DOWN AMONG THE DEAD MEN
A year in the life of a mortuary technician
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PROLOGUE

Never in a million years did I think I would end up in a job like this. Although I had worked in the NHS for over a decade, it had been as a carer for people with learning disabilities, a very different life. For the last few months I had been feeling bored and had come to realize that I was never going to make a career out of it. The NHS is a good organization to work for, though; I did not want to leave the pension scheme that I had been paying into for so long and that was mounting up nicely by the year. While I was scanning the intranet pages at work one day, a job caught my eye. It was intriguing and I had to reread it again and again. The vacancy was for a trainee MTO – Medical Technical Officer – at a local Gloucestershire hospital, and I thought that the title alone sounded interesting. It involved working in the hospital mortuary. It did not go into too much detail but the word ‘cadaver’ was used a lot. Despite having no experience of working with dead people and no real thought about how I would cope, I decided that I had nothing to lose and would give it a go and apply. I like things that are different, not run of the mill, and this job certainly seemed to fit that bill.

A few weeks passed and I pressed on with my job, putting the MTO (incidentally, MTOs are now called Anatomical Pathology Technicians, or APTs) post to the back of my mind, all the while thinking I’d have no chance because I had no experience whatsoever. I was educated above the standard required, but I’ve always thought that knowledge is nothing over experience. To my surprise, though, I eventually received an invitation to attend one of the mortuaries in Gloucestershire for an informal interview. I figured this would be for a look around while it was quiet to see how I felt in a mortuary environment, but how wrong I was.

On arriving at the pathology department at the hospital, I was asked to take a seat in the reception waiting area as several candidates were attending and we would all be shown around together: this job was obviously more popular than I had thought. On entering the waiting area, I saw a woman dressed from head to toe in black gothic clothing with very long curly straw-like ginger hair, who was one of the other applicants. She greeted me cautiously; I smiled faintly at her and decided to sit on the other side of the room. She asked me if I was here for the MTO post and I replied, ‘Yes,’ wondering what her next question would be. And then she asked me if I had had any breakfast. I thought this was a very bizarre question to ask someone you did not know, but what the invitation letter had failed to tell me was that I was about to witness a real post-mortem on a dead person, there and then. As the other candidates arrived, it turned out that around half of us had not been told what we were in for. Two people decided to walk out on the spot, and I have to admit I thought twice, but curiosity got the better of me.

Within ten minutes we were in the mortuary and being welcomed, given over-gowns, over-shoes, disposable hats and masks and asked if anyone knew, or was related to, a Mr Bentley of Pear Tree Close, Gloucestershire. Strange question, I thought, but it turned out that the post-mortem we were about to witness was on Mr Bentley and it would be neither appropriate nor pleasant to see someone you know being cut from clavicle to pubis for your first experience of dissection. We were handed over to the senior technician, Clive Wilson. All I could see were his eyes under his protective clothing, but they sparkled and looked welcoming. He talked us through the whole post-mortem, stopping often to ask how everyone was doing and advising us, ‘There are no heroes in the mortuary. If anyone feels they cannot cope, then they must leave.’ Anyway, to my surprise I found it all absolutely fascinating and spoke to Clive as if we were old friends, and although Clive had clearly been doing it for years, I thought it didn’t actually look that difficult a job.

Meanwhile, I was also aware of what was going on around us. Apart from the other candidates for the job, some of whom had obviously just wanted to see a post-mortem and nothing else, the atmosphere in the post-mortem room was relaxed: two juniors and one senior MTO were busy removing the organs from other bodies (a process which I
later learned was called ‘eviscerating’) and chatting away with the pathologist about daily topics, while weighing body organs and cleaning floors and surfaces around the room, keeping it as clean as possible. I decided then and there that this was definitely the career for me; I wanted to do what they were doing.

A few days later, to my surprise, I was called back for the formal interview and waffled my way through it. I was quite honest when explaining why I wanted the job, as I had no other reason. I replied that I really did not know, but that it just felt right and that the urge to be part of the mortuary team and be able to do such an exclusive, fascinating job was very strong. It paid off, and that afternoon the phone call came through offering me the post; I didn’t really believe it; not until written confirmation arrived a day later.

What I didn’t realize then, was that I was about to start one of the most amazing jobs you can do.
ONE

My first day as a mortuary technician began on a bright, clear but cold morning in early March. Thirty years of age, until now with no clear idea of what I wanted to do with my life, I had fallen into working with people who were no longer breathing. I was to start work at the other of the two mortuaries in Gloucestershire, the one that I had never before even known existed; because of this, I spent ages just trying to find out where I was supposed to report for work, because hospitals tend not to advertise where mortuaries and body stores are, for obvious reasons (and other reasons that are perhaps not so obvious until you become familiar with life in the mortuary).

I walked around the hospital at least twice looking for it. I eventually went into A&E reception and introduced myself to the receptionist, who looked at me blankly when I asked for directions. After shuffling off, he returned and said someone would be over to collect me. Now I felt that I’d made completely the wrong move. What had I done? I had never felt so unwanted or out of place. I stood around like a spare part for ten minutes, looking at the people waiting to be seen in A&E, until the double doors to the waiting room opened and in walked a silver-haired man in his fifties dressed in a long white lab coat. Heading straight for me, he announced my name, shook my hand firmly and said, ‘Welcome to the hospital.’ I recognized his eyes and realized this was the same man – Clive – who had demonstrated the post-mortem a couple of weeks ago at my first interview. It was a relief to see a familiar face.

Greetings over, he led me in the direction of the mortuary. He asked how I was feeling, to which the answer was that I wasn’t sure. Nervous, nauseous, frightened and a whole other bunch of emotions that I suppose everyone experiences on their first day at a new job. But this isn’t your normal nine-to-five job, is it? I did wonder why they had offered me the post in the first place. I had found the post-mortem fascinating, but never before that had I seen a dead person, let alone spent all day with one. I still didn’t really know what made me apply for the job and could only suppose that I had felt I could do it.

While I was walking with Clive over to the mortuary (which to my surprise was actually very close – you could see it from A&E if you knew where it was), I wondered what the department would look like. I had seen the post-mortem in the mortuary in the sister hospital, which was only around seven-years-old. Big, light and with lots of room, the whole place was shiny stainless steel and smelt of a strong disinfectant. I wondered if this mortuary would be the same, or if it would be like the mortuaries you see on old horror films, water dripping down the walls, rats scampering in the gutters and a hunchbacked man hovering in the corner holding an eleven-inch blade.

Clive led me to a pair of large red double doors under a corrugated blue steel canopy, which hides the main entrance to the mortuary so that the patients and public don’t see bodies being loaded into hearses. He told me that it was on the ground floor of the pathology block, at the far end from reception. It was quite understated and not at all obviously a place where you would come across corpses, but easy enough to find. With a single key, Clive opened one of the doors.

As I entered the roomy vestibule, the smell that hit me was a mix of cleaning fluid, musty clothes and an odour I had never smelt before, which I could not even begin to describe but which for some reason reminded me of how my little brother used to smell when he came home from junior school, a sort of stale canteenish smell.

Clive led me into a small office that housed two desks. Sitting at the smaller of these was another silver-haired man, with rosy cheeks and glasses. Clive introduced Graham to me. Graham stood up and he, too, firmly shook my hand. ‘Hello, lovey,’ was his greeting, and he had a strong Gloucestershire accent which suited his appearance to a T. I vaguely recognized him and it turned out that I, too, struck a chord with him. We chatted and eventually concluded that he must know my father; Dad, being an ex-publican, has met a lot of people in Gloucestershire and, growing up in a pub, I, too, came across many faces.

I was offered a chair and a hot drink. Graham bent down from his chair to flick on the kettle, which was on the floor by his desk, and grabbed three cups off a bookshelf behind his head. A carton of milk was fetched from outside
the double doors. Clive told me cheerfully that, until a few years ago, they would keep the milk in the bottom of the same fridge that held the bodies, but health and safety had put a stop to this. I decided then and there that I would stick with black coffee.

The office I was sitting in had seen better days. Standard hospital cream and blue paint was peeling off the walls, and the damp was rising at the bottom around the electrical socket. The furniture was dated, as if it had been dumped in the mortuary, out of the way of the main hospital which was being modernized all the time. The desks had no varnish left on them and the vinyl covering on each of the chairs was slightly torn. While Graham was in charge of making the beverages, Clive began to tell me about my predecessor who had fallen into dispute with the senior technician at the sister hospital and decided to leave. He did not go on to say what the dispute was, and I could see he wanted me to ask but I wasn’t going to, not on my first day. Lots of small talk followed and I wondered if this was it for mortuary life. Did we sit all day waiting for something to happen? Did sirens ring when someone died in the hospital? Did the police barge in through a secret door with a disfigured body when somebody got hit by a bus? I found the courage to ask Clive about this and he laughed. Not in a nasty way, but in an ‘Oh bless’ way.

Clive had been doing this job for twenty-six years. He had begun his career in theatre as a scrub assistant, and knew the importance of infection control throughout the hospital, mortuary included. From the way he spoke, he took no prisoners when it came to the cleanliness of the mortuary. It soon became clear, too, that you name a mode of death and Clive had seen it; nothing could shock him any more.

So, there I was, my first day, ready and eager for action, but all I had been offered was coffee because things had gone quiet, and there were to be no post-mortems that day. Clive knew how precious days like this were. Because there was no post-mortem work, only a few bodies in the body store and all the paperwork was up to date, Clive had a chance to relax and de-stress. You would not realize how busy the dead can make you, and at that moment I certainly had no idea.

We all spent the whole day chatting while Clive taught me the correct method for releasing bodies as well as other important procedures. I was introduced to a lot of people, including porters, undertakers and the lab manager, and given a tour of the huge hospital that was now my new workplace. I arrived home to my two dogs, Harvey and Oscar, mentally exhausted without knowing why, but excited at what tomorrow might bring. I rang my Gramp that evening to tell him about my day. I had kept him up to date on all the events and he was as excited as me about my new job. It was important for me that he knew about my life. I knew a lot about his, and he worshipped me as the only granddaughter in a male-dominated family, so it was only right he knew. And, of course, he was interested.
When I had first applied for the job as a medical technical officer in the mortuary, I did not immediately tell my parents, my brother Michael or my Gramp. Although we all have a very close relationship, some things are best not said until they are certain. But, me being me, I could not contain myself when the letter came through to say I had been shortlisted for an interview following the post-mortem demonstration. Mum and Dad knew that I was unhappy with my job in learning disabilities, but would never have encouraged me to leave one job until I’d found another, as I had responsibilities, and I was not sure what their reaction would be to this one. I had grown up in a family that has a strong sense of responsibility, and Mum and Dad had always worked hard. Of course they knew I had an interest in true crime – my bookcase when I lived at home was full of books about people who had committed murders – but I knew enough to realize that this job was not going to involve a lot of murders. I guessed that very little of it would involve any of the fascinating crime stuff that is portrayed on TV, and I was later to find out I was right.

When the request to attend for an interview arrived, I didn’t say a word to any of my colleagues at my then workplace, but was bursting to tell someone, so after my early shift I returned home at about two thirty, put the two dogs on the lead and we set off on the two and a half mile walk to my parents’. Mum as usual made a huge fuss of Harvey and Oscar, as Dad shouted, ‘Aye up, look out, the boys are back,’ and as soon as they heard his voice they smothered him.

‘All right, love?’ Dad has asked me this question for as long as I can remember.

Mum came out with her usual, ‘Have you eaten? I’m just cooking our tea if you want to stay,’ which was followed by, ‘Have you got enough money?’ and finished with, ‘Is Luke looking after you?’ – Luke being my boyfriend. She then put the kettle on.

Dad went into his usual routine: ‘You remembered where we lived then?’ which is what I get when I have spent more than three days without being in touch. So, after all the usual chat about work and life and stuff, I decided I would tell them that I had applied for the technician’s job.

Mum’s reaction was, surprisingly, delight. ‘What? Working with dead people?’ She lowered her voice. ‘If I was your age again, I would do that.’

Dad had a different response. ‘Comes from your mother’s side of the family, that sort of interest.’ As soon as he said this I thought, The Addams Family, as Adams was Mum’s maiden name; that, and the fact that in my last year at school my nickname was Morticia because of my long dark hair and pale complexion, meant it all seemed quite fitting. I told Mum and Dad that nothing was certain yet.

When it came to it, Mum took the day off and went with me to the interview, bringing with her Dad’s good luck wishes. I think she was probably more excited than I was. She waited in the café down the road from the hospital while I sat through the second interview, which involved a lot of questions about my personality and, as I said before, why I wanted the job, and how I would deal with situations that I have never been in, to most of which I replied that I would refer to a more experienced member of staff. The twenty minutes seemed to last for ever. At the end I was told I would be contacted that afternoon. I rejoined Mum, who didn’t say much apart from asking me how I felt and did I need a proper drink to settle myself, but when the phone call came through offering me the job and I accepted, she hugged me to the point where I nearly became unconscious. I rang Dad to tell him the news, and he replied, ‘Well done, love.’

I then rang my brother, whose reply was typical. ‘What do you want to do that for?’

Luke was pleased as he knew how much I wanted the job, and suggested we celebrate that evening. Last, but by no means least, was Gramp. He was not a hundred per cent sure as to what I was talking about, so we visited him later that day and explained all. And, while I’m sure he still did not fully understand, he was very proud that I was going to be working at the main hospital.
I arrived ten minutes early on my second morning at the mortuary (now that I knew vaguely where it was) and was
greeted warmly by Clive who had already been in for forty minutes and had the kettle on. He liked to get in early as
he always preferred to be one step ahead of the game. Graham arrived five minutes later and went straight into the
body store to register the bodies that had been brought in overnight. I followed him through, as I was intrigued as to
what this involved and eager to learn more of the routines of the MTO life.

The body store leads directly from the entrance vestibule. It is a large room containing a huge fridge which can
house twenty-eight bodies and is fronted by seven tall doors. Opposite these are some cupboards, with a bench top,
as well as a sink and waste bins. Every time the porters bring a body into the mortuary, they fill in a sheet that lives
on the bench top; it details who the deceased is, where they have come from and which fridge they have been put
into, plus a few other facts for continuity. Graham consulted this, and then went to one of the seven fridge doors;
when he opened it, I saw that behind it were four metal trays, one above the other, each supporting a full body bag.

