his face must be a waxen death-mask, John knows. He observes, in exactly the way that Sherlock has taught him.

It had been John who had been the first to suspect this was not just the disease grabbing a stronger hold on him. John insisted that the situation be re-evaluated. "They're saying it's the immunoglobulin since the headache came on so fast," John had told him after conversing with the neurologist. "Usually people just get chills and a bit of nausea, feeling like they're coming down with a flu, but you're unlucky to get some of the worse side effects," John had explained.

At first it had been as John had described - mild flu-like symptoms, coupled with a feeling of pressure on his chest. It hadn't worried him, because it wasn't pain, just constriction, and he was aware of the cause.

Then the headache had hit - so severe and so sudden they'd taken him to get a head CT. It had shown nothing alarming, so it was judged that the immunoglobulin was to blame.

The headache was followed by the back pain. After three hours of silent screaming inside his own head, no help rendered by the arsenal of pain medications that had already been administered, John had demanded one of the consultants visit Sherlock's room for a frank discussion, resulting in the immunoglobuline being abandoned in lieu of plasmapheresis. Starting that would take time, because he'd need a large central line inserted.

"Usually we use the antecubital veins in both arms to put in large regular IV cannulas for the plasmapheresis, but unfortunately yours have been damaged by drug use," an anaesthesiologist had explained to them both earlier this morning, as the reason for needing the central line.

D.O.I.T., Sherlock had told John and the other doctor.

It will likely take a while until the headache dissipates, even though the immunoglobulin has now been stopped, and after that, he'll still be stuck with the pain caused by the Guillain-Barré itself.

He has, it seems, become his own Inquisitor, in this body that has become a torture chamber, his nervous system the breaking wheel and the rack.

There's a cool hand on his forehead. Then, a softer feeling - John must be wiping off the drops of sweat forming there.

Fingers slither into his hair, gently pushing away matted, damp locks from his forehead. It doesn't shut out the pain, but it's a welcome distraction. John's fingertips trail on the sensitive skin atop his temporal lobes, leaving behind a pleasant, soft pressure. The hairs bending to the will of John's fingers create a quiet sound inside his head which resembles sand grinding under footsteps.

If he could concentrate on that, maybe he could put up with the pain for a moment more.

Under different circumstances, if John were to wrap his fingers into a fist, tugging at his curls, with
not enough force to cause actual pain but enough for it to feel possessive, he'd beg for mercy. Thankfully, the pain is preventing him from hopping on that train of thought. The resulting reactions would be highly visible and probably send John running for the hills.

John's fingers snag on a tangle. "It's like a rat's nest up here." Instead of snaking his fingers through Sherlock's hair John presses his palm on his head, flattening the curls.

The gesture is oddly unsettling to Sherlock, awakening memories of being ill as a child. He feels powerless enough already, so deprived of advocacy that being petted like this makes anger flare in him.

John then runs his palm down his curls to Sherlock's neck, where he lets it linger.

Their eyes meet briefly.

John removes his hand, probably due to reading something in Sherlock's eyes that signals 'unwelcome'.

Sherlock's irritation lasts just for a brief moment. Once it has completely dissipated he finds he misses that connection now, John telling him he knows and he's here not in words but by doing something he would never do under normal circumstances.

Sherlock forces his eyes open, blinking to banish the remains of tears.

Slowly, John's frown lines come into focus.

"Hey." John says, biting his lip, looking like he has no idea what to do. "Give me an update. Any better?" he grabs Sherlock's hands in Sherlock's hand in both of his, arranging them so that he can feel it the very second that little finger starts to move.

N.O.

John curses under his breath. "It'll take some time for the pregabalin and the ketorolac to kick in. The oxycodone wasn't doing much, was it?"

N.O.

Opiates are not very effective with neuropathic pain or even many types of headaches. Besides, he's likely to have some level of tolerance to oxycodone. He had only shot it up once or twice, but it has some level of cross-tolerance with morphine and heroin. He'd need doses in the range that John would probably consider hair-raising for them to have any effect.

It was a boring drug, really, compared to heroin and cocaine.

"They promised to get hold of someone to get the big central line for the plasmapheresis inserted tomorrow."

More procedures. More inconvenience. More pain. Sherlock doesn't care about the damned IVIG treatment; he just wants a moment's respite from this pain. At least they'd promised to put him under while they were doing it.

At best, the plasmapheresis could alleviate some of the symptoms and shorten the course of the disease. It isn't a cure. It won't allow him to get out of this bed, put on his coat and go home. It's not going to actually change much, is it?
Dwelling, even briefly, on thoughts of home makes him want to fling himself out of the window. He is so wretchedly at the mercy of this perfect storm in his body that it's clouding his judgement.

Couldn't Mycroft arrange something? How hard could it be to get hold of a respirator, a vitals monitor, some IV poles? Sherlock has already got a doctor, a very good one.

He knows, of course, that it would be grossly unfair to even suggest that John sit vigil around his bed at home around the clock, single-handedly replacing a whole ITU-worth of staff, but Sherlock is the one suffering here so isn't he allowed such pipe dreams?

H.O.M.E., he tells John.

John's face falls. He'd been attempting some doctorly expression of encouragement, but the four letters Sherlock has just painstakingly tapped onto his palm have torn down the theatrical curtain.

H.O.M.E., Sherlock repeats and closes his eyes, a traitorous tear sliding down his cheek. It's not the product of sadness but of resignation, which is even worse. It's useless to want such things, but that doesn't stop him from wanting them.

Judging by the sound and the shifting of the bed, John has lowered the bedrail on the side where he's sitting and leans in to cradle Sherlock's head on his right palm. His left one stays where it is, against Sherlock's hand. "Sherlock. Look at me. Please."

What good would that do? Will he be subjected to another lecture of the transient nature of Guillain-Barré, the need for patience, promises of support and company? He knows this, he knows all this, and reminding him of it is condescending and useless.

Everything hurts. It hurts so much it's terrifying.

John tries to pry open his left eyelid with his thumb, probably to make sure he's conscious.

Begrudgingly Sherlock opens his eyes.

The worry in John's eyes abates slightly, and in its place there's now a softness Sherlock had not expected. He looks positively endeared. How odd. Why now?

"There's going to be a day when I get to take you home. I'm going to make you the best cup of tea you've ever forgotten to drink and left on the coffee table. You can sleep in your own bed and wake me up by exploding something at three in the morning. I'm going to yell at you and you're not going to listen. This is still you, unlike most of the people in this ward. It breaks my fucking heart to watch this, but when I walk in here I see those other patients, most of whom don't have a chance in hell of getting better. I'm not trying to guilt you into stiffing that ridiculous upper lip, but I think you need a reminder that one day you're going to walk out of here."


He's missing letters and mincing his words but who cares? John will get the gist of it. The physical therapist who keeps showing up for daily appointments despite whether Sherlock is in the mood for it or not, has offered a refreshing bout of realism. He'd told Sherlock that walking again, in cases as severe as his, might take months. He wouldn't need to be in hospital for that long.

He's going to be a man who has learned to walk twice. The thought is strange, to the point of hysterical.

This is it. He's going mad.
He's losing chunks of himself to this disease, bits of his mind and his sanity breaking off like pieces of an iceberg. Is this how long term hospitalised patients succumb into apathy, losing IQ points like sand trickling through fingers?

A cramp digs its claws into his right thigh.

What good is his intellect, if it has to be forced through the thin straw of Morse code? What good is it, if pain makes him too lethargic to even want to make use of it?

S.T.I.L.L.M.E., he taps, even though it's nearly impossible to focus with the pain burning through his limbs as though he's being burned at the stake.

"Of course you're still you. Why would you think otherwise?" John's forefinger makes its way behind his ear to rearrange a curl, which tickles slightly.

What exquisite hell it is not to even be able to squirm.

P.R.O.V.E.I.T.

He wants proof that John still remembers him, and not just this mess of frayed nerves and bones and muscles that are no longer under his control.

John stands up, his back probably starting to ache because of the bent position he'd been sitting in. His hand retreats and he sticks it in his pocket. "What do you want me to do? I don't understand what you're after."

I.D.I.O.T.

"There's the annoying snarky git I've been missing. That's plenty enough proof for me."

John would be the world's worst courtroom judge. He'd accept anything as proof of, well, anything. "Is there anything you could think of that could help? Anything at all?" John asks.

Sherlock feels as though he's lost touch with things he enjoys. The mind is a fickle thing, its joys transient and its memory so focused on the negative.

Only one thing comes to mind that could possibly entice at this moment. Surely no one would begrudge him of resorting to ask for something like that? Pathetic, really, this sudden need for consolation instead of rationality and logic.

This will potentially open a can of worms, and John might not be beyond teasing him about it at some point in the future, but frankly, Sherlock couldn't care less right now.

H.A.I.R., he taps slowly, hesitantly. His finger is shaking from exhaustion and pain.

Through the haze of the pain and exhaustion, fear punches through - a fear that John might read something in him that he would find alarming, something breaching the unspoken limitations of the word 'friendship'.

John's expression is hard to read. "I thought you didn't like that. Or is that what you're trying to tell me? Not to do it again?"

Y.E.S.A.G.A.I.N, Sherlock taps and studies the wall next to the door, hoping it might make him appear casual. F.I.N.G.E.R.S., he adds, and embarrassment is probably burning his cheeks red, but he doesn't care as long as something lets him distance himself at least an inch from the pain.
John is quiet, probably frowning, and it's absolutely frightening not to know what's going through his head.

Sherlock finds himself scrambling for something to distract him, to legitimize his pathetic request, to camouflage it as something practical.

H.E.L.P.S.P.A.I.N., he eventually taps, hoping he isn't missing any of the letters due to his nervousness. That would probably alert John to the fact that Sherlock, too, has realized how delicate this moment is.

John needs to still think such things don't even occur to him, if he wants to avoid the risk of John throwing a hissy fit to reaffirm his robust heterosexuality.

A nearly wordless 'oh' of realisation escapes John's lips, and his expression drives Sherlock absolutely crazy because it's incredibly hard to interpret, and the pain is decimating his deductive abilities.

Does this cross boundaries? Has John recognised the baggage attached to his request, the connotations hidden in it? Or is it all just in Sherlock's head? He has never cared, nor has he ever been very good at identifying what it acceptable and what is not, socially. John often comments on his lack of modesty and social finesse. Does John sense his unease, recognise his conflicted feelings? Will John realise this might not be the only occasion in which he would enjoy and welcome such a touch?

Sherlock slowly returns his gaze to meet John's. What he sees there is not dismissal, not unease or judgment. It's a slight smile combining relief and acknowledgement. "Close your eyes. Try and get some sleep if you can," John says.

Soon, the gentle pressure of ten fingertips rake among Sherlock's curls again, this time more purposeful than tentative. They're tracing swirly patterns on his scalp.

It doesn't stop the pain, but it certainly makes it easier for Sherlock to distance himself from the worst of it.

Even through his closed eyelids, he can make out that the light in the room seems to be shifting from cold grey and whites to something warmer. It's now a bit like the light at home when the last rays of the setting sun are coming in from the sitting room windows, and John is making tea. Sherlock thinks he could almost smell it. For a moment, he can pretend he's there, lying on the sofa instead of a hospital bed.

The glorious respite is, however, short-lived, because eventually the pain spikes again.

Sherlock claws his way around his own mind as though he were fighting a strong current, finally managing to find the Mind Palace and seek shelter behind its barricaded doors.

Chapter End Notes

According to current guidelines IVIG and plasmapheresis are not recommended to be
combined. It was astoundingly difficult to find data on whether a second course of IVIG (or plasmapheresis) would be offered in the most severe cases, so you may chalk that one up to artistic license.

Isn’t it nice not having to wait for… Carrion (part 2).
Carrion (part 2)

Snow White is stitching up your circuit boards
Synapses slipping through the hidden door
- Florence Welch

The next twenty hours go by in a haze of painkillers, a brief sedation for a new head MRI because the headache turns out to be very persistent, and the irritating routines he is forced to endure.

The pain has lessened, but now every bit of skin still retaining some sort of sensory function feels irritated and over-sensitized. He can't concentrate on anything, and not a moment's peace has been allowed due to the constant influx of staff.

His parents visit, adding to the burden. Ushered in by Mycroft, they have clearly been coached well before entering. They don't seem overly affected by the fact that he's on the ventilator. Mummy is, as she always is, a commanding presence, not prone to bursting into tears. She finds solutions, she endures things. She wants to know everything; all the pertinent information about this illness. She likes to know how things work.

Mummy likes John. Sherlock can tell. She's curious about something, but expresses none of it out loud.

Father is always the more open one, the one who pats his shoulder and tells him to hang on. He's the one who shakes John's hand with a quiet thank-you when they're leaving, while Mummy conspires with Mycroft by the door. Mycroft is answering her questions keenly, looking as though being interviewed for the Telegraph. He likes to be useful and on top of things, but he keeps saying 'myocin' instead of 'myelin' and Sherlock wishes John would correct him. John seems to be too busy being circled around by Mummy like a mongoose being accosted by a matriarchal cobra.

Finally, the whole entourage of his family leaves.

When John starts nodding off in his chair, Sherlock taps G.O.O.D.N.I.G.H.T. pointedly on his palm.

John sits up, blinking and yawning and looking slightly awkward as though it is some sort of a crime to fall asleep in Sherlock's presence. At home it happens all the time. Here, it has somehow become the epitome of impolite. Another example of how people walk on eggshells around the sick.

"Yeah, I suppose you'd want to turn in. Quite a day, eh?" John asks.

Yes, it had been a day. Mostly a forgettable one. Taxing visitors, pointless procedures, the clocks' slow hand proving worthy of its name.

"I'm going to find Suzy and tell her I'm heading home." Suzy is the Ward Sister for the night shift this week. Sherlock wouldn't have bothered to learn the rota by heart if he had had something more useful to file away in the Mind Palace.
Before leaving, John entwines the fingers of the hand he's kept available for communication with Sherlock's, and gives it a little squeeze.

This is now a regular ritual for them, one Sherlock is quite fond of. As much as he wants everything to be over with, he wouldn't want to lose this. He'll have to, won't he, if he ever returns home?

During his better moments, he sometimes dares to hope that they could rip off the proverbial silver lining of this thundercloud, and bring it home by keeping some of these things that they now keep doing without having to acknowledge that these acts don't belong in the realm of friendship.

John steps out for a moment, carrying his parka, and when he returns, only sticks his head through the doorway. "Suzy'll send someone right up. Night."

Then he's gone.

Sherlock closes his eyes, enjoying the peace and quiet he hasn't had much of during the past twenty-four hours.

After a few minutes, he hears the door creak open and footsteps approaching. A woman, likely weighing less than 110 pounds, wearing rubber-bottomed shoes, probably something in the line of Birkenstocks. A nurse, obviously.

He blinks his eyes open when he hears something firm being slid under the hand with the still-functional little finger. The nurses don't do what John does - hold their hand underneath Sherlock's. While it's true the taps can be heard better on a hard surface, it's much less personal.

It's professional. Business-like. Under any other circumstances, he'd prefer such an approach, but this ridiculous illness is making him yearn for evidence that his tether from the world hasn't been completely cut. Touch helps with that, as long as it's on his terms. It also makes everything feel more real, instead of having to second-guess himself, testing things and deducing everything to ensure this is not a dream, that he's not been drugged and kidnapped. That he isn't dead and this is just his own personal iteration of hell. Sometimes he suspects even that for a second, even though the whole notion is preposterous. He doesn't believe in hell, but he's clearly in one.

Touch helps, but usually only if it's John.

"Evening, Mr Holmes," the nurse says quietly, failing to introduce herself.

O.U.T., he taps on the book placed under his palm and gives the nurse the most malicious glare he can muster.

The nurse writes down the dots and the dashes and takes an agonisingly long time to interpret the Morse code by using the chart John had taped to the edge of the nightstand.

"You want me to step outside for a moment? Sure," she says. She's young, eager and appears slightly intimidated by something - perhaps the situation as whole, having to care for a patient who can't even communicate and to sit with them in a private room, or perhaps she's heard stories of him.

John thinks he has a tendency to bully the nurses when hospitalised. The line between bullying and simply expressing his will seems to be thin indeed.

S.T.A.Y.O.U.T., he taps and then, again, he has to watch that clearly sluggish brain in action, trying to match her new notes with the Morse chart.

"I can't leave you alone, Mr Holmes. Usually patients are placed in bigger rooms where a nurse can
leave for while, whilst the other nurses can cover for her patient, but in a private room someone
needs to be present."

W.H.Y.

It's not like he could get a wire of the intubation tube dislodged. And don't these machines have all
sorts of fail safes in case of malfunction? Doesn't the hospital have a spare generator to compensate
for power outs?

He's had it with having strangers in this room. He can't think, he can't sleep with that intrusive, alien
presence, the pressure to acknowledge the other person. Even when he can't talk he still feels the
expectations hoisted upon him by the ridiculous rules of normal people.

He's tired. He's annoyed. He wants a moment's peace. Or John, alternatively, but John has left for the
night and he'll be annoyed if he gets called back in just for an argument.

John had stayed the first nights after the intubation but now things have calmed down, they'd found
some sort of a bearable way of existing in this place, and Sherlock had dismissed his concerns about
spending the night at 221B. John's shoulder had clearly taken a dislike to the mattress in this room, so
sleeping at home put him in much better spirits the following day, which naturally benefited both of
them. So home he went, as far as Sherlock was concerned.

"It's the rules, Mr Holmes, I'm sorry," she says.

O.U.T., he repeats and this time the nurse doesn't need the chart. She bites her lip, looking young
and small and apprehensive.

Then she makes a decision. "I'm going to call the doctor."

Sherlock rolls his eyes. Just what he needs, some idiot repeating the same mantra he's already heard,
only this time with a condescendingly superior tone.

She steps out for a moment, which isn't a relief at all, because soon she'll come in with
reinforcements.

Sherlock tries to enjoy the brief moment of peace and quiet, but his anger has not fizzled out yet.
This is nothing but an endless, fathomless exercise in patience, which he has very little of to start
with. John cringes whenever someone promises to call Sherlock later about a piece of information he
needs for a case, because invariably Sherlock will run out of patience fast and start calling the person
himself instead.

Why does it matter, if it gets him results? How is it even rude, sparing that person from the trouble of
placing that call? Granted, if the data isn't available he might repeat that call rather often, but still.

The door opens. Here we go, then. Time to put the patient in their place.

"Mr Holmes? I'm Matt Hill, on call for ITU tonight. There was an issue here, I understand? You
wished to be alone in the room?"

Y.E.S.

To his surprise, this doctor doesn't need the wall chart. He seems to pick up on Sherlock's surprise.
Every other idiot in this place have made good use of that piece of paper John had hung up.

"I know Morse. I used to play MI6 with my brother all the time when we were kids."
This reminds Sherlock of Mycroft, which doesn't cheer him up much.

"I'm afraid we need someone with you at all times. We do have remote access to the monitors at the nurses' station, but the ventilator doesn't have those remote alarms. Even if you can't move, there might be mucus plugging up the intubation tube or something else that we would want to spot immediately."

Won't the saturation drop if there's an issue with the ventilator?


Dr Hill seems to understand what he means. "You're a young man, so you'll have good reserves of oxygen now that you're on the vent. The saturation will only drop once that's gone, in which case we're going to be in a hurry to fix things, and it won't be pleasant for you."

I.A.C.C.E.P.T.R.I.S.K.

"You might, but I doubt Dr Watson would be as willing. Besides, we'd be opening ourselves up to litigation if something happened.

Can't have that now can we?"

He can decline anything he wants, can't he?


Dr Hill actually laughs a little. "We'd have to move you to a three-person room if you did, but that would still leave you with three nurses in that area to keep an eye on you. If this is about not being able to sleep, there's plenty we could---"

N.O.

"A no to what exactly?"

Every bloody thing.

Dr Hill lets out a breath. Sherlock would expect him to be already annoyed at this point, having probably had to interrupt some more medical task to come and argue with him over such a stupid, stupid detail. "Would you prefer a male nurse?" he asks, slightly hopeful.

The female nurse standing beside him looks slightly insulted.

N.O.

"Dr Watson has left word that he volunteers for night watch duty whenever needed. Is that something you'd prefer?"

John is not his damned safety blanket. He doesn't need this mollycoddling. What he needs is for everyone to leave him alone for five minutes. He doesn't care if he chokes on his own spit for an extra minute, it's not as though he hasn't already spent days doing just that.

John has just gone home. Of course he'd take John's company at a heartbeat, there's not a moment when it wouldn't be welcome, but right now he needs the illusion of having some sort of control of his life, even if just for a moment.

It feels good to be talking to a doctor without John acting as an interpreter. It's good to remind them
he's still him, still present, still in his right mind, despite all of John and Mycroft's assumptions that he'd inevitably break like glass at some point.

He's not an invalid. He is not helpless.

Dr Hill turns to the nurse. "Jen, is that system we used during when we were really understaffed still available?"

"You mean the webcam setup for the private rooms and the isolation rooms?"

"Yeah. We could set that up to show him and the vent, couldn't we? I'd still post someone outside the door, but that way we could watch the monitors from the nurses' station?"

Finally, a doctor as clever as John and as willing to accommodate what Sherlock wants instead of sticking to the rules like some mindless drone. He'd breathe a sigh of relief if he could.

It still feels like a sucker punch to realize he isn't breathing on his own. Something that so profoundly delineates between life a death - oxygen, delivered by the movement of chest muscles into the alveoli - isn't something he can do, now.

Maybe they're not so neurotic for wanting to keep a close eye on the vent. Maybe.

"Would that be acceptable? Someone outside the door where they can watch the room through the window, and remote monitoring with a camera system? It isn't what we usually do, but that would free up some resources so I don't think our Ward sister will mind."

"She won't," the nurse says in a sunny tone. Sherlock suspects she's relieved for no longer having to sit vigil behind his bed.

"Let's go set that up, then," Dr Hill says. "Goodnight, Mr Holmes."

Sherlock would have actually replied, but the doctor, with the nurse trailing behind, has already turned his back to him. Everything is so slow, now, and no one really has the patience to talk to him for any longer than they have to. Except for John, of course.

His eyes drift open. The darkness behind his eyelids turns into the greyish, foggy twilight of the hospital at night. The edges of the room seem frayed and distorted. He must still be half asleep.

It takes a moment to register that someone is standing beside the bed.

White coat. Doctor, in all likelihood.

The ITU physicians seem to prefer scrubs and they're never seen wearing long-sleeved, old fashioned white coats such as this.

This must be some outside expert called in from another unit to assess him.

Even though a visit in the middle of the night might mean a new development, Sherlock finds he's not all that interested. The late-night argument had managed to wear him out. It must be the early hours of the morning, and he needs more sleep.

The doctor is studying what looks like a chart attached to a clipboard, his back turned to Sherlock.
Blackish brown hair, whippet-like compact physique. Something about him appears familiar - he's probably been here before, but the parade of doctors during this stay has been so extensive that he can't be expected to remember them all.

He can't hear the ventilator. Maybe someone has made adjustments to it. Perhaps that borderline acceptable doctor that had been here last night.

The doctor taps a pen against the clipboard while he reads. It doesn't appear to be Morse - why would it be. The rhythm isn't very regular, and something about it is unsettling.

The doctor lets his hand fall, having finished his reading and turns to face him.

Sherlock's eyes widen in shock, and his heart leaps into a frantic staccato while he feels as though he's been plummeted into ice-cold water. The claws of panic curl into him, twisting his stomach.

"What are you still doing here?" Moriarty berates him with a disinterested tone. "You should be at the graveyard with all the other hopeless cases."

He tries to speak, tries to swallow, expecting to feel the intubation tube there, tries to cough it out but he can't feel anything below his neck. They must've used the lidocaine again.

He begins tapping his finger, desperate for someone, anyone to realize what's going on. They must have set up the camera system already, they must've noticed his heart rate spiking, someone needs to realize what's going on!

"H.E.L.P.," he taps.

"Really, Sherlock? Not 'hello Jim, nice to see you, how lovely for you to come and visit'. Nooo. Have you lost all sense of self-worth in the middle of all these lovely pastels?"

G.O.T.O.H.,

"That's slow, and it's boring, and you know it as well as I do. Let's see what we can do about it."

Moriarty grabs the end of his intubation tube. Wasn't it supposed to be taped into place and attached to the tubing running to the ventilator?

He'd been right. This is how he's going to be killed. Choking to death, while Moriarty, instead of some minion of his, watches on with that snooty, venomous glare.

John is going to kill that man with his bare hands.

Unceremoniously, Moriarty pulls out the tube.

Nothing happens. No alarms, no sense of choking whatsoever.

He isn't breathing, but it doesn't seem to matter.

"I'm still me. Not useless," he whispers. How is it that he can speak but not breathe?

"I beg to differ, and so do your doctors. Let's see," Moriarty says gleefully, and lifts up the chart again, flipping it around so that Sherlock can see. His name is one it, scribbled down with what looks like Mycroft's handwriting. On the line stating "consultant" it says Dr John H. Watson.

