The surgeon looked up without expression. “Is he ready?”

“Ready is a relative term,” said the med-eng. “We’re ready. He’s restless.”

“They always are. . . . Well, it’s a serious operation.”

“Serious or not, he should be thankful. He’s been chosen for it over an enormous number of possibles and frankly, I don’t think . . .”

“Don’t say it,” said the surgeon. “The decision is not ours to make.”

“We accept it. But do we have to agree?”

“Yes,” said the surgeon, crisply. “We agree. Completely and wholeheartedly. The operation is entirely too intricate to approach with mental reservations. This man has proven his worth in a number of ways and his profile is suitable for the Board of Mortality.”

“All right,” said the med-eng, unmollified.

The surgeon said, “I’ll see him right in here, I think. It is small enough and personal enough to be comforting.”

“It won’t help. He’s nervous, and he’s made up his mind.”

“Has he indeed?”

“Yes. He wants metal; they always do.”

The surgeon’s face did not change expression. He stared at his hands. “Sometimes one can talk them out of it.”

“Why bother?” said the med-eng, indifferently. “If he wants metal, let it be metal.”

“You don’t care?”

“Why should I?” The med-eng said it almost brutally. “Either way it’s a medical engineering problem and I’m a medical engineer. Either way, I can handle it. Why should I go beyond that?”

The surgeon said stolidly, “To me, it is a matter of the fitness of things.”

“Fitness! You can’t use that as an argument. What does the patient care about the fitness of things?”
“I care.”

“You care in a minority. The trend is against you. You have no chance.”

“I have to try.” The surgeon waved the med-eng into silence with a quick wave of his hand – no impatience to it, merely quickness. He had already informed the nurse and he had already been signaled concerning her approach. He pressed a small button and the double-door pulled swiftly apart. The patient moved inward in his motorchair, the nurse stepping briskly along beside him.

“You may go, nurse,” said the surgeon, “but wait outside. I will be calling you.” He nodded to the med-eng, who left with the nurse, and the door closed behind them.

The man in the chair looked over his shoulder and watched them go. His neck was scrawny and there were fine wrinkles about his eyes. He was freshly shaven and the fingers of his hands, as they gripped the arms of the chair tightly, showed manicured nails. He was a high-priority patient and he was being taken care of. ... But there was a look of settled peevishness on his face.

He said, “Will we be starting today?”

The surgeon nodded. “This afternoon, Senator.”

“I understand it will take weeks.”

“Not for the operation itself, Senator. But there are a number of subsidiary points to be taken care of. There are some circulatory renovations that must be carried through, and hormonal adjustments. These are tricky things.”

“Are they dangerous?” Then, as though feeling the need for establishing a friendly relationship, but patently against his will, he added, “... doctor?”

The surgeon paid no attention to the nuances of expression. He said, flatly, “Everything is dangerous. We take our time in order that it be less dangerous. It is the time required, the skill of many individuals united, the equipment, that makes such operations available to so few...”

“I know that,” said the patient, restlessly. “I refuse to feel guilty about that. Or are you implying improper pressure?”

“Not at all, Senator. The decisions of the Board have never been questioned. I mention the difficulty and intricacy of the operation merely to explain my desire to have it conducted in the best fashion possible.”

“Well, do so, then. That is my desire, also.”

“Then I must ask you to make a decision. It is possible to supply you with either of two types of cyber-hearts, metal or ...”

“Plastic!” said the patient, irritably. “Isn’t that the alternative you were going to offer, doctor? Cheap plastic. I don’t want that. I’ve made my choice. I want the metal.”
“But . . .”

“See here. I’ve been told the choice rests with me. Isn’t that so?”

The surgeon nodded. “Where two alternate procedures are of equal value from a medical standpoint, the choice rests with the patient. In actual practice, the choice rests with the patient even when the alternate procedures are not of equal value, as in this case.”

The patient’s eyes narrowed. “Are you trying to tell me the plastic heart is superior?”

“It depends on the patient. In my opinion, in your individual case, it is. And we prefer not to use the term, plastic. It is a fibrous cyber-heart.”

“It’s plastic as far as I am concerned.”

“Senator,” said the surgeon, infinitely patient, “the material is not plastic in the ordinary sense of the word. It is a polymeric material true, but one that is far more complex than ordinary plastic. It is a complex protein-like fibre designed to imitate, as closely as possible, the natural structure of the human heart you now have within your chest.”

“Exactly, and the human heart I now have within my chest is worn out although I am not yet sixty years old. I don’t want another one like it, thank you. I want something better.”

“We all want something better for you, Senator. The fibrous cyber-heart will be better. It has a potential life of centuries. It is absolutely non-allergenic . . .”