He manoeuvred a hydraulic trolley on wheels in front of this, and then proceeded to raise it by pumping a lever
energetically at the far end. When it was level with the third tray up, he dragged this out and I saw that it rolled
along metal runners. On the outside of the white body bag was a clear plastic pocket containing the person’s details
on a small beige-coloured cardboard label.

Graham removed the tag, opened the bag and checked it against similar tags that were tied around the dead
person’s wrist and big toe. He did this in a matter-of-fact manner, as if he had done it a thousand times before.
Graham is a man of average height, with a pure white head of hair and the cheeks you get from spending a long time
out of doors. Very friendly, he is full of stories about everything which he tells in a deep, cosy voice bathed in a
broad Gloucestershire accent; I felt very comfortable in his company from the word go. He has no airs or graces and
talks a lot about how things have changed.

When Graham opened the large white body bag containing Mr Evans, I was shocked to see what lay before me.
Mr Evans was an elderly gentleman, and I expected to see a body that looked as though it was at rest. What I did see
was a frail old man with head tilted back, eyes staring wide and mouth gaping open. Graham noticed straight away
that I was taken aback. He explained to me about the muscles in the jaw relaxing at death and making the mouth
drop open, but not about the eyes and the arched neck. At that point, Clive came into the body store and said that Mr
Evans was going for autopsy, so could we take him through to the post-mortem room and put him on the middle
table?

The three tables in the PM room each had a delegated technician in order of rank. Clive was on the top table,
being the senior technician, and Graham on the middle one, so I figured I would be assigned the third table, lowest
in the rank. Clive told us that this had become a Coroner’s case – and would therefore require an autopsy – because
the death had happened a week or so after Mr Evans had been admitted to hospital after a fall at home; all deaths
that might be the result of an accident come under the jurisdiction of the Coroner and therefore require a post-
mortem examination. Apparently, though, such cases as these are usually straightforward. Clive informed us airily
that this was probably a pulmonary embolus – a blood clot that forms usually in the leg veins and then breaks off to
travel to and block the blood supply to the lungs. I looked at him blankly and he walked away chuckling, saying as
he went, ‘You’ll get there.’

This was to be the only PM for the day, so Clive asked me if I would be satisfied just to go and watch Graham
take the organs out of the body – eviscerate it – and then help him clean up afterwards. More than happy, I was
shown into a small changing room where I dressed in blue scrubs that were three sizes too big and picked from a
large selection of white clogs the pair that was closest to my size. I entered the PM room from the opposite, ‘dirty’,
door in the changing room. Graham was already there and he showed me a small alcove off the main room which
housed disposable hats, masks, gloves and goggles.

Not having a clue what glove size I am, I chose the smallest and then struggled with the disposable hat – I probably ended up looking like the Pope until Graham pointed me in the direction of the mirror. I found myself looking at someone out of perhaps a science fiction film or a medical soap opera; I felt really weird wearing all this protective gear and, once again, was worrying that I was out of my depth.

Graham had stripped Mr Evans and placed a wooden block under the middle of his back so the torso was raised and the spine slightly curved to expose the neck. Graham checked the identification on Mr Evans against what was written on the postmortem request. Having satisfied himself that this was the right person, he told me that identification of the body is our most important responsibility; every so often the wrong body gets eviscerated, and what follows is a tidal wave of trouble. The next of kin, not surprisingly, tend to become upset when they discover what has happened. From the way he spoke, I guessed that he might have committed this sin in the past, but I did not want to pry further because it was obviously painful; however, it lodged at once in my head as something to avoid and something to be worried about.

Graham had a tray of instruments on the table with him, resting on Mr Evans’ legs. From this tray he took a knife; it was about the size of a table knife, but with a disposable blade that looked as though it would cut through steel. Graham placed the tip of this at the top of the torso, in the midline just below the Adam’s apple, and ran it down with a single, easy sweep to end just above the pubic hair. Sticking his fingers in a small, deeper incision that he had made in this slit just under the ribcage, he then cut down through a couple of layers of fat and muscle to expose the guts; he extended this down towards the feet so that all the abdominal organs were exposed. This done, he then began to gently retract the skin from the ribs, slicing it off with practised strokes of a knife laid flat to the ribs, so that within a couple of minutes Mr Evans’ skin was completely free of the front of his body, hanging away from it. It looked as if you would almost be able to zip him right back up.

He rinsed off his knife, which was apparently called a PM40, and replaced it in his tray. After that, he washed off any blood that was on the table, and was telling me about how some corpses ‘bleed’ more than others depending on how long they have been dead as he picked up what looked like a pair of small stainless steel garden shears. He opened them up and put the blades around the lowest of Mr Evans’ ribs on the right-hand side. He began to cut upwards, severing each rib with a crunch and then moving on up to the next until he reached the top; he did this on both sides, and thereby removed the front of the ribcage, pulling away a big triangle like a prehistoric crab. This exposed the heart, lungs and most of the liver. He placed the ‘crab’ to one side and moved down the table so that he was over Mr Evans’ bowels, which were fully exposed and waiting to be unravelled.

Next, Graham took a pair of scissors and cut through a piece of gut near the stomach. He tugged at the guts and began to unwind them, cutting as he did so through the fatty membrane that was holding them in place. Within a very few minutes, the bowels were lying in a stainless steel bowl at Mr Evans’ feet. While Graham was doing what he had done a hundred times before, I started to notice the smell. I stood thinking of what it reminded me of. Graham told me how he used to work in a slaughterhouse, and then it hit me. The smell was almost the same as in the butcher’s. By the time I had gathered my thoughts, Graham had loosened the remaining organs from the back of the opened torso – although I missed how he had done it – and he now had his PM40 up inside Mr Evans’ throat, busily working away under the skin, pushing the blade into the floor of the mouth. After a few moments he had cut through this and around the back of the tongue so that he was able to free the mouth and neck organs. What he did then was like some sort of gory magic trick; he pulled the tongue down through the throat, everything still intact, and then he continued to pull everything away from the spine – lungs, heart, liver, stomach, spleen, kidneys . . . It amazed me then – and still amazes me now – how all the organs are attached to each other.

By doing this, he had released all Mr Evans’ organs from his body, and was now holding what he told me was referred to as the ‘pluck’. Grasped firmly in Graham’s hand were Mr Evans’ neck structures, his tongue resting on Graham’s hand while suspended below was every other major organ except the gut and the brain. He placed all this in a second stainless steel bowl, and placed both of the bowls on the dissection bench ready for the pathologist. Graham got cleaned up and we both took off our protective equipment, changed into clean scrubs and went back to the office for coffee. Clive had already rung the pathologist, Dr Ed Burberry, who had told him he would be down at ten thirty to start, so we still had an hour before he was due to arrive. Graham and I took our drinks and went and sat under the canopy outside the double doors to the mortuary to have a smoke.

From here, at the back of the pathology building, you can see loads of staff walking about, but they don’t really see you. It’s as though this place is completely ignored – a blind spot or something that they would rather not think existed – or maybe people are just not aware of it. We went for a little stroll around the car park. ‘So you can get your bearings,’ Graham said. We didn’t get very far, as Graham knew so many members of staff that he spoke to everyone we met; he had worked at the hospital for years and years, first as a driver before joining the mortuary. He introduced me to everyone, but I knew I would never remember them all, and I thought it would take a few weeks
till I got my bearings.

After our break, we returned to the post-mortem room and Graham stitched up the lower half of Mr Evans’ torso, leaving the top half open so he could put the organs back when Dr Burberry had finished with them. He removed the wooden block from under Mr Evans and rested his head on it. Taking a scalpel, Graham then cut behind Mr Evans’ right ear and ran the blade around the back of his head to end behind the left ear. He informed me that it was important to make this incision on the head as low as possible. The reason for this is that if a family want to view the deceased after a post-mortem, the lower the incision on the head, the less likely it will be seen as it will be nestling on the pillow. Apparently, the technicians have lots of little such ploys to hide things from people. I thought it was good that Graham had thoughts for the family of Mr Evans, although it somehow made it all feel very real.

Graham then began to retract Mr Evans’ scalp from his skull. This is not an easy thing to do, because the skull and the scalp do not come apart readily; in fact, Graham got even redder in the face than usual as he folded the scalp back to cover Mr Evans’ face. After he had loosened the scalp from behind the ears, he then took a wide wedge of the skull off with an electric rotating saw to expose the brain; this he then removed by sliding his fingers between the brain and the forehead bone, then gently pulling it so that he could put a scalpel under the brain. I asked what he was doing and he explained that he was cutting through a fibrous membrane that held the cerebellum in place, and then severing the cranial nerves and the spinal cord. Having done this, he withdrew the scalpel and pulled out the brain with frightening ease and nonchalance.

Dr Burberry arrived shortly after this. Graham had been telling me that Dr Burberry is the lead pathologist for the department, so he takes the rap for the whole of the department when things go wrong, and has the responsibility for the mortuary. Graham was proud of the fact that he felt he had a normal relationship with Dr Burberry; as he put it, ‘One that two human beings should have. We can talk openly, but we both know where the levels of respect lie.’ I was intrigued to see what Dr Burberry was going to be like; Clive had spoken highly of him too.

Dr Ed Burberry gave off the aura of a very important person. Of average height and stature, he was in his mid-forties and very well spoken. I could see instantly why he was in charge. He wasn’t what I was expecting at all, because he looked relatively normal and not at all the snooty professorial type. He greeted us both with, ‘Good morning,’ and once again, I felt out of my depth, as if maybe I should be cleaning the toilets or something. How was I ever going to be able to hold a conversation with somebody so highly qualified? I suddenly found myself staring at Graham and wondering how this was going to progress. Never had I imagined being in a situation like this. Me, a normal female (except that, OK, I was one with an interest that a lot of people might find odd), Graham, an ex-slaughterman with no desire to better himself, just wanting to do his job and go home; and Dr Burberry, a highly educated consultant, who was about to perform a detailed dissection of Mr Evans’ internal organs, and who would then be able to determine what killed him.

In the event, though, what happened I would never have believed, and you had to be there to see it. Graham and Dr Burberry chatted like old friends, which I suppose they probably were, as they had worked together for a long time. They spoke about cricket, television, the weather and what they had planned for the evening. In the background, Dr Burberry insisted that we have Radio 2 on as loud as possible. As he examined Mr Evans’ organs, he placed them in a plastic tray and Graham weighed them individually, making a record of each weight. While they were doing this, they talked so normally it was obvious that they were immune to what they were doing. I stood in the background, watching in awe. It all felt comfortable and my thoughts of being out of place were starting to fade.

Dr Burberry had finished his examination within thirty minutes and then left the post-mortem room. Graham returned all the organs to Mr Evans’ body and finished stitching him up. I was asked to wash down the work bench that Dr Burberry had been using and disinfect it, which I did with pleasure. I actually felt useful at last.
One of the things I had to learn about quickly was the Coroner’s system. The Coroner is effectively a judge – usually a lawyer, although there are some medically qualified Coroners – who has legal jurisdiction over a corpse if no natural cause of death can be given by a suitably qualified doctor. If the medical cause of death is unknown or if there is reason to believe that it may be due to unnatural causes, then the case has to be reported to the Coroner. He then has absolute control over that body – no one, not even the next of kin, can stop him asking a pathologist to do a postmortem and that way find out the reason for the death.

So much to take in. Clive told me that most of our work was for the Coroner because, following the scandals at Bristol and Alder Hey, very few hospital (for educational or research purposes) post-mortems – which require the consent of the next of kin because the cause of death is already known – were being done. This was because families, given the choice, very rarely want their loved ones literally internally examined.

Whether a cause of death is unnatural is not always as clear-cut as you may think, either. Obviously, cases of suicide, violence by a third party (which would require a forensic autopsy by the Home Office Pathologist and not just a Coroner’s autopsy) or accident are unnatural, but so is industrial disease, and so is neglect, whether self-neglect or neglect by someone else.

This leads me on to Amber Court . . .

I had been in my new job less than a week when I met my first body from Amber Court which had come to us for post-mortem. Amber Court is a large residential home on the other side of Gloucestershire; it has a reputation for being low cost and, in residential care as in most things in life, you get what you pay for. It houses a large number of frail and elderly people, and is staffed by the least talented members of society. As long as they can walk and breathe, the owners of Amber Court are happy to employ them; they are paid to do a very bad job and, in return, those in their care are treated with no respect and little, if any, kindness. I imagine a little fat greedy man, sitting in a back office tucked away somewhere, rubbing his hands together at all the money he is making by providing so-called care.

As this is common knowledge throughout Gloucestershire, almost every death they have in Amber Court gets reported to the Coroner. It is his statutory duty to rule out neglect in cases of unexpected death, and that, inevitably, means that most deaths at Amber Court end up having a post-mortem.

Clive did a quick evisceration of an elderly, frail, almost gossamer-thin lady – Mrs Ethel Humbler – that took him no time at all, but it turned out to be fascinating. Ed was on PM duty again, and what he found made everyone stop the banter and friendly insults that were being fired around and led Clive to turn down the volume on the radio. In Mrs Humbler’s throat, wedged right down in the trachea, was a paper napkin. It was almost spooky when Ed flattened it out, because written in the corner was Mrs Humbler’s own name. It was immediately obvious what had happened; in their uneducated wisdom, her so-called ‘carers’ had left her, despite the fact that she had full-blown dementia, to help herself to her own lunch. In her own confused world, Mrs H had obviously felt compelled to consume everything that was laid out in front of her and, with no one around to stop her, she had stuffed the napkin into her mouth. It had become lodged in her throat leading to what I can only imagine to be a lonely and scary death.

So, Ed had a cause of death for the Coroner but, as Clive said afterwards, that would not be the end of it. For the time being, this would be an accidental death, but there are accidents and there are ‘accidents’; some are more avoidable than others and it’s the Coroner’s job to sort out the two types. I vowed secretly that I would never allow any of my family to go into care; I would rather struggle to look after them, no matter how hard that was, than allow this to happen to one of mine. How were Mrs Humbler’s family going to react?
After the PM, Mrs H was reconstructed by Clive to nearly her former glory and ended up actually looking more peaceful than before, then placed in the body store alongside the rest of the poor souls who reside with us while they await collection by the undertakers.
Like most people, I had always assumed that mortuaries dealt only in dead people, but it had become apparent very quickly that there was a large stream of other kinds of thing coming through. The first time this was brought home to me was quite early on when I answered the bell of the main red doors to find a porter with a large yellow bin that was about a foot deep and two feet square. He thrust it at me and said, ‘From the delivery suite.’

