Chapter 1

I am no great believer in the stars but some things are easy to predict. Like staying up late because the barbecue is good and the company is even better is a pretty safe way to guarantee a difficult callout in the middle of the night. And that the call would come from the one Custody Sergeant who has it in for me big time.

That is how it was on the night of 14 September. I had pigged out on steaks, burgers and this excellent curry that didn't go with anything but tasted great for all that. But I enjoyed the company more.

I live alone and seldom find time to party. I had almost forgotten what it was like to relax in good company. Come to think of it, I don't get around to relaxing much at all. My name is Dr Barry Lincoln Greenwell, but even my Receptionists call me Docman. At least that's one of their more polite names for me. *Na-nah, na-nah, na-nah, na-nah…Docman.* That's their variation on the old Batman theme.

I have been on my own for eleven years. I am neither a babe magnet nor exactly marriage material – my wife told me that just before she divorced me. I asked her, since she comes from the all-seeing, all-knowing sex – she told me that as well – why had she married me? "We're all entitled to one mistake," she said. I don't ever remember her allowing me mine.

I am forty eight years old and have a daughter, Sky, who is making her way in life. It was she who made the curry for the barbecue. "Sorry Dad, they didn't send a substitute for the alligator

meat I ordered. All I had in the freezer was this boring bit of lamb." I was grateful for that. Sky does most of her shopping by Internet, with varying degrees of success. At least it wasn't another experiment with the burger-maker she acquired off an eBayer who had lost the box and instructions. Took me hours to get all the shark-meat off my grill when the damn things fell apart last time.

I also have two jobs. By day I am the senior partner of a medical practice and by night I am Nerrithshire's most highly qualified FME, which stands for Forensic Medical Examiner, commonly known as Police Surgeon.

For some reason the Association of Police Surgeons changed its name to the Association of Forensic Physicians. All very politically correct, I am sure, but it beats me why they should change from a name that everyone knows and understands to one they don't and call it progress. I reckon most Ships' Surgeons would throw their toys overboard if they tried to rename themselves as Maritime Medical Examiners.

Perhaps that's why I am out doing the work instead of up some ivory tower with the dictionary open at *modernization* and a Thesaurus to say that this equates to *transformation.* I can imagine it now. "Aha!" says one, "we'll change our name, that will transform us." And the rest, those who were not asleep already, saying "Aye" over their second glass of port.

Fine gentlemen all. It must take a lot of work to become that far out of touch. Perhaps I should work on it.

While I trust I am an upstanding citizen, it probably helps to be what Sky would call *in the zone.* Why else would I climb out of bed in the middle of the night as many times as any of Nerrithshire's five Police stations choose to call me? Although I do allow myself the morning off and let my partner do the first surgery after three twelve-hour police shifts in a week on top of my day job.

The nearest of the Police stations is in Nerrith town itself, eight minutes drive from my home. The furthest is around forty minutes on a clear road. Which they usually are at the godforsaken times I am required.

Around ninety percent of callouts are to ascertain the mental or

physical fitness of people who have been taken into custody. While forces in the larger areas and cities call the Pathologist automatically, Nerrithshire is also one of the forces that always calls a Police Surgeon, FME sorry, first and leaves it to us and the senior officer to decide if a Pathologist is needed. This is much less expensive for the force.

Which makes for an interesting life, although I am careful to lock the stuff I carry to equip me to deal with dead bodies out of sight before I park my car in the daytime. It could scare the living daylights out of some of my live patients. Others, the ones who know me well, will ask where my hands were last before I examined them. I asked Bill Dribble, who made a habit of saying this, whether he was referring to my virility considering the number of nurses and pretty Receptionists at my Surgery. It wasn't.

"Dream on, Doc." He grinned. "When a man reaches our age, if a pretty girl is looking down there, she's probably more interested in your pockets than the thing that hangs between them. And if she's gazing longingly into your eyes, she's likely to ask for a pay rise. Our virility is for getting up out of bed, not for getting it up in there."

I refused to accept that and referred Bill to a sex therapist, for which he and his wife later thanked me with an enthusiasm which left me secretly slightly jealous.

