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JARS HAD LAID all the necessary groundwork. Implantation of the device into his chest and heart was taking place at a university hospital indebted to Synapzius for the company's generous contributions. Especially the most recent one: five million dollars went a long way in buying the sort of cooperation and anonymity Jars sought.

He had entered the facility before sunrise and had come alone. As arranged, he would be admitted as "Mr. Smith" and would be known as such by the medical team caring for him during his brief overnight stay. At the hospital's insistence he had brought his medical records with him, accurate save for the pseudonym he'd adopted. In the event of a catastrophe—unlikely given the low-risk nature of the surgery—he had supplied the hospital's administrator, Sue Barrows, with a sealed envelope to be returned to him, unopened, when he was discharged. Inside was the telephone number of his attorney, one of the few men in the world in whom Jars had complete trust. Together with the envelope, Jars had handed her a small case equipped with a sophisticated time lock. Precisely at 7AM, the lock would open and the medical team would have access to the Synapzius RRNTBV1 which they would implant on the top of Jars' chest wall just below his collarbone. Now, as he lay on a bed outside the operating suite, a male nurse inserted an IV into his arm to deliver the various medications and fluids the procedure called for. The nurse had introduced himself to Jars as Alan and moved with a relaxed precision that spoke of having done this sort of thing countless times.

"Okay, Mr. Smith. Now that we've got the IV in place, the next item on the prep agenda is a shave. Are you right or left handed?"

"Left."

Alan went to work and in short order had shaved the right side of Jars' chest. He then cleansed the area with a special soap before covering Jars with sterile drapes from his neck down.

“As a precaution, to prevent your hands from inadvertently coming into contact with the sterile area and messing up a good operation by introducing an infection,” the nurse grinned, “I have the honor of restraining you.” Alan deftly placed soft straps across Jars’ waist and arms. “I suspect this is the part of my prep job that costs me the big tips that would otherwise come my way.”

Jars found his range of motion severely limited. “I bet.”

It wasn’t long before Jars began feeling the impact of the medication. A general sense of drowsiness was overtaking him. He had a dim awareness of being wheeled into the operating room where Alan hooked him up to several monitors which would allow the medical team to keep close tabs on his heart rhythm and blood pressure during the procedure. There were a number of people in the room and someone began applying a local anesthetic to his chest in the area Alan had shaved. The next thing Jars saw was the face of the surgeon and a voice in the background saying, “Okay, the box is open. Pretty sophisticated box for a pacemaker.”

The procedure had taken little more than an hour and as Dr. Gabriel MacDonald sat in his office sipping his second cup of morning coffee he couldn’t help wonder at what he’d just been part of. Usually, the sort of person getting a pacemaker was overweight and out of shape. The mysterious Mr. Smith was neither. If anything, the guy was a model of health and in impressive physical condition. Granted, being fit didn’t guarantee there wasn’t something amiss with his heart. Then there was the pacemaker itself. MacDonald was familiar with the Synapzius line and the gizmo he’d taken out of the fancy box and placed in Mr. Smith’s chest wasn’t part of the company’s current portfolio. At less than half the usual size it would be barely noticeable. And there was the curious identifier: RRNTBV1.

MacDonald had been approached by the hospital’s chief administrator only the day before. He had a lot of respect for Sue Barrows and had listened carefully as she explained that a VIP patient needed the hospital’s best cardiovascular surgeon, together with his A-team, for what was a routine procedure scheduled for the following morning. She had stressed the need for privacy and that the hospital was indebted to the man she referred to as Mr. Smith for his past generosity and looked forward to future expressions of his gratitude.

Sue knew that MacDonald hated to, in any way, compromise his deliberate approach to medicine; one which included building a relationship with his patients before agreeing to perform any surgery. For MacDonald, surgery was a last resort, something not entered into lightly regardless of the complexity or supposed ease of the procedure. Inserting a pacemaker into an anonymous patient was an assignment he'd accepted with great reluctance. Especially given the unusual restriction that his team would not be allowed to interrogate the device to ensure it was functioning properly afterward. If the request had come to him from anyone other than Sue Barrows, MacDonald would have refused outright.

As the drowsiness brought on by the medication wore off, the mist that had lain like a fog over Jars' mind began to recede and with the mounting clarity came a heightened awareness of what he had done. He raised his arm and lightly touched the place on his chest where the surgeon had inserted what the medical team believed to be a pacemaker when, in fact, it was anything but.

For months, a single thought had burrowed a channel deep in his mind: *How would I live if I thought today might be my last day alive?*

He'd tried to imagine what difference it might make but found the gulf between concept and reality too great to breach. It was one thing to speculate on mortality when in the prime of good health and unaware of any potential danger to life and limb. It would be another matter altogether if death were truly imminent! Or so the logic of his mind convinced him. Enough to where he had ventured to translate speculation into the life-and-death experiment he had now set in motion. If the telemetry and holter monitors, together with tomorrow morning's X-ray showed everything to be in order, Jars would interrogate the device himself and send an irreversible command to the program that controlled its operation to begin a deadly game of chance. Every morning thereafter, precisely at seven, the device would spin the cylinder of a virtual Colt .45 Peacemaker with a one-in-six chance of landing on the particular chamber that would shoot into his heart a self-replicating nanobot bullet. Each day might then truly be his last. It was a sobering thought.

He closed his eyes and imagined what it would be like if the device fired its molecular bullet. The first nanobot would assemble a copy of itself in a thousand seconds.

The two of them would go at it again, creating four nanobots in the next thousand seconds. The doubling would continue: the four building another four then the eight building another eight. At the end of ten hours, there would be a staggering sixty-eight *billion* of them! But long before it got that far his heart, their fuel, would have been consumed and he, Jarius Mason, would be dead.

In his book, Drexler had taken the doomsday illustration even further. Given enough fuel, in less than a day the results of exponential replication would yield the weight of a ton of nanobots. In two days they would outweigh the Earth itself. Give them another four hours and they would exceed the mass of not only the Sun but all the planets. It was mind-boggling. No wonder Prince Charles had broken into a sweat.