I took it and asked, ‘What is it?’

He looked at me pityingly. ‘Well, I’m not the bloody stork, and this ain’t no bonny baby.’

With that he was gone.

At this point Clive came into the vestibule and found me looking down at the box. He made a face. ‘Oh dear.’

‘What’s this?’ I asked.

He took the box from me. ‘Products.’

‘Products?’ I echoed. What sort of products did he mean?

‘Products of conception.’ I still did not catch on. He took the box into the body store and put it on a trolley, then turned to face me. ‘Abortions, miscarriages, that kind of thing,’ he said gently.

The truth hit me and left me feeling sick. ‘They come here?’ I asked incredulously.

‘Where else would they go?’

I’d never really thought about it and, now I did, it made sense. Nervously, I asked, ‘Are there babies in there?’

He smiled. ‘Bless you, Michelle, no. If a baby is stillborn, or dies shortly after birth, then of course it comes down here exactly as an adult does. But with the early miscarriages and abortions and suchlike, there’s nothing much to see other than tissues.’

I wasn’t sure I liked to think about what he meant by ‘tissues’. ‘What happens to them?’

‘We treat them exactly as we do everyone else. If the parents want them buried, then an undertaker buries them. If they want an undertaker to handle the cremation, then that’s what happens. Most of the time, though, the parents are happy for us to handle things. We get the chaplain to bless them, and they go directly to a crematorium from here. We make absolutely certain that they are treated respectfully at all times.’

About a month later, I answered the door exactly as before and once again a porter stood there. This one held a white plastic bucket, sealed with a lid; it was about eighteen inches in diameter and about three feet tall. He smiled at me and held it out for me to take, as if it was a bunch of flowers and he was proposing. ‘Here you are, love.’

With that he went. I was completely flummoxed. Were these more products of conception? All the others had arrived in the same type of box but, I thought, perhaps they had run out of that sort and were using anything they could lay their hands on. It was incredibly heavy and, when I shook it gently, there was a sloshing noise. Obviously there was something big inside; for a moment I panicked and wondered if someone had made a mistake and put a baby in there.

‘Clive?’

Clive came out of his office. When he saw what I was holding, he said, ‘That goes in the bottom fridge on the left.’

‘What is it?’

He smiled. ‘From the size of it, I’d say it’s a leg.’

I nearly dropped it. ‘A leg?’

He nodded. ‘They put the arms in smaller ones.’

Feeling slightly queasy, I did as I was told. I had known that the bottom fridge on the left was used for the products of conception, but hadn’t realized that we put other things in there. When I had done as I was told, I returned to the office. As Graham was taking the day off to slaughter some wildlife, we were alone. I said, ‘So we
get limbs, then?’

‘From theatres. And hands and feet.’ He paused, and added with a twinkle in his eye, ‘But no heads, at least not from theatres.’

Clive told me that most of the bits and bobs that they cut out in theatres go upstairs to the laboratory for the pathologists to look at and write a report on. Some of them, however, don’t need a pathologist’s opinion; the smaller ones – such as fingers that have been crushed and have to be cut off because they can’t be saved – go straight into clinical waste in the theatre, but the arms and legs (removed because of poor blood supply or injury) are too big and have to come to us for storage until they are collected for incineration.

‘Mind you, that’s not the end of it,’ he said. ‘Someone’s always digging up things.’ I must have looked blank, because he went on, ‘Bones and suchlike. The police bring them in here and ask Ed or someone to tell them if they’re human.’ This sounded thrilling, but then he spoiled it by adding, ‘They never are.’

‘Where do they come from, then?’

‘Most of them are from sheep and cows and other animals. Thankfully, people like Fred West only come along once in a lifetime.’

‘Still, I suppose they have to make sure.’

He nodded. ‘And we do occasionally get some weird ones. Once we had what looked like a severed hand in a lady’s glove brought in. Someone found it when they were cleaning out their gutters.’

‘God! How did that get there?’

He laughed. ‘Poor old Ed had a bit of time with that one. For a while he was convinced it was real, but then when he probed about a bit more, he found it was just chicken bones and mincemeat stuffed into the glove.’

‘Bloody hell.’

‘Someone’s idea of a joke, I suppose.’

‘Pretty sick joke,’ I said.

‘Pretty sick people about, Michelle.’

We were in the office drinking coffee. When he had finished his, he put his mug down and said, ‘A while ago, we had a real foot brought in here.’

‘Just a foot?’ I asked incredulously.

A nod. ‘In a trainer, it was. Rotted and all. They discovered it on the riverbank, near an old chapel.’

‘Whose was it?’

With a shrug, he said, ‘Dunno. I don’t think they ever found out.’

My head was filled with some of the things I had read about in my extensive library of true crime. ‘But there was a big investigation?’

‘That was the funny thing,’ he said. ‘They brought it into the mortuary one Saturday night, then left it here for a couple of days. No fuss, no nationwide alert. Someone came in on the Monday and took it away. No fuss, no bother.’

‘Really?’

‘Nothing. We were expecting something along the lines of an all-points bulletin regarding blokes with only one foot, or a massive manhunt for a loony with a machete and a foot fetish, but it all stayed silent. It was some weeks later that we found out what the police reckon had happened.’

‘Which was?’

‘It belonged to a tramp who fell in the Severn up Worcester way, they reckon. The body got caught up in some reeds, decomposed and eventually the current took his foot off, carrying it down here. They already had a good idea that that was where it came from, so they weren’t too fussed.’

‘And they didn’t bother to tell you?’

He shrugged. ‘You’ll soon learn that we’re regarded as the lowest in the food chain, Michelle. We’re the bottom-feeders, the ones who do the dirty jobs for peanuts, and know fuck-all about anything. No one thinks they need to tell us anything, and the only time we get any feedback is when someone wants to bollock us.’

He said this in a tone of resigned cheeriness, but I could hear the bitterness underlying the words.
It was the following week, the weather surprisingly warm for April, that Barry Patterson came into my life and, like most of the men I have known, he proved to be a problem. He wasn’t just any man, though. Far from it. Mr Barry Patterson was forty stone and he made his first appearance on a Friday.

When the doorbell rings, you never know what you’re going to discover and, in this case, when Graham opened the door, what greeted him were four huge undertakers, all sweating and cursing. They had between them a loose stretcher placed on a collapsible gurney; as it was pushed in, there was an ominous whining from it, as if the whole mechanism was under an intolerable strain and liable to collapse at any moment. On it was a gigantic mound underneath a huge cover that could have been three bodies snuggled together; to cap it all, the cover seemed to be struggling to cope with its contents. There were the usual greetings and then the undertakers took this monstrosity into the body store.

I was wondering what was going on, but Clive and Graham both knew and it brought them nothing but depression. I was desperate to find out more, but no one said a word as they manhandled this mound, with a lot of struggling and no little swearing, onto our hydraulic trolley which then proceeded to collapse to its lowest point, as if giving up all hope. The cover was removed, and in front of us lay the most obese person I have ever seen in my life. The undertakers began to tell us the whole story.

Mr Patterson had been complaining of shortness of breath (not surprising, weighing that much) and a doctor had been called but, unfortunately, he had died before the doctor arrived. The family had rung for an ambulance but the ambulance crew did not have the equipment to cope with the removal of such a large human being. The Coroner’s officer had then been contacted, who had called in some undertakers for the removal of the body, but not even two seventeen-stone men with hands like shovels and two assistants who were not much smaller could move him. The only solution was to call on the fire brigade. Mr Barry Patterson had only been removed from his last resting place with the help of several burly firemen and a heavyweight hoist. After that, it took six men to lift him onto the stretcher using various straps and lifting equipment. I often wonder if the family are present when such a body is being removed from a house; do they feel any embarrassment at the events unfolding before them?

The undertakers left the mortuary and I began to discover all the problems that such people bring. Our only decent trolley had a forty-stone body on it, but it was designed to take no more than thirty-five stone, and had therefore seized up under the weight. Moreover, the mortuary has enough fridge space for twenty-eight bodies, including four larger patients. A larger patient in the days when the mortuary was designed was probably about twenty-five stone maximum. There was absolutely no way that Mr Patterson was going to allow himself to be refrigerated and so he was going to have to stay on our trolley at room temperature until a post-mortem was ordered by the Coroner. As it was Friday afternoon, the earliest that that was going to happen was Monday. Since, if a body is not cooled, it starts to rot, this was what was going to happen to Mr Patterson. A couple of days would not make a lot of difference, but any longer and Clive explained that he would start to become a health hazard, especially given the fact that it had just turned unseasonably warm.

Clive rang the Coroner’s office and got through to Neville Stubbs who was dealing with this case. I didn’t know it then but this was not good news; I couldn’t understand why Clive had such a pained expression on his face as he was explaining the situation. It turns out that Neville is a pleasant man, but not the sharpest tool in the box; he has a habit of typing post-mortem requests for email (badly) and then forgetting to press the send button, or even sending them to some random person in the histology laboratory. Now that we know each other, though, he is always pleased to hear from me, but I usually have to listen to a joke or two before I get to explain why I have rung.

Clive explained the situation to him and asked for the request for post-mortem by the end of the day so we could get this man done and dusted first thing Monday, and then back to the funeral parlour as soon as possible. Neville
said he would get on the case and both Clive and Graham expressed some relief as the phone went down. This was only the start, though, as Clive went on to explain, because the next problem would be the autopsy – how the hell were we going to get the body on the post-mortem table?

As we locked up the mortuary that evening, I can’t say that any of us was filled with joy, but, as Clive said, at least we had done as much as we could for the time being; I wasn’t looking forward to Monday morning, though.

After finishing with Mr P on Friday evening, I went straight home, threw some clothes in a bag, grabbed some money, put the dogs on the leads and then the three of us walked the two and a half miles to my parents’ house; by six thirty that evening I was raiding Dad’s wine cabinet and informing them both that we were all staying the weekend and that Luke would be joining us as well a bit later.

What had stuck in my mind the most from the first couple of weeks in the mortuary was the huge confidentiality thing that went with working for the hospital. It was massive and really important to the Trust, as I knew from my previous job, but it seemed more real now and I felt protective of the patients in the mortuary, almost as if they demanded it now that they were deceased. It was a matter of respect. I wasn’t going to gossip about them; that was not my style, and I had not heard any of my colleagues do this. The dead had little left except dignity and some things needed to be left within the mortuary.

Another thing I had realized was that Luke was not fazed by what I had chosen to do with my life. I had fully explained my job role to him, expecting some sort of reaction – OK, to be honest, expecting him to look at me like I had two heads – but no, nothing apart from support. He did not pry, question or treat me any differently from the way he had before. Luke has a job as an engineer, requiring a lot of concentration, time and effort. We have been together a year or so, and I have yet to see him get stressed about anything professionally or personally (apart from bad drivers, that is). He just has this amazing ability to leave work at work and very rarely discusses it.

As the evening drew to a close, though, Mr Patterson started to enter my thoughts and I couldn’t help worrying about what I was going to walk into on the following Monday morning.
When I arrived in the gloom of an early spring morning after the weekend, if I hadn’t already had Mr Patterson on my mind the faint smell that came to me as soon as the door was opened would have reminded me swiftly. It was still relatively new to me in those days, but we had already had a body through the mortuary that was starting to go off, so it wasn’t completely unknown to me. It was still faint, but it is like nothing else on earth and, no matter how many times you breathe it in, you don’t ever get used to it. I murmured a few silent swear words and went quickly into the office where Clive and Graham were already sitting, the door shut tight in a fruitless attempt to keep out Mr Patterson. Graham made me some instant coffee and we talked about the task ahead. Clive had still not resolved the problem of transferring him on to the PM table and, anyway, the atmosphere made it difficult to think of anything much.

The time passed slowly with the usual routine of paperwork and cleaning, but the PM request had still not arrived in Clive’s inbox by the end of the day. What the hell was Neville playing at? He’d promised us faithfully to get the request through as soon as he could. Mr Patterson on the surface appeared to be OK, considering; going a bit green and marbled over his stomach and across his shoulders, but not yet too slimy or unpleasant to look at. A bit of blistering on his upper thighs, but again, that could be sorted, so I was told.

Tuesday came and, switching on the computer, Clive had still not received the PM request. He could not ring Neville as he would not be in till nine, but we had two old ladies that required autopsies so we at least had something to be getting on with, although not even Ed Burberry singing along to John Denver could distract from the smell that was becoming distinctly stronger.

During all this time, Clive was constantly pondering the way we were going to get Mr Patterson onto the dissection table. We were supposedly restricted by manual handling guidelines from moving Mr Patterson without proper equipment, but the hoist we had only lifted a maximum of twenty stone, so he reckoned that the manual handling guidelines might have to go out the window in this case and he would therefore just have to hope and pray that nobody got injured doing it. He wasn’t very happy about this but, as he pointed out, since there had been no PM request, there was no problem yet.

Unbelievably, another day went by and there was still nothing from the Coroner’s office. Clive spoke to Neville on several occasions and was starting to get a little agitated, but Neville was having trouble getting hold of Mr Patterson’s GP and needed more medical history before he could book it. Mr P still lay in the body store, on the collapsed trolley. He was becoming more and more offensive; the green colouring was working its way up his chest and he was making his presence known throughout the whole department. People were starting to pass comments, as if we were the ones making the stink. We needed this post-mortem done and out of the way as soon as possible. I had discovered that he had one advantage, though: after an hour or so in the mortuary, you don’t notice the smell because your nose just gives up the struggle. But we were now having to put families off coming to see their deceased relatives because the odour was seeping through into the viewing area and I could hear Clive lie to them on the phone about how we were fully booked with the police over the viewing times; and to top it all, there was still no news from Neville.

And then, like a miracle, sitting in Clive’s inbox the next morning was the PM request for Mr P. One problem down, but another one to be resolved. We needed to get Mr P on the table. The hydraulics on the trolley refused to work under the strain of the weight, so Mr P was at a level beneath the dissection table and we couldn’t slide him directly on to it. We needed manpower so Graham rang the porters’ lodge and asked them to send two burly porters down to the mortuary. Within ten minutes, they arrived. They were astounded by what they saw and smelled, but they got to

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work straight away. It took all five of us to do it, but we managed to raise the trolley by sheer force, and quickly pulled Mr P onto the table.