Normally when a police call comes in the night, I jump out of my lonely bed and am half way to making myself decent before my senses are fully aligned and I register some form of reluctance to move. By which time it is too late.

At two thirty on one particular morning, the reluctance set in before I moved. Perhaps because Jim Byrne made the call.

Jim is a perfectly competent Custody Sergeant. An old timer who will probably never make Inspector, but is well respected for all that. He also bears grudges and has an elephantine memory. He doesn't stand fools gladly – at least he doesn't stand me gladly since he felt I made a fool of him. A situation entirely of his own making one cold January night.

Speculation over yet another Dr Hannibal "The Cannibal" Lecter film had been in the news and some TV guru had cashed in and shown another repeat of *Silence of the Lambs* the night before. I fell asleep before the end.

A nasty flu bug had been doing the rounds and my surgery had been crammed with everything from workers with red noses wanting sick certificates to some serious respiratory cases. And one who had become ill after swallowing a suppository instead of putting it up her backside. Reading the instructions is a wonderful thing. Although she did not suffer half as much as the guy who got a trial pack of Viagra off the Internet that came without instructions. He decided to be creative after someone told him that if he took too long to swallow them all you got was a stiff neck. Only to find that it wasn't his neck that suffered.

"It's an unusual case," Jim had said. He was reluctant to give any more details until I got there. If he hadn't been so cagey, I could have gone straight to the hospital.

Earlier that day, I picked up my car from a routine service only to discover that some bright spark of a mechanic had done something which affected its heater. The Service Department was closed by the time I realised and I was stuck with it until morning. So I stoked up with a strong, hot black coffee before setting out. As a result, I took rather longer to respond than normal, although there were no grounds for complaint over my response time.

But for the flu bug, which had also struck down a number of officers, I would probably have met with CID. Instead, I discovered an Incident Room had already been set up and just about every available officer had been called in. I remember registering some concern that I hoped they had rung the Inspector. The Incident Room seemed wound up and ready to go but there was no one above the rank of Detective Sergeant.

It was Jim Byrne who briefed me on the case he whisperingly referred to as Hannibal II. I gather he thought of the name.

"Rum do this one, Doc. Got a guy unconscious. God knows what's happened to him. There are rope marks on his wrists and

ankles, so we know he was tied up. And someone has…" He shuddered to tell me. "…removed some of his flesh."

Sometimes I wonder why I do this job – normally about that time of night, after yet another round of binge drinkers roaring with laughter at their own gags, which generally lack the story, the punch line or both. Some drunks find a string of "fuck, fucking fuck-eds innit" amusing on its own. I can't say I do the job for the likes of them.

Then there's the steady flow of jokers who get it in to their heads to treat me to a one man show when I ask about their medical history. At least they start off joking, "Are you dissing my family?" There's always one who gets carried away with the act, with the red mists of alcoholic confusion closing in as they start pointing wildly, "You accusing my mum of breeding a load of spazzers?" Are you…*are* you?" No. I definitely don't do the job for them.

Nor am I much for the headline-grabbing potential of what Jim Byrne clearly saw as some Hannibal copycat attack on that particular January night.

On being told the victim was at the hospital, I left at once. I wanted to see him before he was treated. At least do a body diagram and try to persuade them to wait half an hour for SOCCO, the scene of crime guys, to get some photos. DNA wouldn't be much use in this one and Accident & Emergency Departments are not very good on forensic evidence.

SOCCO stands for Scenes Of Crime Officer(s) and should really be abbreviated to SOCO. However SOCCO sounds better and it is always pronounced in this way. They are also referred to as the Scientific Criminal Investigation Unit. They have specially marked vans and get involved with DNA sampling, fingerprinting, forensic photography and many other activities at the scene and in the laboratory to assist with investigations.

A&E are not interested in the small and non-serious injuries, the marks, patterns and groupings of marks that are the best clues. Their job is to get down to the treatable major injuries and little or nothing else features in their notes, which are often all but useless in a forensic setting. Things change rapidly and evidence once gone, is gone forever.