That can't be right, can it? He told John not to be his doctor. He must've teamed up with Mycroft after all, and look where their so-called good intentions have got him, now.
"Can't move, can't talk, can't breathe, can't even piss in a bottle on your own. I'm curious, Sherlock, as to what bits of you, you actually think are left? Unless they figure out how to plug your brain into a computer with a voice synthesizer, I certainly wouldn't hire you as a consulting detective," he says, pursing his lips and shaking his head in a dramatically saddened manner. "Good thing you don't charge for your services," he adds, "Looks like they wouldn't be worth much now."

Sherlock's eyes dart around the room. What the bloody hell is taking the staff so long to come to his rescue? Surely his blood pressure is through the roof and his pulse threatening to drive his heart into malfunctioning.

He can't show his fear, because Moriarty will surely skin him alive just to see more of it.

He can't afford to show it, but due to the monitors it must be plain for Moriarty to witness, like everything else about him he doesn't want others to see is now splayed out in the open.

The sound of rain begins again. There's water dripping down a wall, its meander strangely slow down the coarse concrete surface.

"Shame about the weather. You'll probably drown like a newborn calf. You remember where we last met, don't you? If I pushed you in that pool now, you wouldn't stand a chance, would you? The end of the great Sherlock Holmes," he bellows and then pauses for maximal dramatic effect.

"Although I think the greatness is now highly debatable," Moriarty then points out dryly, his gaze scanning Sherlock from head to toe.

The seductive edge to it that Sherlock had grown to expect since their encounter in the empty swimming pool hall is gone. In its place there is now condescending disinterest and more than a whiff of pity.

"You think John will stay, don't you?" Moriarty says mockingly, "it might be fun at first, him playing nursemaid, probably fill some of those fantasies of yours in the process, although he won't know it, will he? Because you won't tell him, you never will," he says in a singsong voice. "Such a cliché," he says and tuts, "I'm sure the boy scouts give out very special badges for not gay. They must have one, at least, for selfless servitude to bedridden sociopaths."

"This isn't forever, you know. Full recovery is very likely," Sherlock tells him defiantly. It's hard to be convincing when all that's moving are his lips and his now trembling little finger.

"Oh stop fooling yourself. You believe all that the doctors, including your precious John keep telling you? Do you honestly think he wouldn't lie to you? They all do. If your body can't be trusted then you can't be trusted, can't be left to your own devices. Mycroft knows this, you know this and I bet precious little John knows it, too. You don't know how to do any of this on your own. A tiny little fall, and it all cracks to pieces. Any cravings yet? I bet you'd love nothing better than a seven percent solution right now. Transport that mind someplace else. Someplace more interesting."

"What the hell do you want?" Sherlock demands. If Moriarty is here to kill him, wouldn't he already have proceeded to do that? Certainly the man has a propensity for melodrama, extended speeches and theatrics, but this just seems rather pointless.

Moriarty comes closer. His footsteps sound as though he's walking across a puddle. Wading, almost.

There's still water coming down the walls.

"You'll come around to my way of thinking eventually, and stop wishing for some fairy tale ending."
Accept that it's over, that there's no walking away from this, even if it doesn't kill you. In the meanwhile, I think I'll just leave these here,” Moriarty says, taps the metallic railing of the bed, and four ravens descend from the ceiling, taking up a perch at the foot of the bed.

The ravens are staring at him expectantly with their unsettlingly black eyes. It's quiet in the room, as though the air itself is waiting for something. When Sherlock reluctantly moves his gaze from the birds back to Moriarty, the man is gone. There's just a white coat on the floor.

One of the ravens shifts where it's sitting on top of the metal rail of the bed, tilting its head inquisitively.

"Go away," Sherlock rasps, wishing he could wave his hand to evict these harbingers.

More ravens fly in from somewhere - an air vent? An open window? What the hell is wrong with this place, letting birds wander around the premises?

They're walking on the floor, sitting on the back of John's chair and staring, staring at him like he's a delicious morsel to be devoured.

He closes his eyes, squeezes them shut.

He wakes up hours later, in a world where all the sounds are back to the way they should be, the intubation tube has rematerialized in his throat, and the room no longer looks like someone has smudged its edges. There's no water.

Everything is back to normal, except for one thing.

The ravens are still there.
Keeping up appearances

Chapter Notes

No double chapter this week, but I hope this longer one will keep you entertained until I get the next one whipped into shape.

I'm very grateful to our little coven of authors for their unwavering support and their snort-out-tea-from-nose level humour. My particular gratitude belongs to Emma221b and 7PercentSolution as always.

Lockedinjohnlock provided skilful additional assistance with typo-hunting and grammar compliance.

Dear BakerKeen: I suspect Sherlock will frustrate you in particular in this chapter. You can lead a consulting detective to water, but not force him to drink it... :) 

*The things you've shown me over the years:
the roads you blocked, and how you'll define me*
- Ane Brun

Sherlock has lost a day. He's never lost that much time before.

This morning he had woken up at around five a.m. disoriented, still thinking he'd been in one of his recently recurring dreams: kidnapped, locked into a dark basement. That had actually happened some time before he'd met John. Even though he hadn't been physically harmed to any significant extent, the incident had unsettled him more than he'd admitted to Lestrade who had come to his rescue hours later.

He had planned on walking home from the site where he'd been held captive, even though he hadn't really wanted to go there. That small, sparsely decorated flat he'd been leasing on Montague Street had never felt like a proper home to him.

It had been just a place to crash when there wasn't a case on. There was no one there except for the skull. No one who would ask if he were all right. Everyone assumed he always was. Unaffected, machine-like, walking away from every disaster like the heroes of those ridiculous action films John enjoys watching, unperturbed by the petrol-fuelled explosions filling the horizon behind them.

Walking out of the warehouse was the last thing remembered before finding himself in Hampstead Heath seven hours later.

Fugue, the medical establishment calls such things. A dissociative state of wandering.
He had wandered to Mycroft's door. His housekeeper had let him in and Mycroft himself had appeared hours later. There had been no discussion about his reasons for turning up without invitation - Mycroft had obviously deduced something from his mere appearance, and after tea and toast simply pointed him to a guest bedroom with crisp sheets. The consolation of it all had been thin, since even Mycroft's concern couldn't restrain the man's tendency to criticise the way in which Sherlock chose to conduct his life.

It's so different, now. When he's working minor cases on his own, he often finds he wants to wrap them up as quickly and spectacularly as he can, because most of all he wants to go home and tell John about them. He wants to see that look of open admiration, that warm smile of delight over the fact that he's come home and they can have a quiet night in.

John thinks he needs a constant barrage of adventure to avoid getting stir-crazy. This is not entirely true. He needs a case or John. Preferably both. He has spent countless hours on the sofa merely mulling over the presence of John in his usual chair and the fact that someone like that could possibly want to spend all this time with him and what does that even mean?

John had caught him once when he'd been practically staring at the man, lost in thought.

"Have I got gum in my hair or something?" John had asked, looking at Sherlock with a little more suspicion than normal.

"Just thinking," Sherlock had replied and flipped himself over on the sofa so he was facing the wall.

"Of what?"

"Axolotl skin venom."

"Right," John had said, like he always does when Sherlock's tangents are something he neither understands nor is interested in, but there had been an odd hint of a smile playing at the edge of his mouth that had stuck with Sherlock. It was yet another example of these strange, ambiguous things John does when it's just the two of them present. It's when the John of jumpers and tea and politeness steps briefly aside and allows a glimpse into something else, something Sherlock has never experienced properly. It's different from the way John treats his parade of girlfriends - with them he's as one would expect a confident heterosexual human male to behave. John seems very comfortable in that role, clearly he's had a lot of experience.

Is this how John would behave, were he to actually court a man? Would he ever do such a thing? He takes a proactive role with women, but would he be like that with a man? Would he lead, or follow? There's a distinct falseness to the show he puts on with women; it's clearly a learned act that John never seems to use with Sherlock.

This is all academic, of course. Sherlock recognizes that wishes might become beliefs if they are allowed to fester too long. Which is why he shouldn't think about these things at all.

All through the morning, nurses and doctors had been very meticulous in explaining to him the date and the fact that it's Thursday. This is understandable, since even the staff seem to be under the impression that he hasn't been entirely present in his own life during the last 24 hours.

He remembers images, like he sometimes remembers parts of a dream but not enough of it that the narrative would make any sense. He remembers Moriarty, then drowning - over and over again. Waking up in his bedroom where all the doors and windows had disappeared, thinking he'd been immured in there for some reason. He remembers being lifted, handcuffed, stabbed and the familiar feeling of freefall that being put under general anaesthesia has always initiated. That's all. The rest is
just moving shapes, unidentifiable sounds and pain.

He now suspects many of those memories hadn't been real. Some of them may have been distorted by sleep and drugs, completely innocent things twisted into nightmares by a brain knocked off balance by something. If Sherlock employs logic, then the most likely interpretation would be that he'd been kidnapped and tortured, but what would have been the point of such an endeavour if it had ended less than a day later, the culprits returning him to this bed as though nothing had happened? Not even Moriarty would bother with such nonsense.

The plasmapheresis has been started an hour ago. It doesn't bother him much. He feels tired and slightly light-headed, that's all. He should have pressed for this in the first place instead of the IVIG but how could he have known which one to pick, if even John hadn't been sure about it?

There's a large central line going into his right internal jugular vein. He suspects that if he were to turn his head, he'd feel the thick cannula under the skin shifting. A nurse had shown him a package of a similar one when he'd noticed it earlier this morning and asked about it. It looked like a white drinking straw.

He doesn't remember the line being inserted. It must've required a significant puncture of a vein. Had this been the stabbing he remembers? Shouldn't they have numbed the skin and the tissues below before doing such a thing?

It's highly annoying, trying to make sense of the currently muddled products of his memory banks.

He isn't very fond of opening his eyes at the moment. The lights feel bright and they aggravate the ghost of a headache still constricting his temples.

The door handle clicks, but whoever is operating it doesn't step in right away. Sherlock hears muffled voices, one of them John's. He must be with another visitor, having stopped by the door to finish saying something before entering, probably to conceal the message from Sherlock. Sherlock doesn't do things like that. He rarely conceals or censors what he's about to say based on who's present. It's hard for him to make sense of when it would be better to do so. Usually it only dawns on him afterwards when people are staring, and John is mouthing ‘bit not good’ at him.

"---not really on leave, since it's not a permanent position. I'm not going to take any shifts before, you know."

A female voice asks something, which Sherlock can't really make out, nor can he hear John's answer. The female accompanying John makes a faint, affirmative hum and the door opens, with just John's footsteps entering.

Sherlock keeps his eyes closed because listening to John puttering about in the room without knowing Sherlock is aware of what's happening is blissfully reminiscent of being back at home. Lying on the sofa or on his bed, he's often heard these same sorts of comforting ambient sounds - John walking around, putting things on tables, drinking tea. There's an intimacy in it he enjoys, his little secret of John not knowing he's observing, recording things in this memory for future reference during moments when John is absent and he feels lonely.

Just as he's about to announce his presence by opening his eyes, the door clicks opens again. Unmistakeable footsteps - small-size feet, somewhat shy entrance with a careful, slow closing of the door: the female voice he'd heard must've been Molly.

She's wearing heels, which she rarely does.
"You look sharp," John says. His tone is pleasant but it lacks his usual enthusiasm when interacting with women he finds good-looking. Then again, John has never expressed a romantic interest in Molly Hooper, although he does compliment her, probably to make up for what he sees as Sherlock putting her down on occasion.

"I've got an appearance at Coroner's Court at ten. I took the morning off so I could visit - haven't been able to this week because we've been snowed under with cases. Seven murders in three days."

*What*?! A potential serial killer on the loose and Sherlock doesn't get to involve himself? This is just plain *wrong*.

"It's some gang war," Molly explains, "They've got CCTV of the shooters but it's likely they didn't give the orders."

*Ah. Boring.* Sherlock has dealt with organized crime before. When there's a more intricate criminal plot in effect, such cases may provide some enjoyment, but they're hardly comparable to killers with truly interesting motives. Money and power won't hold his interest for long. As motives go, they're rather pedestrian.

There's a pause in conversation and Sherlock thinks it's likely Molly is giving him the once-over, having not visited him at the ITU before. She doesn't get emotional - she's gone through the same medical school training and the exhausting SHO phase that comes after as John has, and respirators and severe illness do not shock her. She's a pathologist, after all.

That doesn't mean she isn't *affected.* "How is he holding up?" she asks, sadness in her voice. Pity, too, but coming from Molly it doesn't feel as offensive as from everyone else. Molly is soft that way, the well of her empathy seemingly endless. Sherlock finds it intriguing that she had chosen pathology instead of clinical work with patients. Perhaps she'd tried it and it had proverbially sucked her dry? Young female doctors have high suicide rates, don't they? Perhaps she would have wanted to do more for her patients, to give them more attention than the barely functioning public health system allowed and she'd become disillusioned? Or maybe she simply really wanted to be a pathologist and everything else was just stereotypical thinking, which Sherlock himself was often victimized by.

Molly has strength she hides well. Tenacity. And she can be a force to be reckoned with when she gets mad; she'd once chased Sherlock out of the lab with a bloody broom. Literally.

"I don't know," John says exasperatedly. "He tells me some things but I'm pretty damned sure he's hiding some of the more important ones, and it's not just because it takes ages to say anything. I'm supposed to interpret everything he says and does, but half of the time I don't know if he's being honest with me. Even if he might be, it can be hard to tell if it's really him or something else talking *in him* - the drugs, this damned place----"

"What do you mean?" Molly asks.

Sherlock hears John walking to the other side of the room and running himself a glass of water from the tap in the corner. "Yesterday morning he started talking about ravens. He seemed really agitated and got frustrated when I couldn't understand."

"Ravens?"

"I had no idea what he was going on about, I thought I'd forgotten my Morse. Turns out he was seeing them, everywhere in the room."

Sherlock doesn't remember much about it, really, but it's unlikely John would make this up.
Maybe there had been ravens. He doesn't like to think about it. John hadn't believed him at first, which had been insulting - did the man not have eyes? Sherlock had merely wanted to alert John to the fact that a visit from animal control was clearly required.

"He thought there'd been one sitting at the foot of the bed. He didn't seem surprised at all, like it was all so bloody normal. I think he was insulted that I was being so sceptical, so he sulked for a few hours, which I thought wasn't all that abnormal. Then he basically just shut down. When he goes to the Mind Palace, he's quiet and sort of looks like he's in REM sleep, but this time he was just blank. Staring out into space. Like it was all too much for him. When we turned him at around noon he completely ---- panicked, I guess. Tachycardic, blood pressure through the roof - it tends to go up and down with the GBS but there was something else going on. He kept repeating the same things, mostly asking where he was. He was scheduled to have that central line for the plasmapheresis put in. They sedated him with something that didn't agree with him - Mycroft says some benzos make him hallucinate - they should add a note to his chart, really, although he wasn't sure which ones. It's just that he hadn't had any before the procedure so it doesn't explain what happened in the morning. When they were done with the cannulation he woke up faster than anyone would have thought, but he was completely out of it. Nothing he tried to say made any bloody sense. They gave him haloperidol, since Mycroft says it works better than risperidone, topped with midazolam and he slept for the rest of the day. No one called me during the night so I guess he slept on through that, too."

"I suppose cocaine and heroin don't build up a tolerance for haloperidol."

"Probably not. He actually woke up mid-cannulation - they keep underestimating how much sedative he needs, which isn't surprising."

That explains the dream of being stabbed by some madman in an unusually brightly lit mouldy basement. If they had planned to keep him heavily sedated throughout the procedure they may not have bothered with local anaesthetic.

John clears his throat. "They think it's psychotic delirium, but GBS doesn't usually affect the brain so, to me it sounds a bit like a blanket statement. If there are hallucinations, it might mean it's somehow progressed to encephalitis, or that they misdiagnosed the variant in the beginning."

"It's supposed to be AIDP, right?" Molly asks, using the abbreviation for the commonest form, acute inflammatory demyelinating polyneuropathy.

"More likely AMSAN at this point, since he's got widespread sensory loss. I've checked the literature - it's not usually associated with delirium symptoms. I fucking knew this would happen, that he'd go stir-crazy at some point, it doesn't need to be the GBS."

Sherlock doesn't think he's gone stir-crazy. He feels quite calm at the moment. It could be the haloperidol, of course, if they're still giving it to him. He had hated that stuff at Bethlem - it was effective in some ways - at least it had stopped the bugs from crawling - but it tended to slow his thinking down.

Why doesn't he remember any of what John is telling him? Surely, if he'd been merely sleep-deprived and hallucinating because of that, he should recall most of it afterwards?

This reminds him of the early days at Bethlem - not knowing what had been done to him, losing time, suddenly finding himself in places where he had no recollection of getting to.

"He's been on the vent for how long?" Molly asks, sounding as though she has a theory.

"Five days, I think? The days have sort of started blending into one another," John says and sighs.
"If they're blending together for you, how do you think it is for him? There's no proper circadian rhythm here, and not much else to keep him keep oriented to the rest of the world. He's been in hospital for a few weeks now? They're giving him sedatives for procedures and he can't move?"

"So?"

"It's textbook, John. One out of three ITU patients develop delirium. Especially the ones with certain risk factors such as sedatives, respirator treatment and a long stay."

Sherlock wants to tell Molly her theory is preposterous. He isn't *delirious*, at least not *now*. Whatever they'd given him for the procedure must've been the reason for whatever had happened - John must've simply messed up the timeline in his head. Maybe it had also somehow erased his memories of what had happened before the procedure - midazolam can erase memories produced before the drug was administered, can't it?

Sherlock decides to feign sleep for a moment longer - John would probably not disclose any of this to him voluntarily, and he wants to hear more.

"It can come and go,", Molly continues, "mostly it isn't any worse than nightmares and distorted memories, but my granddad, when he got his stroke, thought he was back in the war. Punched a nurse while on a vent. I was in my fourth year of uni and I read up on delirium then, which helped, because it was honestly pretty scary to watch."

"Most of the time he seems normal. Well not normal, normal, it's Sherlock, of course, and not normal like he would be if we were at home, but ---- as you'd expect, really."

"And how's that?"

"Demanding. Clever. Brilliant, even though he can't express much of it. Annoyed. Annoying. Why the hell does he have to fight every single thing that needs to be done as part of his care, every step of the way? He treats every bit of it as a personal insult, as though it's the nurses' fault that he's in here, or my fault that he can't even brush his own teeth. You know what he said to me when they asked if he wanted to stay under while he's on the vent?"

Molly hums inquisitively while straightening Sherlock's duvet and lifting it to cover his hands. Her fingers move over his, gently, giving a little squeeze on his thumb before she retreats.

"He said he wanted to be awake *with* me. Which will mean that what happened yesterday will probably happen again, because Lord knows, his moods are volatile at best when we're at home. He says he wants *me*, like I'm his personal entertainment system, or some sort of a slave--- Fuck, that's really not what I meant." John huffs in disbelief as though he's horrified at something he's said. "I can't believe I just said that," John says then, his voice muffled as though he's leaning his head on his hands.

Molly snorts. "I don't think that's what he meant, either."

"I want to be here, but it kills me, Molly. And when I go home I can't get a moment's peace because I should be here, because of what it must be like in *there*," John says pointedly. "I take a shower and it fucking hurts to think he can't. I don't want to eat because he can't and it's so unfair--- It's everything, Molly, everything at home keeps reminding me of this because he's got nothing!" John says, and his voice breaks.

"You haven't told him any of this, have you?" Molly asks quietly.

"God, no! Think of how much worse he'd feel if I started whining to him. He's the one having to go
"Are you sure that's for the best? If you're trying to pretend it's nothing, that everything's fine, is that going to encourage him to say that it's really not, from his perspective?"

"You'd be so much better at this," John says and judging by the sound, slumps down on his usual chair.

Molly chuckles. "No, I wouldn't," she says, and now she must be laughing at John's expression. "If he'd wanted some professional here who would always keep a straight face, do you think he would have specifically asked for you?"

"Why did he have to get it, of all people? Why not some idiot who sits on their arse all day anyway? Why the one who would be worst hit by this, out of all people? Fucking torture is what this is, and frankly I wouldn't be surprised if he'd gone mad days ago and I didn't even notice because judging by what you just said about the ravens, which I should have realized, I'm a shit doctor when it comes to him. You know what else he said? That he doesn't want me as his doctor. At all. That just proves he still knows what's best for him," John says bitterly.

"But still, he asked for you. Not his brother, not his parents. Not any of his other --- friends, Molly formulates charitably, as though Sherlock has the luxury of having many of those.

"He's used to me. We live together," John dismisses.

"You're important."

"So's he."

"Does he know that?" Molly coaxes. Sherlock wonders what she's trying to accomplish by such meddling.

"Shouldn't it be bloody obvious? I'm here, aren't I? Because I need to be. Because I want to be. Because how could I not be here, when it's him?" John says, the volume of his voice rising towards the end as he stands up from his chair.

His last word seemed to be laden with many things Sherlock can't quite put a finger on. He suddenly feels anxious, and a little guilty because he doesn't want to spring a trap on John like this. If John has something to say to him, he should be allowed to do so on his own terms. Of this, Sherlock finds himself feeling rather protective.

Or maybe his sudden nervousness isn't about John at all. Maybe he doesn't like to think about this, about the possibilities and the potential for full-on rejection, if he ever dared to challenge John about what he actually means by everything he never says but what, to Sherlock, appears written on John's face.

Sherlock has never felt like this about someone and he'd never thought he would. Sometimes what he sees on John's face lights a flicker of hope in him that he's not alone in this.

"John?" Molly asks, in a voice that she uses when she's realized something, "How did Mycroft know all that?"

"Know what?"

"We can assume he's seen Sherlock when he's been high, and a lot of users do benzos as well, but what about the Haldol? That's not something anyone would buy on the streets, is it? Or risperidone,
for that matter? Those are drugs used in psychiatric units. Why would Mycroft know what works and what doesn't?"

Clever Molly. Too clever. This line of inquiry is not on.

Sherlock needs to put a stop to this right now, before John has a chance to think on it and connect some dots.

John is estranged from his sister because of her self-destructive lifestyle. If John finds out how far Sherlock had gone once with his drug habit, would John walk away to preserve his sanity?

John seems to consider Sherlock a harmless, cartoonish sort of crazy. He says it out loud as an endearment because to John it's not real, it's not the sort of destructive thing that leads to pain and worry. *Mad, bonkers, nuts*, is what John calls him. Were John to face the fact that at least once, and at least in the eyes of the NHS, he has been certifiably crazy in a decidedly non-amusing manner, how would he react? The jokes would stop, that's for sure. Sherlock has never felt insulted by them - in a way, to him they normalise something he has spent a lot of time hiding, which is cathartic to some extent.

Sherlock has made his decision long ago that this particular Pandora's box is going to stay shut, and he hopes that Mycroft has enough sense not to spill the beans about 2007 to John.

Sometimes it feels as if everything is against Sherlock when it comes to hanging on to John. He's everything John isn't looking for - in some ways, the fact that he's a man might just be the cherry on the cake.

What John seems to want is cute, dumb and uncomplicated with a nice pair of breasts, and that's all John seems to see, really. Sherlock remembers a stakeout they'd had some months earlier. They'd tracked a suspect to a pub and had taken up a stall right next to him and his assumed business associate to eavesdrop. John had wandered to the counter to get them pints - Sherlock would naturally not drink his own, he never did, but it helped add verisimilitude to the rest of the clientele. It had hardly taken John more than five minutes to see to this task, but he'd returned carrying two pints and a napkin between his teeth, onto which the name 'Emily' and a mobile phone number had been scribbled. When Sherlock had glanced towards the counter, there was a thirtysomething blonde there who was turning back towards the counter.

Three continents Watson had struck again, successfully.

Sherlock is none of those continents. If anything, he's outer space, an inhospitable vacuum where nobody wants to go.

John had been grinning triumphantly and it had surprised Sherlock how affected he'd been by the situation. It couldn't have been anything but jealousy, the twisting in his innards and a sudden desire to stake his claim, to decimate the competition. An urgent, compulsive need to prove his ownership of John to the rest of the universe.

He doesn't have John, does he, because he's unlikely to be what John wants. A small part of him still wants to believe his chances aren't completely non-existent, but that is probably just a fool's hope.

The hand Sherlock has been dealt is ludicrously bad, but John still stays, against his better judgement.

If things are to stay that way, the first thing that needs to be done is to diffuse what's going on right now, to stop Molly cornering John about all of it.
Sherlock flutters open his eyes, putting on an act of having just woken up as best he can.

Molly looks as though she may have been about to reply to John but then Sherlock's gaze fixes on her and she looks almost startled. "Hi," she says tentatively.

John spins around so fast his hand hits the bed railing, slightly. It may have hurt.

Sherlock flutters his lids some more to appear still sleepy.