All of which effort only meant another problem: he was on the table, but now we had to get him undressed. Graham was not going to be able to carefully unbutton his clothes, fold them nicely and place them in a bag. They were going to have to be cut up the middle and pulled away (complete with skin and slime) as Clive and I rocked Mr P from side to side on the table; that operation alone left us feeling completely exhausted.

Once undressed, he did not present a pretty picture; both sides of his body were hanging down off the table, he was going a very dark, slimy green, and various blisters had started to appear over his body as his skin began to break down. Graham was doing the evisceration on this body and, although understandably not cheerful, was professional and resigned about it. What with Mr P being so slimy, he explained that he needed to be extra careful of slipping with the knife and taking off one of his own fingers with it. He said that the hardest job with cutting open an obese person is the layer upon layer of fat you have to get through. Once that is done, taking out the organs is a doddl as they aren’t usually so much bigger than those of an average person. He was huffing and puffing, trying to get the fat to stay back while at the same time trying to reach the organs, which even he – and he is not short – could only do on tiptoes. All the tools he was using had sheen to them now from the layers of greasy fat that clung to them. Clive made various comment about how he possibly needed to tie some rope around Graham’s ankles in case he fell in.

And never believe an obese person who tells you they are big-boned; inside Mr P was a small man trying not to suffocate. As it happened, Dr Burberry discovered that Mr P had a deep vein thrombosis in his leg, which can break off and lead to pulmonary embolism in the lungs. He said that he probably got it because he hardly ever moved.

After this, Graham reconstructed the body, which on an obese body usually proves very difficult as the skin will tear when the needle goes through because of the sheer weight you are trying to stitch back together; even if that doesn’t happen, you have to hope and pray that the two sides of the incision down the body are lined up. Graham explained that when he started out, quite often he ended up with one nipple two inches higher than the other! But he now had a nifty way of dealing with the reconstruction of a larger body. He would draw three lines across the body, horizontally, then stitch these back together first, so everything was lined up again. Job done.

That still wasn’t the end of it, though. Clive said that the problem now was that Mr P was a health hazard. His body cavity had been opened and contaminated with gut contents; we had no body bag big enough to put him in and we could not refrigerate him as he was too wide. Clive was worried about the health of those of us working in the mortuary. Although with any body there is a danger of disease and therefore a daily risk to the staff, with an average-sized body, they can be handled safely by being sealed in a body bag and put back into refrigeration. Mr P was lying uncovered, oozing body fluid which was dripping and trickling onto the floor. Clive rang Neville at once to confirm that we could release the body back to the funeral directors as Ed had given them a cause of death and we could not refrigerate him as he was too wide. Clive was worried about the health of those of us working in the mortuary. Although with any body there is a danger of disease and therefore a daily risk to the staff, with an average-sized body, they can be handled safely by being sealed in a body bag and put back into refrigeration. Mr P was lying uncovered, oozing body fluid which was dripping and trickling onto the floor. Clive rang Neville at once to confirm that we could release the body back to the funeral directors as Ed had given them a cause of death and our job was done. Initially the funeral directors were not keen on coming and collecting Mr P; they don’t want decomposing bodies around the place any more than we do.

What the hell were we going to do with him? He could not stay on the table over the weekend forming a puddle on the floor. Clive muttered about the possibility of the mortuary being closed down and all this hitting the local press. He thought about contacting the Infection Control Department, but wasn’t sure how to go about it. He took this problem to Ed who, thank goodness, got to work it. Within the hour everything was settled; although there had at one point been talk of hiring – at a cost of several thousand pounds – a refrigerated lorry just for Mr P, the funeral directors were persuaded to co-operate and come and collect him that day.

Barry Patterson at last left the building just before it was time to lock up for the evening, in a coffin that looked like a wardrobe, and carried by eight undertakers. Another week gone and definitely time for the pub again. I rang Maddie at once.

I had first met Maddie a couple of days into working in the mortuary. She had started at about the same time as me, taking on a job upstairs in the histology lab as a Medical Laboratory Assistant, or MLA; these are the people who do the less specialized tasks in the pathology laboratory. It was part of her job to bring down to the mortuary the products of conception – foetal tissue – for ‘sensitive’ disposal. We clicked instantly and soon became close friends.

Maddie had come to Gloucestershire from Wales with no ties and, since Luke is not the controlling type, we were able to go for a drink after work whenever we felt like it in order to catch up; in this way our friendship grew. That night, I was overwhelmed by what I had seen over the past week or so with Mr Patterson and bent Maddie’s ear about it for the first part of the evening. We had gone to the closest pub to the hospital, but as the evening moved on, it started to become full of underage squealing teenagers so we headed to a place we had discovered in town called The Firestone, an old bar with a modern relaxed feel. They had got it right with this bar when they redesigned it –
neutral colours with dark furniture; not huge leather sofas that you just wanted to curl up and sleep on, but sensible
drinking furniture, and nothing too soft or too high. We managed to get what was becoming our regular table by the
window so we could watch the sights walking by and comment on the usual collection of fashion disasters. Maddie
and I were smartly dressed in work clothes so we felt entitled to criticize. We stayed until throwing out time, and
then took a taxi back to mine to annoy the neighbours with some loud music and more drinking.
Clive felt that first thing the next Monday morning I should start to eviscerate. I had been handling the organs while doing the weights for the pathologists, so I knew what sort of textures and smells to expect. This was going to be very different though, and I was nervous.

I stood there that Monday morning, in my scrubs, almost shaking. In front of me lay a little old lady, totally unclothed, waiting for me to start the process that would reveal to her family why she actually died. This was the first time that I had worked with Clive in the post-mortem room. Being the senior technician, Clive was responsible for training the new technicians in their evisceration technique, but he had little time for everyday post-mortems due to being tied up in the office with paperwork; that was what Graham and I were employed to do. He went through some basic anatomy which went over my head; all I could think about was how the hell I was ever going to do this. I had seen Graham do it plenty of times, but he was a dab hand; this was about to be very real for me. I was going to open up someone’s mother, grandmother, sister, aunt. And then, was I going to be able to get out the organs intact, or was I going to slice and dice them all into an unrecognizable mess so the pathologist would not be able to work with them?

None of this seemed to matter to Clive, as he encouraged me to place the PM40 onto the body. As I did this, Clive said I had to push down harder on the knife; I needed to cut the skin, not scratch it. As I put pressure on the blade, I could feel it bump across the bone in the middle of the ribs which, I was to learn, is called the sternum. As I reached the bottom of this, Clive suddenly informed me that I now had to take the pressure off the knife. Without even thinking, I pulled the knife up and away from the body. I was a bit shocked by the quick instruction from Clive and felt I had made a horrible mistake. He went on to say that I had to be careful at the lower end of the sternum as the stomach and intestines lie just under, and it is quite easy to put the blade through them, thereby causing a spillage of contents which not only would be messy and unpleasant, but also might be required for testing by the pathologist. Clive went on to explain in great detail about the mess and smell this causes, and I got the feeling he was more bothered about that aspect than losing the stomach contents for the pathologist.

I eventually managed to expose the ribs and the intestines, and then folded back the skin to either side of the body, as he told me to do. This was to take a while and Clive got a bit agitated; he eventually lost patience with me. He had shown me at what point you need to cut the intestine, to be able to unravel it, but I only managed a few inches before, in a hurried manner and while trying hard not to show his impatience, he took the knife and finished the rest of the evisceration himself. At least, though, as he eviscerated, he talked me through everything he was doing, and got me to do the ‘easy’ bits, like loosen the lungs from the back of the thoracic cavity, which meant basically just lifting them up. The speed and slickness with which he released the tongue from the bottom of the mouth were unbelievable. Clive never made a mark on the neck and, once he had packed the inside of the throat with cotton wool, you would never have known any different.

Clive went on to tell me about a family that he once had to show the stitching to on a deceased’s head, as they did not believe that he had had a post-mortem. ‘The secret is to cut low around the back of the head, Michelle; that way, when they are laid out on the pillow, the stitching is concealed underneath the head, and with the knots behind the ears, see?’ I was not about to tell him that Graham had already told me this, and just nodded. ‘Then, Bob’s your uncle; nobody but us need know the difference.’ He finished this sentence off with a wink.

He then said, ‘I think you should have a go at reconstruction.’ With that, Clive handed me a large shiny silver needle that was curved at the end. This was threaded with what looked liked carpet twine and, as it turned out, it was. ‘Start from the pelvis up, over and under, over and under,’ he said, leaving me a little foxed. To Clive it was second nature; to me it was piercing someone’s skin and sewing them up with carpet twine.

I had no idea at that time that I would soon get into such a flow, but I actually found it quite easy to reconstruct
and my initial fear of piercing a body with a huge needle soon faded. Clive reminded me to stop three-quarters of the way up, as we still had to replace the organs in the body after they had been examined by the pathologist.

Clive next told me that I needed to stay in the post-mortem room because, having worked with the body, I was now contaminated, and that Dr Burberry would be arriving shortly. He then left and so I sat in the PM room alone with the little old lady, listening to the radio and awaiting the pathologist. Within ten minutes, the door from the consultants’ changing room opened, and Dr Ed Burberry entered the PM room. ‘Good morning, Michelle,’ he said with a smile. ‘How are you?’ He must have seen that I was as nervous as hell. I was convinced he was going to ask me a medical question that I had no idea about, and that I would probably forget everything that Clive had told me I had to tell him about the patient in front of me.

I nodded at him and squeaked rather inanely, ‘Yes, thank you, Dr Burberry.’

I should not have worried about striking up a conversation with Ed. It turned out we got on like a house on fire. We spoke freely about each other’s interests and I began to relax in his company. He let me in on a few secrets about Clive and Graham, as he had worked alongside them for so long; he knew how they liked to work and what routines they had. He gave me tips on how to stay ahead of the pathologist during an evisceration and what they expected from their technician while in the PM room.

I finished my first post-mortem session full of knowledge, but the best thing was the feeling that I had done something a step up from cleaning down. I was now, sort of and after a fashion, able to do what Clive and Graham did, and I could now properly help towards the running of the mortuary. And he might be a consultant pathologist, but I was sure I had found a friend in Ed.

When I got home that evening, the first thing I did, after letting Harvey and Oscar out, was phone my parents to tell them I was a fully fledged mortician. I thought about ringing Gramp, but after the conversation we had had when I got the job, I thought it would be better to tell him when we visited him at the weekend.
On Wednesday the following week, Ed Burberry did the post-mortem of Samuel Chandler who had come into the hospital for an elective operation to remove his gall bladder. Before that he had been reasonably fit; he had had the odd touch of chronic bronchitis in winter, a hernia operation three years earlier, occasional gout and mild hypertension, or raised blood pressure. He had been married for forty-nine years and was a retired local government officer. It had been a ‘keyhole operation’ and had apparently gone well in that Samuel had made a full recovery from the anaesthetic and the surgeon, Mr Wilson, was happy that there had been no technical problems. Two days later, though, he had begun to feel unwell and very soon after that he had become very sick. Mr Wilson went back in and found bile and inflammation all over the abdominal cavity. He had tried to wash this out and then sent Mr Chandler straight to Intensive Therapy, but the poor man died just twelve hours later.

When Graham and I got Mr Chandler out of the body bag, I was shocked at the state of him. He was bloated with fluid that had leaked out of him so that he looked, as Graham remarked, as if he’d been dragged from the river. He was covered in a patchy red rash and there was a liverish tinge to his waxy skin. Something else that I was amazed at was the number of places that intravenous lines had been inserted – one into the crook of each elbow, one into each wrist, one into his left ankle and one (with six tubes spreading out from it) into the right side of his neck. There was a urinary catheter, a tube down his nose and one poking out of his mouth from his throat. Running down the front of his tummy was a long adhesive dressing with two smaller ones just under the ribs on the right. He wasn’t smelling too clever, either.

Graham told me to make a note of all the lines and tubes, but not to start the post-mortem yet because he thought Ed would want to see Mr Chandler as he was. I did as I was told, then we went back into the office for some coffee. Clive had gone to our sister hospital for a meeting, so Graham and I exchanged chat about this and that for half an hour. Ed came in, wished us both good morning, then went into the dissection room. Almost immediately we heard him cry out, ‘Oh, my God! Not another ITU failure?’

When we followed him in, he was reading the notes and looked up to say, ‘Mr Wilson, surgeon to the stars, strikes again, then.’

Graham laughed. ‘Looks like it.’

Ed explained to me, ‘Charlie Wilson is a regular contributor to our workload. He’s a surgeon of the old school, which basically means jack of all trades and master of none. All around him, younger colleagues are coming through and techniques are being developed, and he can’t quite seem to cope with either.’

While he was talking, he was walking around Mr Chandler, checking that I had noted all the tubes correctly, looking for old surgical scars, and recording the swelling of the tissues and the rash.

‘Michelle’s doing this one with you,’ said Graham.

‘Good. You get started while I change. When you take the dressing off the wounds, don’t forget to measure them.’ With that he was off to the changing room, and the bell for the front door sounded, so that Graham left the room too. From watching Clive and Graham, I knew that I could now take out the lines and make the first midline incision, but what I would find when I did worried me greatly.

Inside two minutes, I knew that I had been right to worry. In the few weeks I’d been doing this job, I’d seen a lot of astonishing things – blood filling the abdomen when an aortic aneurysm burst, a liver almost completely replaced by white cancer deposits, an ovarian cyst eighteen inches across – but this topped them. The abdominal cavity is normally a clean place but Mr Chandler’s was filled with curdled, yellow pus. I had to step back and turn away because it not only looked horrible, it stank horribly too and, forgetting his poor stomach, mine began to churn at the sight.

At this point, Ed came back into the PM room and sniffed the air. ‘Eau de peritonitis, I think,’ he said cheerily.
‘Hang on.’ Having put on an apron, a cap, a mask, plastic sleeves and gloves, he came to stand beside me. ‘Forget about removing the intestines first. Just take it all out in one.’ Normally, we tie off and remove the intestines before taking out the rest of the organs, but delving around in that horrible mess would have been vile and probably done more damage than good.