At the hospital I was directed to a cubicle where a white male in his late thirties, lay on the examination couch. My first thought was that he seemed to be sleeping, rather than unconscious. This was not some high-powered medical decision so much as the fact that he was snoring quite loudly and stank of alcohol.

He did not stir when I examined his wrists and ankles. Not even when I studied the lip the police were so worried about. After I finished, I had sought out the Max-Fax (Maxillo-Facial Surgeon) responsible for him.

"Some grazing to the hands and wrists consistent with reaching out to save himself from a fall, a nasty cut on the lip and small scratch to his right leg, consistent with having this fall and a skinful of alcohol, which probably explains why he had it. Is that your diagnosis, or have I missed something?" I asked.

"Nothing." The Max-Fax agreed. "Couple of stitches and he'll be right as rain. But for a hangover."

A split lip tends to spread so that the cut appears to be a V, which is what I had observed on the man, but I double-checked anyway. "Nothing to suggest that any flesh missing in the lip area?"

The Max-Fax shook his head. "No. It's a nice clean cut; we're about to stitch it. Do you want to stay and see for yourself?"

"That won't be necessary," I assured him.

Fifteen minutes later I walked into the Incident Room, which still lacked anyone of the rank of Inspector or above, trailing Jim Byrne in my wake. "Sorry about your overtime guys, but what you have in the hospital is a drunk who fell off the pavement, grazed his arms and cut his lip."

Unlike CID, Jim Byrne did not go near many incident rooms and had taken weeks of ragging over this. Unlike pathologists, police surgeons don't get to solve many cases, but Hannibal II – Jim's unfortunate name for it – was all mine.

But on the night of 14 September, Jim's callout was not to the station but to the house of Mr and Mrs Ellerson, where the distraught wife had found the body of her husband. Jim gave the address but I knew it anyway. Josie and Eddie Ellerson were patients of mine.

I arrived to find Police Constable Mary Sedgwick in the back kitchen consoling Josie Ellerson while tucking in with some enthusiasm to coffee and a batch of muffins Josie had just taken from the oven.

This scene of contented domesticity was rounded off by Mr Mosey, a big hairy mutt of a dog, who looked on with apparent contentment from his basket. It took me by surprise. One expects a degree of weeping and wailing when the next of kin is present at the scene of death.

Josie had an air of determination about her that I took as an indication that she was yet to start the grieving process. It can take days or even months before loved ones truly accept the reality of death, which they have to do before they can come to terms with their grief.

I was not there to deal with my live patient, although I would check on her later. It was the dead one I was there to attend.

Once called to a sudden or suspicious death, a police officer is required to remain with the body until it is removed to ensure continuity of evidence. Upstairs I found Constable Harben Mattenock assigned to the job. Eddie Ellerson's body lay close to the bed, as if he had got to his feet, but barely managed to put one foot in front of the other before crumpling where he stood. He was very dead.

Even as I walked into the bedroom, I got the feeling all was not as it seemed. I couldn't put my finger on it. An FME is a Forensic Medical Examiner, who is not there as an amateur detective, but to do his job then leave the police to do theirs; but the impression stayed with me as I examined the body.

The room had already been disturbed by the paramedics, who had been the first to attend the scene and would have attempted to revive Eddie, whether or not he had been stone dead for some time.

The paramedics get their job satisfaction from saving lives. Regulations that require an attempt must be made to revive any body, even if it has begun to decay, are just something to be got

through. Better to go through an apparently pointless exercise a thousand times and save one life by identifying the weakest of vital signs than to miss it out once and lose a potential life. Even if it does involve rolling over the body at a crime scene.

Like most rotten jobs, they often indulge in banter to take their minds off it. “Not getting much of a line here,” referring to a flat line ECG readout from a semi-putrid body, will often raise a laugh from paramedics as they note the nil readout from the equipment they have to attach to it as a matter of routine. Not because it is funny, but because they have to – to get through these least pleasant of jobs.

All of this had been done before I reached the scene.