John parks himself in his usual chair again and eagerly arrangements their hands in their usual configuration. John's palm is very warm and slightly sweaty as though he'd been nervous. Unsurprising, considering how Molly had been pressing him to discuss something he clearly finds uncomfortable.

Disaster averted on several fronts.

"Morning," John says. "Molly's here." He introduces her as though worried that Sherlock might be so out of it, he wouldn't recognize her.

I.C., Sherlock replies.

John studies his face for a moment, probably trying to decide whether he's lucid or not. Whatever he finds when their eyes meet seems to put John at ease.

"I'm going to court today", Molly says, "It's that Bermondsey strangling case you solved three months ago, actually."

A highlight of the case had been when Anderson had tried to rule it as autoerotic asphyxiation, which Sherlock had disproven, ending his lecture by remarking that Anderson should try and keep his own fantasies separate from actual case data. John had shoved Anderson backward a bit because the man had looked as though he was quite prepared to lose his job over giving Sherlock a black eye.

John is now wearing a wicked smile - he must be remembering the same thing. Then he suddenly looks upset, as though he has realized something.

Perhaps if Sherlock had still been feigning sleep, John would have said out loud what he must be thinking - what both of them are now thinking - what if he stays like this, and all that remains of his work are such memories, which will invariably start tasting rather bitter?

Molly starts rambling on about the case. John seems interested - perhaps he's in the process of typing the case up. Sherlock tunes out the conversation, since he already knows all the pertinent facts, and he can't really participate in the discussion. Words such as 'chromatography' take such a long time to turn to Morse.

Mycroft has taken up an irritating habit of daily visits.

It had seemed to unsettle the man right from the start to witness the Morse code method in use instead of a more refined manner of communication. "He has always relied so much on words in keeping the world at bay, and since he was four he's always had far too many of them," Mycroft tells John with a deadpan expression, which Sherlock counters with a murderous glare.
"He needs something more advanced than Morse," Mycroft then announces in a disapproving tone, leaving John clearly somewhat dismayed at the insinuation that he is somehow responsible for not providing Sherlock with something more worthy.

The following morning the hospital receives a generous donation of three units of eye movement-based communications systems with embedded word prediction and speech synthesizer. One of them is earmarked for the ITU as per instructions of the donor, who goes by the initials MH.

It takes an hour to set up the system and it turns out that Sherlock's impatience and quick eye movements are not a good match for its algorithms, especially when it comes to the word prediction. His neurologist is wholly unimpressed by the question he tries to pose through the system, since it comes out as a demand that his asparagus be tinned immediately.

The speech synthesizer's voice is tinny and monotonic. Lestrade tells him he sounds like a Sat Nav, which earns the DI a very disapproving glare from John. As far as Sherlock is concerned, it's the last nail in the coffin when it comes to using the device. With the speech synthesizer turned off the system is not much quicker to use than the Morse, to which the staff seems to be getting accustomed and the new system doesn't allow him to alert others to the fact that he needs to communicate any better than the Morse does.

The fact that the system's design leaves a lot to be desired isn't the sole reason he refuses to have anything to do with it.

The worst thing about it is the way in which it reeks of permanence and adjustment.

It also makes him think about his hand on John's palm, and what it would be like to lose that now.

Morse it is and Morse it will be, no matter how Mycroft might feel about that.

The next day Sherlock realizes he needs a shower and a shave, desperately. Today - day nineteen - the pain is manageable, so he's getting preoccupied with appearances. Little victories in holding on to the slipping control over his life.

At home he showers at least once a day, relishing the feel of clean, crisp clothes on clean, soft skin. He loves baths.

Now, here, everything itches and it feels like a film of sickness is clinging to his skin.

Showering is a foregone pleasure. Too impractical, possibly downright dangerous, so John has kept stepping out into the hall while a nurse sorts him out with a washcloth once a day. It's a pale ghost of a proper wash. He tries to zone out during it. He's had a lot of practice trying to emulate an out-of-body experience lately. The ITU has a shower room designed for bedridden patients, but the thought of it makes Sherlock's skin crawl. He has enough dreams of drowning as is. Besides, using it isn't even possible as long as he requires the ventilator.

His mouth tastes like ashes because he can't eat or drink. If he's lucky he gets a thick cotton bud stuck in his mouth that tastes of tap water, wool and artificial lemon essence. He'll never eat lemon-flavoured sweets again. Ever.

His last shave had had been a haphazard one, carried out by one of the irritating young female nurses five days ago. He doesn't trust any of the staff enough to be able to relax during such chores, and that
last shave had left him with no less than four pieces of plaster stuck to small bleeding nicks.

Even John thinks that a shave is in order today. 'Unless you're really keeping the beard, that is,' he had joked.

Sherlock had never been able to grow a very symmetrical beard - his follicle distribution isn't even. He informs John of this.

"Finally, something you're not absolutely unfairly brilliant at," John had said and laughed. Then John actually volunteers for the job, which leaves Sherlock rather speechless.

He is forced to listen to a lengthy monologue of John’s, discussing the merits of having a man do it. There are male nurses, of course, but John has come to the conclusion that a consulting detective with plenty of enemies, both old and new, might not be amenable to letting a strange man near their carotid artery armed with a sharp object.

Sherlock does not offer a counterargument to John's proposition, besides pointing out that women can be assassins, too. He finds himself ever so slightly amused by the way John clearly needs to discuss this at length before doing it.

Sherlock has a hunch about why John may have made such a proposition.

At home, John sometimes watches him shave. It's one of the things they don't discuss. Ever.

Sherlock always opens the bathroom door after a shower to let the steam out. John lingers in the hallway. Their eyes meet through a reflection in the mirror, unflinching. John simply stands there in the hall, never saying anything, expression difficult to read, lips parted. Inquisitive?

Something about it has always struck Sherlock as deeply intimate in a way that is different from the other ways in which they share a life and a living space.

What John does is voluntary. Clearly, there's something about mundane activity that John likes witnessing. He doesn't stare, he does not appear aroused, merely curious. Once or twice would have been enough to quench that impulse, wouldn't it? Even for Sherlock, whom John himself has dubbed the world's nosiest man.

Something about John's lengthy explanation as to why there's nothing to it, really, 'it's sensible and the nurses are so busy anyway and it'll help pass the time, even', John argues and adds that he's bound to make a better job of it than someone who doesn't know Sherlock.

Surely any man with experience of facial hair would be as skilled as John in following the contours of his face? Or is John insinuating that he knows not only the man, but also his physical landscape so intimately that he'd be uniquely suited to the task?

This carries the assumption that John has mapped the contours of his face, committed them to memory, imagined them under his ministrations. Unexpected.

John's current overthinking is contagious. Had he simply said, 'I'll do it', there wouldn't have been a reason for either of them to want to dissect the whole issue like this.

In a way, if Sherlock says yes, it's about more than just this. It's about giving explicit consent to those moments of observing one another through the reflection in the mirror. A presence, a connection without pretence, for once not hiding behind roles and expectations of the normal parameters of a friendship between two men.
John is practically pacing and it takes a while to get him to notice Sherlock's impatient tapping of his finger on the mattress.

John mumbles a barrage of sorrys and sits in his usual chair, sliding his palm into where it now decidedly belongs, underneath Sherlock's hand.

It would be easier to be nonchalant, to say it doesn't matter, that he doesn't care who does these things to him. John will likely be present during the proceedings anyway and thus he can easily protect Sherlock from clots and assassins.

Sherlock realizes he needs to send a signal of approval. He needs to say yes, because if he doesn't, he suspects their odd little ritual in the flat will fall by the wayside and that thought is so sad, it twists his stomach.

He'd miss it. He'd miss it and it would feel exactly like the moments when John stops holding his hand after suturing a wound, stops running his fingers through his hair to get rid of concrete dust after an explosion, the moment when John lets his arms drop after wrapping them around him on the pretence of hypothermia or relief that Sherlock had missed being stabbed by an inch.

He'd miss it like he misses John every night.

This is their strange little dance - stolen glances and pitiful excuses for touches.

He makes his choice.

I.P.R.E.F.E.R.U., he taps.

John's smile is a wary one, which is surprising, considering his eagerness just now. Push has come to shove?

Five minutes later, John performs the task with military precision and the neutral touch of a doctor. He doesn't hurry, but he doesn't dawdle either, which is a shame because the feel of John's hands on his face are making Sherlock appreciate slowness in an unprecedented way.

He watches John's hands, memorizing the slightly callused fingertips, the crisscrossing skin lines on his palms, making a note of the asymmetrical nailbeds, the short-trimmed nails, the delicately visible indentations in the bones of his knuckles, the soft, plump cushions of his thenars - more developed than average probably owing to once having been a surgeon and a soldier. He imagines reading John's life story in all the indents, tiny scars and creases like charlatans read palms. And he tries not to imagine the other things those hands could do to him.

At one point, John seems to notice his preoccupation, and turns his hand slowly so that his palms are facing the ceiling, holding the razor between his thumb and his forefinger. "I can't even begin to imagine how bored you are if I'm suddenly this interesting," John says with a chuckle.

John begins reading to Sherlock, a John Le Carré novel he'd picked up at the library. He had gone through the pile of books Mycroft had brought, but decided that reading aloud a tome such as 'Advances in Forensic Applications of Mass Spectrometry' wouldn't be half as much fun as a spy novel.

Sherlock thinks the plot childish and the characters flat, but he would gladly listen to the phone
directory if it were John's voice reading it.
My eternal gratitude goes to Emma221b, 7PercentSolution, Locky and, in some upcoming chapters, a very special undercover consultant for moulding this clay with me.

And I draw a line
To your heart today
To your heart from mine
A line to keep us safe
- PJ Harvey

Sherlock refuses to allow further visits from his parents.

Their worry will not assist him in any way. They will hover, meddle and treat him like a child. He gets enough of that from the medical establishment.

Mycroft clearly disapproves of this decision; Sherlock is certain he's been discussing it with John.

Still, at least in this matter, Sherlock has absolute jurisdiction over himself.

"If your child were in the hospital, you'd want to be there, wouldn't you?" John asks, arms crossed as he leans on the doorframe after Mycroft has left the room. The point is moot - Sherlock is hardly going to ever procreate.

Does John want children? Do most men? There's another thing Sherlock could never give him - the latest entry in a long and depressing list.


He says this, because the parents are going to want to see him if it becomes clear that this is it; this is how the rest of his life will be spent. Seeing him will be a Sunday chore, something to get over and done with between lazy tea and scones with the better jam, and a roast dinner. When people visit him, they're going to leave with a relieved smile, having placated their own guilt for all the things they have and he doesn't. They'll also be relieved, because now they will get a few days' relief: it'll be a week before that guilt needs to be dusted off for the next visit.

Is that what it's going to be for John, too, if he never gets better? Will John act the part of a widower, before anyone has even died, or will he have the sense to move on and find someone who might actually be willing and anatomically able to provide everything that John would want in a healthy, sane, normal, romantic partnership?

John disapproves of practically everything he's saying today. Sherlock wonders which of them is in a mood.
"What are you saying? You're going to get better. We know what this is. We know from research that this autoimmune reaction usually burns itself out within two months."

M.E.D.I.C---

"'Medicine is a guessing game for idiots who don't have the brains for real science and need step-by-step instructions to do their jobs?" John quotes him and sighs. "Considering how much you're currently benefiting from said idiocy, you should give it a bit more credit."

N.O.T.M.E.A.N.U.

Embarrassingly, Sherlock has had to economise on grammar lately. Morse is so slow.

"I know you don't." John pats his hand and picks up a newspaper. "Want me to read you the crime bits?"

By the beginning of Sherlock's third week on the respirator, he would have liked to think he'd already experienced the worst of the humiliations being hospitalized can possibly offer. Since he has lived here for weeks now, it seems like a reasonable assumption that embarrassment would have diluted to practically nothing by now.

He is wrong.

One morning, John walks in before he has willed away his morning erection. It's more persistent that it has ever been, which likely has something to do with what's ailing him. It's a physiological function governed by the parasympathetic nervous subsystem, which has been acting up as part of the GBS.

What a vicious circle: it makes his thoughts move onto certain entertaining rails involving a certain army doctor, but those thoughts make the problem worse, when the only socially acceptable option would be to snuff out the whole thing like a candle.

In the privacy of their home, Sherlock usually ignores such issues presented by the Transport. On occasion he might do something about it in a business-like fashion, sorting the issue with precision and speed so that he can get on with more important things. He does not indulge in long shower sessions like John, emerging afterwards all pink and slightly awkward and shivering, since the hot water had run out way before John had finished thinking whatever had been the fodder of his masturbatory fantasies that time.

John has sex on occasion. Sherlock shams being completely disinterested in the concept of John having sex. This is how it works and how peace and balance are maintained.

When John walks up to the bed he clearly notices - how could he not - but he says nothing, simply averting his eyes.

At the edge of his visual field Sherlock can see John's eyes sliding over to a crocheted blanket on a side table - one Mrs Hudson had brought in. Sherlock finds this curious - is John contemplating picking it up, to provide him with a little more to cover his predicament, but is hesitant that this might draw attention to the fact that John has, in fact, noticed it?
Sherlock taps his little finger on the mattress as urgently as he can. John slides his palm under his hand.


John sighs, relief practically flowing down his shoulders. "I know," he says gently, "autonomic dysfunction," he confirms and it sounds like a promise. "Or it might be you catching the Nightingale Syndrome," John adds with his lip quirked up. Then he suddenly blanches - perhaps he has realised that the comment could be referring to himself, too, and not just the hospital staff.

John had brought a coffee with him, and he busies himself with it for a moment, removing his hand from underneath Sherlock's to pry the cardboard ring off from around the disposable cup. "You do know that's something that's completely normal in thirty-something blokes, GBS or no GBS?" he asks with a lopsided smile, "nothing to be embarrassed about."

Why does John feel the need to say this? **You do know that sex exists, that it happens, that you'd be capable of it?**

Sherlock closes his eyes and wills the biblical plagues to decimate humankind so that he can get out of this non-discussion. Is this another thing he has to put up with, now? John's nervous, unamusing, witless humour had been fine when its subject matter had been strictly the illness, but this? This isn't even humour, this is--- it crosses a line. A line he'd be very willing to cross in very different circumstances. Not like this, when he's incapacitated. Not with words, especially when only one of them has any.

"Right, sorry, yeah, that was a bit, yeah, inappropriate," John says sheepishly after probably realising Sherlock is not keen on entertaining this conversational subject.

Sherlock keeps his eyes shut.

A hand slides underneath his again, enclosing his palm inside it.

John's palm is slightly sweaty. "I'm an idiot. Sorry. I really am, like you always tell me. I didn't mean to make you uncomfortable."

John is practically begging for his forgiveness.

It makes Sherlock feel like a villain.

There's something about seeing John nervous, worried, sad or regretful that makes him feel like a trapdoor has been sprung underneath him. There's an urgency to fix it, because that's not how the world is supposed to be: John is supposed to be the safe zone in which Sherlock is allowed to act out everything that confuses and bothers him, to let those bothersome feelings take the reins when things get too much. John is the wall he leans on, the wall on which he takes out his frustrations, a wall that should not crumble because what is he to do if it does? There will be no fixed point, no permanence, no safety in his life. There will be nothing but him, Moriarty and an endless tightrope stretching from here to infinity, from which he could plummet into darkness at any point. John is not supposed to be the one needing comfort or reassurances or support, because Sherlock has no idea how to provide those things. This should have been clear right from day one.

It's strange. He doesn't usually pay much attention to the emotions of others, since he has enough on his plate to deal with of his own, but John has always been the exception.

In Dartmoor, John hadn't left, he hadn't given him even a complete cold shoulder, but he'd been angry with Sherlock. Even that had been enough to ruin his concentration. He couldn't think,
because all attempts at case analysis had turned to analysis of John's every move and word and what it could possibly have been that Sherlock had done wrong.

Is this pathological co-dependency? Has he somehow become attuned to John in a way that exposes him in what must be a risky manner? All his life, he has been accused of lacking empathy; of being selfish, rude, uncaring and in want of human decency. Why does seeing John upset pierce his armour as though it weren't even there?

"I know this is an absolutely shitty gig and I'm not helping, am I?" John asks rhetorically.

Sherlock opens his eyes.

He'll take the rubbish humour as long as John is there. He'll take anything, as long as he's not cast adrift without this man.

Y.E.S.U.A.R.E.

The frustration drains from John's face.

A.L.W.A.Y.S, Sherlock adds.

John looks surprised, and Sherlock is again reminded of their recent argument in Dartmoor. John had warned him about not overdoing the praise bit, when placating others.

Judging by John's current expression, he has done something right this time.

The subject of a tracheostomy is brought up by the ITU's chief consultant. "It appears likely that you will continue to require ventilatory support for what could be weeks, and this is assuming we see a turn for the better soon. If we leave the endotracheal tube in, you could risk vocal cord damage and tracheal stricture."

Sherlock's ghastly uncle had had some type of cancer in his throat, requiring extensive surgery and a tracheostomy. As a child Sherlock had been frightened of visiting the man: his voice had been a strange, hoarse whisper produced by covering up a hole in the plastic tracheostomy cannula, and there was always a disturbing, gurgling sound coming from it. Thick, stringy mucus often hung from the hole.

Sherlock can't place himself in that image. He just can't, despite his very vivid imagination. That notion belongs in a universe of frailty, of illness and old age and permanence. A world he refuses to even consider residing in.

This is already hell. Hell is not quantifiable. This will not be less of one, if he consents to a tracheostomy, or more of one if he doesn't. If he ends up requiring extended intubation, he'll likely have bigger problems than vocal cord scarring to worry about in the near future.

The idea of the tracheostomy disturbs him more than it should, but his emotions have never been something he's been very in touch with. Usually he just buries them under the floorboards of the Palace, but lately they've been raging quite unchecked. He knows this decision he has clearly already made, is not one based on cold, hard facts. He's not being rational. The delight of getting to decide
for himself, instead of being told off, is too irresistible to ignore. The fear associated with the memories this suggestion brings to mind are also doing nothing to change his mind.

He's going to do as he pleases, instead of what would be sensible.

"What do you think?" John asks.

N.O.

"You just heard the risks. Which part of it didn't you understand?" John asks, unable to keep irritation out of his voice.

Sherlock doesn't dignify that with an answer.

John grunts with frustration. "You know there are speech valves available for tracheostomies, quite fancy ones even?"

Not that they'd actually give Sherlock such a contraption at this stage - as the anaesthetist had just explained, the tracheostomy would need to heal first. He'd also need to be able to produce some airflow himself to make proper use of such a cannula. What is more, as far as Sherlock knows, most such valves require the patient to cover the tracheostomy with something while speaking, which in his case is, of course, impossible at the moment.

"I'd hate for you to lose that voice," John says. "Will you agree to at least reconsider in a few days?"

N.O.

"A week, then? Please, Sherlock."

M.A.Y.B.E., he relents just so that he can get John off his back.

"On your head, be it, then," John says resignedly.

In Sherlock's opinion it's actually quite a lovely thing to say.

It's day twenty-eighth and there's no end in sight.

John has gone home. He has left seven minutes ago. There are approximately 549 minutes left before he'll return.

Five hundred and forty-nine fucking minutes.

That's assuming John doesn't sit down at a cafe to get breakfast, that he takes it to go.

That's assuming John doesn't have to wait for an emptier tube car.

That's assuming John doesn't have errands to run in the morning before returning to the hospital.

That's assuming a lot of things.

All of a sudden, the fact that he doesn't know precisely when to expect John back becomes too
much. Fury washes over him, but it's not the proactive fury of someone hell bent on doing something to fix the situation. Instead it's the desperate frustration of a prisoner in an oubliette, uselessly kicking the unrelenting stone walls and screaming their voice hoarse, but still no one comes to their aid.

This room is his entire universe. The rest of the world might as well not exist. He imagines a void outside the door, a parallel existence where everyone and everything disappears into thin air when they pass through that doorway, only to materialise again when they are due to return to him.

Imagining that nothing exists beyond these walls is frighteningly easy.

Sherlock has never known the difference between too much imagination and insanity. He suspects he suffers from a little bit of both.

The long hand of the clock on the wall above the door jerks forward. Watching it is like Chinese water torture. Waiting for those jerks, expecting them, experiencing a pitifully small exhilaration every time it happens only to then return to the seemingly endless wait before the next sign that the world hasn't stopped turning, that morning will come.

The only occasions during which time has moved this slowly have been when John has been in danger or injured.

When he is distracted by cases, days practically fly by. Now he has trouble negotiating his way through mere minutes. Oh, how many seconds, minutes and hours have passed in his life without him properly appreciating the speed with which they had seemed to be gone.

Maybe this is Sherlock's punishment for wasting so much time. 'You're about to grow roots into that sofa, you know,' is the sort of thing John says to him sometimes, followed by 'have you even moved while I was at work?'

He does notice when John isn't there. It's like a hole has been punched in his existence.

How could he possibly miss someone who had left mere minutes ago? And how could it hurt this much, like a thumbscrew applied to the heart?

Sherlock might not be able to produce expression, but there's nothing wrong with his tear ducts. He's shaking now; something akin to panic, but clearly more resigned and desperate is taking over and he can't control it anymore, can't will it to go away. Anger has always helped, and he has plenty of it left, but no way which to express it, and no one here to direct it at.

Whether this is another physical manifestation of this wretched illness, or a nervous breakdown, he can't tell - all he knows is that he can't get it to stop. The now inevitable flow of tears tickles as it trickles down to his ears. He can't wipe it off, and as it reaches the opening of his ear canals there's a popping sound as it blocks normal conduction.

A sound escapes his throat which he shouldn't even be able to make. It's an unholy alliance of a sob and a cough, watery and weak. A wave of nausea hits.

He feels as though he's sinking into the mattress and then through it towards the core of the Earth, weak and frail and pathetic and alone and lost.

He blinks fervently, and the tears sticking to his eyelashes give the dim light in the room a kaleidoscope effect. It blurs his vision so much he almost misses the sight of the door opening.

"Forgot my coat," John says as he strides in, arm outstretched already because he must have had a clear memory of leaving it on the back of the chair.
Sherlock would have held his breath, were he in control of such bodily functions. He would have held his breath, kept absolutely still and hoped that John would think he was asleep.

John grabs his coat, turns to leave, but he must've glanced towards the bed because he comes to a grinding halt. "Jesus," he gasps, "What's wrong? Sherlock, what's wrong?"

There are now even more tears Sherlock can't hide, a veritable flood of them as though a dam had burst. His head is pounding with his heartbeat.

This is terrible, this is not how he's supposed to behave, it's not decent, John think him weak and childish, surely.

Any minute now John is going to say something that proves that he'll never be able to take Sherlock seriously again, so he tries to mentally prepare himself to experience that full onslaught of mortification.

It never comes.

Instead, John lays a warm palm on his cheek and turn his head slightly so they're facing each other. His other hand slides under Sherlock's, as always.

A.U.T.---- Sherlock starts tapping.

"No. No it's not bloody autonomic dysfunction, I know you're upset. Really upset. Just tell me. Please," John pleads.

Maybe he's been upset for days now, and this is just a sign that his limited amount of energy has run out and he can't contain the damage anymore. It's hard to make sense of emotions, when one can't exorcise them by acting them out. Apparently they find alternative routes to break out of confinement.

He's been stripped of every damned shred of his autonomy and dignity. The option not to say things he doesn't want known is all he has left, but even that seems now to be crumbling when John is looking at him like that and all he can think about is don't go, I can't do another minute of this.

"Does it hurt? Do you want something for it?"

Everything hurts, and Sherlock doesn't know anymore where his body ends and his minds starts or vice versa, and it all hurts. He can't feel the edges of his body, doesn't really know where thin air ends and he begins. The pain lingers even in those parts of him that have lost other senses, mocking him like a phantom limb.

He's petrified. It's a good word. Paralysed, frozen in place, frightened, incapable of escape or action.

So far, he has kept going by holding on to the thought that tomorrow it might be better, that the tide may have turned. Now, even one more minute is more than he can imagine being able to handle.

S.T.A.Y., he blinks painstakingly, since their hands are no longer touching.

John seems to understand, and he descends back into his usual chair. He takes Sherlock's hand, pressing it between his own palms and then crossing their fingers and squeezing. John's coat slithers to the floor, which he doesn't even seem to notice.

Suddenly, John's hands, which have been kneading his fingers in a manner that's strangely calming, pause. Colour has drained from his face - or maybe it hadn't even returned after he'd come back to
the room. "Sherlock," he says with a serious voice, "Please tell me it hasn't been like this in the evenings when I've gone home. You know we can always get a nurse to sit with you in the room. And Molly's promised she can come by whenever you want. Mycroft's just a phone call away. We're here. We're all here."

N.O.

"What do you mean, 'no'?"

N.O.T.T.H.E.M., he taps with his little finger on John's thumb. Y.O.U.

"I told you I'd take this up again if need be: do you want to reconsider what you decided about sedation? We could put you under for the nights at least."

Y.E.S.

"Yes you remember or yes, you'd want that? I'm sure I could find the anaesthetist on call, it seemed like a quiet night when I was going out."

N.O.