Even so, it wasn’t easy, what with having to reach down so far into the body that I was almost falling in, and with having to avoid splashing. Eventually I got everything out of Mr Chandler and Ed helped me get it all across to the dissection bench. While he set to work, I scooped out the rest of the pus from the abdomen, trying hard not to fill my own mask with vomit, and then set about taking out the brain. Every so often Ed swore loudly (which I tried not to laugh at) as the intestines, made fragile by the inflammation, tore and spilled contents over the dissection table. Usually he could take all the organs out in ten minutes but this time it took him closer to thirty. As I was weighing the organs, he said suddenly, ‘Ah!’ and he beckoned me over, waving the brain knife in my direction.

‘There,’ he said, pointing with the scalpel at the underside of the liver. I couldn’t see anything for a moment, then made out some stitching that was embedded in pus. ‘See how loose that is?’ he asked. As he spoke, he gently pulled at one of the stitches with forceps and it came away easily. ‘Bile’s leaked out into the abdomen from that and, hey presto, this is what happens.’

I asked, ‘Does it happen often?’
Ed shook his head. ‘No, not often, thank God.’
‘Should it have happened?’
He hesitated, then said neutrally, ‘That’s for the Coroner to decide.’
Easter was here before we knew it, and Mum wanted us all to do our normal bank holiday stuff. This consisted of a night in with a takeaway on the Saturday at their house, then up early on the Sunday, and ready to catch the bus into town at eleven thirty for a pub crawl, in our Sunday best, with bank holiday Monday to recover. This was the whole family – Mum and Dad, Michael and his girlfriend Sarah, myself and Luke. These Sundays nearly always turned into a long day, so my first task was usually to find a sitter for Harvey and Oscar; being German shepherd crosses, they can be a bit of a handful. I had happened to be having lunch with Maddie mid-week, on one of the rare occasions when we both managed to escape the pathology building at the same time. I was telling Maddie about the dogs needing a sitter, and she jumped at the chance. ‘I’m not going home, as Mum’s going away; anyway, I love your house, and it’d be nice to cosy up with the dogs. Better than being in the flat on my own all weekend.’

Maddie almost glowed as she was saying this. Luke and I really appreciate such offers, and take advantage of them when they come, which is all too rarely. We arranged that Maddie would arrive on Good Friday afternoon and stay over till bank holiday Monday.

On Thursday evening, Luke and I went out and bought Maddie all the goodies we could think off, including a supply of her favourite cider (not forgetting the blackcurrant to go with it), a bottle of vodka with a few cartons of orange juice, and treats and food for the dogs.

On Friday morning, Luke and I woke early, got Harvey and Oscar into the back of the wagon and drove them out to the local hills surrounding Gloucestershire. Luckily for us, the rain stayed away, and it was perfect dog-walking weather. It was a bit cold for us humans, but perfect for canines; for an hour and a half they ran about like animals possessed, so were pleasantly sleepy when Maddie arrived at one o’clock. Luke and I were then shoved out the door by Maddie at about two o’clock after I’d spent sixty minutes trying to organize her. ‘Look at them both,’ Maddie said, pointing at Harvey and Oscar fast asleep on the sofa. ‘How difficult can it be to look after two sleeping angels?’ she asked, followed by a wink.

We arrived at Mum and Dad’s shortly after, kitted out with our overnight bags ready for our three-night stay. ‘Your brother’s not staying over, so you two can have the big room,’ Mum informed us as we came through the back door.

‘Good afternoon, Mrs Williams,’ Luke replied in joking manner as he greeted Mum with a kiss on the cheek.

Luke and my parents had got on like a house on fire right from the off. Mum was proud of the way he looked out for me, and also admired him for putting up with me. I think I have become less hectic with age, but I’m sure she would disagree. In my head, I am now reasonably sensible and not nearly so difficult – I still cringe when Mum and Dad remind me of some of things I did and said when I was a teenager – but sometimes Mum looks at me and I see in her eye the same look as she used to give me. It helps that Dad and Luke have a lot in common – and, although this is mainly sport, they also get on well as people. Not only that but, as far as Dad is concerned, if Luke makes me happy, then he is happy.

‘You’ve arrived just at the right time,’ Dad said. As I looked around to see what was waiting for our perfect timing, I caught Dad grinning at Luke. ‘The football’s just kicked off on the TV.’ With this unspoken decision made by the males of my family to sit and watch the whole ninety minutes, Mum and I decided to do a bit of internet shopping and bored the backsides off Dad and Luke as to how much cheaper things are online; I even managed to get Luke to part with his credit card, which was a victory indeed.

As the evening approached on Good Friday, the mood in the Williams household became very mellow and very, very relaxed. Mum cooked a huge pot of chilli served with home-made bread and, as Dad said, ‘Real butter, not that spreading rubbish.’

Saturday morning consisted of a hugely long lie-in and the usual Scottish fry-up after twelve o’clock, then more
football for the men, and the town centre for Mum and me so that we could do some real shopping (again supported
by Luke’s credit card). You may think this is an unnecessary thing for me to do – spend my well-paid boyfriend’s
salary – but, for all its glamour, confidentiality, excitement and strangeness, an APT is pretty poorly paid. I have to
cover the expenses of living – Luke and I both have our own homes – so my low salary leaves little for luxuries.

Saturday evening was fairly quiet as well, and I could not help calling Maddie to see how she was doing with the
dogs, and, of course, they were all fine.

‘I don’t know why you fuss so much about them,’ Luke told me. But he knew deep down, as much as I did, that
every now and then they could become a little excitable and start to chase each other around the house, up and down
the stairs, through the kitchen, out the garden, back in the house, finishing by throwing themselves against the front
doors, with a quick rest ready for the next lap.

Not long after this, the Indian meal that we had ordered arrived and we all sat down and ate to the point of
bursting before collapsing on the sofa and watching TV for the remainder of the night.

Sunday arrived and the inevitable fight began over the bathroom. We all needed to be ready to go out the door at
eleven thirty that morning, and no one wanted to be last one in the shower and therefore the last one that everyone
was telling to get a move on. Anyway, with a bit of planning and bickering, we all managed to be ready to go out on
time. We met Michael and Sarah in town and, as usual, Mum and Dad wanted to start the day off at the Social Club.
Gramp would probably be in there with his friends and this was always good for some giggles. But the downside of
the Social Club was that Sarah was going to be the youngest in there; after her in age terms would come my brother,
then me and Luke, and then the age gap would jump twenty-five years to my parents; following that, the age range
extended into the far distance.

There was compensation, though. It wasn’t exactly rockin’, but it was at least cheap and cheerful, as Mum has
always said. As we walked into the bar, which, incidentally, women are allowed into, but only on best behaviour,
we saw that the place was full of retired people, elderly ladies dressed up in their best clothing with full make-up.
All of them appeared to be wearing the same bright blue eye shadow and deep red lipstick. Gramp was sitting with
his friends and we were encouraged to join them. We stayed for a couple of hours in the Social Club, which turned
out to be very sociable indeed, and good fun. We left Gramp and his friends to continue the afternoon in the club,
which I was sure they would do in the accustomed manner, and the six of us then headed over the road to a proper
pub. Dad knows most of the landlords around town and we are always warmly welcomed by them. Since my parents
gave up the pub trade, they do not see a lot of their old social circle, so in a way, days like these are very much a
chance to catch up with their old friends and acquaintances.
Clive had put me straight about mortuary security very early on. ‘There is nothing, Michelle, nothing at all, more important than the security of this place.’ Graham nodded in silent agreement. ‘You never let anyone in unless you know who they are and why they want to be here, understand?’ Clive, laid back about so many things, was clearly telling me that on this subject he wanted me to listen and mark his words. He continued, ‘There’s a lot of funny people out there, and some of them think that the best way to spend a day out is drooling over dead people.’

I had known that people like that existed, but I didn’t think that it would be a problem in a small mortuary in a rural county. My disbelief must have shown on my face because Graham added, ‘You’d be surprised, Michelle. We get all sorts around here. A few years ago, one of the porters was caught in the mortuary when he had no business being here. Nobody could prove anything, but we all knew what he’d been up to, didn’t we, boss?’

Clive nodded. ‘Dirty bugger.’

‘What happened to him?’

Clive said, matter of factly, ‘The head porter had a chat with him. He got a job as a milkman shortly after, I believe.’

‘And you have to be careful when it comes to viewings, too,’ said Graham.

‘What do you mean?’

Clive explained. ‘We’ve had occasions when the “next of kin” weren’t quite as closely related as they claimed. In fact, we’ve had one occasion when he wasn’t related at all.’

‘You’re joking!’

Clive shook his head. ‘Luckily, I didn’t leave him alone, although he was bloody keen that I should. Turned out he wasn’t the brother of the deceased lady but the bloke who had lived over the road from her. Always fancied her, apparently.’

All this was an aspect of the job that I hadn’t really thought about before. It had seemed obvious that you have to keep a mortuary locked, but I hadn’t realized that you had to regard the place as a high security vault.

Clive said, ‘You’ve got to look on viewings as the weak point in our security; it’s when we have to allow outsiders in and so when we’re vulnerable.’

‘We get all sorts in,’ chuckled Graham, shaking his head. ‘All sorts.’

Clive asked him, ‘Do you remember that bloke who wanted to bring his cat in to pay his last respects?’ They both laughed.

Graham added, ‘And that old woman who wouldn’t leave Dr Romney alone. Remember her?’

Clive became excited. ‘Yes!’ He turned to me. ‘Dick Romney used to work here as a pathologist about ten years ago. Poor bloke. This widow kept after him for ages. It got so he was afraid to answer the telephone.’

Graham began to laugh so much that he caught his breath and went red in the face, stamping his foot and coughing up phlegm. I asked, ‘Why? What had happened?’

‘She and her husband had been a very devoted couple who’d lived together for years and years, and she’d gone a bit doolally, I suppose. Finally he died and she came in to view him. I had the body laid out really nicely so that he looked as if he’d just gone to sleep, and she came in, took one look at him, turned to me and said, “That’s not my husband. That’s an actor.”’

‘What did you do?’

‘I argued, but it was no use. She knew that it wasn’t her hubby, and she wasn’t about to listen to me. She insisted that we had substituted an actor who looked exactly like her husband. Didn’t seem to think it odd that we happened to have had a dead actor identical to her hubby on hand, just when required.’

Graham added, ‘She got really worked up, too.’
Clive nodded. ‘Took me forty minutes to calm her down and get rid of her, but she didn’t leave it there. A week later, Dick got a letter. It wasn’t in green ink, but it could have been. She insisted that, as head of department, he was the one who had substituted an actor for her husband, and she demanded to know what he had done with him.’
‘What did he do?’
‘He put the letter in his desk drawer and tried to forget about it.’
Graham laughed again. ‘He did the same with the next one . . . and the next.’
Clive joined in with the laughter. ‘He was still getting them ten years later when he retired.’
I had been working at the mortuary for a couple of months when I arrived in good time one Monday morning, feeling like an old hand now and thinking I knew what to expect; it had already become evident to me that Clive had a stable morning routine that rarely altered. I rang the doorbell and he greeted me with a smile. I could hear the usual Radio 2 blasting out in the background from the PM room and walked into the office just as the kettle had clicked off. Clive had all the cups ready for the hot drinks, but I couldn’t help noticing that the smell was definitely not the usual disinfectant smell. This was different. This was rotten; it reminded me vaguely of how Mr Patterson had smelt by the time he left us, only much worse. Clive didn’t mention it, so neither did I, but I did begin to question if he could actually smell it; I wondered whether, after so many years in the business, he had become used to stenches like that, or even lost the ability to detect them altogether.

Graham arrived and instantly said with a grimace, ‘How long has that been hanging around?’

So, I wasn’t going nuts, and there really was a foul smell in the air. Clive said that he didn’t know because he had not yet had the pleasure of opening the fridge. Graham turned around and went straight to the body store mumbling something about getting it over and done with and out the way. I followed him.

Four trays on the left-hand end of the twenty-eight-fridge bay were larger than the rest. These were for obese patients, which back then were very few and far between, so they were also used as an isolation bay for decomposed bodies. Because most of the time they were empty, we didn’t have to open the door very often, so that the smell wasn’t able to leak out and contaminate the whole department.

When Graham opened the fridge, the smell hit me like a ton of bricks, and then proceeded to do over and above its duty by further smacking into the back of my throat with an almost physical punch, and that was while the body was still concealed inside three body bags. I waited in dread-filled expectation for these to be opened, wondering just how it could get any more offensive. Graham approached the tray which the body lay on without thinking twice, and for the first time since I had started, I saw him wearing gloves.

If you can picture the goriest horror film you have ever seen and double it, then you’re just beginning to have some idea of what he exposed when the final body bag was unzipped. When he did this, although the stench – by now even more potent and eye-watering – would normally have wiped everything else from my awareness, what lay in front of me vied for attention and won; it was a slimy, green, moving body. Layers of skin falling away, huge blisters waiting to spill their watery contents, lips and eyelids eaten away so that the teeth and eyeballs were exposed in the most horrific manner. The reason it was moving was that it was infested with maggots that were having a huge feast on human flesh and were writhing like a Mexican wave at a Premiership football match. Clive informed me airily that the human body was a perfect environment for maggots. Since I had not really had any idea of what was going to be revealed, I was slightly annoyed that I had been subjected to such a sight and smell without prior warning, while Clive and Graham obviously knew what lay ahead of us.

But I realized then that this was how it was going to be. No deliberate surprises, just things as nature intended them to be – its own way of disposing of a body if the person was unlucky enough to die on their own and not be found. This did not put me off the job, but did make my skin crawl and the smell catching the back of my throat made me retch. Since I did not want to run from the mortuary screaming, I dealt with it and told myself again and again that it would get easier with experience.

Clive asked if I was OK and began to tell me how he had seen six-foot males brought to the floor by such sights. He did not elaborate on this, but I was beginning to learn that Clive liked to drip feed you only little bits of information at a time. So we left it at that and I stood back as Graham wheeled the trolley past me to take the body through to the post-mortem room. The body was transferred over to the PM table, left in its bags, door closed behind it and we all returned to the office for the coffee that we were going to have originally, while we waited for the
pathologist to arrive. After a while, though, the smell of the rotting body seemed to be getting worse, so I asked Clive if it was all right to go out for some fresh air. Graham came with me and after ten minutes it was time to face it again. When we returned Dr Burberry was having a coffee with Clive in the office and merrily regaling him with the news that the stench of the decomposed body was wafting through the whole lab above us, and the staff were complaining once again. It was far, far worse than Mr Patterson and, at the time, I truly believed I would never have to experience worse.