Because the initial presumption was a natural death, I did not wear a forensic suit, merely pulling on a pair of disposable gloves to examine the body. There appeared to be no danger to my personal safety in the house.

I pronounced death after finding marked livor mortis on the face and upper chest, indicating that he had died face down. After two minutes of listening, I could not find a heartbeat. The body was cool, almost cold. There were no signs of putrefaction.

These findings confirmed the history I had been given, that he had retired to bed the previous evening and had been found by Josie, who had come up late to join him after falling asleep in her chair downstairs in the kitchen, where I suspected she spent most of her days.

I knew Eddie’s medical history as he was my patient, but reconfirmed it anyway. He was of generally good health but was found to have diabetes when he was admitted for a mild heart attack some twelve years ago. He attended regularly for check-ups on his blood pressure and diabetes. Two years ago, the diabetes became very difficult to control and he was eventually persuaded to use insulin, after which he stabilised and was a lot better.

Having no reason to disagree with the general consensus, I was preparing to declare a natural death and leave the room when that uneasy feeling, which was still with me, took over. I decided to take a closer look around the room. The door of his bedside cabinet was

slightly ajar. It was crammed with various bottles, which instantly rang alarm bells in my head.

The largest bottle was of a cheap brand of whisky with around two fingers of alcohol left in it. The rest were pill bottles, some dating back years, others fairly recent. I knew better than to touch them and leaned down to check the labels. Among them I found co-proxamol, temazepam sleeping tablets, and co-codamol. These have a common function, as the alcohol-potent depressors of respiration – in combination a lethal cocktail.

There was also a plastic container marked *50 paracetamol.* I was still wearing gloves and picked it up gingerly by the edge of its top. A quick shake told me that – in common with the rest – it was empty.

It seemed the post mortem was likely to reveal that this death was caused by a combination of drugs and alcohol in the stomach; old Eddie had given up on life and committed suicide.

Suicide and parasuicide, the term for deliberate self-harm, vary in incidence with age and gender. Suicide is more common in males and until recently most prevalent in elderly men.

Males over the age of seventy-five have the highest suicide rates, most commonly by hanging or overdose. The risk factors are depression, social isolation and physical illness. Although suicidal behaviour in older people is more often lethal than in any other age group, in most cases this is because they cannot face the slow and inevitable deterioration of a particular medical condition over and above the normal aches and pains of advancing age. They see little to look forward to.

Most suicide cases have made contact with their doctor in the previous month. They are likely to enquire whether there are any new medicines on the horizon that might ease their condition, but that is not an uncommon question and they do nothing to indicate their intentions.

I had seen Eddie around six weeks ago. I seemed to recall he seemed a bit quieter than usual but nothing, even with the benefit of hindsight, which would indicate suicide. Nor did he ask the kind of questions that might have aroused my suspicion.

The association between suicide and unemployment is thought to be more important overall than other socio-economic factors. Recent contact with the criminal justice system is also a significant risk factor.

Eddie only really matched one of these factors: his lack of employment since retirement, which I recalled troubled him. He was barely seventy, still relatively fit despite some medical problems, and had not been arrested recently. To my knowledge he had no criminal record and no history of mental illness. But the whisky may have induced a morose state of mind. I was constantly coming up against the effects of the demon drink.

The absence of a suicide note was not suspicious. It is a common fallacy that most suicides leave a note. Whatever Eddie's reasons, he had chosen to take them with him to the grave.

The only other thing of note were his pyjamas. They were almost brand new in a dark navy with gold braid, which appeared to be hand sewn on them. As if Eddie had deliberately gone to bed in some kind of pseudo-uniform.

I reported my findings to Harben Mattenock. Apart from the pyjamas. There was no evidence that bad taste in pyjamas had contributed to the death.

Any death that is not natural is treated as a suspicious death for which there would have to be a post mortem. The police arrange for the Coroner's undertakers to remove the body to the hospital where the post-mortem would be done, which would include toxicology on blood and stomach contents.

That should have been enough. In my job, you learn when to walk away and leave others to take over. But as I went back downstairs to see how Josie was doing, I was surprised to find that my uneasy feeling came with me.