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All the incidents described in this book are true. Where individuals may be identifiable, they have granted the author and the publisher the right to use their names, stories, and/or facts of their lives in all manners, including composite or altered representations. In all other cases, names, circumstances, descriptions, and details have been changed to render individuals unidentifiable.
To Barbara—my wife and editor in chief

And to my grandchildren,
the surest evidence of miracles in my life—
Jack Sullivan
Connor Thomas
Denton Lesslie
Caris Ann
Christian Nathaniel
Adah Elizabeth
…and those to come
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Layout of the ER

Graphic by Robbie Lesslie
Doc, I’m tellin’ ya, it was a miracle!”

Fresh out of my residency, when one of our ER patients would tell me this, my usual response was to assume the “position”—one arm folded across my chest, my chin cupped in the other hand. Slowly nodding my head, I would patiently wait until he—or she—finished, then get on with the matter at hand.

Not that my faith didn’t allow for the occurrence of miracles, or unexpected acts of God. It was just that the ER didn’t seem a likely place for these things to happen.

That was more than thirty years ago, and things have changed. Or at least I have changed. The “position” now is to pull up a stool, rub my hands together, and say, “Tell me about it.” I have seen and experienced too many unexplainable things to discount anyone’s story and the ability and willingness of the Lord to act directly in our lives.

As it turns out, the ER is just the place for miracles. We deal with matters of life and death, joy and grief, happiness and sorrow. And we deal with people from all walks of life and with every imaginable—sometimes unimaginable—problem. Why shouldn’t we expect to find the Lord in this place? And if things happen that we can’t explain, whose shortcoming is that? If we open our eyes and our hearts, we soon come to agree with C.S. Lewis when he wrote,

Miracles do not, in fact, break the laws of nature.

To the contrary, it seems that miracles are a natural and intentional part of creation—and a very real part of each of our lives. If only we had eyes to see.
Days pass, years vanish
and we walk sightless among miracles.
Attributed to a Jewish Sabbath prayer
And Jesus said to him, “What do you want me to do for you?” And the blind man said, “Rabbi, let me recover my sight.” And Jesus said to him, “Go your way; your faith has made you well.” And immediately he recovered his sight and followed him on the way.

Mark 10:51-52 esv
Let It Be

The helicopter blades thumped in the dark, cold night—barely seventy-five yards from the closed ambulance-entrance doors. Ricky Adler was being flown to the trauma center in Charlotte and to a waiting neurosurgeon.

Ricky was lucky. He had been working the graveyard shift at a local manufacturing company and had fallen twenty feet from a platform. His right wrist had been fractured, but more significantly, so had his neck. EMS 1 brought him to the ER, where we stabilized him and arranged for his transfer.

The collective adrenaline rush was subsiding, and several of us were standing and sitting around the nurses’ station.

The thumping outside slowly faded into a welcomed silence, all too soon broken by Joel Carver, the young paramedic from EMS 1. “I don’t know how he survived that fall, Doc. Twenty feet is a long way.”

“He was moving everything—his arms and legs,” Carla ventured. “That’s a good sign, don’t you think?” She was one of our third-shift nurses and had been in major trauma with Adler.

“Yes,” I agreed. “That’s a good sign. And I agree with you, Joel. Falling twenty feet and surviving is—”

“It’s a miracle.” Amy Connors finished my sentence. “Gotta be a miracle.”

Joel shook his head and looked over at me. “Doc, when was the last time you saw a real miracle—something you couldn’t explain?”

I was sitting in a chair behind the desk and rolled it back, stretching out my legs. I was tired.

“Joel, I would say what we just saw with Ricky Adler is something that’s hard to explain. I showed you his X-rays, didn’t I? He has two fractures in his neck and the C-3 vertebra is riding way over C-4. And yet he doesn’t have any spinal-cord injury. Like Carla said, he’s moving everything,
When they get him to the OR and get that fracture stabilized, he’ll be fine. He might end up having more trouble from his wrist than his neck. Explain that one.” I raised my eyebrows and looked at the paramedic.

“This hear ya, Doc.” Joel was standing on the other side of the counter, his forearms resting on its surface. “But you know what I mean. People talk about miracles and strange things happening—brain tumors disappearing and people regaining their vision after fifty years. When’s the last time you saw anything like that?”

I closed my eyes, folded my hands behind my head, and searched my fatigued memory banks.

And there, filed safely away, was the image of three-year-old Bobby McManus lying unconscious on the stretcher in major trauma.

Gerald McManus was in the backyard, throwing a baseball with his oldest son, Andy. The twelve-year-old had a promising arm and Gerald was giving him pointers on how to throw a slider.

The ball thwacked into Gerald’s webbed glove. “That’s better, Andy. Now you’re starting to get some action on it.”