How wrong I was, though.

Having identified the body from the labels attached, Ed told Graham he could get on with the evisceration, and he went back upstairs to continue reporting surgical pathology specimens from living patients. Graham and I put on our scrubs, after which I stood in the background watching. From what Neville at the Coroner’s office had said, it turned out that this person was female and had, in the prime of her life, been a GP. As she got older, the GP side came racing back to the surface and, thinking she knew better than other doctors and could self-diagnose, she refused any help from her own family doctor. Because she had no next of kin, and because she was a private woman with no friends, this had led to isolation and she had subsequently died a lonely death without being discovered for – as I was eventually to learn – a couple of weeks. Graham then went on to tell me how we were lucky it was late winter – if it had been summer, he said with a wink, she would have been a lot worse. My initial reaction was to wonder just how she could possibly get a lot worse.

As Graham rolled the lady out of the bag, it was evident that she was fully dressed and her legs were wrapped in a blanket. This blanket had stuck to her body due to decomposition and it, too, was gently moving. As Graham pulled it back, another writhing ocean of maggots was exposed, more than I could ever have imagined in one place. I was not able to stomach any more at that point and was excused from the room. I ventured back into the office, where Clive was sitting at the computer on his desk. ‘Too much for you?’ he asked with that half-smile I was starting to know so well. I guess the fact that I was ashen and holding my breath at intervals to stop myself heaving gave the game away.

I was embarrassed, and thought this would be the end of my career as a Medical Technical Officer, but when, after ten minutes, I returned to the dissection room feeling slightly more in control of my breakfast, I was received by Graham and Dr Burberry with great compassion. This was not a job for the faint-hearted, and they both knew that. This was a job that, given a small amount of bravery and acceptance, becomes a day-to-day occurrence that you can get used to.

I went home that evening, collapsed on the sofa after our evening dog walk, and drifted off to sleep. I was woken suddenly by a dream of the decomposed body getting up off the table and coming out of the PM room to get me, maggots and all. I spent an hour that night after I woke thinking about whether I was going to return to the morgue the next day, as this did freak me out. But, me being me, curiosity got the better of my misgivings and I was back there at seven forty the next morning ready for the kettle clicking to tell me that it had boiled.
The smell had not died down the following day, but as I was let in I had a pleasant surprise: Clive presented me with a bunch of keys. After nine weeks or so I had earned the right to my very own set. Clive sat me down with a coffee and explained the importance of owning a set of keys to the hospital mortuary. This was big business to him, a sort of ceremony, and I finally felt part of the team. I also felt extremely chuffed that I had been given this responsibility so early into my new role, but scared at the same time. What, precisely, did this mean? I was about to be told.

I was aware that the mortuary had an on-call procedure, but that was all I did know; this state of ignorance was about to change, though, as I was going to be informed about everything you need to know to do on-call and be asked to participate. I had been led to believe that it was usual practice for a technician to be given a three-month trial period to see if they and the managers were happy with their progress; only then, if everyone was satisfied, were they expected to join the on-call rota. In my case, two months or so down the line and I was already being given my own set of keys to the department (only three sets existed in total) and being asked to come on to the rota. I had obviously made progress without realizing it.

Clive went on to tell me how he was impressed by my attitude: the fact that I had returned after the retired GP episode apparently proved that I had what it takes. I could not say at the time that I agreed with this, but it meant a chance to prove myself so I was not about to argue. Clive went on to explain what my responsibilities would be when I was on call. After the mortuary was closed in the evening at four thirty, the switchboard would have my mobile number, and they would call me if I was needed. This would involve viewings of the deceased out of working hours if families requested it which, at that time, could be any time of the night. The policy has since changed (thank goodness) to a couple of hours added on to the end of the working day.

He went on to say, and at the time it was news to me but I soon became fully aware of it, that the public perception of a mortuary is that it is manned 24/7. This is understandable as the main hospital is staffed twenty-four hours a day and you would not expect a ward to be left unstaffed. He went on to tell me about how he had often been called out at ‘stupid o’clock’ in the morning for the family of a deceased relative who arrived drunk and then decided that they had changed their minds when they arrived. When we meet a family, we take them into the relatives’ waiting area, and when we are ready, they are invited into the viewing room to spend some time with the deceased. It is all done very smoothly (assuming that the family allow this), but there is a lot to do beforehand. It means getting into the mortuary in plenty of time before the family, making sure we are dressed in suitable clothing to present ourselves to the family, then getting the deceased out of the fridge. It is essential that you ensure that you have the right person for the right family (understandably, they can get very angry if you show them a dead stranger) and then you have the task of making the deceased presentable. Death sometimes has a horrible way of leaving a person looking unpeaceful, as I remembered from my first week with the old gentleman whose mouth was gaping and eyes were staring.

I asked Clive about this, and he decided that there was no time like the present, so he took me through to the body store and got a random body out of the fridge. It just so happened that this person had died with their eyes and mouth open. Clive went on to complain about this becoming more regular when a person died on the ward. There was and is in place the Trust’s ‘Last Offices’ policy that requires the ward to present the body to the mortuary in a suitable manner; this involves packing of cavities and, where possible, closing eyes. If this is done just after death then the eyelids will stay down but, if not, it becomes a problem. At least in this case, the fact that they hadn’t followed the policy had done me a favour, as Clive would be able to show me exactly what to do, but I could tell he was upset that the body had been sent to the mortuary from the ward in this way. He had high standards when it came to how the deceased should be treated. He didn’t seem to deal with the living too kindly, but at least he had great pride in his job.
He started to show me how to make things better. He got a pillow and placed it under the deceased’s head; he then got a head block and placed that under the pillow; raising the head this way caused the mouth to close. Next he got a tiny piece of cotton wool and some forceps; he placed the smallest amount of cotton wool on the eye and lifted the eyelid over it. This simple act caused the eye to stay closed. Clive preferred this to gluing the eyelids together with superglue – which some morticians do – and, I have to admit, I was immediately sold, so that it is a practice I still follow today. He told me about how his predecessor preferred to put an invisible stitch in the mouth, but that he considered such practices very invasive and preferred to see if he could solve the problems through other means. By the time Clive had finished, the deceased looked peaceful, as if he were sound asleep. To help with this, Clive had worked out the worry lines in the forehead by gently massaging them and straightened the mouth to a relaxed look. He made everything look so easy, and was rightly proud of his achievement.

It took Clive all of ten minutes to do this but what worried me was that, at least to begin with, I knew it would take me longer.

The switchboard was given my number and, as of the following week, I would be officially on call for the hospital. This went for the Coroner too, as I would also be working for him in a roundabout way; in turn, Clive added, that meant the possibility of having to do forensic post-mortems.

I had heard Clive and Graham mention forensic post-mortems before but didn’t really understand what they were. When I asked, Clive said, matter of factly, ‘You know, suspicious deaths, murders, that kind of thing.’

‘Murders?’ I began to panic.

Clive smiled. ‘Every now and again, Michelle, every now and again.’
The next week flew by, being only four days, but without a lot of PM work – although we had had several deaths through the doors, most of them had been expected and did not require autopsy – so we spent much of the week cleaning and I got to know Graham a lot better. Like Clive, he had also worked for the hospital for a long time; first as a porter, and then he’d stumbled across the job in the mortuary, initially helping Clive out when he needed it, then ending up as a permanent fixture. He also loved his job, but was not interested in furthering his career. Now, what mortuary technicians do is a recognized profession and you are able to sit exams which, once you have passed them, will allow you to climb the ladder in the technician world. It will also allow you to work with national disasters if you choose; Clive had taken these exams, but all Graham wanted out of life was to do his job to the best of his ability, go home in the evening, enjoy his whisky without being disturbed, and collect his wages at the end of the month.

Graham also had a habit of sometimes using the wrong words. He would say ‘defiantly’ when he meant ‘definitely’, and ‘poignant’ when he meant ‘pertinent’, both of which I could understand, but not when he swapped ‘skellington’ for ‘skeleton’. Still, it just made him all the more human as far as I was concerned.

He was divorced, and had been for a long time. He told me about the many times he had had to climb out of the window at the nurses’ residence at some silly time in the morning, because the Sister was doing the rounds and he had been spending the evening with whichever nurse he was seeing at the time. It appeared that he had had liaisons with a large number of nurses – certainly lots of them spoke to him when we were out having a cigarette. He came across as a simple man, uncomplicated, who said exactly what he thought and knew what he liked and what he didn’t like, and nothing was ever going to change that. He would have his breakfast at the same time every morning – two rashers of bacon, fried eggs and toast (always the same) – and revelled in talking about what he was having for tea each evening, proud of the fact that he cooked it himself. Every morning Clive and I would have a running commentary on how good it had been and how he had cooked it. I found this both boring and intriguing: boring because I know how to cook, but intriguing because of the passion he displayed when telling me about it and the type of food he ate. No animal organ was safe from the frying pan in Graham’s kitchen. You name it, he had tried it, right down to sheep brains, which are very nice (or so he assured me). He offered to get me some next time he went to see his old mates at the abattoir, but I refused politely.

Graham also told me about his love of shooting, and I tried my best not to look shocked. I don’t think I did this very well, though. ‘I never shoot anything I don’t eat,’ he said quickly when he saw the reaction on my face. ‘Apart from when the farmer asks me to sort out any “mixies” I see when I walk his land; I don’t eat those buggers.’ I knew from this he was talking about rabbits with myxomatosis. ‘I just put the poor bleeders out of their misery; the foxes have those.’

I warmed to Graham; not because I agreed with some of the stuff he enjoyed doing – I didn’t at all – but because he was so straightforward and you knew where you stood with him. He also taught me a lot. Clive was a knowledgeable man, but his patience with me could be pushed sometimes. I am a very inquisitive person and have an annoying tendency to ask ‘Why?’ a lot. I like to have things explained to me, reasons given and what the end result is expected to be. I also like to know why I am asked to do something, but I am quite aware that this can really annoy people; I know this because people like me can annoy me! Graham, though, was always ready and willing to give me an answer or a reason. He was never flustered or agitated, but always gave a reply that was straight to the point, given in the language we both spoke, and without trying to impress or baffle me with long medical words that he knew I wouldn’t understand. We worked well together and appeared to complement each other, and I could see that Graham was like me in that he wanted to get the job done. Whatever task was given to him, he would jump on board.
By Friday I felt as though I was definitely part of the team and had been accepted. We started to relax fully with each other. And I loved the fact that the atmosphere was nothing like I imagined it would be. There was a strong sense of companionship, lots of helping each other out, lunches together in the office, jokes and gossip shared and plenty of laughing and high spirits. Working in a mortuary can be unpleasant; the sights that are brought through the doors are sometimes enough to make you want to turn around, walk out and never return. An attitude of extreme levelheadedness is important, and the attitude that Graham and Clive had was healthy as far as I was concerned. Although dealing with the deceased every day, they had never forgotten the fact that they were very much alive and lived each day to the full. The proper respect for the bereaved family and the dead was always there, but sometimes, given the normal everyday conversations and laughter that would come from the office over coffee, you would never have believed that we were completely surrounded by the dead and all their finery.

So, this week had been my first week on call, and the working week evenings had gone by without an emergency. I had actually turned my mobile phone on and off a few times and asked Luke to ring it to make sure it was working properly, which of course it was. From the stories relayed by Clive and Graham, I had thought it was going to be non-stop. This was about to change when Saturday morning arrived, however. The first phone call came around eight in the morning. It was the A&E department to say they had an elderly gentleman who had died in the ambulance on the way to be admitted. OK, I thought to myself, that is not a problem.

‘The trouble is,’ said the nurse on the end of the phone, ‘the family are coming down from Leeds.’

‘That’s fine,’ I replied. ‘What time are they going to be here?’

‘Could be any time. He was pronounced dead an hour and a half ago, we thought they would prefer to see him here, but they haven’t yet arrived and we can’t get hold of them to see how far away they are.’

I knew that this gentleman would probably have been transferred to the mortuary by now. I finished my phone call, left Luke and the dogs in bed and made my way to the mortuary at eight forty-five.

As I arrived, the porters were just bringing the patient over from A&E. I admitted him to our department and began making him presentable for his family. All the tricks Clive had showed me worked to perfection, and by nine thirty Mr Jenner was in the chapel, laid out in the proper manner and awaiting his visitors.

By eleven o’clock there was still no sign of his family. I had rung A&E a couple of times, but they had heard nothing. I had told pathology reception, which was manned until twelve on a Saturday, but they had had nobody wandering around looking lost.

In the time I had already waited, I had admitted a couple of other patients that had come in overnight, chatted with the porters for twenty minutes, drunk a fair few cups of coffee, run barefoot through the biscuit tin and read the local and national news on the internet. I then spent another fifteen minutes chatting to Gramp on my mobile about random stuff, but I could tell he was getting ready to go out and didn’t want to miss his bus, bless him. Luke had rung twice to see how long I was going to be, but I had told him to forget our plans for the day.

At twelve thirty, and still with no sign of Mr Jenner’s family, I decided I would have to ring Clive and take his advice on what to do. I had really hoped I could do this myself, if only to give him a break from the place, but needs must.

‘What do you mean, you’re still there?!’ was Clive’s response. ‘Michelle, put the body away and go home! If we sat waiting for every family that might want to come and visit a relative, we would have to have camp beds installed.’ I felt about an inch tall, my do-gooding had done no good at all for my staff relations. ‘You should always try to get a definite time and speak to the relatives direct. This is what happens when the ward arrange things for the morticians, our time gets wasted. I want you out of that mortuary within half an hour, Michelle. That’s an order.’

I finished my phone call and put Mr Jenner away in the body store. Luke said he would be outside at quarter past one to collect me. As we pulled up outside my house, I could hear Harvey and Oscar barking as they recognized Luke’s car. Just as I placed the key in the front door, my mobile rang. The family had arrived. So back to the hospital for the viewing that was supposed to have been hours ago. I met the family and they could not apologize enough.