"You don't want it after all?"

W.A.N.T.

John spreads his arms in frustration. "Yes or no? Or you can't decide?"


John studies his eyes, now slightly less watery, and something shifts in the man's gaze. Softens, deepens.

Understands.

"Yeah, of course I'll stay. They can probably get me that horrible mattress again."

John leans his elbows on the bed, enclosing Sherlock's hand between his palms, leaning his chin on their joined hands.

Sherlock realizes that John has become much more liberal with all sorts of touches lately. Curls get brushed off his face with a finger, a hand may linger on his shoulder or touch his forehead under the pretence of checking for fever when there clearly isn't any.

It's as though illness has offered them an alternate reality in which the normal rules of decency and acceptable social conduct don't apply.

Sherlock has wondered if John thinks about this, if he's as aware of this shift as Sherlock is.

Does it feel safer, less awkward for them to be touching now that Sherlock can't reciprocate?

John is calling the shots, drawing the lines. Is this an experiment of where John's boundaries are? Or does John genuinely forget himself when he walks into the room?

Or is illness the pretence behind which John hides the fact that this is how he'd like them to be when they're together?
Experiment or wish fulfilment? A pity-driven favour he imagines Sherlock wants?

Their hands remain joined for what seems like hours, since John wants to give him a chance to get his attention immediately when he has something to say - blinking doesn't attract the attention of someone who isn't looking in that direction.

"I'm staying. You don't have to worry. I'm staying. Whatever you need."

John brings in a veritable stockpile of murder-mystery novels from the library. Like the spy novel they've already finished, they're simplistic, predictable and boring. Sherlock does, to some extent, enjoy seeing how fast he can solve the crime and how profound levels of idiocy the authors are stooping to in order to prolong the story so that even the dimmest of readers eventually catch on.

There's little joy in finding a solution to the puzzle, because now he can't really share with anyone the explanation of how he'd come to that particular conclusion. Genius clearly requires not only an audience, but actual *words*.

Medical students could practice resuscitation on him. He's like a living version of a simulation mannequin, ready to be saved over and over again by a blow of air into his lungs. Never flinching, never moving. They could break his ribs and he wouldn't even be able to call out in pain. He'd feel it - all of it, and no one would know unless they deduced something from a spiking heart rate or elevated blood pressure.

They give him paracetamol and mild doses of tramadol and oxycodone for the shifting, churning pain that seems to change form daily. It's all useless. John has shared his substance abuse history with the staff, of that he's sure. They still fumble around with doses that have no effect on his back pain or his headache.

Since he can't communicate about the pain in much detail, the doctors only have a limited supply of clues to assess his pain levels. All they have to deduce things from, besides his brief and simplistic communications with John, are his vital signs and his general visage. They always seem to end up with a theory that the illness is messing with the regulation of circulation and that he seems calm enough not to be in *that* much agony. This is probably what those delusional idiots who think they have been abducted by aliens feel like. Lying on a bed, unable to move, white figures surrounding them, staring down and thinking they know everything. John scowls at them.

John isn't allowed to make treatment decisions. He had opted out with Mycroft's blessing after deciding with the neurologists that clearly Sherlock was still in his right mind so no stand-in was needed to make decisions. "I'm not a neurologist, and the GMC would have a problem with it if, I started interfering now," John had explained to Sherlock. John still listens in to all the rounds and corrects his colleagues promptly when they remember something wrong about Sherlock.

Everyone keeps telling him to hold on, because all this will pass.

Sherlock has never operated on patience or optimism.
All of those well-wishers, John included, are welcome to swap places with him, see how much consolation the fact this it might only last weeks, offers, when one feels like they're lying on a red-hot branding iron. His nerves, having lost the obedient recipients of their messages, are misfiring like a man lost at sea calling out for someone, anyone. The fact that he can't change his position when some part of him gets achy and stiff means that his whole body must have turned to a muscle knot he can't even feel but which keeps giving him pounding headaches.

In the early days of this hospital stay he'd made good use of the Mind Palace - in there, he could play his violin, rearrange the rooms and move as effortlessly as he did before this travesty had begun. When the symptoms progressed, the Palace began to feel more distant, more uninviting as he struggled to maintain control over his life. Never had he realized how much sensation and the ability to move defined one's grasp of reality. When those had begun to fade, his illustrious mental constructs started to feel almost too tempting. A fear of not finding his way back from there had crept in. It was probably just claustrophobic paranoia, but he preferred not to seek out that feeling again until he had regained better mastery of the Transport.

What is more, there's the pain that messes up his concentration - something that is imperative to using the Palace.

Sherlock doesn't try to communicate with anyone but John. Since he's unable to compete with doctors with functioning vocal cords, it would be pointless and frustrating to try and argue with them. Besides, the doctors always seem to be in a hurry to get their breaks, to finish the rounds, to go elsewhere. They're bored by the slow progress of his case, now that the scientific novelty of it has worn off. Sherlock can't blame them - he'd be bored, too, if his job consisted of watching over patients such as himself.

Patients that are like brains in jars. Insects in amber.

This bed is his breaking wheel, his rack, his Iron Maiden.

The neurological ITU is full of people whose transports have failed them. People with bodies that have stopped fulfilling their share of the deal: transport and protect, and you'll be given the benefit and protection of intellect. The unluckiest of the lot are patients like him - those aware of what is going on, deprived of the bliss of stupor and coma.

Sherlock has always punished his body for not being his brain, forcing its needs to play second fiddle when more intellectual pastimes are at hand. Is this revenge for it?

In a way, he welcomes the pain. It's the only thing that connects those parts of his body to his mind which have shut down. Pain is a screeching alarm that something is wrong. It jolts him from the apathy, reminds him that this is not the new normal, but a transient state of emergency. Pain is a promise that something still works the way it's supposed to.

Psychiatry and neurology used to be together, a single entity, a unified specialty, before science had decided to split mind and body like they had split the atom. Had they been wiser before than they are now?
Perseverance

Chapter Notes

My dear, clever, lovely readers: welcome to rock bottom.

You may find the light of catharsis distant and dim at this point, but don't lose heart. Cataclysmic things of many different kinds are due soon.

Thankyous are very much due. Emma221b helps me keep it real, 7PercentSolution is 7PercentSolution, Locky pummelled my commas into submission, and a very special undercover consultant was a great help with this chapter in particular. Also, The Moss Stomper still hasn't fed me to a rancor. You are all loved to bits, I tell you.

See the end of the chapter for more notes.

I'm living in an age
That calls darkness light
Though my language is dead
Still the shapes fill my head
- Arcade Fire

Day thirty-four after he had fallen ill.

It's gone. It's all gone.

As of this morning, even his little finger has been lifeless.

Unmoving, unfeeling fingers, all of them. Corpse fingers.

This leaves just his eyes to say what he needs to, and not even that is very effective in conveying messages.

Today he doesn't feel like opening them, acknowledging the rest of the world or interacting with it. He can keep his eyes open, but Morse code is now almost impossible to execute, even with blinking. It takes him too many seconds to move his lids to even manage a couple of letters.

The nurses have forgotten to bring up the head of the bed, so he's been staring at the ceiling for hours. It's painted in the ubiquitous, boring, unsightly yellowish white that's everywhere in hospitals and apartments decorated in Scandinavian style. There are hundreds of shades of white, from ghost white to ivory to seashell to cream, so what sort of an utter imbecile had decided that this dirty-looking yellow abomination is that standard? He'd google it, yes he would, if he only could.

There's no pain today, but there is little joy to glean from the fact. It means there's nothing to delineate between his body and the stagnant air in the room.
He feels like a wraith, and he could almost imagine being able to move around as though he were made of vapour himself, no longer tied to a body that refuses to submit to his command.

Once, he would have been delighted at such a thought - being liberated from the pointless demands of the Transport. He had had no idea how this would feel - as though teetering at the edge of some vast darkness, the ropes holding him on this familiar plane of existence already burning and snapping.

If this is it, if this is how he'll remain until the rest of his days, he's going to spend it in the Mind Palace, where he can still touch and be touched, where he still has a life other than one spent in an inevitably disintegrating, desiccating body; a place where he can still be with John, in whatever capacity he wants. John is still what tethers him to this reality, but unless something changes for the better, he might start preferring the imagined version of their lives.

His body needs his mind as much as his mind needs his body. This painful realization has come at a cost. He has never known how to negotiate that connection between the physical and what goes on in his brain, and now he has probably lost the opportunity to learn that lesson altogether.

If he never improves, and the Palace proves an ineffective solution, there will have to be decisions made. This is not how he's going to spend the next sixty years.

They are not the sorts of decisions that John could, in all likelihood ever discuss. Sherlock knows he could rely on Mycroft. The man excels at unflinchingly making terrifying moves. The flinching happens, but only much later. Sherlock regrets putting nothing about this on his advanced directive. It would be a difficult thing to communicate in the state he's in but on the other hand, he's quite certain the question of whether he wants to live like this would cross Mycroft's mind at some point, too. The solution would likely entail some clinic in Switzerland, with physicians of flexible morals, since Swiss law requires active participation by the patient to call it legalized assisted suicide.

Or maybe he should have planned ahead, and hired a member of the homeless network to do it with a pillow. Much cheaper.

John is in a bad mood. Sherlock is not in a mood of any kind, really.

John has already tried every trick, every possible pastime at their disposal to try and coax Sherlock to open his eyes and to engage.

That was a word they'd loved at Bethlem Royal. 'Patient does not engage with staff in a meaningful way.' Shouldn't it have been the patient who decided what was meaningful or not? Discussing the weather, sports scores or the side effects of drugs forced on him were hardly that. He did none of those things when he was sober and fine, so how could they be a measure of fine at any occasion?

He doesn't want to engage. He only wants to observe seconds ticking by towards an unknown future. He wants the wait to be over.

He refuses to linger in memories of days past, even though the Palace is full of them. He'll only start doing that if it turns out that this is the state in which he's going to remain.

"Sherlock," John tries again. "I know you're awake. They just suctioned your intubation tube. Not even the dead could sleep through that."
Would it be better if John left, stopped being a painful reminder of a life potentially lost?

No, never.

John will leave at some point, Sherlock reminds himself. People always do, eventually. They always do, when they get fed up with the way in which he fails to adhere to their expectations.

Judging by the gentle tug he feels in his shoulder, John has taken his hand - his pale, limp puppet’s hand and is now holding it.

He has wasted years. Years, during which he could have found out what it feels like to speak to John with this body instead of his words. What it would feel like to hold hands without the pretence of communication.

It's all lost now. He ought to feel some measure of devastation, but all he feels is empty. It's fitting that his emotional state should now be defined by an absence of feeling - similar to how this body is now defined by what it cannot do.

He could drift away, go to the Palace, stay there, but the fear of not finding his way back must still be strong, because something is still keeping him here.

"Sherlock, please." John lets out an exasperated sigh.

Sherlock feels another slight tug in his shoulder - John has probably placed his hand back on the bed.

The sole of John's shoe squeaks slightly on the linoleum floor. There's another angry huff, and curse words muttered under his breath.

"Sherlock bloody Holmes, you open those eyes RIGHT NOW!" John commands, voice risen to a yell, and Sherlock is acutely reminded of Mummy, because she has used that very tone so many times. 'Sherlock Holmes, you clean this up right now!', 'William Sherlock Scott Holmes, stop trying to shoot your brother with that crossbow right now, and repeat to me what I said about building them!'

"Fuck it if I'm going to sit here all alone while you put on some goddamned Snow White imitation," John adds angrily, and judging by the metallic noise he has slammed his palm onto the side rail of the bed.

'You'll come around to my way of thinking eventually, and stop wishing for some fairytale ending. Accept that it's over, that there's no walking away from this, even if it doesn't kill you,' Moriarty whispers in Sherlock's head.

If he heads to the Palace now, Moriarty is the sort of company he'd have to keep.

Sherlock opens his eyes instead.

John's smile doesn't smooth the worry lines on his features, but there is still a modicum of relief there.

The only thing Sherlock hates more than his body is disappointing John.

"Hey," John says softly, and he now looks a little embarrassed. "I didn't mean to yell. It's been--- a long day. A long twenty-six days."

John runs his palm up Sherlock's arm, all the way up to his shoulder. "Anything?" he asks with a tone that betrays that he thinks he already knows the answer.
Sherlock blinks twice, slowly, for no.

John's dry lip part slightly. "Sorry."

John runs his palm down that same arm, and then up again. It's not really a massage, more of a nervous tick. Is touch such as this more acceptable now that they've established that Sherlock can't feel it? Is it safer, now that his body can't possibly react to it in any untoward way? Is this John experimenting on him in the proverbial Faraday cage created by the GBS?

"We should try and get you more physical therapy appointments," John says, glancing at the wall clock. "You're going to lose so much muscle."

_Thank you, John, that is very encouraging._

John's fingers circle his wrist and turns his palm upwards. "Your nails have got long." He then looks up and their eyes meet. "I'm sorry", John says again.

Why is John apologizing? He didn't cause this, nobody did. It's no one's fault that Sherlock's immune system decided to detonate itself.

John straightens the collar of Sherlock's hospital-issue pyjama shirt. There are several pairs of his own that John has brought for him from home, but the nurses keep forgetting about them. "I'm sorry I can't trade places with you."

Judging by what he sees is John's eyes, Sherlock believes he would, in a heartbeat.

"We need a game plan," John tells him, leaning back on his chair. "I know you hated that eye-movement system, but we might try that again at some point."

Sherlock tries to convey that he's still unimpressed by it.

John lifts up a finger that says _hold on_ - pointless, since Sherlock is hardly going anywhere, and goes to the wardrobe.

From there he produces a pad and a pencil and sits back down with his loot.

On the pad, John draws four arrows.

_Up, down, left, right._

"Which one is going to be yes?" he had asked, and Sherlock catches on immediately. He pointedly looks up.

John, holding the pad up above the bed so he could see, writes down "yes" under the corresponding arrow.

"What about no?" John asks.

He looks down.

"We need a 'maybe', too."

Y, Sherlock painstakingly blinks. He eyelids feel unruly, and it requires an effort to move them.

"That's what all the websites say. You need something to tell us you didn't understand or what's more likely, that we didn't understand, or that you don't know or can't decide."
Sherlock moves his line of sight to the right and keeps it there.

John scribbles down 'MAYBE/?' on the pad. "One direction left. What do you want it to be?"

I.D.I.O.---, Sherlock blinks as quickly as he can.

John bursts out laughing. "Yeah, of course." He scribbles down 'Pissed off, do not approach unless absolutely necessary'.

John finds a roll of silk tape on the window sill. He rips the page off the pad, and tapes it on the wall above Sherlock's head. "You come with a warning label now. Maybe we should have pinned one on you years ago."

Sherlock can't manage an actual smile - another thing that's been lost now - but the corner of his mouth quirks up.

Lestrade visits, after Sherlock had answered 'yes' to John's question on whether he is allowed.

The DI walks in with a thick tower of case files in tow. His behaviour betrays much less apprehension than Sherlock would have expected. John has probably coached him beforehand.

It's not new - people having to be prepared and forewarned about things before interacting with him. It's always been like this, but it has never stopped bothering him.

"They're old, cold ones, so it doesn't matter if it takes a while before you can tell me who's done it," Lestrade says, and gives the case files to John.

John flips the cover off the first one. "I'll start reading them to you tonight," he says encouragingly.

John thinks he's getting a bedsore. After all the mortifications Sherlock has already been forced to suffer through, this one feels minor. He's quite certain the red blotch is nothing but irritation from the dreadfully low thread count of the hospital sheets, but John is suspicious - and royally pissed off. "How fucking difficult can it be to see that he gets turned?" is what Sherlock hears him yell in the hallway at some hapless nurse he finds wandering past Sherlock's room.

John's yelling is doing nothing to make him feel better, because the inventory of agony is extensive today. There's his back, which is killing him, his shoulders, which feel as though they're being branded with fire and his throbbing head, which feels like it's being shrunk by a Papuan cannibal.

Sweat glistens on his forehead and his frantic heartbeat is echoing in his ears.

John stomps back into the room, huffing with indignation. He takes in the sight of Sherlock on the bed and there's a change in his breathing. He isn't angry anymore, he's worried, practically holding his breath now as he steps closer to inspect the situation. "What is it?" he asks in a hurried manner until he catches himself, "Sorry. Right. Options. Too warm? Do you want the blanket off?"
He looks down.

"You're awfully pale. Something hurts?"

He looks up and leaves his eyes pointed at the ceiling. God, he hates that ceiling.

John rocks on his heels and presses the call button. "Hold on. We'll get you something. Headache?"

He decides to answer no, because it isn't the full answer.

"Neck?"

No and yes.

"Back?"

No and yes.

"You're confusing me."

Sherlock stares determinedly forward, then looks left.

John doesn't look insulted - instead he looks as though he's been given a challenge. "Is it... everything?"

He looks up and then lets his eyelids droop. Hopefully John will decipher that as relief.

The speech therapist assigned to the ITU finally returns from sick leave, and John wastes no time in marching up to his offices to demand an immediate consult.

He comes back with what he's convinced will be a much better system for communication, one based on six directions for Sherlock's line of sight. Sherlock's inferior oblique muscles have been affected by the GBS, but he can still look up, down, left, right and in the both lower corners. He'll first signal a number on the horizontal plane, then one on the vertical, the six direction of his sight corresponding to numbers from one to six.

That gives them a grid of six by six phrases, which they now need to decide on what to fill with. The therapist had given John a list of common ones that most patients need, such as pain, nausea, sleep, where is...? sit up, book, music, TV, go away, nurse, doctor, I don't understand, cold, hot, need help, turn. These are pre-printed on a white marker board John has brought from the speech therapist. "If you've no objections to these, all we need to do is come up with stuff for the remaining fifteen slots," John says.

John makes some suggestions. First he proposes a set of names: John, Mycroft, Lestrade, Mrs Hudson, Molly, parents.

Sherlock tries to protest to Mycroft on principle, but John is having none of it. Since Sherlock doesn't say no to any others, they get scribbled down on the small white marker board.

With a knowing look, John then suggests bored, idiot, case files, danger, shut up and 'disgusting lemon stick, please'.
Four slots left.

This time John doesn't say anything, doesn't actively seek Sherlock's approval for his remaining suggestions. He writes them straight down onto the marker board.

Slightly hesitantly, he turns the board so that Sherlock can see the four things he has written down.

*scared
get John
hold hands
*I don't know what's happening to me*

John's expression is hard to read. He looks somewhat determined - he has, after all, just written all that down with the permanent marker - but he clearly fears Sherlock's reaction. He's watching Sherlock intently, looking for any movement of his eyes, any slightest hint of an expression.

Sherlock, on the other hand, finds it hard to actually look at John at the moment. He feels exposed, put on the spot.

"Please promise," John says, putting down the marker board on the tray table beside the bed, "to use those if you need to. Because I hate it when you lie to me."

It's been a month and a half since he got sick.

There's a routine in place.

John comes in at around nine in the morning, if he doesn't have a shift at the surgery. Sherlock had heard bits and pieces of phone conversations between Mycroft and what is probably John's boss. A system is in place allowing John to take as much time off as he needs - it had been short-notice locum work anyway, temping for GPs who had called in sick. Living with Sherlock hardly allows for planning ahead.

John probably takes those shifts for his own sanity. To Sherlock, it's a sobering thought that John might need time off from him. John keeps insisting that this is not it, that it's no trouble at all, that he enjoys spending time here, but his smile has a sad edge and he clearly isn't sleeping very well.

John keeps putting words in his mouth. 'You'd probably tell me that....', 'You always say....', 'I know, I know, you don't like....', 'I know what you'd say....'.

There are misunderstandings based on these assumptions. Most of those things he wouldn't actually have addressed at all, would not have dignified such useless chitchat with an answer.

The talking board works fine, most of the time, although John is clearly getting exhausted trying to explain it to all members of staff that set foot in Sherlock's room. Some of them are bank nurses, only here for a shift or two, and uninterested in catering the very specific needs of a patient they'll probably never see after their bank shift.

Consequently, John leaves the first note they'd devised taped to the wall: *yes, no, MAYBE/? go away*. It's enough, most of the time, for Sherlock to get by with the staff.
John has begun to believe Sherlock now has routines, too.

He doesn't. They are merely hospital routines that have been imposed on him. Still, John thinks he wants things done at a certain time.

Unpredictable is better. It prevents him from living by the clock, waiting for a certain time and a certain event and driving himself crazy with how slowly the clock turns its hands.

There aren't many things he looks forward to now, anyway. He hardly cares when they empty his catheter bag, or when they inject him with an anticoagulant to keep the blood pooling in his legs from clotting and clogging up an artery somewhere. He can't feel them being done, nor do they make him feel any better - or anything, for that matter.

He has also discerned that staring at the west wall is precisely as boring as staring at the east wall or the ceiling.

They watch a lot of nature documentaries. They get Sherlock's mind off things, offer perspective.

In one word, it's a form of escapism. For the first time Sherlock finds himself, if not sympathizing, then at least understanding housewives who get hooked on soap operas.

They also provide facts he can file away in The Mind Palace. As do the copious number of books Mycroft has provided. John reads them to him out loud. So does Molly. She favours the forensic ones whereas John tends to pick something fictional.

On the thirty-fifth day of this proverbial prison sentence, Mycroft picks up one of the books he'd brought earlier - a biography of Robert Stewart, the Viscount Castlereagh. He examines the dust jacket, clears his throat and begins reading it out loud. Sherlock does not find Mycroft's interest in the man surprising: a skilled diplomat, the Viscount had been instrumental in many turning points of 18th and 19th century politics. Probably a childhood hero of Mycroft's.

Sherlock doesn't give a toss about this Viscount, but there's something pleasing, something reassuring about hearing his brother's steady voice reading the first pages.

Sherlock doesn't ask for his head to be turned to face Mycroft. Mostly it's because it's a huge chore to get his point across when he tries to communicate so he prefers not to invite such opportunities. It's also because not seeing Mycroft but hearing his voice helps him imagine they've been transported someplace else: his room when he was small, and Mycroft was visiting from Eton.

Sherlock could already read at that age, of course, but Mycroft had had a habit of reading him bedtime stories, because that way he could get Sherlock to find out about books Mycroft had deemed necessary for his brother to be familiar with. Know-it-all busybody, even at the age of 13.

They had never played together much. Too big an age difference. Those reading sessions are Sherlock's only memory of them doing things together on a regular basis.

Mycroft naturally sounds very different now, but his voice still helps Sherlock pretend, even if just for a moment, that he's not there at all, not in this hospital bed, but at his childhood home. His only real home - before Baker Street.
He wonders what it feels like for John, now, when the man briefly stops by at home before returning to his bedside at the hospital. Does John feel his absence there as painfully as he misses John when he isn't here?

Whenever John is absent - some medical conference or seeing his family, the flat doesn't feel the same as it does when John is merely at work or shopping.

For Sherlock, homes have always been something that are made of people, not of bricks and wood and material possessions.

Mycro leaves after a few hours, and John takes over. They're doing this in shifts. It's obvious, really - did they really think he wouldn't notice?

The only time he's left to his own devices is at night, when the sedative infusor is turned on.

Sherlock wonders who has initiated this system. Mycroft or John?

Who has the least amount of confidence in his ability to get through this?

Who doubts his sanity the most?

Chapter End Notes

The final chapter count will be 18.

As for whether that is the end of this story: [spoiler redacted].
Chapter 14 clearly left readers reeling. Now it's time to find out how much determination is left in Sherlock, and more importantly: where is he going to direct it?

Lockedinjohnlock has made a brilliant and haunting cover for this story, and assisted with grammar-wrestling. I think I'm getting the hang of those pesky commas.

My eternal gratitude and devotion belongs to The Coven: Emma221b, 7PercentSolution, GhyllWyne, Anyawen and ASilvergirl. I couldn't do this without you, and I have no idea how I ever did.

I saw myself in the way you paused
The way that we laugh when we are not sure
And I often think that we are not made
To be neatly positioned in each other's way
- Kyla La Grange

Every morning, he convinces himself not to give up. Every morning, he surveys the damage, attempts to move what is still immobile. The disappointment and the panic always try to gain a foothold, but he fights them off with sheer power of will. It's just sentiment. It's useless. It needs to be put in its place, behind lock and key in the Palace.

There is one emotion that he lets have free rein - anger is the only weapon he has to battle the enemy he has in this illness. It allows him to face reality with a sardonic detachment, to observe instead of being immersed, to spit in the proverbial face of his fate, to bear the embarrassment and the boredom and the frustration.

He hangs onto the anger like a drowning man to a life raft. It makes him irritable, moody and unwilling to withstand the social pleasantries of visitors, but at least John seems to prefer it to apathy. Besides, he can hardly bully the staff - John's expression - with just a glare and a white marker board full of preselected phrases that mostly have to do with turning on the television, people's names and socks.

Hospitals exist because of patients, but it doesn't often feel as though they exist for them.
In Sherlock’s experience, Intensive Treatment Units appear designed for patients unaware of their surroundings, and recently he's been getting well-schooled in the ways of how ill a fit they are for those who see and hear and understand, who are capable of retaining the memories of days spent in such places.