The boy grinned and slapped the leather of his oversized outfielder’s mitt. “Come on, Dad, bring the heat!”

Gerald hesitated and cocked his head. “You sure about that?”

“Bring it, Dad!” Andy taunted.

Gerald went into his pitcher’s windup, checked an invisible first base, glanced over his right shoulder at a nonexistent runner on third, looked up at the cloudless sky, and let fly.

He didn’t see Bobby bolt around the garage and head straight for Andy.

The sound—a loud thud—was sickening, and would forever haunt Gerald’s dreams.

The three-year-old crumpled to the ground as if he were a deer shot from a tree stand.

“Bobby!” Gerald screamed. He ripped off his glove and threw it onto the grass. “Bobby!”

He cradled the unconscious child in his arms and looked up at Andy.

“Go get your mother! Tell her to call 9-1-1!”
Andy stood frozen, his eyes wide and mouth open. Every bit of color drained from his face and his legs trembled. He didn’t move.

“Go!”

This time he took a few hesitant steps toward the house, then burst into a sprint. With head back and elbows flying, he yelled, “Momma!” over and over again.

“What do you make of this?” Drew Pritchard asked. The young ER physician was pointing to Bobby McManus’s pupils. They were both larger than normal and deviated to his right side. That’s where the ball had struck his head, just behind the temporal area. His scalp was swollen and bruised, and I thought I could feel a step-off in the bones of his skull.

“He’s bruised his brain,” I answered, once again checking and not finding the boy’s reflexes. “And he probably has a subdural. The eyes are supposed to look toward the side of the injury, so that makes sense.”

“They’re ready in CT.” Amy stood in the doorway and stared at the small, motionless body on the stretcher. She shook her head, turned, and walked slowly back to the nurses’ station. She had a son Bobby’s age.

“Vital signs still stable,” Lori told us. She stood at the head of the bed and was making notes on the clipboard for major trauma.

“Still doesn’t react to pain, or verbal stimulation, or…” She was mumbling to herself, charting his neurologic status.

“Anything.” I finished her sentence. “He doesn’t respond to anything.”

Drew and I talked with Bobby’s parents while he was in CT. Gerald McManus sat on the edge of the small sofa in the family room, rubbing his hands together and staring at the floor.

“Is he better, Dr. Lesslie?” his wife asked.

“He’s the same. Still not moving or responding, but he’s breathing on his own…and that’s good.”

“Is he going to wake up?” she sobbed. “Is he going to be okay?”

Bobby did have a large right-sided subdural hematoma with evidence of significant bruising of the brain on that side of his head. And he didn’t wake up.

We sent him by helicopter to Charlotte, where he would need an emergency operation. The hematoma would need to be drained and
the pressure in his brain closely monitored. After that, it was a matter of time—watching and praying.

The surgery was a success, and the swelling in Bobby’s brain gradually improved. He was moved from the neuro ICU to a less acute unit, where his family and friends could visit him more freely. His neurosurgeon was “cautiously optimistic,” as Bobby’s uncle would tell anyone who asked. But after three and a half weeks, the neurosurgeon was less “optimistic” and more “cautious.” Bobby still did not respond or move—he remained in a coma.

“How long can this go on?” his mother repeatedly asked the surgeon. “When will he wake up?”

She didn’t want the answer—not the real one. Bobby might never wake up, and the longer he remained like this—unresponsive, in a coma—the dimmer were his chances of a recovery.

A brain-wave study was inconclusive. “There’s activity there,” the parents were told. “But it’s not normal. We’ll just have to wait and see.”

Wait and see. The three and a half weeks dragged into five, and then six.

But the McManuses were a strong family. Aunts and uncles and cousins visited and prayed and helped keep the vigil, never giving up hope—confident that one day Bobby would again be running through his backyard. And in spite of this unbearable stress, his mother and father hung together, supporting each other. Gerald was overcome—almost destroyed—by guilt, but his wife never wavered in her support of him. There was never a moment of blame or accusation. That was the only thread that kept Gerald from completely unraveling.

Seven weeks passed and Bobby remained the same—still in a coma, still unresponsive. That’s when his great-grandfather, Virgil McManus, came to visit. Virgil was the ninety-seven-year-old patriarch of the family. Though his body had failed him years earlier, his mind was quick and agile. He resided in a retirement center and couldn’t travel. But on this day he demanded that he be taken to the hospital to see his great-grandson.

Virgil’s wheelchair was rolled into the boy’s room and over to Bobby’s bed. For a long, silent moment, he looked down on the motionless body lying under a single thin sheet.

Slowly, Virgil’s weak and trembling hand stretched over the boy and gently came to rest on his forehead. The old man closed his eyes and his head dropped to his chest.
“Lord, if it’s your will that Bobby recover and wake up—let it be.”