So, after the formalities, Mr Jenner was met by his family at long last. I must have been able to hide my frustration, as I don’t think they noticed it. I explained to them, in a manner that I hoped was acceptable, that we really needed direct contact with them as we are not manned 24/7, and they apologized again. I showed them into the viewing room and left them to it, pointing out how to contact me if they needed me. There were four of them and they were there for each other, so my presence, I felt, would only get in the way.

I had told them how long I had waited for them, and thought this would mean they would take into consideration my time. How dare I be so selfish? Three hours later they were still with me. Five o’clock came and I had spent all day Saturday in the mortuary.
I have to admit I was annoyed. Not physically annoyed, but inside annoyed. That helpless feeling you have when you know you should not be angry because you have to consider how other people are feeling or accept them for what they are, and that it is not your place to say anything. But annoyed because you have not been considered in the whole picture, you are there and that is that. Apologies begin to mean nothing at that point and frustration takes over.

I finally left the mortuary at seven that evening. I never knew how much I enjoyed my weekends until they had been taken away from me.

Once again, Luke collected me from the hospital and I got home and collapsed on the sofa. My mobile, I wanted to throw in the bin. Being on call meant that when I relaxed a bit at home, I had to limit how much I drank. OK, I don’t drive, but I still have to be presentable and, if the evening needed it, attend for a forensic post-mortem should someone be so unlucky as to be murdered or fall foul of an ugly death.

The phone remained silent for the rest of the evening, but that did not diminish my anxiety.
As I entered the mortuary through the double red doors, I heard a voice say in an astounded manner, ‘Bloody hell.’ Being a nosy person, I could not resist going at once to see what had provoked such a reaction, but in the back of my mind I was thinking, ‘What now?’ after the weekend I had just had. As I entered the body store, Clive and Graham were standing on either side of a trolley, looking at each other. Without a word more being spoken, I looked down and saw the usual white body bag, partially opened, and without even realizing it spoke the same words.

What lay in front of us was a headless body; fully clothed, but headless. Curiosity got the better of me and I just had to pull back the top of the body bag to see what other injuries this poor individual had sustained. Resting between his knees lay his motorbike helmet, so it was a road traffic accident, which gave me a little clue as to what had occurred to him.

‘Where’s his head?’ I asked, because it wasn’t with the rest of him.

What happened next, though, was enough to turn the hardest technician’s stomach. Clive picked up the helmet with his gloved hands and said in a voice of perfect seriousness, ‘He had it gift-wrapped.’ Hanging from the bottom of it were ragged tatters of flesh and what appeared to be cervical vertebrae . . . I looked into the visor and found myself fixated by the face behind it. Hardly a mark could be seen on the features, and his eyes were closed so that he actually looked quite peaceful.

Just then, the phone in the office began to ring. It was Bill Baxford from the Coroner’s office. ‘That road traffic you had in overnight. Are we able to do an identification on him after the post-mortem?’

I knew enough to appreciate that this is important. All victims of unnatural death have to be identified by law and, obviously, this is usually done through visual identification by the next of kin, but clearly in some cases this is not possible; no relative would want to see the head of their nearest and dearest a few feet away from the rest of the body, after all. In such cases, it’s usually done by dental records; as a last resort, DNA is used. Both of these are expensive and time-consuming, and any sensible Coroner’s officer wants to do what’s easiest and cheapest. Clive and Graham were in the body store, dealing with the body, so I said, ‘Can I ring you back?’

We would have to think seriously about this. From what I had seen of his face, he was certainly viewable, but the small fact remained that his head was at this moment resting between his legs on a body tray in the fridge. I wasn’t experienced enough to be sure that we could reconstruct him well enough to allow the next of kin to see him. But I wanted so much to do it – and knew that Clive and Graham would want to do it as well – not so much for our satisfaction, but for his family.

I went back to the body store and told Clive what Bill had asked. I had expected him to be hesitant but he said at once, ‘No problem, Michelle. We’ll have this poor chap looking as good as new. No one will ever guess what’s happened to him, not from looking at him.’

Bill Baxford was duly promised that we would be able to do an identification of the motorcyclist for his family that day. It was booked for two thirty in the afternoon, which meant that we had approximately four hours to try to create the effect that his head had not left his body. We did not know whether his family had even been told of the horrific injuries. All we knew was that this man had been travelling at perhaps seventy miles an hour down a narrow country lane in the west of the county when he had lost control. His front wheel had then clipped a fallen tree by the side of the road; he had been catapulted over the handlebars into a field. Unfortunately, and with the cruelly perfect aim of fate, he had landed with his outstretched neck on the large circular blade of an old farrow abandoned among some stinging nettles, thus severing his head.

The pathologist on for today, Dr Peter Gillard, arrived. Between them, he and Ed do most of our post-mortems. A strange little man but, honestly, I say ‘strange’ with affection. He was quite short, quiet, but deep down there lurked a wicked sense of humour. Graham and Clive had told me, and I had seen for myself, that he was also a complete
pain in the behind because, they said, he lacked confidence and would often ask the technicians for advice. That said, he was not really any trouble – by which I mean in the sense that he was undemanding, to a degree unconcerned, and was happy to be directed. This may seem an unfair thing to say about a consultant pathologist but, believe me, I had very quickly discovered that some could be completely unreasonable and unmanageable with no respect for the mortuary technicians, whom they just saw as androids that can stand and eviscerate bodies all day long. At least Peter Gillard wasn’t like that.

He looked at the headless corpse on the dissecting table. Clive had told me that his usual first question before he starts is, ‘Have you got a cause of death yet?’, but on seeing this case, all he said with a wince was, ‘Oh dear.’ He checked that the bodies we had got out were the correct ones and asked Clive to call him when we were ready. As I was preparing myself to start the evisceration, I began to wonder how we could hope to make any difference to this man. I stood over the body and placed his head, still in the helmet, to one side. Clive and Graham were at work on their bodies, and the radio was playing some Michael Jackson.

As I picked up my post-mortem knife it occurred to me that it wouldn’t be very often that I would have to cut open a headless body. I felt uncomfortable, but I reckoned that I was experienced enough by now to put this to one side and prepare myself to dive straight in, so that within fifteen minutes the torso in front of me would be completely empty, with its contents in a stainless steel bowl. The more I studied the body, though, the more sick I felt; it just didn’t feel right. Despite this, I placed my blade between the clavicles and began to cut down towards the pubis. Still feeling nauseous, I started to retract the skin away from the ribcage and removed the sternum exposing the organs. Usually you would see some sign of disease, or evidence that disease was hiding somewhere behind something. Here, there was nothing apart from the fact that there were obvious rib fractures and subsequent crush injuries to the chest. It seemed a waste of a life. I continued to eviscerate and it was an easy thing to do; no tongue to remove for a start. This can always be a bit tricky as you have to do it blind without putting the point of the blade through the neck, chin or lips and causing obvious cuts to the face. Anyway, there was certainly no chance of that happening here.

What happened after this was even weirder. After the evisceration of the torso, I needed to remove the brain. While Graham held the head on the table, I pulled the helmet off and, as I did it, I saw that even he found the whole thing a bit uncomfortable. He then had to continue holding it while I first retracted the scalp, then removed the top of the skull with the bone saw and took out the brain. Not a word was spoken between us while this was taking place, but the look on his face became more and more pained.

During the post-mortem, I was quietly hoping that Dr Gillard would find a cause of death that was other than the obvious. I wondered if maybe this guy had had a massive heart attack which had caused him to come off his bike, but no such luck; it appeared that this was just a horrendous accident.

With the PM over, Clive had decided that he was going to attempt to stitch the head back on to the body. He told me that he thought it best just to go for it and, after half an hour of stitching, the head was indeed reattached to the body, the shroud covered the stitching, so that the poor motorcyclist looked very peaceful as he lay in the viewing chapel. We all felt a huge sense of relief and also one of achievement. Although I could not expunge the facts of what had happened and the thought that the family would feel a sense of loss for the rest of their lives, we had managed to create an aura of unharmed peacefulness about him and hoped that therefore we would not add to the discomfort his family would be experiencing when they came to identify his body.

Bill arrived ten minutes before the family and we both stood over the motorcyclist in the chapel of rest. Bill is a tall, thickset man with a very loud voice. He is the lead of the three Coroner’s officers in the county and is very good at his job. Being ex-police force, he is an excellent judge of character and knows how to handle people. I stayed while the family arrived, and as far as identifications go, this went much better than I had expected. Of course the family were gutted, but because of the work on reconstruction that Clive had put in, we had achieved our goal. Although most of the time this goes unnoticed by the family (as my previous weekend had proved) it’s not always about the thank-yous, but about knowing we do our job well.

On days like this, there is little room for humour. Graham had told me that when Peter Gillard first came to work in the mortuary, he had been so nervous and flustered that he had put a blue plastic overshoe – designed to be used when someone in normal shoes enters the PM room – on his head instead of the normal disposable theatre cap. He’d appeared in the dissection room looking like a member of the Thunderbirds family and no one had had the heart to tell him. Maddie came to the PM door, but had to turn around and walk away as soon as she saw this, as she could not hold back her laughter . . . Worse than that, for the rest of the day he had a red line running across his forehead where the elastic had bitten in. In honour of this, Peter Gillard will occasionally put one on again, just for a joke, but not today. Today was a day only for due respect and the right headgear.
When stuff goes wrong in the mortuary, it goes seriously wrong. For instance, a few weeks later, in among the masses we had two bodies with the same surname. Both were female, both were called Jones and both were for burial. The first Mrs Jones was going back to her native Wales, and the second Mrs Jones was staying in Gloucestershire where she had lived all her life. After four months of constant training from Clive, in which he had repeated himself over and over, I thought I had finally got it into my head: you check, check and then you check a third time to make sure that you are releasing the right body; you check not only the name but the date of birth and the address as well. It was one of his recurring themes.

You’d think that anyone with that nagging voice in their ears would be incapable of any mistakes, but you’d be wrong. The local Mrs Jones had already been released when the funeral director arrived to take the second; as they had come from Wales, they had already had quite a drive and they still had two hours’ return journey to come. I happened to be the one releasing the body, because Clive was busy booking in PMs for the next day and Graham was dealing with a viewing. I pulled Mrs Jones out of the fridge and received the paperwork the undertakers had brought with them. As per instructions, I checked this with the identification tag on the wrist, and was horrified to see there the address of a local Gloucestershire village. It was with a sinking feeling that I turned to the tag on the foot only to discover that it, too, bore the Gloucestershire address. It could only mean that the Welsh Mrs Jones was with the wrong funeral director.

This was a disaster, one that could prove very embarrassing. I knew that the family of the Gloucestershire Mrs Jones were due to go to the funeral directors that afternoon for a viewing, to say their last goodbyes. They were going to walk into a viewing room, probably feeling emotional, and when they looked into the coffin, they would be looking at a Mrs Jones who had no resemblance to their family member; then, quite rightly, they would want answers as to how it had happened. If they made a complaint, there would be a Trust inquiry, perhaps disciplinary action. What do you say to people? This makes us look like a shambles, a complete cowboy set-up. I could see that the Welsh funeral directors were none too impressed. I knew that I hadn’t released the wrong body, but that didn’t make me any less worried.

I called out to Clive, who came at once. When I explained what had happened, he frowned and sighed, but remained calm. He asked the Welsh undertakers to wait in the office and told me to make them some coffee, then at once he rang the local funeral directors who, luckily, were only a five-minute drive up the road; even more luckily, the family had yet to arrive and no one knew of the mistake.

Within an hour, the two Mrs Joneses had been returned to the appropriate funeral directors and were on their way to the right funeral homes. It turned out that it was Graham who had made the mistake. Clive didn’t go mad, but he did make it quite clear that this was unacceptable. I could see that Graham was very upset and contrite as Clive stressed once more that it didn’t matter how many years you did the job, you always checked, checked and then checked again.
The one thing that confirmed I really was part of the team, now that I was regularly doing viewings, eviscerations and reconstructions, was when Clive announced that we were going to have a works outing on the Friday evening. I imagined he was talking about a large do, perhaps including the pathologists and even the Coroner’s officers and the rest of the histology staff from upstairs in the lab, which would give me a chance to meet a few more people and maybe sneak off with Maddie mid-evening, but it turned out that it meant just the three of us, not even wives and boyfriends. As Graham pointed out, ‘We’re the department, no one else really.’ He grinned wickedly. ‘Three morticians on the town; hope you can hold your ale, Michelle.’

We finished work at four o’clock on the Friday and headed for our first stop, the local watering hole – the one that is in every town and looks the same wherever you are, the local cheap-but-cheerful chain pub with no character and, more importantly, no characters. It had the great advantage, though, of being only a stone’s throw from the hospital. It was definitely not my normal sort of a place but it served to get the evening off to a start and, because of happy hour, the beer tokens went twice as far when it came to getting a round in – strong lager, or as he called it ‘wife-beater’ (due to the younger generation not being able to handle it), for Clive, bitter for Graham and (I figured I might as well go for it) vodka for me.

At about six o’clock, Clive asked, ‘Right, shall we move on?’ Graham gave me a questioning look and I realized that it was to be my decision where to go next. Luckily, what with Dad having been a publican in the area for over thirteen years, I knew where most of the pubs were and which were closest, but I had to be personally careful. The last thing I wanted was to go into a pub with a landlord or landlady I knew well while I was out with two men a lot older than me and, at the same time, I wanted to stay away from the town centre. I was fond of both these guys, but I still had some street cred to hold on to and did not want to spend the evening explaining myself and my newish job to people I only see when I’m out on the town. We moved on to a few pubs in the opposite direction of town, and both Clive and Graham seemed happy.

By nine o’clock we had been to four further watering holes and were slowly working our way up the Bath Road. When it came to the curry house, though, I had no choice. The Taj Mahal, an Indian restaurant that Clive and Graham both vowed was the ‘best bloody curry house in the Cotswolds’, was the only possibility. We were all fairly merry by then so I was not bothered where we ate, or even if we ate at all, and Clive, who I had discovered had had an interesting life, was about to take centre stage and tell some fantastic stories about it.

Over our curry I learned just how fascinating life – or, to be more accurate, death – could be, and how the Coroner’s officers weren’t always as helpful as they are now.

‘John Parker was the best,’ said Clive, while loading a poppadom with mind-blowing chutney. ‘He was Bill Baxford’s predecessor. Completely and utterly useless, wasn’t he, Graham?’