Despite his treatment costing thousands upon thousands of pounds in taxpayer money, and the existence of ill people such as him justifying the employment of healthcare workers in the first place, he's not the star of this show. Far from it.

Instead, he's the....

"one who doesn't need a tray taken in" (nurse in charge of lunch).
"one with a creepy stare and the sign above his head" (a physical therapist talking to a colleague just outside the door).
"junkie with the rubbish veins - I did him yesterday so now it's your turn, it's only fair" (a laboratory technician)
"blinking corpse in room 17" (a night shift janitor who does taxidermy in his free time).

He's also a teaching case for medical students.

They move in chatty, irritating herds, usually lead by a pot-bellied sixty-something neurology consultant with a puffy, red face commonly created by excessive alcohol consumption.

The man clearly thinks he can read minds: "I'm sure Mr. Holmes doesn't mind if we pop in, he's a man of science himself. Such a demonstrative case! Gather round, you won't see this every day."

Sherlock is quite certain he does mind the man parading round another gaggle of idiots but as usual, nobody's really asking his opinion. They merely make these assumptions and put words in his mouth.

"Mr. Holmes here is a thirty-four-year old male, with a six-week history of severe Guillain-Barré syndrome, likely triggered by a *Mycoplasma pneumoniae* lower respiratory infection."

Six weeks. John had suggested putting up a calendar on the wall so that Sherlock could keep tabs on what day it was, but he'd declined. Marking days down on a calendar usually meant that there was a specific date that one was looking forward to. There were no such goals available to him, so what would have been the point of such bookkeeping? Counting the days like a prisoner?

The gaggle of future doctors is now staring at him as though expecting something.

Sherlock rolls his eyes and their attention returns to the neurology consultant.

"Previous medical history includes intravenous heroin use of which he is recently abstinent; a few bouts of pneumonias in recent years, an impressive collection of A&E visits for various traumatic injuries, and an allergy to sulphonamide antibiotics."

Two students at the back of the group are whispering between themselves. Sherlock can sense the change in the atmosphere, from 'look at that poor suffering man', to 'great, another junkie wasting everyone's time and money'.

He remembers nights at A&E after the batches of heroin he'd bought had been cut with something dangerous, or when he'd overestimated his tolerance. Not much kindness was dispensed for an active user seeking acute aid.

John has told him that doctors and nurses get sensitivity training nowadays, that everyone is
supposed to get treated equal and that people should complain if they face prejudice because of their life choices, but having experienced what he has, Sherlock doubts any poster campaign can change the attitudes that some healthcare staff clearly still have. Some of it is due to fear and small-mindedness, and the fact that emergency services are under-resourced, and the staff thus overworked and frustrated, helps preserve the problem.

Sherlock would have thought that once he'd been clean for as long as he now has, the malignant attitude would stop. It never does, because the history of his addiction is in his hospital records. He still gets treated as though the medications he gets, the ITU treatment he's entitled to and even the oxygen he needs ought to be given to someone more decent. It's subtler, now, but he can read between the lines.

It seems that condescension is a much more renewable resource in healthcare than empathy.

The senior doctor clears his throat with a phlegmy cough. "Symptoms took only two days to develop to complete paresis of major limb muscles. At current there is complete impairment of respiratory muscles and also impairment in the function of several cranial nerves. Can any of you suggest which ones those might be?"

"Facial nerve," says a spectacled girl in a tight grey skirt, "Bland expression."

"Or it could just be the fact I couldn't care less about your medical education."

"Good, good, anything else?"

"Glossopharyngeal and hypoglossal?"

"Well done. Although it must be said that in these cases it's difficult to tell whether loss of the ability to swallow and to talk is due to an affected cranial nerve, or the more generalized muscle impairment."

"What about hearing?"

"Unaffected."

"So he can hear us?" a ginger-haired, tall young man, who does not look all that bright, asks.

"No reason to assume he couldn't," the neurologist says and then gives Sherlock a sunny smile as though awarding him for behaving. "He's been communicating with a friend through eye movement and a phrase board. Would you be so kind as to demonstrate, Mr. Holmes?"

*I will fucking end you. Throttle you in your sleep. Throw you through a window. Steal John's gun and---*

"There we go," the cheery doctor says when he whips his eyeballs to the left to signal, 'idiot'. The board would have been better, but the consultant is making no move at all to find it. He probably can't be bothered.

The group laughs in a half-hearted sort of way - at least some of them seem to have noticed John's explanatory note still taped to the wall above his head.

"Functional enquiry reveals lack of tendon reflexes. Robin, would you like to give it a try?"

Every time they flock in, they do this. Every bloody time.
After Robin has gone through the exam, five other eager, witless students start pounding him with rubber hammers dug out from their pockets until they're absolutely, 100% sure nothing is happening.

John has been one of these students, once. Sherlock can't imagine him behaving like this, treating a patient as though he is a slab of meat with the patience of a saint.

John would never be like that. John sees him.

"Can anyone name the standard treatment options for this syndrome?"

It's Miss Knowitall Pencilskirt again. "Plasmapheresis and intravenous immunoglobulin."

"Right, yes, very good. We started him off with IVIG, the second round of which unfortunately resulted in a transfusion reaction. Once we had the required cannulas in place, a round of plasmapheresis was done. These treatments may have slowed the progress - we can't be sure - but as his case was an aggressive one--"

'Was'? 'WAS'? He's still here, at the mercy of these idiots! And yes, 'aggressive' covers quite nicely what he certainly is right now.

"When spirometry results became worrisome, and the patient began exhibiting signs of severe respiratory dysfunction, intubation was carried out. The patient wishes to be conscious during this stage of the disease apart from the nights."

"Why would anyone choose that?" a shy-looking girl wearing a hijab asks.

"The disease does not affect cognitive function, and all the senses, except that of touch in many patients, will be unaffected. In their heads, they feel like themselves. Still, it must be a harrowing experience to live for weeks or even months like this."

Sherlock does not feel like himself. He has never felt so unlike himself. He hadn't realized how big a part his body had been to being himself.

The doctor is now looking at him, all traces of smile wiped from his face. Sherlock suspects he isn't the first patient affected by this that this senior neurologist has encountered. For the first time, something much more honest, much more sensible than the fake, perky empathy he'd been radiating, is communicated in his eyes. It's likely this man has witnessed what happens after this stage, the patients' struggle to get back to their lives. Sherlock isn't naive enough to think he'll simply bounce out of this bed at some stage. Even if and when he begins regaining control of his muscles, he'll likely have to endure weeks of lethargic weakness and hospitalization. Perhaps even more?

There is thinly veiled sadness in the doctor's eyes, and he opens his mouth but then hesitates - is there something he doesn't want to reveal concerning those later days?

"Pain can be a problem at any stage. Once the nerves begin to function again, that sometimes continues to be an issue," the neurologist explains.

The pain comes and goes. Cramps and muscle knots which he doesn't always even understand how he could be feeling when the sensory information from those spots on his body is still non-existent. Headache. The existence of all the pain feels puzzling, since every day more and more of his nerves are supposed to be going offline or remaining silent. John says they can still signal to the central nervous system somehow, even when they're not functional enough to control muscles.

Pain isn't that much of an issue for him. It's merely a distraction. He can take it, as long as it doesn't return to the level it had been during the adverse reaction to the immunoglobulin. The pain changing,
even increasing could be a good thing - a potential sign that his nerves have stopped their useless hibernation.

He would gladly take a bit more pain over this emptiness, this stagnation, these phantom limbs.

"While we wait for the autoimmune reaction to run its course, supportive treatment is continued until respiratory muscle function returns. Whether this has happened will be judged by testing daily whether he is able to start breathing on his own. If not, treatment plan remains unaltered. If yes, a weaning sequence from the respirator is initiated." The neurologist glances at his wristwatch. "Right. We need to get a move on. There's a partial focal epilepsy case I want to discuss today, as well as a young lady with spinocerebellar ataxia. Follow me."

The fledgling doctors pour out of the room in the wake of their teacher. Soon, they will be presented with other cases on this ward, and by lunchtime they will have forgotten almost everything they've just heard.

They will, of course, remember seeing a severe case of Guillain-Barré, but they won't remember much about Sherlock.

John has something to say. He's had it on the tip of his tongue all day. He looks slightly guilty and excited, as if trying to gather the courage to ask permission for something.

"I've got a date," John finally admits while hiding half of his face behind a mug of tea. It's his third in an hour. "Booked long ago since she's been traveling. I forgot to cancel and it would've been really rude to do it at the last minute, since I couldn't get hold of her yesterday. I hope you don't mind."

'Why', Sherlock asks through their talking board.

John looks taken aback.

Granted, that may have been a little difficult to decipher.

He could have also used the board to express such pleasantries as 'see you soon' or 'it's okay'.

That would have been a lie.

It isn't okay.

Sherlock feels surprised, confused and very, very anxious. Somehow, this feels like watching John walking towards a trap and not being able to stop him.

Sherlock's skin crawls with the desire to get out of this bed.

John has dated before. Lots and lots of women. Sherlock has interfered with most of those dates in some capacity. He’s been skilled at spotting those only looking for a one-night stand; those he never bothered to scare off. It's the ones with more serious intentions that have always put him on edge, necessitating interference in the form of pointing out some of John's unsightly domestic habits or deducing what he assumes are mortifying secrets of these women, and triumphantly announcing them to John. Preferably after gatecrashing a date and giving a mini-lecture about the biochemistry of putrefaction because there's a case, which he needs to drag John off to, right now.
Sherlock has told himself he does these things because he doesn't like change. He likes living with John. He doesn't want a woman interfering with their work.

He has also tried to convince himself that John lets him ruin all these dates only because John is a polite man and he knows there are plenty more utterly pointless fish in the sea.

Perfectly sound, neutral, logical, practical reasons.

Not that logic is of much help here, because Sherlock suddenly finds himself strangely emotional. The illness must be affecting even his judgment now. He wants to grab John by his shirt, to imprison the front of that ghastly jumper inside his fist, and yell. To lock the door. To handcuff John to his bed until he promises to stay.

The yearning to possess is sudden, overwhelming and bewildering.

Stopping John from leaving is suddenly the most important thing in the known universe.

John scratches the back of his injured shoulder in a distracted manner, clearly not knowing what to say and looking like a cat caught with a mouse. John has never apologized for going on a date before, why would he start now?

Is it pity? Is John feeling guilty for not spending every minute of his days by this sick bed? How overgrown can his sense of a physician's duty possibly be? If he doesn't want to be here, why does he linger, then? Have those prognostic statistics for GBS that John has hung onto like a safety blanket finally failed to offer enough optimism?

Sherlock has never asked him to do any of this. Maybe he should have, it would probably have been polite, but that point is now moot.

Is this how it happens, how John prepares for the possibility that they might not be able live together anymore, that the work is gone, that Sherlock is going to be something he visits on a Sunday with the wife he needs to now find, in order to bury himself alive in what he thinks is normality?

John is still avoiding his gaze. This feels surprisingly insulting.

John is clearly trying to keep from communicating with him. All through this terrifying thing, the one thing John has never shied away from.

John doesn't look relieved, either, even though the announcement he had clearly been fretting over is now done. John should be happy - he can now make a hasty escape to the world of normal, healthy people.

Of course John can date all he wants. Sherlock should not expect guilt from John, or accept repentance for something John absolutely has the right to do. It's not like there's any form of infidelity involved. Still, the look on John's face is saying otherwise.

John is allowed, but it doesn't mean that Sherlock has to like it.

"Molly will be by later."

He doesn't want Molly. He can withstand Molly. What he wants is the person already present, but if John is going to sit here all afternoon with his mind elsewhere, it's as good as if he weren't even here.

John is looking out of the window. Is he making plans? Picking a restaurant, thinking of which hideous jumper to wear, which pickup lines to employ, how to get out of having to pay for a bottle of
real champagne if the lady in question has expensive taste?

John likes Indian. And Italian. Thai at a pinch. Raspberry muffins but only if the dough-to-raspberry ratio is just the right one. Coffee without sugar, tea with milk. He washes all his clothes together in too high a temperature, and never reads washing labels - which is why only Mrs. Hudson is allowed to touch Sherlock's washing. He snores, but only when he's sleeping on his left side, which is difficult to explain anatomically, but fascinating all the same. On the nights when he's likely to have nightmares he has trouble falling asleep, marked by the bed creaking at around eleven in the evening due to his tossing and turning. He doesn't like snakes, but isn't downright phobic of them. He wants to see Paris but has never been there. John never uses conditioner, but he's been known to pinch Sherlock's shampoo on occasion when his own has run out. It's always unsettling and a little intriguing to smell himself on John like that. John likes nights in and evenings out as long as they include tackling murderers and protecting Sherlock from said murderers. Sherlock is not exactly sure which part John enjoys the most.

None of these women John meets up with know these things.

This illness has made Sherlock acutely aware of all those small, physical things he usually does to curb his anxiety and to channel his excess energy. Stimming is what the professionals he'd been dragged to as a child had called it. They had been neurologists, paediatricians, neuropsychologists, child and adolescent psychiatrists - all with a different word to offer to describe why he was having a hard time being, well, himself; of existing in a world such as this without going mad.

Most people do these things to some extent - swinging their feet, drumming their fingers on a table surface.

Sherlock has been forced to learn not to resort to many of his own versions of such behaviour in front of other people. John has, unfortunately, witnessed some of them. John has seen the frantic blinking, flapping his hand against his thigh and on one mortifying occasion, the rocking. John knows, yet says nothing, like he says a whole lot of nothing about many other things in Sherlock's behaviour that others see as alarming or peculiar. Sherlock suspects John may have asked Mycroft about some of it, and he doesn't even want to consider what his brother may have divulged. Everything he possibly could, most likely.

All Sherlock can comfort himself with now is the blinking, and even that is so slow that it leaves the restlessness and the frustration completely unchecked. The white marker board hardly helps, since John hadn't put 'head exploding' on it. Most of those who have visited him recently know how to use it. Most of the staff still don't, or they think that it takes too long to decipher his more complex messages. This seems to frustrate John to the point of rage.

Sherlock blinks, and tries to will his likely bewildered and disappointed expression into something more composed, when the door opens.

Ah, Molly, just as John had promised, to placate him.

Molly walks up to the bed, stripping off her coat and her excessively long, green scarf and looks at him with weary, kind eyes. "Hi."

Sherlock feels relieved that he doesn't actually have to answer. No one is expecting him to expend
too much energy by doing anything.

He doesn't want visitors.

Molly stands up from the chair and reaches for the remote. She must've caught Sherlock's eyes following her, because she hesitates and eventually withdraws her hand from reaching for the contraption. "Do you want to use the talking board?" she asks.

'No', Sherlock answers by looking down. Molly knows by heart the four basic things John had written down on his original cheat sheet.

"Would you like to play a game, maybe? We could do that one where you're thinking about something and I have to guess what it is and you can only answer yes or no."

Sherlock lets his eyes close.

He feels empty, deflated, like the last vestiges of his life are receding like a tide. He doesn't want to think.

He doesn't want to think about the fact that tonight could be the night that John finds a replacement for him.

"Do you want to sleep? Should I go?" Molly asks.

He doesn't know. He really doesn't know, so he doesn't answer. He does open his eyes.

"Are you alright?" Molly plucks up the courage to ask.

'Maybe/?', he answers. Molly can pick whichever she wants.

Molly sits back down, leaning her elbows on her knees. "I can work with that."

He'd prefer that Molly simply disappear and John return. That's what he'd want.

He imagines John out there, putting on the charm, choosing a bottle even though he knows practically nothing about wine, complimenting hair, asking about pets. John being normal. John being not the person he is when he spends time with Sherlock.

Sherlock can play at being normal, too, but it takes so much energy out of him that he could never carry on the illusion as long as John does. John, who moves effortlessly between these two worlds, yet somehow belonging in neither.

John is a man who has his cake and eats it, too. Someone who keeps Sherlock close enough, but not too close.

"Maybe we do need a guessing game," Molly says in a careful, calm tone. "I try to guess what you're thinking."

Sherlock does not answer. This is ridiculous.

"Say no if I'm wrong, yes if I get it right."

What award does Molly receive if she gets something right? A gold star? A sense of purpose? A distraction from her own troubles? She's always been nosy, always acted as though certain aspects of Sherlock's life are somehow her partial responsibility. Residual infatuation?
"You don't want me here," Molly suggests.

'No.' Incorrect - he doesn't mind Molly visiting in general, he simply doesn't feel like talking to anyone right now.

'You're in a bad mood.'

'Yes'.

"You're annoyed John called me."

'Maybe?'.

"Why? Because he went out?"

'No.' It's infuriating, the fact that this idiotic guessing game is all he currently has to bide his time, yet it's clearly a trap set to reveal his current emotional state. Why does Molly so enjoy poking her nose into other people's business? While the manner in which she does it is not invasive, it's still baffling how she might find the dramas of others so interesting.

"He's been here nearly all the time. He needs a bit of a breather, right?"

'Yes.'

Molly looks at him with pinched lips, clearly both confused and determined to exorcise that confusion. She's a woman of science - she doesn't like unanswered questions or unsolved mysteries.

"So you think John does need a bit of time off, but you don't like the fact that he isn't here. Is it about today in particular?"

'Maybe?'. Couldn't Molly please stop this prodding that will lead to nothing good?

He could, of course, just clam up and stop answering, but he's tired of not being able to communicate. John and Molly are the only ones who are making a proper effort. Mycroft has, of course, perfected his grasp of Sherlock's current communication methods, but Sherlock hardly wants to talk to him.

"Is this a bad day?" Molly asks with sad eyes. The empathy in them is not carefully constructed or learned. It's genuine. In some ways, she might be a bit wasted in the pathology laboratory. She makes people feel like she really cares.

Sherlock realises it's irresistible in his current state - like offering heroin to an addict.

Despite all the attention he gets from the staff, it's out of a sense of duty.

He relishes the attention of those who actually know him and see more than the current sum of his physical abilities.

'No,' he claims.

Molly seems to grow an inch, looking like she's been given a challenge which she has accepted. She straightens her shoulders and looks Sherlock straight in the eye. Her gaze is downright piercing. "Is it because John went out?"

No answer.
"He does need some time off. Not from you, but it's tough being here all day. You're not easy to keep entertained."

'Maybe?'.

"You still don't like it?"

Why couldn't Molly just take a hint leave him alone already?

'No', as pointedly as he can.

Molly frowns, lifting a leg onto her other knee. "Sherlock, this may sound a bit weird but I didn't know what to make of John, at first," Molly says, looking nostalgic.

Why is she telling him this? What does it matter what Molly Hooper thinks of John?

"From the moment he came along, you only had eyes for him, even though he didn't seem to be like that."

Like what?

"Never mind," Molly says, and leans down to grab her scarf. When she's about to start donning her coat, she pauses, frowns as though trying to make up her mind, and then turns to face Sherlock again.

Sherlock tries to pin her in place with his gaze, to demand that she follow through. He's had it with people censoring themselves around him, having whispered conversation when they think he's sleeping, retreating into the hallway to have words - to waste the one resource that Sherlock feels most acutely deprived of.

Molly looks almost startled at his intent. "I--- I was surprised that he turned out to be my competition," Molly says, and it ought to sound like a joke, but it's a confession instead, as proven by the faint blush on her face. "But then I realised he won the race by just showing up."

Sherlock's line of sight makes a tiny jump towards what would have been the signal for 'no' - a fervent denial of Molly's claim.

In the end, he replies nothing.

Molly has an uncanny ability to call him on his bullshit, to see past what he's trying to project. It has always made him feel slightly uncomfortable, wanting to take her down a peg. She's dangerous, much more dangerous than she looks.

"You read people all the time. Don't tell me you haven't taken one look at him and deduced. My friends don't look at me like that. It's like there's just the two of you in the room and everything else is just static."

Molly may be a naive romantic with a vivid imagination egged on by Mills & Boon books, but Sherlock finds himself liking that description. He keeps his gaze steady, waiting.

"Both of you still keep looking at one another like that, like nothing else could possibly matter. Does it bother you, when he goes on dates? Have you asked yourself why?"

There's a woman out there who John is looking at right now. Just because she carries certain anatomical attributes, John is making all the effort he can to get closer, to connect.
Even though John had seemed practically hard-wired to connect with Sherlock instantly, he still insists on these games. He'll chase any female stranger in heels who's willing to put up with his constant talking about *Sherlock*; that's right, he has eavesdropped enough of John's dates to know what the man talks about.

These females need not be clever; they need not even be all that attractive by usual Caucasian Western standards. As long as they're female and thus decidedly not Sherlock, they will do.

"Tell him," Molly says, like it's the easiest, most self-evident thing in the universe.

It's not.

Or what if...?

But how could he even tell John anything? None of what he'd want to say is on that goddamned white marker board.

It's not a speech he has all figured out and practiced, because he never imagined even seriously considering such a conversation. If he did pluck up the courage to talk to John Watson - fervently heterosexual army doctor and blogger and friend and possibly, probably, incontrovertibly the only person he has ever fallen in love with, and without whom he would in all probability have died and gone mad a thousand times over already - and tell him what he actually means to Sherlock, what then?

What could he possibly have to lose?

Everything else he holds dear is already gone, with no guarantee of recovery, no matter what the statistics say - his ability to work, to create music, *everything*.

If John is going to disappear, too, at least Sherlock will have the revenge of John knowing he's taking Sherlock's carved-out heart with him.
The catalyst

Chapter Notes

Eternally grateful to the usual gang. Emma221B, 7Percent, Locky - thank you. You all deserve a basket of apples and a hug. And a villa in Hawaii.

Chapters 17 and 18 will arrive after about two weeks, because I'll be spending 10 days off the grid, traveling. Many readers have raised the question whether I (or anyone, for that matter), could possibly tie all the loose ends in just three more chapters. No, I couldn't. Of course I couldn't. More on this later.

Feed me none of your lines
I won't fall for them, because I'll lose
And hold me to none of my words
I don't mean them when I'm with you
- Kyla La Grange

Like so many before it, John's date has ended early. He returns to the hospital at around ten in the evening, looking somewhat sheepish and haggard.

Sherlock wonders what sort of a conclusion this particular outing has had. Has a woman let John hear it again: how distracted he is, how uninterested he seems, or was it simply down to lack of chemistry? Or has John been talking too much about him again? A date John had once made the mistake of bringing home to Baker Street had pointed out that John had a habit of doing just that once the evening had taken its inevitable sour turn. She had concluded her angry rant with a suggestion of matrimony, and not between her and John. John's face had turned an interesting shade of red.

When John walks through the door, Sherlock and Molly are watching a DVD from the pile John had left beside the DVD player he had brought in from home. The NHS never usually allowed patients to have their own electrical appliances apart from tablet computers, so Mycroft must have pulled some strings.

What they're watching is a war film, one that Sherlock suspects Molly probably doesn't enjoy all that much. She seems to be assuming Sherlock wants to see such a thing, and it isn't exactly easy for Sherlock to correct her theory. It's tolerable, as entertainment goes. Better than John's films, which are full of theatrical explosions and clichés. Then again, John's movies do have the benefit that John's company comes with the viewing experience.

Molly seems lost in thought, tight-lipped - bordering on angry.
Molly turns to glance at John without so much as a greeting, and immediately vacates the chair as though she'd been doing something forbidden by sitting in John's usual spot.

John takes up a standing position beside the bed.

Molly gathers her things. "How was your date?" she asks, and there's a strange edge to her voice. There's a bit of disapproval there, mixed in with resignation.

If Sherlock can pick up on it, then John is bound to as well.

"Pretty much forgettable," John says, but his tone does not echo the humour in his words.

"It doesn't sound as though it was worth it, then," Molly says quietly as she slides past John towards the door. This time there's no mistaking the biting edge in her tone. "I'll be off, since you're finally here."

Then she walks out.

John glances at Sherlock, clearly expecting some sort of backup, but Sherlock averts his gaze. He's not entirely sure what has just happened, but the tension in the room is as thick as molasses, and John looks like he's been slapped.

John suddenly hurries to the door after Molly, hastily and secretly pulling it almost closed behind him before he calls out: "Molly! What do you mean?"

Sherlock can hear the sound of her footsteps receding. They're sharp, fast and angry. "What?" John shouts after her, now sounding almost irate himself.

"Molly!" John again calls out somewhere in the hallway. No reply comes.

She must be gone already, probably disappeared around the corner where the nurses' station is.

John returns, looking, for lack of a better word, insulted. "What's up with her, then?"

Sherlock does wonder what the source of Molly’s ire might be, and why she'd so blatantly hint to John that there's some sort of an issue here. Molly Hooper is not in the habit of telling people off. Sherlock has so much trouble making sense of even his own emotions that those of others - not to mention the feelings of the opposite sex, with which he has little experience, are very much beyond his expertise.

John returns to the room, looking dismayed and bewildered. "What have I done now?" he asks with a tone that carries an accusation.