Joel’s eyes were locked on mine. I leaned back in my chair, exhausted by the memory and retelling of this story.

“What happened, Doc? Tell me.” The paramedic edged closer.

I took a deep breath and sighed. This part was always difficult for me.

“Two days later, Bobby woke up. It was gradual, but within another day or so he was talking and walking and ready to go home. He didn’t remember anything that had happened—not the baseball or the hospital or his great-grandfather’s visit. Still doesn’t. But he’s completely normal and doing fine.”

Joel nodded slowly and looked down at the floor.

A quiet moment passed. He looked up at me and said, “That’s an amazing story. But Doc, I gotta ask ya. How do you know it’s true? Were you there with his great-grandfather? When Bobby woke up?”

“I know it’s true. I’ve seen him, and now he’s a completely normal six-year-old. But no, I wasn’t there.”

I motioned with my head to the cardiac room, where Carla was restocking supplies.

Joel turned and looked at the nurse.

“But she was,” I said quietly. “That’s Bobby’s mother.”
“Now, tell me again how this happened.”

My hand rested on the teenager’s ankle, carefully feeling for a pulse. It was still there, strong and bounding. Reassuring, considering the obvious fracture of his right femur.

EMS had just brought him in from one of the local high schools. He had been running the 440 in a track meet and had suddenly gone down with a little over a hundred yards to go.

One of the paramedics replied. “His coach said he heard a scream and looked just in time to see Ben grab his leg and fall to the ground.” He had gone on to describe the obvious angulation of the boy’s right thigh. He and his partner had immediately placed him in traction, started an IV, and brought him to the ER.

This still didn’t make sense. Ben Stevens was a healthy, muscular fourteen-year-old with a fractured femur. There must have been something more to this injury—maybe a pothole in the track or an awkward plant of his foot with a sudden twisting of his leg. This kind of thing just didn’t happen out of the clear blue.

“It was like I said, Doc. I was trying to pick up my speed, close strong, and then I felt a snap. Heard it too. And I went down.”

We had given him something for the pain and he was lying comfortably on the trauma-room stretcher. His mother stood beside him, gently stroking his forehead, her own forehead furrowed. She was chewing one corner of her lip and didn’t take her eyes off her boy.

The door to trauma burst open and a middle-aged man took two steps into the room, glanced around, then walked quickly over to the stretcher.

“Ben, are you alright?”

The man looked down at the boy, then over to his mother, and finally at me.
“Is he okay? What happened? Is he going to need surgery? What about—”

“It’s okay, Dad—I’m going to be fine.” Ben reached out a hand to his father. “Just a broken bone. Nothing serious.”

John Stevens took his son’s hand in both of his own and looked over at me again. “How did this happen? I thought he was at a track meet.”

I told him what I knew, and Ben filled in the rest. While we were talking, two lab technicians came into the room and prepared to draw some blood. He would be going to the OR and we would need some basic lab work.

“Type and cross for four,” I told them. A fractured femur can bleed a lot and he was going to need some blood.

Amy Connors stuck her head into the room. “They’re ready for him in X-ray, and the orthopedist on call is on the way down.”

Ben’s femur was obviously fractured and I had made sure he didn’t have tenderness anywhere else.

“Just the femur, right?” Amy called out again, raising her eyebrows at me.

“Yeah, that’s all we need.”

Ben coughed a couple of times and the rattling caused me to spin around.

“When did that start? The coughing?”

He looked up at me and shook his head. “I’m not sure. It’s just a cough.”

“I noticed it a couple of days ago.” His mother stopped stroking his forehead and looked over at me. “Nothing bad, or anything. Just an occasional cough, mainly at night.”

“Any chills or fever?” I looked at her and then at Ben.

He shook his head. “No, I’ve been fine.”

I turned and faced Amy. “Let’s get a chest X-ray too, PA and lateral.”

“Got it.” The door closed behind her and she was gone.

“Ben, have you had any broken bones before?”

“No, not that I can remember.” His father interjected. “When you fell out of the tree house. Remember?”

“Oh yeah.” Ben smiled and nodded his head. “That was nothing, just a little crack.” He held up his left hand and pointed to the ceiling. “See. Fine.”
“No medical problems or any medications?” I was still struggling to understand why this had happened.
“No, nothing like that.” His mother put a finger to the side of her face. “We did take him to his pediatrician a month or so ago. He was having some leg pain.” She paused and looked down at her son’s splinted right leg. “I think it was this one, wasn’t it?”
Ben put a hand on his injured thigh and nodded. “He told us it was just ‘growing pains,’ and nothing to worry about.” “It was getting better, wasn’t it, son?” His father leaned closer to the stretcher. “You haven’t said anything about it lately.”
Ben was silent, and his hand remained on his thigh. He took a deep breath and sighed. “It was getting better, right?” his father repeated.
The door opened and two radiology techs walked into the room. “Ready to go to X-ray? This shouldn’t take very long.”