“Isn’t that so for the metallic heart, too?”

“Yes, it is,” said the surgeon. “The metallic cyber is of titanium alloy that . . .”

“And it doesn’t wear out? And it is stronger than plastic? Or fibre or whatever you want to call it?”

“The metal is physically stronger, yes, but mechanical strength is not a point at issue. Its mechanical strength does you no particular good since the heart is well protected. Anything capable of reaching the heart will kill you for other reasons even if the heart stands up under manhandling.”

The patient shrugged. “If I ever break a rib, I’ll have that replaced by titanium, also. Replacing bones is easy. Anyone can have that done anytime. I’ll be as metallic as I want to be, doctor.”

“That is your right, if you so choose. However, it is only fair to tell you that although no metallic cyber-heart has ever broken down mechanically, a number have broken down electronically.”

“What does that mean?”

“It means that every cyber-heart contains a pacemaker as part of its structure. In the case of the metallic variety, this is an electronic device that keeps the cyber in rhythm. It means an entire battery of miniaturized equipment must be included to alter the heart’s rhythm to suit an individual’s emotional and physical state. Occasionally something goes wrong there and people have died before that wrong
could be corrected.”

“I never heard of such a thing.”

“I assure you it happens.”

“Are you telling me it happens often?”

“Not at all. It happens very rarely.”

“Well, then, I’ll take my chance. What about the plastic heart? Doesn’t that contain a pacemaker?”

“Of course it does, Senator. But the chemical structure of a fibrous cyber-heart is quite close to that of human tissue. It can respond to the ionic and hormonal controls of the body itself. The total complex that need be inserted is far simpler than in the case of the metal cyber.”

“But doesn’t the plastic heart ever pop out of hormonal control?”

“None has ever yet done so.”

“Because you haven’t been working with them long enough. Isn’t that so?”

The surgeon hesitated. “It is true that the fibrous cybers have not been used nearly as long as the metallic.”

“There you are. What is it anyway, doctor? Are you afraid I’m making myself into a robot . . . into a Metallo, as they call them since citizenship went through?”

“There is nothing wrong with a Metallo as a Metallo. As you say, they are citizens. But you’re not a Metallo. You’re a human being. Why not stay a human being?”

“Because I want the best and that’s a metallic heart. You see to that.”

The surgeon nodded. “Very well. You will be asked to sign the necessary permissions and you will then be fitted with a metal heart.”

“And you’ll be the surgeon in charge? They tell me you’re the best.”

“I will do what I can to make the changeover an easy one.”

The door opened and the chair moved the patient out to the waiting nurse.

The med-eng came in, looking over his shoulder at the receding patient until the doors had closed again.

He turned to the surgeon. “Well, I can’t tell what happened just by looking at you. What was his decision?”
The surgeon bent over his desk, punching out the final items for his records. “What you predicted. He insists on the metallic cyber-heart.”

“After all, they are better.”

“Not significantly. They’ve been around longer; no more than that. It’s this mania that’s been plaguing humanity ever since Metallos have become citizens. Men have this odd desire to make Metallos out of themselves. They yearn for the physical strength and endurance one associates with them.”

“It isn’t one-sided, doc. You don’t work with Metallos but I do; so I know. The last two who came in for repairs have asked for fibrous elements.”

“Did they get them?”

“In one case, it was just a matter of supplying tendons; it didn’t make much difference there, metal or fibre. The other wanted a blood system or its equivalent. I told him I couldn’t; not without a complete rebuilding of the structure of his body in fibrous material. ... I suppose it will come to that some day. Metallos that aren’t really Metallos at all, but a kind of flesh and blood.”

“You don’t mind that thought?”

“Why not? And metallized human beings, too. We have two varieties of intelligence on Earth now and why bother with two. Let them approach each other and eventually we won’t be able to tell the difference. Why should we want to? We’d have the best of both worlds; the advantages of man combined with those of robot.”

“You’d get a hybrid,” said the surgeon, with something that approached fierceness. “You’d get something that is not both, but neither. Isn’t it logical to suppose an individual would be too proud of his structure and identity to want to dilute it with something alien? Would he want mongrelization?”

“That’s segregationist talk.”

“Then let it be that.” The surgeon said with calm emphasis, “I believe in being what one is. I wouldn’t change a bit of my own structure for any reason. If some of it absolutely required replacement, I would have that replacement as close to the original in nature as could possibly be managed. I am myself; well pleased to be myself; and would not be anything else.”

He had finished now and had to prepare for the operation. He placed his strong hands into the heating oven and let them reach the dull red-hot glow that would sterilize them completely. For all his impassioned words, his voice had never risen, and on his burnished metal face there was (as always) no sign of expression.