He walks to the bedside, distractedly shifts a magazine from one corner of the top of the bedside cabinet to the other. "Did she get out of the bed on the wrong side or something?" John asks innocently, glancing at Sherlock. He looks as oblivious, as he tends to do at crime scenes.

'No,' Sherlock replies. John hasn't brought out the talking board - he looks so confounded that it probably hasn't even crossed his mind yet.

"Sherlock, what is going on here? Did the two of you have some sort of an argument? How did you even manage that? Lord knows I've seen you crush people's hopes and dreams with just a scowl, but pissing off Molly with just your eyeballs might be too much of a challenge even for you."

'No,' Sherlock opts to answer.
"Well, what, then? I come back from a shitty date and get told off, by Molly no less. Not entirely fair, I'd say."

'?/Maybe', Sherlock replies.

John slumps down onto the chair. His breath smells faintly of coriander and ginger. Indian restaurant, most likely the one Sherlock prefers near Paddington Station. He can tell by the way the asafoetida is always toasted a little bit too much by its chefs; a pungent odour that lingers even in clothing.

John shouldn't be allowed to take anyone but him there. It wouldn't be right.

"Any new developments?" John asks with a tone that doesn't sound very optimistic. It sounds more like small talk, now, which means that it's becoming normal.

It's normal for John to come here and see him like this. It's normal for John to go on dates and then come here and see him like this.

A burning lust for vengeance Sherlock had not expected swells in him. He answers 'no', and then tells John to GO AWAY by looking down. The same direction also means 'IDIOT' - John can pick whichever rude thing he wants it to mean right now.

Sherlock would say more, much more, if he only could.

"I get it. It's crap being stuck here without any news. It is, it really is."

No answer. There wouldn't even be much point in digging out that talking board, if even John is this hell bent on ignoring everything he's trying to convey.

"Do you want to hear about my evening? You can deduce all you want and then tell me later how I should have realized her worst secrets before we'd run out of poppadums."

'No,' Sherlock replies. He really, really doesn't want to hear about John's date, even if it has ended with said poppadums being flung at John's head.

He doesn't want to hear a single word about it, even though it has ended badly, and thus poses no threat to their current living situation and John's single status? He'd felt such urgency, such alarm at not being able to control and rig John's night out with some pointless woman. Now that the danger is over, it's still poisoning his mood. What does that say about him?

"I think Molly probably would benefit from a date herself, if she's so preoccupied with the lives of others," John says.

Sherlock considers such a comment patently unfair. Molly observes, notices things that elude others. She is also apparently brave enough to confront things others find uncomfortable - to stare unblinkingly into the unknown.

Unlike John, who prefers denial.

Sherlock decides he doesn't owe it to John anymore to keep that up. Not for a second more.

IDIOT, he tells John.

"Jesus. You've had company all day. This is what I get for wasting thirty quid on a cab to get back here because I assumed you'd like that?"

IDIOT, Sherlock repeats and challenges John with his eyes.
Sherlock now wants him to react, to reveal his hand. He's had it with watching from the sidelines while John tries to wreck what they've built together.

John looks almost relieved, as though he's finally allowed to behave the way he really wants to, instead up putting on some endlessly patient nursemaid act.

Good. Sherlock likes this version of John, as long as he doesn't actually walk out.

"You don't like my dates, fine. You're terrifyingly sick and you like them even less, fine, I fucking get that, I really do, but I still don't understand why she was like that. Why is she implying I had no right to even go on this date, unless she means that I shouldn't date at all because of you---"

John's jaw drops. It actually drops. It's almost cartoonish.

Then John walks out of the room, and the bottom of the universe drops from under Sherlock.

Not for long, though because, before Sherlock has even managed to process what has just happened, the door slams open again and John strides back in with hurried steps, a downright frighteningly determined look on his face.

"I'm not an idiot!" he bellows, "I'm not, and I sure as hell don't deserve being told off by Molly bloody Hooper! I'm not an idiot, Sherlock, but I sure as hell am not telepathic, either! If you've got something to say to me and you've decidedly kept your mouth shut, which you never do about anything, ever, then I don't deserve to be punished for something I didn't even know I was doing!"

Sherlock wonders how he could possibly process all that and formulate some sort of a coherent answer in less than an hour. Or a week.

"Do you trust me?" John asks.

Sherlock scrambles to answer 'yes'.

"But you won't trust me with women, is that it?"

Sherlock stares at him, confused.

"You won't trust me with women, when you can't be there to ruin it," John says and slumps down on the chair. "Jesus. I'm sure I'm jumping to conclusions. I'm tired, you're tired, Molly is being her odd self. I shouldn't be taking this out on you. It's got nothing to do with you."

Anger flares up again. This has everything to do with Sherlock.

John isn't asking the right questions.

John's dates haven't exactly been a sensitive subject, ever. John has behaved as though it's perfectly normal, like it's just a matter of personal choice that Sherlock does not engage with the opposite sex like John does, so it's fine. As far as John has been concerned, the two of them are just two men living together for the sake of convenience.

Or so John would love to believe.

John loves to believe in a lot of things that aren't real.

"You think I'm an idiot," John exhales and looks at Sherlock with tired and resigned eyes. He looks like a man who has decided to throw in the towel because the fight is pointless instead of unwinnable. "Of course you do." John stands up. "I'm keeping you from sleeping," he adds, and
yawns himself. He looks less riled up, now. "You want the talking board?" John then asks.

Sherlock does, but he has no idea how to parse together anything sensible to say with it at this point. To be honest, he doubts he would know what to say right now even if there wasn't a piece of plastic shoved down his throat.

John whips out the board without even waiting for his answer, and watches him.

'Don't want to, Sleep', Sherlock tells him.

John smiles and shakes his head. "Colour me surprised. You should, though. I should head home as well."

John steps closer, coils his palms around the bed rails. There's something Sherlock can't quite put his finger on. It's tenderness and resignation all wrapped into one.

Their gazes lock, and something in John's eyes shifts. It's now that one look John had given him many times before. The first time it had made an appearance had been at Bart's, years ago, when they'd first really looked at one another.

In John's eyes there is now that strangely intensive connection, the invisible tether between them that creates the knowing looks and the wordless jokes, that intangible *something* that always leads to everyone always assuming they are an item. The connection John often tries his damnedest to deny.

It's there, and it's like a living thing between them right now.

John puts the board back on the floor between the bed and the bedside cabinet.

Then he leans in and gives Sherlock a gentle peck of a kiss on his cheek. Nothing anyone wouldn't give to an ailing relative or family member.

Still, it's unexpected and Sherlock still can't decide whether to be annoyed at John for cutting short their - admittedly rather one-sided - conversation, possibly because he felt that it was pointless trying to get Sherlock to understand such things.

A ticklish sensation remains afterwards, caused by John's five-o'clock shadow scraping Sherlock's cheek - not uncomfortably but still. John's scent - already familiar after years of co-habitation - feels as though it lingers on Sherlock's skin like a warm cocoon even after the gentle peck is over.

Sherlock expects John to withdraw from this close proximity, to tell him goodnight with an air of reserved politeness that marks such occasions during which the edges of their privacy bubbles are breached like this, but he doesn't.

John lingers close instead, warm breath ghosting on Sherlock's lips. John then slides his hand into Sherlock's curls, lifts his head and kisses him at the edge of his mouth, on the side opposite from the endotracheal tube, half on the cheek.

It feels somewhat chaste, but undeniably it is on the lips, and it's real and there's no doubt at all about what it means because John Watson does not go around kissing other human males like this unless he's deathly serious.

This is a signal meant for Sherlock. It has to be. A signal for them both that the direction of the wind has turned.

Sherlock has imagined this. Late at night, alone in his room, he has imagined this so many times he
had lost count.

He's good at constructing hypothetical scenarios in his head, but when it comes to things he has never experienced before, the real thing, unsurprisingly, is very different from any late night fantasies he may have harboured.

The very moment their lips part time stops, because it has to, because this isn't something Sherlock could process in an instant. He's not sure he'll ever be able to. It's already over, before he even had time to properly memorize every detail, to catalogue every bit of sensation travelling to his brain from his misbehaving nerves.

John has kissed him.

He has been properly kissed for the first time in his life by someone he's in love with.

The lips of others have met his, of course - he is, after all, thirty-four years old. Elderly female relatives have smacked disgustingly wet greetings on the side of his mouth, a fellow student at Cambridge had once ambushed him with a disgusting French kiss on a drunken dare, a dealer had once had hopes of coaxing a physical payment for cocaine from him in a club restroom, and once he'd kissed a woman Because There Was a Case.

There has been some forgettable kissing and groping at clubs, and then there had been Ashford, a mouth-breather who had had some level of an unrequited crush on Sherlock at Cambridge, had insisted on a congratulatory kiss on the day of their graduation.

Those don't count. They don't count because they hadn't made him feel anything at all.

This does. It's making him feel so much he thinks he's about to levitate off the bed on a cloud of unchecked emotion that his wrecked body can't possibly have any chance of controlling.

John has kissed him, him, and not some XX-chromosomed semi-random person in hopes of a one-night stand, or a travesty of a relationship that will sooner or later be ruined by some foul plan of Sherlock's.

A thought occurs: is it a proper kiss if Sherlock didn't even have a chance to participate properly?

His mind scrambles to debunk the whole event, to find a disappointingly mundane explanation, but none offers itself.

It was--- it had been --- it's not too much, because clearly it must be too little since it had been over before he'd even realized it was happening.

John has kissed him. A strange, restless warmth is still glowing in him and again he feels as though he can't contain himself. He needs to say something, he needs to react, lest his cells begin bursting from the sheer pressure of all the emotions he can't even begin to name.

He had closed his eyes during the proceedings without realising, and apparently had kept them shut. He has no idea how much time has just passed, unaccounted, and Sherlock realises he desperately needs to see John's expression, to read on those achingly familiar features what John is thinking, why he's doing this, what is going to happen next. Analyse, catalogue, deduce. Record this moment to be played over and over again in his head.

Sherlock draws his eyes open as quick as he can, and expects to be looking straight at John.

John isn't there.
His eyes dart from side to side and finally, after what feels like an eternity, he spots John standing by the side of the door, back turned to him, palms against the wall, head bowed down.

Sherlock would gladly part with his left leg right now to be able to *speak*.

He needs to talk, he needs to see John, he needs to know it was real, that it happened, that it wasn't a hallucination, that it wasn't the drugs, that it was real----

John turns, briefly touching his forefinger to his lips and then dropping his hand as though he, too, had been trying to gauge what had just happened. His expression isn't what Sherlock had been expecting, but then again John has been full of surprises of late.

At least he's looking at Sherlock now. At least there's that. It's a start.

The atmosphere in the room has changed. Or is it just a figment of Sherlock's overheated and derailed imagination?

John is pinching the bridge of his nose, pale and shocked.

John does not kiss other men, and most importantly, John does *not* kiss Sherlock.

Then again, why would he do such a thing, if not for wanting to?

"Sherlock, that was. It was----"

Good? Incredible, oddly confusingly, fascinatingly magnificent? Something they should have done ages ago?

"---Wrong," John concludes his sentence, and an invisible fist grabs hold of Sherlock's heart and squeezes so hard he imagines his ventricles emptying of blood.

John is shaking his head, looking serious and regretful.

Why?

"I should not have done that. Sherlock, I really shouldn't. You're emotionally compromised right now - hell, I probably am, too - and I'm not your doctor on paper, but you have to realise it's a grey area---- it's--- there's so much--- Look, it's just not on, toying with those sorts of things while you're like this, here."

*Eloquent, John. Very eloquent.* If only telepathy worked, like in one of those pedestrian science fiction shows John numbs his brain with.

Sherlock tries to force himself to indifference, not wanting to feel what he knows will be coming, the edge of devastation already being sharpened for maximum effect by whatever pointless, useless, destructive spot in his brain insists on plaguing his life with all these emotions.

Sherlock had feared dismissal, feared rejection, but not like this. Not with these sorts of condescending, vile words. John obviously thinks he's being logical, but in this case Sherlock rather thinks he's made a travesty of the concept.

He shouldn't be surprised, really, when taking into consideration that when it comes to matters of the heart everyone always thinks he can't possibly understand these issues, nor can he possibly be capable of knowing what he wants.

"It's not ethical. It's not right," John says, steps closer but doesn't sit down or lean on the bedrail like
he usually does when addressing Sherlock. "I wish you could talk, I wish you could tell me that you do mind, that I was out of line here. I know you hate it when people encroach on your personal space," John rambles, then swallows and circles the bed, seemingly plucking up the courage to really look at him.

Things had not been the slightest bit embarrassing a minute ago.

Why does John insist of breaking things by talking about them? Some things need not be verbalised, talked down, diminished with words. There are things that are too fragile for that.

John studies his face for a moment and then his expression suddenly shifts from embarrassed to astounded. "You didn't mind?"

'No,' Sherlock scrambles to answer. Part of him wants the talking board, because it would give him more options, but it would also carry a higher risk of more misunderstandings.

He's aware of what he's revealing, but something is telling him he needs to salvage this, needs to send John a signal to prevent the man from shrugging this off as some waking dream, an alternate reality that is allowed because one of them is ill, one that will never be discussed, ever.

John seems too distracted; he probably doesn't even realize he's at the edge of Sherlock's visual field so he has to strain to see John.

John just stands there, quiet, for a long time. "I'm sorry," he finally says, and out of all possible things John could have said at this point, it's certainly not among what Sherlock would have hoped.

"I think we both need a bit of time to think," John tells him.

Time is all Sherlock has had, for weeks and to hell with that!

John isn't done making the hard sell. "This, what we just--- it's not a decent way to help you right now. You have to understand that," he practically begs.

*What the everfucking hell?*

If John had read something in his eyes, in the way he behaves, in the way they behave towards one another, in the stolen glances, in the unnecessary touches, then how does his illness nullify all that evidence, especially that gathered before the Guillain-Barré ever set foot in their lives?

This is all John's doing from start to finish. John is the one who goes on dates, who makes women moan upstairs while Sherlock sits on the couch, earplugs in, trying to pretend it's all business as usual. John's the one with the chance for a normal life, the one who's a bit of an idiot in the eyes of everyone else for not jumping at that chance of getting the hell away from the freak.

Now that they've finally dropped the veil, John has decided to think he's compromised, in need of advocacy. This disease has finally taken *everything* from him, including the chance to ever make John believe he might be serious about wanting more than a flat-mate.

Sherlock should be angry, and that he is, but mostly he just feels defeated. He had always thought that if this ever happened, he'd have to be the one to initiate something. He had also assumed to be the one to ultimately fuck it up, because according to John and everyone else, that is what he does, at least to the love lives of others.

He had acknowledged the risk that John might retreat after initially reacting favourably to Sherlock's advances, had anticipated that John might offer an excuse for doing so, that John might regret such a
thing if it ever happened. He had gone through all the possible scenarios in his head, all the potential reasons John might turn him down. He'd thought it very plausible that John would panic, in a fit of heterosexual sensibility after a glorious moment of happy bewilderment. 'I'm not gay' - not a new one, but invariably the one Sherlock had calculated to be the likeliest excuse to materialise. 'I don't feel like that about you' - crushing, but such is life. Sherlock would have understood, because what option would he have had? Even if John's rejection had been based on the self-defensive 'You're crazy and I'd be crazy if I did this' - well, fair enough. Sherlock had never harboured any notions of himself as a functional counterpart in a healthy relationship anyway.

Those reasons he could have lived with. But this? Sherlock would never have anticipated John to be the one to initiate something that crossed the line they'd drawn in the proverbial sand of their relationship, and then cruelly abort on the pretense that Sherlock wasn't fit to make those sorts of decisions.

Sherlock had always thought that the worst John could do to him was to parade all those women around. Until now. It turns out that John is capable of topping that with a travesty of a kiss, with no chance of reciprocation, and then a complete dismissal with a ridiculous excuse.

To have second thoughts is fine, but to reject him on the pretense of medical ethics is a low blow. The lowest.

Being a doctor had not stopped John from killing a person for him. How could taking a life be so much less terrifying than this?

Sherlock could have handled disgust; he could have handled pure, distilled regret over acting on a whim. What he's not willing to put up with is this condescension he's convinced is emanating from John.

John looks like he's about to surrender himself to the General Medical Council after rolling himself in tar and feathers. And John clearly isn't done with his lecture on the subject. "We can't do this right now. Surely you see that. Once this is over, we can, I think we can talk, yeah, we should probably talk. Right now I think we need a timeout."

John takes a step back from the bed, still looking like a deflated balloon. "I'm going to find the ward sister to get you your night meds."

Had he actual words, he would have stopped John, told him he has no right to bulldoze over the whole thing on the pretense of being an obedient physician. John does not have the right to decide this alone.

Sherlock rolls his eyes, tries to communicate 'no' as pointedly as one can with just two moving eyeballs, tries his damndest to move, to force his vocals chord to produce sound even though he knows he can't.

John isn't looking at him anymore.

Coward. Fucking coward.

John heads for the door.

He's not going to accept this. He's going to drag himself off this bed and talk to John, if not now, then sometime soon, because this is not going to be the last word on the subject. He wants to scream, tear himself from the bed, run to the door, slam it closed and claim what ought to be his, take what he's just been given a cruel little taste of, and then denied. The desire is so overwhelming that he's
shaking, black dots dancing in his visual field.

The door closes. Footsteps on the corridor grow distant.

Soon the current shift's Ward Sister - a buck-toothed woman with a goitre and a chinchilla for a pet - thank you, you bloody pointless brain - appears with an infusor pump - yet another thing that John has seen fit to decide for him.

Is this the best John Watson can do, now? Drug him and leave? Deny both of them the chance to understand what the hell has just happened?

There's nothing he can do, and truth be told, the oblivion of drugs doesn't sound all that bad right now. If he stays awake through the night with the last thirty minutes going round and round in his head like a broken record, there won't be anything left of his nerves come morning.

Fucking hellhole, this place. Bloody useless idiotic worthless self-destructive Transport.

He closes his eyes while the nurse fiddles around with the infusor.

The darkness offers little consolation, but it's something.

When whatever he's being dosed with begins dulling the worst of his rage, he half-heartedly tries to create a false memory, one in which none of this has happened. An alternate reality where he still has the chance to hold onto any fantasies he has had about what would happen if John suddenly understood how Sherlock feels about him. If he only could, he would have frozen time right at the kiss, and replaced the rest of the sordid scene with his own version of what could come next.

*John, wide-eyed and giddily delighted, fingers still in his hair, slowly pulling back and studying his face frantically for confirmation that this is the most perfect thing in the universe. Finding the answer that yes, it is.*

*John, smiling, teasing him by asking him whatever had happened to the high-functioning sociopath.*

*Sherlock, smiling back with John's taste still on his lips, answering: 'he must have met you'.
The turning point

Chapter Notes

I'm back!

As promised, it's time for the last two chapters of the story, and an important announcement after the second one.

Betaed by Emma221b, proofread by Locky.

As always, a great big thanks to The Coven for the good cheer.

And I'll use you as a warning sign
That if you talk enough sense then you'll lose your mind
And I'll use you as a focal point
So I don't lose sight of what I want
- Amber Run

Morning slides in, unwelcome.

Sherlock's ears are ringing - the sedatives sometimes do that to him - he's mildly nauseous, and there's a thick fog that makes his thoughts feel sluggish. It will take hours for that mist to abate, for the pathways in the neural network in his brain to become clear, for the lock on the door of his Mind Palace to open. Not that he's very tempted to go there at present, anyway. It's merely reassuring to know the Palace is still there if he needs to escape reality, to hide away in its quiet rooms.

During the past few days it has begun to take him longer and longer to separate the reality from the things his head conjures up. Entering the Palace seems to fuel his paranoid tendencies, which are being reinforced by the sedatives. On the other hand, the night that has just passed has proven that staring at the ceiling has pretty much the same effect in terms of the intensity of the waking dreams and nightmares conjured.

The lack of precise communication means that Sherlock is locked up with his nightmares, without a way in which to let them out by subjecting them to John's scrutiny. All he has to go on are his own rationalisations. It's a slow and painstaking process, since the cogs in his head are slowed down by the residual effects of the sedatives.

It's unlikely Moriarty had been in his room last night. What is up with his subconscious and its strange horror-entangled fascination of that man? Why always *him*?

There are other dreams he needs to exorcise in the mornings. A veritable list of things he needs to remind himself of.

*He hasn't been locked in a room where the walls keep coming closer.*
John isn't dead. That particular recurring nightmare, which has plagued Sherlock long before even this hospitalization, is blessedly easy to convert to rational thought - every morning when John walks in with a disposable cup of coffee from Costa disproves it quite nicely.

This isn't Bethlem, and no sectioning order is in place.

This is not Dewer's Hollow. There is no fake devil dog here.

Molly wouldn't be able to dissect herself. That one's preposterous, even for his formidable imagination.

John isn't Moriarty. That nightmare had, admittedly, been a rather disturbing one.

Every morning Sherlock has tried to somehow signal to John what he's seen, in waking dreams or otherwise, but in lieu of actual words John hasn't caught on.

Today John isn't even present.

Sherlock opens his eyes.

White ceiling. Same as yesterday. And the day before.

Vertigo hits. Spinning, falling. For once he's grateful that his muscles have taken leave of their duties - he'd invariably be retching otherwise. He can't fix his gaze on anything, so he lets his eyelids droop closed.

A hand lands on his shoulder. For a moment, his body and his mind seem to disconnect completely - mind expecting the body to follow its sudden bewilderment with a flinch but it never happens. It's freefall. It's terrifying.

He blinks slowly, trying to use that tiny movement to ground himself, to distract himself.

A voice shakes him out of his reverie: "Good Morning."

Mycroft.

Sherlock can't say he's delighted, but as distractions go, this is acceptable for now, even if he can't communicate. All in all, his entire reality is still a travesty. He can't even let out his frustrations by yelling at his brother.

Mycroft raises the head of the bed to avoid having to crane his neck to look down on Sherlock.

"John texted me, saying you might want some company this morning while he's out on errands," Mycroft says.

John is, again, assuming he knows what Sherlock wants or needs - what else is new?

John always thinks he knows best, doesn't he?

Idiot. Coward.

Errands? What errands could possibly necessitate John being away from the hospital right now? Everything reeks of avoidance and excuses.

The only errand John could possibly have at this point is to hurry back and explain himself.
"Some attempt at acknowledgement of my presence would be appreciated," Mycroft says. He doesn't sound as bossy as he usually does with Sherlock. He's simply just trying to engage. "Could it be that John is mistaken in his assessment that you would tolerate my company this morning?"

Sherlock certainly doesn't want to be alone right now. He wants John, _God_, he wants John here, right now, instead of his brother.

He doesn't want to be stuck here in his own head, unable to reach for the answers because he doesn't have all the information and is incapable of acquiring more of it.

'Yes', he signals to Mycroft, deciding to forgo adding an 'idiot'.

Mycroft must've arranged a morning off work to be here, and he never really does that, unless there's a crisis. Is he lying about the contents of John's message? Has John told him something he wouldn't repeat to Sherlock? Something personal, something that Mycroft would deduce make uncomfortable things from?

It seems unlikely. John does not share things with Mycroft. He knows better than to do _that_.

Besides, having done what he did last night, John would probably fear that Sherlock's vigilant big brother would have him promptly assassinated.

"Would you prefer the television on?" Mycroft asks curtly. It's plain from his tone that he isn't fond of the idea. Nothing worthy of wasting intellect on is shown at this hour, anyway, just the shopping channel or imbecilic reality programs.

Sherlock glances at the book Mycroft had left on the window sill the last time he'd visited.

"Shall we continue?" the older Holmes asks with an encouraging smile.

Eyes up and then closed.

If the hypnotic effect of Mycroft's slightly monotonic reading will help Sherlock catch the tail end of the sleep still on the horizon, all the better.

"John said he'd be back later, in case you were wondering."

Sherlock doesn't answer. Mycroft latching onto something untoward going on is the last thing he wants. He tries to look as nonchalant as possible about the life and times of one John H. Watson.

Mycroft flips open the page he'd marked with a match he'd dug out of his pocket on the first evening that they'd been reading together. Sherlock realizes the fact had eluded him, then. He must've been too distracted to realise its significance.

Is Mycroft _smoking_ again? Interesting. Stress at work? Stress over Sherlock? Just a guilty pleasure he vacillates over whether he should allow himself or not? It could also be that Mycroft had used the match to leaf the book because he wants to avoid leaving fingerprints anywhere public, but they're all over the book anyway and they're likely to take it with them if and when he leaves this hospital room. The deduction slowly turns into a dead end, a snake eating its own tail. How is it that Sherlock can't even read his own brother nowadays? The drugs and the tedium and the anxiety caused by all the uncertainty must be playing tricks on his deductive skills.

Sherlock realizes he hasn't deduced much lately. He must have instinctively stopped when he could no longer flaunt the results. _Genius needs an audience_. Besides, the banal human dramas of the hospital staff do not offer much excitement when compared with crimes. Other patients might be
much more interesting, but since Sherlock has a private room - probably Mycroft's doing - that's off the menu.