Twenty minutes later, the same two techs rolled Ben back into the trauma room. His labs had just been returned and I was studying them. He was a little anemic, but it looked chronic, not something that had happened this afternoon.

One of the techs snapped the X-ray of his femur onto the view box, then laid three or four other films on the counter. She glanced at me and when I looked in her direction, her gaze quickly shifted to the floor. She locked the wheels of Ben’s stretcher and the two disappeared.
I was ten feet from the view box but could clearly see the mid-shaft fracture, angulated and shortened. It was what I expected.
As I walked closer, my heart flew into my throat and the blood drained from my face.
“What’s the matter, Dr. Lesslie?” It was Ben’s mother, and I didn’t respond. I just stared at the X-ray. The femur was fractured, but the break was through bone that was irregular, haphazardly layered like…like onion rings. It was bone cancer, probably a sarcoma, and it looked aggressive and deadly.
The cough! I walked over to the view box, took down the X-ray of Ben’s femur, and replaced it with the film of his chest. I couldn’t stifle a loud sigh, and his mother repeated, “Dr. Lesslie, what is the matter?” I turned around and faced the three of them.
“Ben’s femur is broken, just like we thought. But it broke through an area of what looks like bone cancer. And if it is cancer, it’s already spread to his lungs.”

I was with the family when the orthopedist confirmed my fears and explained what needed to be done. There would be no surgical repair of the fracture, no rodding of the broken femur. His leg was going to come off. And then there would be chemotherapy and maybe radiation. He was in a battle to save his life.

John Stevens stood beside his son’s stretcher, head hanging down, silent. Ben’s mother looked at the orthopedist and then at me, all the while gently patting her boy’s shoulder.

“He’s in the Lord’s hands,” she said quietly. “He’s always been in the Lord’s hands.”

I saw Ben in the ER three months later. His parents brought him in with fever, chills, aches, and a persistent cough. He looked like he felt terrible—pale, sweating, shivering. Yet he managed a smile when he saw me.

“Hey, Doc. I’m not feelin’ so good.”

His parents filled me in on what had transpired since he fractured his leg. The amputation had gone well and he was already able to get around some, much better than any of his physicians—of which there were many—had thought possible.

“He’s determined.” His father nodded, looking down at Ben and smiling.

“He’s hardheaded,” Mrs. Stevens spoke up. “Just like his father.”

Ben had lost some weight since that first visit. That was to be expected. I had talked with one of his oncologists shortly after the surgery about his outlook, and he had used the word “months” instead of “years.” It was a bad cancer. There were the three aggressive tumors that I had seen in his lungs, and there was little hope that chemo would be able to stop them. Except for his chest, though, all of his other scans had been clear.

“We tried the chemotherapy,” his mother explained when I asked about his treatment. “He just got so sick, and they stopped it after the second one. They haven’t decided on what’s next.”

She grew quiet, and I focused on today’s new problem. I was afraid he had pneumonia and that his lung cancers had spread.
“We’ll need to get another chest X-ray and check that out. I want to be sure he doesn’t have any infection there.”

Ben’s father looked sharply at me, then turned away.

“And since it’s January, I’m going to get a flu test. We’re seeing a lot of it now, and that might be a possibility.”

No one said anything, and I walked to the door and called out to Amy, telling her what we needed.

Ben was rolled back into the department and over to room 4. His parents followed, along with one of the X-ray techs. She handed me his films, then helped him onto the stretcher.

I walked over to the view box, knowing what I was going to find and not wanting to look.

“Doc, the boy in 4 is positive for the flu. Type A.”

I looked over at Amy Connors. She held a lab slip in her hand and waved it at me. That would explain the fever and aches and the cough. After all, even though he had metastatic bone cancer, he could still get the same things everyone else did. In fact, it was more likely. And the flu was no exception.

The X-ray of his chest snapped into place on the view box and I flipped on the bright light. I had to force myself to look up and—

His chest showed completely clear! There was no pneumonia and there was no cancer! I compared this X-ray with the one we had made three months earlier, carefully searching the areas where the tumors had been.

Gone! His lung cancers were gone! He just had the old-fashioned, run-of-the-mill flu!

I almost ran over to room 4, jerked the curtain aside, and told Ben and his parents the news.

Ben nodded and smiled calmly. His father stared at me, eyes wide and mouth open.

His mother gasped. Her hands flew to her mouth and tears flowed freely down her cheeks.

_Gone._