While idly listening to Mycroft's reading, he can't help wondering about John's whereabouts again. Not that he'd know what to do or say if the man walked in the door right now. That would just make everything worse.

It's easier to be calm, easier to process everything bit by bit, turn it in his head like a Rubik's cube now that John isn't actually present. For the first time after falling ill, Sherlock realizes that maybe both of them need to take some time to think. It still doesn't stop him from missing John terribly, especially now that his absence practically screams of crisis.

The incident, as Sherlock has decided to call last night's turn of events for now, has at least made him angry and determined enough to rip himself out of the apathy that had begun to settle in. He'd begun getting so pathetically maudlin; was it such a wonder, after all, John thinking that he wasn't in a state fit to process this like an adult?

Still: why would John push him away like that? Both of them know it's not all about John's profession. It can't be. Not after everything they've been through.

Think of it as a case. Solve it. Fix it. Come up with a way to ask 'why'. He hears his brother's voice echoing in his head from an earlier time: 'narrow it down.'

How could he, when he still can't even speak?

Mycroft leaves him at one in the afternoon, heading back to his offices in Westminster. After a guessing game of what Sherlock should be entertained with while there's no one accompanying him, Mycroft fits him with a pair of the headphones and puts on some Penderecki. Not his favourite. Mycroft, on the other hand, greatly enjoys the modern composer's works. "Some variation to your usual repertoire consisting mostly of treacly romance," Mycroft announces with a mischievous glint in his eye. Sherlock awards him with a full eyeroll. That's how he would have replied even when in full control of his faculties.

Tchaikovsky is hardly treacly. Mycroft is just being his showoff ponce self.

Just for a moment, everything feels normal. For the first time after this waking nightmare had begun, Sherlock feels like himself.

It's a feeling most welcome. He needs his wits about him, if he's to sort this mess out, because judging by John's attempt at defusing it, John Watson does not possess the skillset to solve this issue.

Issue.

Incident.

Kiss.

It should be simple. Sherlock needs to establish if either or both of them wish to replicate it, and if yes, proceed accordingly. Sherlock has little to no experience of what could potentially happen after a re-enactment. He'll leave that to John. John will lead, he will follow. Assuming, of course, that
In the afternoon, Sherlock suffers through an hour of his parents prattling nonsense by the bed. Despite his protests, Mycroft had summoned them for a visit. Sherlock allows a good sixty minutes of their concern until he does what has always worked with his mother - fakes falling asleep. Mycroft scoffs and berates him, but faking slumber is quite simple when one cannot move.

Molly makes a quick stop at teatime, books under her arm. She apologizes for not being able to stay - vet appointment for a pet.

It's clear that John has requested she come by, even if just briefly.

In the evening, Lestrade makes a courtesy call. No doubt he, too, has been summoned.

What a telltale parade this has become of people-who-are-not-John. It makes Sherlock wonder what exactly John has told these people. 'Could you babysit Sherlock while I go and have some self-indulgent sexuality crisis? Cheers.'

Is John somehow scared of him right now? He's never been more harmless in his life! He can't argue, can't wound with his words, can't convey his observations, or the end products of his deductions. Still, John keeps away. Is Sherlock's mere existence an accusation now, a reminder of things John does not wish to address?

Lestrade informs him of the court outcomes of recent cases they've worked together. The DI is, of course, used to visiting people in hospitals in an official capacity, and he'd sat by Sherlock's bedside numerous times during the early stages of their acquaintance. Overdoses. Pneumonia. Broken ankle. Concussion. All of those things Lestrade had handled with his trademark dry humour and easy companionship.

The Guillain-Barré has been different. It makes people apprehensive, puts them on edge. John much less so than others, but still.

Lestrade studies the explanatory sign John had made, frown lines deep on his sleep-deprived features. "John sounded tired - guess he needs a day off, you know? A little R and R, yeah?" he asks.

'Maybe?", Sherlock replies.

"Is it getting any better?" Lestrade asks.

'No, maybe'

"How long has it been, now? Six weeks?"

'Yes'

"Is that normal? For the syndrome, I mean?"
'Yes'

"Fucking hell," Lestrade says, amazed. "Weird, isn't it. We all toddle along, blissfully unaware of all the things that we could catch. I don't know how doctors do it, I'd be a bundle of nerves wondering what illness was going to hit me next..."

Such a capability for ignorance could be described as selective ignorance. The same sort of learned blindness that allows people not to realize their spouses are cheaters, that their children are bullies and their flatmates are infatuated with them.

"It must be hell, what you're going through," Lestrade says, glancing at the door, probably hoping for an escape.

It feels rather nice, for someone to say it out loud instead of pretending it isn't.

"I couldn't do it," Lestrade says and shakes his head.

It's not as if Sherlock has had much of a choice. Nobody chooses this. People persevere, because they have to.

"I'm glad John's been keeping you company. Telly?"

'Yes', Sherlock answers. He'll gladly survive the shopping channel, if it saves him from listening to Lestrade trying to come up with more pointless things to say to him. Clearly the man is already struggling.

Sherlock has always unnerved people. Lately, it seems that this tendency has reached new heights, and he doesn't even have to say anything to achieve it.

That evening Sherlock declines the sedation. The evening shift nurse actually tries to get him to communicate - it's obvious she has read and understood John's note. His operational instructions. The manual Sherlock now comes with. It had been written with John's hasty freehand, designed to be easy to read as opposed to the usual physician's scrawl.

"I just need to check with you again that you definitely don't want the sedation?" the nurse asks, but is already turning off the infusor pump she had brought in.

The night would be shorter with the sedation, but Sherlock can't afford to miss the opportunity that John suddenly appears.

Sherlock repeats his answer, trying to convey a sense of calm and gratitude that he's being listened to. He's not sure how well he succeeds.

"It's your choice, of course. But I'll come back in an hour when I do your obs and check with you again. Please tell me yes if you understand."

He looks up.

"Alright, then," the nurse says without a smile.

Sherlock suspects the staff would rather have patients asleep overnight. Less to do during the
nightshift, and they seem to be very keen on maintaining as normal a daily routine as possible. John had explained that it helps keep patients from becoming confused and agitated. As though anyone stuck in this hell would be anything but, sleep or no sleep.

At least some people still listen to him and treat him as though he's capable of independent thought. He wants to stay awake, wants to wait. Frankly, he doubts John will be back tonight, but he wants to avoid the side effects of the sedatives.

As much as he tries not to, he still ends up drifting to sleep without noticing.

When he wakes up hours later, he's alone in the room. The TV is still on, tuned on to one of those late night forensic crime dramas. They usually get everything wrong and the characters have larger breasts and less sense than Anderson.

Lost in thought, disoriented, he attempts to reach for the remote. Nothing happens, and he wants to bang his head back against the pillow in frustration over this jolting reminder of how things are. His brain keeps doing this, momentarily forgetting that its action commands fall on deaf ears. Nearly every night, he dreams of walking, running, doing all that he usually does in his daily life.

This is what it must be like for a demented person - a constant cycle of confusion and disappointment over lost skills, lost loved ones, lost abilities.

Every morning, he wakes up and for a split second he mistakenly thinks he's at home, healthy, and every morning when the confusion fades he's faced with this Hades of bedpans, suction catheters stuck down his breathing tube, sweating the sheets damp, and the endless tedium of staring at off-white walls.

Something catches his attention. A slight twitch under the sheet covering his feet. He's the only living, moving thing on this bed, so it must be him.

Sherlock has to concentrate to try to identify which part of him is doing it.

His ankle moves!

He can turn it slightly, make the bony protrusion on the outer side of it jut out defiantly. And he can return to it to a normal position. He can't bend his knees, nor can he move his toes, but he's pretty damned certain he wasn't able to do this yesterday. Or the day before. Or the day before that.

Is there anything else? Anything more?

He strains himself, and the ankle moves again. He has a nagging feeling that he's missing something here. He strains again, pouring everything he's got into the useless limb refusing to move. The ankle shifts, but only slightly. The nerves and muscles must be suffering from some sort of stress fatigue. He's been having physical therapy, and John has been replicating some of those exercises on him several times a day, but they only serve to keep his joints from developing contractures, from becoming stiff - they can't really keep his muscles from atrophying since there's no strength in them.

Another movement, a slight jolt that makes the sheet fall half off his foot. It's real.
It's real.

John.

*John!*

*Think. Think, genius, figure out a way to get him here, right now.*

He's so agitated, so giddy that his breathing is off and he's trying not to feel light-headed.

Another realization hits.

He's--- *breathing?*

He turns his eyes towards the respirator and there, at the edge of his vision, he sees it - the curves on the monitor have turned blue. Not the dull grey they are when the machine is initiating breaths, but the blue signaling that it's him, he's doing it, the machine is just helping, he's breathing, he's breathing on his own.

He's *breathing*. This torture is going to *end*. He squeezes his eyes shut, tears of relief prickling at the edges of his eyes.

The strength of his muscles likely won't allow weaning off the respirator for days - the breaths he's taking are augmented by pressures driven by the machine into him. He had hardly managed to inhale air fitting into a thimble right before he'd been intubated, and it will take time to build up his stamina to manage breaths worthy of an adult man of his height.

Still, he's breathing.

On his own.

John.

*Get John!*

The night nurse thinks he's having some sort of a fit because of his frantic eye movements, and nearly slams her palm on the emergency button until Sherlock fixes his stare right at her. He then moves his ankle, and uses the last of the energy he has to alter his breathing so that the nurse will notice that the respirator's steady pattern is no longer there.

She does. She notices. And smiles.

She's been there from the early days, and Sherlock has developed a tolerance for her. She doesn't talk down to him, takes care of things quickly and efficiently, and even has cracked a few gentle jokes in his presence. She feels very natural, very comfortable in his presence, unlike many of her colleagues who have clearly been made uneasy by his silent watchfulness. Her presence is bearable, as had been that of the male nurse he'd met right after being hospitalized.

"So that's what you were trying to tell me and why you didn't want the sedation. Well done!" the nurse says, sounding genuinely pleased.
Sherlock thinks he should be irritated such juvenile praise but somehow, he isn't. He's oddly proud of himself. He hates his body, hates his ridiculous misfiring immune system for doing this to him, but at least it's fixing itself now.

"It's a small step, but the rest should follow. It'll take days, probably weeks, and a lot of patience, but it's getting better now. I don't want to prick your balloon here - this is great, Mr Holmes. I suspect you'll want to inform Dr Watson?"

This gives Sherlock pause. He finds he wants to tell John himself, not via a proxy, but by showing John what has happened.

Or maybe he should wait, even downplay it a bit. He doesn't want John to hurry here, be blissfully distracted by the good news and use that as an excuse to ignore everything else. Everything that has happened.

Sherlock realizes had just wanted to tell someone. To show someone. Isn't it most important that he himself knows that this slow downward spiral is ending?

'No,' Sherlock finally tells the nurse, who quickly glances at John's cheat sheet.

"Do you want to wait, then, until he comes to visit? Surprise him?" the nurse asks.

'Yes.'

"Alright, then. Do you want the sedative now? I doubt you'll be able to sleep after these sorts of news without it."

'No.'

"If you're sure," she says with a smile. "If it was me, I'd want to stay awake too right now, to enjoy it." She turns on her heels and heads for the door.

Once she is gone, Sherlock makes a survey of every part of himself. It turns out he can manage a ghost of a cough now, on top of the fact that he's drawing in breaths.

He can blink faster now. There's also the ankle, but that's all.

It isn't a big step forward, but it still makes him ridiculously happy.
Sherlock's eyes fly open at the sound of John's voice. He steals a quick glance at the wall clock. Half past seven in the morning. He must've slept through the night, after all. It had not been his intention. He had meant to use the quiet hours for thinking about what he was going to say or do when this moment came - when John returned.

He remembers closing his eyes the night before for a second, with no intention of sleeping, but he must have dozed off deeply enough to allow John to enter the room wihout him noticing. His concentration isn't what it used to be. Too little practice recently to pay attention to details.

John looks sheepish. Unlike Sherlock, he clearly hasn't slept, nor has he bothered to try and tame his blonde hair.

John never comes to the hospital this early.

"God, it's still weird to be able to talk to you without getting constantly interrupted. Or insulted," John says and leans his palms on on the backrest of his usual chair. Instead of sitting down, he's practically hiding behind it.

Sherlock decides that he hates the fact that John has a regular chair here. Not because he doesn't want John present, but because neither of them ever deserved these months. In general Sherlock doesn't indulge in such superstitious thinking - karma, luck, it's all rubbish, really.

John doesn't deserve to go through this. None of it.
Sherlock had been convinced that the anger would return the moment he clapped his eyes on John again, but now that John is actually present, the fury has somehow drained from him.

Mostly, he's relieved that John has come back. Part of him had doubted even that.

John looks poised for battle, like he's facing off with a viper when he straightens his back and takes a step closer. The air practically crackles with what they both know needs to be addressed.

"Look, I'm sorry. I really am," John says. "You'd probably argue me on this, but I really think we need to put a lid on what happened for now. Until you're better. Until you can tell me yourself what's going on here. I felt bad for going on that date - not for the reason Molly insinuated, or maybe it was partly that---" John presses the heels of his palm on his eyes - underneath which dark shadows reign - and sighs. "We need to talk about it. I want to talk about it. You probably need to, but we can't, not right now. It's bloody useless if it's just my monologue and my assumptions of what you're thinking. Even with the board, you can't----" John leaves the rest out, and Sherlock wonders which of them he's protecting by not uttering a reminder of how things are. "Do you understand?" John asks.

'Yes,' Sherlock offers.

As much as he would hope for instantaneous closure, what John is saying does make a modicum of sense. Even if he thinks his judgment is sound, John's actions might be currently governed by some overblown sense of doctorly detachment and decency.

If John needs to wait until he's better in order to move forward in a way that doesn't feel conflicted, then so be it. If John won't believe a single word he tries to convey, what's the point of trying right now?

Trying to talk about what happened is clearly a lost cause until he's better.

Sherlock knows it's unlike him to be this patient, this accommodating. He doesn't feel like himself, so is it any wonder that he isn't behaving like he normally does?

"I'm sorry. That's all I can say," John concludes.

Sherlock wants to tell him not to be, because that apology shouldn't be about what happened - only about when it happened, and that it didn't happen long before. Come to think of it, Sherlock would prefer that there was no apology at all, except maybe for that cowardly retreat from a mess that was largely John's own making.

John is biting his lip, unsure what to say next. He looks downright tortured.

Sherlock decides it's time for the news. He closes his eyes, concentrates, and moves his ankle.

To his amazement, his whole leg shifts on the bed from the knee down.

John is staring.

Then his arm shoots out and grabs Sherlock's ankle. He lets go, flings the sheet away and grabs it again.

John hand is warm, and the warmth sends a strange tingling down to Sherlock's toes. It's like a puff of dust landing on his limb, or a blow of wind.

"Do it again," John commands him, and he obeys, relishing the feeling of his leg and, along with it, John's hand moving an inch.
John looks like all his Christmases have come at once. He moves to the foot of the bed, flings away the sheet so that it only covers Sherlock from the thighs up and encloses both of Sherlock's feet within his palms. "Anything else? Can you move your toes?"

He tries, but there's nothing.

"Anything else?" John asks hopefully. He leans on the footboard, curling his fingers around Sherlock's feet. It tickles slightly and there's more tingling, now up towards his knees.

He manages a pathetic attempt at a cough. John's eyes dart to the respirator. He stares at it for a moment and then his jaw drops. "Jesus. When? Sherlock, when? Today?"

'No.'

"Last night? Did Lestrade see? Have they told Mycroft?"

'Yes. No. No.'

'Why didn't they tell me? Why didn't they call me? I'd have been straight over! You know I would have. This is great, this is--- Oh Jesus, I was so worried," he admits, "It's been weeks. They were discussing more tests. I didn't want to worry you. This is so, so, good."

This confession surprises Sherlock. It's yet another example of how John is trying to spare his feelings, tries to hide these things from him because he thinks he knows best.

Something John had said earlier, a thing Sherlock had obviously stupidly mistaken for kindness, comes to mind: 'I'm sorry I can't trade places with you.' Sherlock now can't help but suspect that John thinks he'd be the strong one, that he wouldn't fall to pieces like he obviously assumes Sherlock must have been doing.

*Emotionally compromised* - another thing John had said. In a way, it's the worst insult John has ever directed at him. It still stings. It's the most important reason why he can't and shouldn't talk to John properly, until he can provide a setting in which John isn't constantly reminded of the fact that he's a patient.

Sherlock detests the possibility of rejection - who wouldn't? Would John crack jokes about Stockholm syndrome, remind Sherlock of all those labels that have been slapped on him, some of which he has embraced because it's easier that way? Easier to play the part of the unfeeling sociopath than to bear the pity and confounded expressions?

There's an even greater fear now: what if John will never stop looking at him the way he does now, with pity and a malignant sort of protectiveness that reeks of condescension? John looks at him as though he were something that has intent but lacks comprehension.

John has always been protective of him. John steps in when he fumbles socially, cleans up the mess afterwards, cracks jokes at his expense sometimes, when he thinks Sherlock can't hear.

When it comes to love, when it comes to sex, when it comes to women, John treats him as though he shouldn't even be trying to understand because it's all so completely over his head.

Will John take him seriously? The past weeks have done nothing to ensure he would. John is his greatest advocate, but when it comes to love, will John let him stand on his own two feet?

John is still holding his *actual* feet - a strangely intimate gesture.
John lets go when he notices Sherlock looking at his hands, looking less embarrassed than Sherlock had expected when being called out on the fact that they're still touching, still connected like this.

Touching had become so easy, so natural during the past weeks. John's hand under his hand been a tether to the real world, his main means of communication for days and days. After he'd lost that, John had still been there - brushing back an errant lock of hair from his forehead, holding his hand, flexing his elbow under the pretense of repeating the exercises recommended by the physical therapists.

All in all, John had been touching him almost constantly up to the kiss. He'd been acting like someone long denied of an act, and then suddenly allowed to do what he's wanted.

One evening, weeks earlier, the pain had been at its worst - his whole back on fire, electricity running through his limbs, scorching, cramping even without the muscles moving. Nerve endings had been misfiring, sending unfiltered alarm messages to his brain. Nothing had helped - as the neurologist had explained, opiates are not all that effective in neuropathic pain, and using them in copious amounts would have not been pertinent anyway, considering his past... issues. Paracetamol was a joke, nonsteroidal anti-inflammatories equally weak in effect. The only thing that had offered a respite, the only thing that had helped, had been John.

That night Sherlock had ended up leaning on him like a ragdoll as John sat behind him on the bed, keeping him in a sitting position with his arms around him, the pressure finally off his lower back.

There had been none of this infuriating awkwardness that now colours their interactions then, none of this apprehension.

John finally leans back and lets go of is feet. Now that the joy of this new development has lost its novelty and thus its brightest edge, he looks a little withdrawn again. Regretful, even.

Sherlock glances at the television. He doesn't want to watch it, but he's growing tired of watching John beat himself up in the confines of his own head.

If they are not to discuss the thing that must be burning on both their tongues, they need all the distractions they can get.

John turns the television on and drags his chair right next to the bed. He picks some movie Sherlock has no interest in.

What Sherlock knows he should be doing instead of wasting his time with fictional gas explosions, is making a list of things he is going to tell John once he can talk again.

A week later, almost nine weeks after the day when the illness had made itself known, Sherlock becomes a man who has two first words.

In his infancy, 'bad' had been the first one. After being sternly chastised by a nine-year old Mycroft for the very many 'bad' things he had perpetrated by the age of one, that was the word his brain had chosen as the first one it managed to connect to his vocal cords.

At age 34, after so many days of silence, his second first word turns out to be 'John'.
No one seems surprised.

It's a word he has missed more than any of the others in his extensive vocabulary.

Sherlock hurries to say that very word, before the anaesthetist has even managed to turn off the respirator that is now screaming bloody murder since it thinks the patient it's been ventilating has stopped breathing.

He hasn't. He simply does not need the machine's services anymore. The endotracheal tube has just been removed.

Slowly, he'd been weaned off even the pressure support mode of the machine. When he had been able to inhale and hold an amount of air worthy of two breaths, the ITU anaesthetist had told him it was time to take out the tube. Which meant that most likely he will not need to stay at the Intensive Treatment Unit for much longer.

He secretly holds hope that John might take him home soon, but it's highly unlikely. He can't yet lift an entire leg off the bed - not enough strength to beat gravity. Many of his bodily functions are still offline due to his nervous system still being out of whack in many ways.

With the return of his respiratory muscles, protective reflexes had also made a victorious comeback, which had unfortunately meant that he had began gagging on the tube and fighting the respirator on a regular basis, wanting to cough, wanting to swallow. The last two days of waiting for permission to extubate have been hell - just a different form of it from the one he'd been residing in.

Sweat clings to him like a film. He closes his eyes, willing his convulsing diaphragm to stop trying to expel from his trachea what is no longer there. His breaths come in short pants, nostrils flaring.

John's hand is on his shoulder, squeezing gently. "Okay?"

He nods. He can nod, now. Turning his head to the side is still agonizingly slow, but he can do it if need be. He has also regained some movement in his wrists, which had allowed them to return to the Morse code, tapping his fingers against John's palm.

They had been successful in settling back into the same denial that had been their companion at home. They both probably know it's just a timeout, a temporary fold in time and space where they both pretend nothing out of the ordinary has happened.

Talking doesn't seem enticing yet even though it's possible, because Sherlock's throat feels dry, aching and swollen. They had warned him it might be sore - understatement of the century - after the removal of the intubation tube. On the other hand, he's been waiting for weeks to be able to say something, so sod the discomfort.

"John," he says again, testing each letter, each twist of the tongue.

The anaesthetist arranges an oxygen mask on Sherlock's face. He promptly removes it.

"Mr. Holmes, I'd strongly recommend it stays."

"I'd strongly---recommend---you leave," Sherlock whispers. He had been warned about the risk of vocal cord damage associated with being intubated for a long time. Likely this hoarseness is just due to temporary swelling and the fact that his vocal chords have been unused for long. He's still dismayed to find his baritone so quiet, throaty and leaky.

John smiles at the anaesthetist, who relents. "Alright, then. Tell them to call me if there are any
problems." The two nurses who had been assisting him trail out of the room behind him.

The door closes.

It's just the two of them in the room, now.

"Alright, out with it, then," John says with a smirk.

Sherlock's heart skips a beat.

What does John mean? Out with what? He hasn't made that list, he isn't prepared, he hasn't exactly formulated the optimal way of expressing his interest, no, not interest, such a modest word, his fondness---

"You must have a ton of complaints amassed that you've been dying to---" John pales when he realizes his choice of word and snaps his mouth shut.

Ah. John thinks he's got a tirade to unleash about the way he's been treated. Funnily enough, that hasn't been the topmost thing on his mind lately.

Sherlock shoots him an exasperated glance. "I think we've established----," he pauses to lick his lips, his mouth is so dry the hoarse words are sticking to his palate like fudge - "That I'm not ---- in fact, dying, so you can stop being so bloody tactful," he hisses.

That's all he wants to tell John at the moment - to stop treating him like he's made of glass.

What was it John had said? 'Once this is over, we can, I think we can talk, yeah, we should probably talk.'

This is far from over.

He's rather exhausted, actually. John looks a little worse for wear, too. Or is this stalling, deflection?

He can't bring himself to look at John, unsure of what the man expects from him. Does John now want to put everything behind them, relieved that he will no longer have to face Sherlock in what he'd judged to be an emotionally compromised state?

Sherlock realizes there's too much residual anger left for him to attempt discussing anything important right now. The last few days fighting a battle with the respirator have been exhausting. He needs a more level head to be able to talk to John about things he has never been good at discussing. Besides, speaking does hurt as is he'd swallowed razor blades.

He needs to wait until he feels a little more like himself again.

"Purcell? I thought you'd have chosen something more upbeat now that you're on the mend," Mycroft says after learning from a glance at Sherlock's phone that he's listening to the composer's opera *Dido & Aeneas*.

The worry lines Mycroft has been wearing under his eyes are slowly disappearing.

With a flash of mischief in his eyes, Mycroft grabs Sherlock's phone, and swaps the opera track for some treacly, insipid Beethoven piano piece.
Five days later, John comes in later than usual in the morning, carrying a small plastic bag which he hides in the linen cupboard.

"I've got a surprise for you," he tells Sherlock and grabs a pair of gloves, presenting them like a rare treasure.

Sherlock blinks slowly, looking unimpressed. "I'm not in the mood for jokes."

John puts on the gloves. "I saw your neurologist in the lobby. He says that it's time to take that out," John says and points to his nose. In all likelihood, he's referring to the nasogastric tube. "They did test your swallowing this morning, didn't they?" John asks.

They had. Swallowing with the tube still in place makes Sherlock gag, and leaves his throat sore. Having it removed does not sound like an enticing prospect in the short run, but he's very much looking forward to getting rid of it altogether.

"Do you want a nurse to do it? I know I'm not supposed to do stuff like this, but I didn't know what you'd prefer." John asks.

At least this time John is acknowledging what Sherlock had told him earlier, that he doesn't want John to act as his doctor. This is different, though, since the decision has already been made by the neurologist. Also, John seems endearingly eager to help him get rid of the wretched thing he'd hated from the start. He's not doing this out of some physician's duty. He's getting this sorted as fast as he can, because he wants to help, and he can guess what Sherlock wants.

"I've had enough of nurses, and you've already dressed for the part," Sherlock reminds John and squares his shoulders.

So far he has regained movement in half his toes, his neck and his shoulders, which he can now bend back but not raise. It's something. It's a start.

John gently peels away the brown tape securing the tube in place, leaving the skin underneath sore. The tube has frequently chafed Sherlock's nostrils raw, as if he had the flu.

"Ready?"

Sherlock nods and closes his eyes. Gently but not too slowly, John pulls it out and then quickly slips an emesis basin underneath his chin. Sherlock's eyes water as he gags for a moment, but nothing comes up. His mouth tastes vaguely of mouthwash, vintage spit and bile.

"I've got an even better surprise next," John says conspiratorially. He goes to the cupboard and digs out what he'd hidden, revealing from the plastic bag a container of what looks like ice cream.

"Usually they start people off with something bland like yoghurt, but I figured that if a two-metre tall assassin or a Chinese mafia acrobat couldn't kill you, you're probably safe with a bit of ice cream."

"Can't argue with that," Sherlock replies.

His throat still feels like a cactus has been dragged through it. Ice cream might help. They had been
giving him sips of water during the past few days, but that's all. He knows he can swallow, but the doctors had wanted to play it safe. According to them, he's at a significant risk for pneumonia even if he doesn't accidentally inhale his lunch.

John produces two spoons. He's about to wrench open the cardboard cover of the package, when he suddenly freezes as though he's remembered something, and regards Sherlock with an apprehensive look. "You're not about to throw me out, are you?"

"What?"

"Like before?" John asks, obviously trying to avoid saying the reason out loud.

He had looked somewhat hurt when Sherlock had insisted that not even John was allowed in the room when he was being assisted with eating before the nasogastric tube and intubation had become necessary.

John puts the ice cream and the spoon on the nightstand. "Or are you?" John asks, and he's now practically pleading. "Honestly, I was really looking forward to this. It means we've won, that you're beating this thing."

Why is a meal of ice cream suddenly such a significant symbol? What is there to celebrate about, really? They knew it was likely that there would be a plateau phase and then improvement. It doesn't mean that Sherlock is over the moon because he is regaining the abilities he had originally acquired before the age of two.

Everyone else seem to operate under the assumption that the worst part so far had been when his condition had kept gradually declining. They're all wrong. In a way, these early days of recovery are worse, because before there had been a chance that his recovery might be fast, that the effects would resolve much more quickly than the onset of the illness. Now, Sherlock is truly facing the reality of what this is going to be like. How agonizingly slow it will be to regain his abilities.

Before, John and everyone else had complimented him for his intellect, for his athleticism and for his work performance. Now they keep feigning encouragement and awe at things such as managing to scratch his own elbow or yawn.

Sherlock blinks, realizing he must've remained silent for longer than is polite. John is biting his lower lip, looking as though he's preparing for a fist to the face.

"It's fine", Sherlock says.

John's face blooms into a grin. "Fantastic!" He wastes no time in carving out a small spoonful of the dessert. He then gingerly shoves it into Sherlock's mouth.

It's like receiving a drink of water after years in a desert.

It's as though his taste buds have been working out during their hiatus. He tastes real pod vanilla, full-fat cream, sugar and strawberry and if there's anything closer to heaven that he could possibly have in his mouth he doesn't care.

The sound he makes after swallowing is nothing short of lewd and John laughs.

For a second, Sherlock's memory transports him to the very first evening they'd spent together - chasing a cab, giggling in the dark in the downstairs foyer at 221B. John leaning against him while wiping tears of laughter on his jumper sleeve.
Sherlock had thought he'd found a flatmate that day, but what he'd actually found that day was John, and he still has a hard time believing his luck.

John digs out his phone and aims the camera at him.

Sherlock scowls. "John, please don't." Even if John had just wanted to document this admittedly happy moment, Sherlock finds the thought disturbing that there would exist evidence of his predicament, even if it's just for John's safekeeping.

John lets his hand fall. "Fine. I just thought Mycroft might want to see this." He starts texting.

Sherlock tries to crane his neck to read the message, but John's chair is too far away.

"S-eating-ice-cream-thought-you'd-want-to-know," John reiterates while typing those very words.

They eat some more of the ice cream.

Within a minute, John's phone chimes with a text alert. "He sent you a smiley face."

Sherlock feigns a scandalized expression. "He did no such thing!"

"Alright, you got me. What he says is 'Duly noted, which flavour?'." Sherlock raises his brows. "Aren't you going to answer?"

'Strawberry cheesecake' is what John types into a reply he shows Sherlock. "I know you like the one with the brownie bits, but it's too solid for you at this point," John says apologetically.

Another text alert. John shows Sherlock his phone. 'Such decadence. MH' the message reads.

"He promised to come by around this time. Maybe we should save him some?" John suggests.

"If that ponce wants decadence, he'll have to find his own," Sherlock tells him.

A few days later, Sherlock's central line becomes infected, spreading bacteria into his bloodstream. The fever rises quickly one evening, making him shiver so hard his teeth clatter. Even the sheets hurt as the skin that has already regained feeling gets over sensitised. At least they remove the offending central line. Now that he can turn his head again, the thick cannula inserted into the junction between his neck and his shoulder for the plasmapheresis had begun to bother him.

It takes five days of feverish delirium and antibiotics which his kidneys turn out to not be very fond of, to put him back on the mend. The antibiotics they switch him on to give him constant nausea. He doesn't throw up, not even once, but it's bad enough that he refuses to eat anything.

A reintroduction of the nasogastric tube is discussed, since he begins rapidly losing weight again, but only briefly, since Sherlock threatens to strangle anyone who dares to approach him with that torture device. Thankfully, nothing grows from the tip of the catheter sent in for cultures, and the infection resolves itself within a few days, although the antibiotics are planned to continue for another week to be on the safe side.

The Guillain-Barré continues to recede like a tide retreating from the beach, but it doesn't leave him
feeling normal. There are ghost sensations produced by the recovering nerves - he keeps waking up thinking someone is touching his limbs even though not even the sheets are on them. Muscle cramps plague his legs, some sort of sciatic pain regains a foothold, even traveling up his spine like an electric jolt. New medications appear in his regime, chosen for their claimed ability to prevent these misfirings of nerve from turning into a permanent phenomenon.

His co-ordination is gone. Decimated. He had hoped, in hindsight, rather naively, that once the nerves returned online, his brain would be able to supply them with precise enough directions for things to be as they were. It almost seems like his muscles and his nerves have forgotten how to work together, and it doesn't help that he's lost a significant amount of muscle mass.

Luckily he has something more important to think about: a conversation he and John still haven't had.

Every setback, every realization concerning how slow this recovery will be, makes him hesitate mentioning anything until he can somehow sham at looking and acting normal, and also makes him more determined than ever to focus on getting to that point in his recovery. He fears that the more time passes, the more opportunities John will have to convince himself that what had happened had been an isolated incident within the twisted alternate reality of a hospital, never to be repeated or spoken of.

His so-called 'recovery', which hardly feels like one, since he's still bedridden, has certainly raised John's spirits. Such enthusiasm is somewhat infectious, at least when John is present.

The steps of progress that delight John are small, but seeing that relief makes Sherlock believe, if only for a moment, that things are alright.

There's physical therapy. Boring to the extreme, but it serves its purpose. The progress is slow, but there is some.

At some point, he'll be a man who will also have learned to walk twice. He had hoped to walk out of the hospital, but it's becoming clear that getting to that performance level will take much more time than he'd hoped. He'll be discharged way before getting back on his feet. Discharged where, he does not yet know, because he refuses to discuss any other option than home. This wrenches a lot of frowns from Mycroft.

As per his request, John brings him his own socks from home. He wouldn't be caught dead wearing the tight, anti-blood clot socks the hospital supplies.

On the day he's due for his first physical therapy session in the PT rooms instead of his own bed, John dresses him in a black pair of his own wool blend socks, since he can't manage such a feat just yet. Hands, especially fingers, are still very, very weak and uncoordinated. The irritating tingling in his limbs has been constant today, and although it might possibly be signaling the return of more nerve function, it's most distracting.
"I hate my feet," Sherlock finds himself telling John. This keeps happening to him - he's become awfully chatty, on occasion revealing things he hadn't meant to. Getting so used to all his thoughts staying put in his head has temporarily changed his inner filters. It's ridiculous, the things he finds himself prattling about.

His feet have low arches, and he'd prefer a smaller size. These feet are not an asset, that's for sure. He tries to glower at them as best he can.

Judging by his smile, John seems to find this endearing.

Sherlock wiggles his toes - a re-learned skill he relishes.

"What do you mean you hate them? They're fine. How can you hate any bit of yourself after clearly winning some evolutionary lottery with your looks? I bet you stole the ticket while the winner was in the loo."

Sherlock has never had any trouble disliking himself. Learning this skill comes with not being an average, normal, easily educatable child. As a teen, before his proportions settled into something more functional, he'd been all limbs. He still feels like that sometimes, especially when forced to fly tourist class. John's compact frame must be so much easier to manage.

Sherlock is frowning, staring at his toes that look pale and useless. They do move, but most of his soles still feel numb.

John's eyes are fixes on his feet still, too. "Actually, now that I'm getting a good look at them," John says in mock seriousness, "You're right. They're completely terrible. I'm not having them in the flat. Think we could get you a transplant while we're at it?"

Sherlock sticks his tongue out - another thing the joy of which he has recently been re-acquainted with. John doesn't usually seem to appreciate it much, but now he laughs.

"There's gotta be something, you know", John musies mischievously, "No one is allowed to be that bloody perfect."

Fourteen weeks and three days after he'd found himself unable to climb the stairs into his own home, Sherlock sits in a chair. Not in a bed, but a chair.

An actual chair.

He suspects he will remember this chair for the rest of his life. It's an armchair with thick armrests and a high enough back to ensure his head doesn't drop back and give him whiplash.

He had been wearing a cervical collar all week to allow him to properly sit up in bed, to strengthen his neck muscles that have withered as badly as the rest of him. As announced by the physical therapist earlier this morning, the collar is no longer necessary.

He feels thin, sinewy and weak. The sludge fed through the nasogastric tube had seen to it that his basic needs were met, but after its use had been discontinued it's been worse. Eating is slow, and he absolutely, furiously abhors the fact that he still requires a lot of assistance with it, as he does with
everything else.

He leans forward slightly. He half expects his head to drop forward, but apparently, his physical therapist is less of an idiot than Sherlock gives him credit for. They've promised him that the collar comes off when he so decides.

It's time.

The collar would have been the last thing he couldn't possibly conceal when wearing his own clothes, instead of hospital-issue monstrosities or his own pyjamas. Constant monitoring of his vital signs is no longer necessary - they only take his blood pressure every few hours, so much of the wires have been removed. There's just a regular IV cannula and the catheter now, the former of which can be corked temporarily, and the latter hidden with a bit of creativity.

Sherlock has a plan, and now he finds himself finally ready to implement it. It'll take him a few days to regain enough strength in his back to manage sitting up long enough, but after that he's going to resolve what John has started.

All that he needs for what he's about to do, he'll have to procure with Mycroft's help.

Three days later, it's time.

John's at work today, due for a visit late in the afternoon once he has sorted out today's writhing mass of flu victims at the surgery. He'll have plenty of time to get ready.

There's one thing Sherlock wants to do before he begins the preparations with the help of Mycroft, due to arrive in a few moments.

He can use his phone now - he can't lift it to his ear yet, but the voice command feature and the speaker make that unnecessary.

After solving the last one the night before, he now gets to call Lestrade and tell him all the solutions to the cold case files.

"You may have this - as soon as you swear this plan of yours does not include a daring escape out of this hospital," Mycroft says, cruelly holding Sherlock's dress shirt hostage.

Sherlock is sitting on his bed, legs dangling down from the side. He's wearing his own trousers for the first time in months. The fabric feels irritating, sharp on his skin, and very different from the baggy cotton pyjamas that have been the terrible staple of his style lately.

A pair of hospital-issue pyjamas lay crumpled on the floor where he'd shoved them off the bed.

Mycroft tuts at the sight. "I see your laissez-faire method of housekeeping has not been affected by
"Why would it have?" Sherlock snaps back, relishing the fact that he can argue with Mycroft. He'd never thought he'd miss *that*.

"This is all awfully theatrical," Mycroft gripes while bending down to lace Sherlock's shoes, "Even for you."

Mycroft has at no point asked *why* he's doing such a thing - arranging an outing for himself and John to the winter garden of the hospital, dressed in his own clothes, while having every intention of docilely returning to his hospital room afterwards.

Mycroft hasn't asked about the details of his plan, because Sherlock suspects his admittedly intelligent brother probably has it all figured out already. He always does and Sherlock has more important things to think about right now than his brother.

He needs to do all this here, now: face John on equal terms. free of all external reminders of what his life has been for the past months. Looking like himself, sounding like himself.

It's becoming obvious that Sherlock won't be able to go home for a while - it will be weeks, if not months until he can handle the physical challenges of returning to Baker Street. Mycroft has been looking into options, since Sherlock won't be needing the services of an actual hospital ward for long now. He had been half-expecting, practically hoping for John to offer to sign him into his care, and take him home soon. No such offer has materialized. John seems to mostly agree with Mycroft that something else needs to be sorted out post-discharge. Sherlock doesn't like discussing it and usually refuses to do so.

Besides, there are more pressing matters at hand.

He can't look after himself yet, but he can do *this*.

"If there's something you need to discuss with John, couldn't you have done it once you've returned home?" Mycroft asks.

Sherlock glowers at his brother - he still has a slight paralysis of his facial nerve on the left, but that merely makes his frown a little lop-sided. Apart from that, he has now wrenched control of his facial expressions back from the illness.

He'll never forget the look on John's face when he'd come to visit a week earlier, after Sherlock's facial nerves had begun to show signs of improvement.

John had swallowed and then pressed the tip of his forefinger hastily to the edge of his own eye to inconspicuously remove a trace of moisture that had suddenly pooled there. "Oh my God. You're smiling," John had breathed out and countered the smile with his own.

Sherlock had reached out his hand and in his distracted relief John had offered it palm-down, in the same position he'd always arranged it into when their only form of communication had been Morse code. "Right, yeah, sorry," he'd said, and quickly grabbed the hand offered into his own, placing them both on the bed. He had stared at Sherlock as though he'd never seen his face before.

"I missed that," John had said. "Missed you. You have no idea how much."
An important reason for meeting John somewhere other than in his assigned room is this: they've both become too accustomed to that environment, and the roles they have been forced to adopt in it. He needs to jolt John out of a routine of visiting a patient, when he comes to see Sherlock.

They need a neutral ground, a fresh start.

It's ten past six in the evening. It takes John approximately twenty minutes to scarf down a sandwich from the shop around the corner from the clinic, and to hail a cab. A further thirty minutes in late commuter traffic is required to reach the University College Hospital. After that, it's five minutes from the parking lot to the Costa Coffee in the atrium, from where John always gets two teas because neither of them like the NHS-issue bags available on the ward.

Another five minutes are needed for John to go to his room, find the post-it note Mycroft had ghostwritten for Sherlock, frown at it and then make his way to the winter garden.

Taking into consideration when John's shift had ended, he should be arriving any minute, now.

The winter garden is small, and one could argue the word 'garden' - it's more of an atrium, with wooden benches separated by suffering-looking potted palms. Located at the start of a high walkway between the wings, it's airy enough and enjoys an abundance of sunlight, which Sherlock has not experienced much of lately.

Were it any other occasion it would be a plausible option to close his eyes, relish the feeling of the last rays of sunshine on his face and to relax. But not today.

He wipes his sweaty palm on his trouser leg and stretches his legs out, having to place his palm on the bench to avoid losing his balance. He had chosen a seat furthest away from the entrance - not that it mattered, since the place seemed practically deserted.

Mycroft had brought him in, a nurse the third member of their entourage.

Sherlock is dressed entirely in his own clothes now, curls brushed into submission with the assistance of a nurse. He doesn't feel entirely like himself - the clothes no longer fit, among other things that feel off kilter. He still needs to do this, now.

Besides, he shouldn't expect this to feel familiar or easy. He knows things now, things that have changed how he sees his life and John. Possibilities have opened up he would never have dared to imagine.

That is assuming John has decided what he wants, and that it isn't to walk away from Sherlock once this nightmare is over.

John isn't leaving him, at least not yet, since he has just opened the glass door to the winter garden and stepped in.

It takes him little time to spot Sherlock. His expression is a mixture of relief and apprehension. He wastes no time in making his way to the bench.

"To be honest, I thought you'd had enough, legged it and used that note to buy yourself some time. Didn't expect to actually find you here," John admits, not sounding as worried as his words might have suggested.

John then sits down next to him.
Sherlock's mouth is dry. He'd come up with several opening statements, but now that those familiar blue eyes are actually facing his, his brain is scrambling for a hold of his darting thoughts.

"What's this, then?" John asks, "You figured we'd fancy a change?"

As is John's habit and wonderful ability, he has unwittingly offered Sherlock the best possible tangent to go off on.

"In a manner of speaking, yes," Sherlock says slowly and pointedly, homing his gaze right into John's, trying to decipher the undercurrents there. "I'm owed a conversation. A rematch, if you will."

John blinks, and then seems to catch on. He's looking at Sherlock now with a quirked-up lip about to bloom into a smile. "Rematch?"

"On even ground. I assume I no longer deemed emotionally compromised?"

John huffs. "Do you remember every bloody word I ever say?"

"I always remember the important ones," Sherlock says, surprised at his own biting tone. He doesn't like the way John is making light of the situation, not when he's struggling to convey something that really isn't his area when it comes to communication.

John leans his palms on his knees, eyes downcast. "Look, that wasn't the way to go about it, I know, but I was right, wasn't I? About that evening not being the time or the place."

"I agree. The right time and place would have been approximately two years ago."

He allows John a moment for this to sink in. John shifts on the bench, turning slightly towards him.

"Angelo's?" John asks and receives a nod in reply. "You shot me down, remember? I was just beating around the bush, trying to get to know you, honestly, and you jumped to the conclusion that I was propositioning you."

"What would you have done, had I informed you I was amenable, instead of what I actually did say?"

"Amenable? You make it sound like going to the dentist."

"What do people usually say, then?" Sherlock asks, genuinely curious. He turns slightly towards John, because having to keep his head turned is making his neck and shoulders ache. "When they think they're being propositioned, I mean?"

"Yes?" John suggests.

Fair enough.

"We're doing this, then?" John asks, "Talking about it."

"Since you promised me this conversation while depriving me of a chance to participate in what technically constitutes my first significant kiss----"

John stands up suddenly. "Sherlock, what the hell...?" he exclaims.

Sherlock arranges his hands onto his lap, waiting patiently for John to calm down.

"That was your - no. Not fucking possible. Tell me that wasn't it."
"I said technically. And you're veering off the point. That point being, of course, where we want to go from here."

This is it. This is really it.

John is still standing, arms spread at his sides disarmingly. "Since I, quote, deprived you of a conversation, unquote, I suppose it would be fair if you told me first what it is you want. In a way, I revealed my hand already."

"How exactly? You stormed out, stayed away and then marched in to demand we pretend nothing ever happened for an undefined time period. Admittedly my skills at interpreting social cues is lacking, but I'd say your behaviour would fall within the parameters of mixed messages."

John's expression softens. The bewilderment is gone, in its place now a calmer smile. "I kissed you. I think it's all there, really. I think that's enough to deduce from."

"And you've had ample time to analyze the consequences? To consider the potential shift in your identity?"

John stares at him. "I don't know what I expected out of this discussion but it wasn't you sounding like a self-help book. How about you stop worrying about me and tell me what it is you want."

Sherlock leans the heels of his palm on his thighs for fortification. He wishes John would sit down for this, because he's feeling exposed and raw with John towering over him like this. On the other hand, he'd never assumed this would be easy, regardless of whether he would be standing up, sitting down, lying down or standing on his head.

He'd been making a list in his head of things he wants to tell John. An extensive list, which he'd then distilled down to the absolute most important points.

"What I want is you by my side, forever. This is not a result of illness distorting my sense of boundaries, not residual gratitude. This is how it's been from the beginning. Am I making sense? Am I right in suspecting that I ruin your dates because, in fact, you let me do that, for a very specific reason?"

He should just come out and ask it instead of these roundabout words, but they've always understood each other even from very few clues.

The look dawning on John's face tells that he has understood, he really has.

"Yes," John says, "you're dead on." His expression is a little wary, and Sherlock can't blame him - all he has actually done here is reiterate something that has already been in effect for two years.

"I am flattered by your interest," Sherlock says and John laughs.

"And this time my answer is yes," Sherlock adds.

John is looking at him with an indescribable expression. Sherlock is adamant to memorize it, and spend the rest of his life trying to understand why it makes him feel like John is holding his heart in his hands right now. If he asked, Sherlock would wrench it out of his ribcage and gift it to him without a moment's hesitation.

"Right. That's good, then. Brilliant, really," John says.

Sherlock believes every word. "In that case, I demand logistical help with kissing you," he says,
feeling drunk on hope and relief.

He would have expected John to be surprised at this blunt request, at least a little taken aback, but he looks nothing like it. It likely proves that the thought of kissing him again has crossed John's mind.

"You've really thought this through, haven't you? The note, waiting for me here. If I didn't know better I'd say you're a bit of a romantic," John says.

Sherlock rolls his eyes at him. "Hardly."

"I won't tell anyone."

"Shut up and help me stand," Sherlock says, averting his eyes because a sudden nervousness has overcome him.

This is happening. It's happening right now, and he feels like standing behind the curtain before a violin recital, aware of the possibility of failure and ridicule.

John leans down, drapes his arms around Sherlock's waist and pulls him up.

"This is by far the most complicated kiss I've---" John dares to venture, stumbling a little on the word 'kiss'.

This gives Sherlock a tiniest boost of confidence - if even Three Continents Watson is made nervous by this situation then Sherlock might not be as much an underdog as he'd thought. "Up," he demands.

John looks down. "So you want your arms around my...?"

"Yes," Sherlock says sharply and lifts them as high as he can, which isn't very high at all. He needs to continue to be very direct, mostly to keep himself from losing his nerve. "Preferably before they flop back down," he adds disapprovingly.

John bursts into a laugh, grabs his wrists and joins them behind his own neck, bringing their faces inches from one another.

"I bet we look like a pair of complete idiots right now," John breathes into his neck. Trust John to be still thinking about what others might think or say. Sherlock swears an oath to make it his mission to exorcise that train of thought permanently from John's brain.

"I don't care," Sherlock announces, "it's your turn to be quiet and let me kiss you".

The End

NO, IT'S NOT.

In a way, this is just the beginning, because the 1st of December will mark the start of A NOVEL-LENGTH SEQUEL:
**Summary:** The sequel to "The Breaking Wheel", in which Sherlock goes to rehab (of the other sort), starts scraping his life back together, attempts to solve a case, and tries to make sense of what it actually means to be in a relationship.

**Point-of-view characters:** John, Sherlock and Mycroft.

**Significant tags include (but are not limited to):** Romance, Body image issues, Drugs, Sexual identity issues, Serious illness, Physical rehabilitation, Mental breakdown, Mycroft Being a Good Brother, Depression, Pain, Established relationship (although they're not exactly sure what it is that they've established), Anxiety, Hurt/comfort, Angst, Dissociation, Miscommunication, Sports, Casefic, Sherlock's violin, Friends to lovers (or the aftermath thereof), Awkward sexual situations, Autism spectrum disorder, Unhealthy coping mechanisms.

I am beyond excited to have had the chance to team up with one of the greatest voices in this fandom, 7PercentSolution. Among her many skills, she is the queen of casefic, and a formidable Mycroft expert. If you're not familiar with her extensive collection of Sherlock works yet, I might suggest starting with my personal favourite, *Musgrave Blaze.*
Chapter End Notes

There are two oneshots in this series which take part between the events of The Breaking Wheel and On the Rack (which, chronologically, is the next major part in the series). They are: Management Issues and Swept Under The Rug.

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There is an illustration for this final chapter by the wonderful by anotherwellkeptsecret.

I've done a photopost at tumblr based on a pilgrimage I did while in London to the locations I used in this story, and those we used in the sequel. If you'd like to see what the National looks like, pop in for a glimpse :)

Works inspired by this one:

Cover for The Breaking Wheel by J Baillier by Lockedinjohnlock (Podfixx), [Podfic] The Breaking Wheel by Lockedinjohnlock (Podfixx)

Please drop by the archive and comment to let the author know if you enjoyed their work!