Graham, who was concentrating on rolling a cigarette, raised his eyebrows and answered in his deep burr, ‘He was that.’

‘Have I told you about the jogger who got struck by lightning, Mish?’ Four months in and Clive was now shortening my name.

I shook my head and his face lit up. ‘It was some fitness fanatic who used to go jogging every night and every morning, no matter what the weather was. One night he goes off as usual, but this time in a thunderstorm, and is found an hour later in the gutter by a passing motorist. Without even going out to look at the scene or the body, John Parker, the so-called Coroner’s officer, sends us the PM request with the last line suggesting that he might have been struck by lightning.’

‘Was he?’ I asked.

Graham laughed; he had a deep, gurgling laugh, one that brought on his smoker’s cough if it went on too long.
Clive shook his head. ‘I examined the body carefully and there were no burn marks anywhere, no entry or exit wound as you would expect,’ – Would you? was my initial reaction to this; I had a lot to learn still – ‘but there was a curious linear pattern on the back of his vest and an octagonal shape punched out on the middle of his back, about an inch and a half across.’

My face must have said it all – I didn’t understand – at which Graham laughed again and said excitedly, ‘Listen to this,’ while pointing to Clive.

Clive went on, ‘Stupid sod not only used to jog,’ – clearly something which Clive thought was a complete waste of time – ‘but every few hundred yards he’d drop to the ground and do press-ups. The night he died, he decided to do this on an unlit road in the driving rain, and some motorist ran him over. Probably thought he hit a deer or something. The octagonal mark was from the sump plug of the car.’ He sighed happily. ‘I was even able to tell Parker that it had been a Land Rover that did it. They’re the only cars that have that shape of sump plug.’

I sat in awe.

The food arrived, but that wasn’t going to stop Clive now that he was well and truly ‘lagered’, plus, there was now a curry in front of him. Then Graham leaned across the table to him and said, ‘Tell Michelle about Michael Walters.’ Clive’s face exploded with delight, and for a minute I thought I might have been in danger of getting covered in the contents of his mouth. ‘God, yes! I’d forgotten about him.’ I didn’t need to encourage him to tell me more. ‘Michael Walters was a head case, complete and utter. Lived with his parents, but kept himself to himself in his room when he wasn’t in the local funny farm. One evening Ma and Pa returned home with a fish and chip supper. They settled down in the kitchen, to tuck in. The kitchen was directly below the bathroom which was next to Michael’s room upstairs; they heard the bath running, so decided not to bother him but were content he was home and safe.

‘So, there they are, about to have a right old nosh up, when Mr Walters senior notices that there’s some tomato sauce on his plate when he sat down at the table after making a brew, which is not what he asked to be put on his plate by Mrs Walters; he’d opted for HP. He’s about to ask his wife what she thinks she’s playing at when he just happens to look up to the ceiling to see blood dripping off the light fitting.’

Graham chortled at my expression. Clive was getting into his stride. ‘They found their son in the bath, with the walls, floor and ceiling drenched in blood. He had been stabbed seventy-three times and hit on the head with a hammer three times.’

I winced. ‘Seventy-three times! Who did it? His girlfriend? Boyfriend?’

Clive grinned his usual wicked grin. ‘The house was completely secure, and none of the neighbours reported seeing anyone around the house while the Walters were out; also, because of his mental problems, as far as his parents knew there was no significant other.’

‘Then how . . .?’

Graham was almost wetting himself, because he knew what was coming. Clive, being Clive, tucked into some lamb vindaloo, leaving me waiting and itching to hear the rest of the story. At last he found time for me. ‘John Parker decided that since there was no evidence of a third party, it didn’t need a forensic PM and faxed through the details and request, exactly as if Michael Walters had keeled over after chest pains. Like this was an everyday post-mortem request, with no suspicious circumstances! Idiot.’

‘The pathologist on for that day was Martin Apse – nice bloke, wasn’t he, Graham? Wouldn’t normally say boo to a goose, but he really had the heebie-jeebies when he read that particular E60 – the request from the Coroner’s office for a post-mortem to be done. I thought he was going to faint. He started to shake and kept muttering, “I don’t believe it,” to himself He went up to his office and twenty minutes later, John Parker phoned through to say that it was going to have a forensic PM after all.’

‘And?’

This time Clive needed a long drink, followed by calling for a refill before he could continue. I could have collapsed with the anticipation. ‘The forensic pathologist took eight hours to determine that each and every wound – including the hammer blows – could (and he would only say “could”) have been self-inflicted.’

‘You are joking,’ I decided at once, but Graham rushed to confirm what Clive had said.

‘He’s not. The poor bugger did it to himself. Took slices of flesh off his own legs and everything. I never saw such a mess of a body, and to do it to yourself, well, unbelievable.’ With that, they both tucked into their curries as though they had just told me a fairy story, and I contemplated that, with time, I was also going to become this blasé about my job.

Another half hour went by with talk about the mortuary, and at that point I really had started to have enough of work. Yes, I loved my job but, as fascinating as I found Clive’s reminiscing, I am a breathing human being, and enough was enough for one week. I wanted now to forget death for the weekend and get back to the living. While I had nipped to the Ladies, I secretly texted Luke to meet me at eleven and, as luck would have it, as I placed my
cutlery on my empty plate, a familiar face entered the curry house and I introduced Luke to Clive and Graham. Clive insisted that Luke stay and have a drink before we left, and he had to listen to ‘how well’ I was doing and what an asset to the team I was.

Although it felt a bit like parents’ evening at school, deep down I was so chuffed I had been accepted by two people who had been doing an exclusive job for so long and who obviously had faith in me, let alone allow me into their world.
Until I started this job, I’d never really thought very deeply about suicide and, if the subject did come up during conversation in the pub, I suppose I’d thought that people usually offed themselves by taking an overdose of pills, hanging themselves, or jumping in front of trains. I hadn’t been in the job long before I found out that I had been very, very wrong.

What first made me realize just how wrong I had been was when Dr Gerald Beaumont was brought into the mortuary. We had no warning from the Coroner’s office that he was going to arrive, so only had the undertakers’ word to go on concerning what had happened. Dr Beaumont was a successful anaesthetist who lived in a big house with plenty of land in the country. He must have earned pots of money from private practice and ought to have been as happy as Larry, but he wasn’t. He had made a mistake, resulting in the death of a patient. Referral to the General Medical Council was pending, which apparently is very bad. ‘Basically, as far as doctors are concerned, it’s pretty much ‘end of’,’ Clive said.

Dr Beaumont had come home early that morning, leaving the hospital without saying anything. He had got into his Land Rover, then driven out to a remote pasture on which grew an old oak. He had taken a tow rope, tied it to the tree, then fed it through the back of the Land Rover. He had got back in, tied the other end around his neck and driven off as hard as he could.

When we opened the white body bag, we were relieved to see that his head had stayed on, but it had been a close call. Poor Dr Beaumont’s neck had been almost ripped apart, and was now held together only by the spine and a few tethers of flesh. The head had been smashed, too. ‘Bloody hell,’ and I spoke almost reverently.

Clive nodded, then said matter of factly, ‘When people decide to duff themselves in, sometimes they really go for it.’

‘What on earth made him think to do it like that, though?’
When Graham saw Dr Beaumont, he winced and said, ‘Bet that stung a bit.’

Back in the office and over coffee, I said, ‘I can’t believe he’s done that to himself’

Clive shook his head. ‘You’d be surprised, Michelle. We get all sorts in here. Most of them are the usual, of course – overdose, hanging etcetera – but some people seem to think that, as it’s the last thing they’ll ever do, they’ll do it in style.’

Graham said, ‘Like that old girl and the weedkiller.’

Clive nodded enthusiastically. ‘Now that was an unwise way to end it all.’

When I inquired what they were talking about, they were keen to tell me. ‘She went to the garden shed and got out the weedkiller, Paraquat. On its own, it’s pretty lethal but she decided to spice it up. She cooked it with some herbs, then swallowed it like soup. I reckon it might have tasted nicer but she still died about week later on ITU, and it wasn’t nice, by all accounts.’

Graham added brightly, ‘And there was that poor sod who drank a bottle of kettle descaler.’

Clive nodded and said sorrowfully, ‘Descaled him, no doubt about it.’ There was a moment’s silence, but only a moment, before he added, ‘Don’t forget that woman who set fire to herself in her car.’

Graham shook his head. ‘Don’t think I ever will forget that,’ he said.

Clive said to me, ‘Poor woman set fire to herself in her car. A passing motorist sees the flames, stops and runs over to drag her out of the car. You know what she did? She struggles and fights, tells him to sod off, then slams the door shut and locks it.’

Graham sighed. ‘Buggar that.’

Peter Gillard, who was on for PMs that day, came in. When he was told what had happened to Dr Beaumont, he looked rather worried, but all he said was, ‘Oh dear,’ which is a typical Peter Gillard thing to say. Clive asked, his
voice completely genuine, ‘Think you’ll find a cause of death, doc?’ And Peter smiled shyly.

After the post-mortem – cause of death, ‘neck trauma’ – the four of us sat in the office over coffee and Peter Gillard talked to us about suicides. I’d always thought it a very selfish thing to do and said so, but Peter was more easy-going. ‘A lot of them just aren’t thinking normally.’

Graham said simply, ‘Not right in the head.’

To which Clive added, ‘Reckon you’ve got to be if you’re going to stick your head on a railway line and wait for the train to come. Remember him, Graham?’

‘Oh, aye.’ He shook his head. ‘Cleanest dismemberment I’ve ever seen. Been trying to do it for years, poor bloke, but people kept rescuing him. Very unlucky he’d been, up until the seven-thirty to London came along.’

Peter said, ‘Usually, though, if you really want to do it, there’s not a lot that can be done to stop you. They’re always succeeding in prison.’

‘And in the local loony bin down the road,’ added Clive. ‘We must get two or three a year from there. They take away all the sharp objects and their belts and shoelaces, but they still manage it.’

I asked, ‘How?’

‘One bloke used three pocket handkerchiefs tied together, then hooked them around the door knob.’

‘Surely that wouldn’t be high enough?’

Peter shook his head. ‘A surprisingly high percentage of people dying by hanging are in contact with the floor when found.’

I was really surprised by this. ‘How?’

‘Death in hanging is almost always due to excitation of the nerves in the neck that slow the heart and may even stop it. Add to that some constriction of blood supply to the brain and it’s usually enough to cause unconsciousness and death within a few seconds. Once you black out, of course, it doesn’t matter how low down you are.’

‘Really? That quick?’

‘Less than ten seconds, sometimes.’

‘Never!’

He nodded. ‘Most people don’t appreciate that. It’s likely a lot of hangings are just cries for help but they die a lot more quickly than they thought they would. And that makes it difficult for the Coroner.’

‘Why?’

‘The Coroner won’t confirm a death as suicide unless he is absolutely certain that that’s what they intended to do. All we do down here is find out what caused them to die, but it’s the Coroner who decides how that came about. If there’s a chance that it was a cry for help and they thought that someone would find them before it was too late, he won’t call it “suicide”; similarly, if there’s a remote possibility that when they fell off the bridge, they tripped because they were drunk, he won’t call that “suicide” either.’

‘What does he call them?’ I asked.

‘He calls those “accidental”.’

Graham said, ‘I don’t see that it matters what you call it, bloody stupid if you ask me.’

‘It does to the relatives,’ pointed out Peter.

It was Clive who brought us back to Dr Beaumont. ‘Well, I should think that the Coroner’s going to have a problem calling his death “accidental”,’ he said grimly. ‘I wonder what type of Land Rover it was.’

Early afternoon and, with PMs over and the dissection room cleaned down, we thought we could relax for a few moments – but, as is often the way in the mortuary, this was not to be. Three firms of undertakers arrived at once, all collecting patients, two of them collecting two each. One of the undertakers was Vince, a large man with a cheery smile who always stays for a cup of tea and a chat. Quite often, he brings in pieces of steak for us which, the first time it happened, gave me the creeps as thoughts of the League of Gentlemen and ‘special meat’ came to mind. It turned out, though, that Vince’s family also owned a butcher’s shop.

Anyway, for twenty minutes, it was absolute chaos, with Graham and me running around while Vince and Clive reminisced in the office. As if all that wasn’t bad enough, no sooner had Vince left than the doorbell rang once again and in came a group of three trainee nurses; Clive had completely forgotten that he had promised to give them a short talk about the work of the mortuary. I think he thought about telling them to go forth but politeness got the better of him, although I expect they could see it on his face. He took me to one side and said urgently, ‘Look, Michelle. Can you take care of these girls? Normally I would, but I’ve got to go and see Ed in his office. He just rang.’

‘What do I say to them?’

‘Just tell them what we do. That’s why they’re here.’
‘What about Graham?’
‘I’ve just sent him off to the wards to collect cremation forms.’

I didn’t feel that I was totally qualified for this task but took a deep breath and went out to the nurses. I led them into the dissection room – now clean and tidy – so that we were out of the hurly-burly. ‘This is not only a hospital mortuary but also a public one, so we receive bodies from the community as well. They come here if there is a possibility that they might need a Coroner’s post-mortem.’

A young girl with tinted hair, too much make-up and a double chin asked, ‘Does everyone get a post-mortem examination?’

I was giving a speech I’d heard Clive give a few times before; when he did it, it came out fluently, but I thought I sounded hesitant and unsure. ‘If a doctor can issue a death certificate, then it doesn’t need a post-mortem; if he can’t, it’s referred to the Coroner who will ask a pathologist to perform one.’

I knew exactly what was coming next. ‘When can’t they issue a death certificate?’

‘If they don’t know the cause of death, or if the cause of death is unnatural – accident, or suicide, or industrial disease.’

‘And murder?’

I had quickly learnt from listening to Clive when he did these talks that they always wanted to know about murder. I said, as if I had been doing the job for fifty years, ‘If it might be murder, it becomes a forensic post-mortem, which is slightly different.’

And so they got on to forensic post-mortems, as they always did. It was forty-five interminable minutes before I could get rid of them and, by then, I was ready to lie down on a trolley and be put into the fridges with the rest of the deceased.
A few weeks later and I was again sitting in the pub with Luke, Mum and Dad, plus Michael and Sarah. Around the table the banter was flowing backwards and forwards as it always did, the beer doing its job and doing it well, but for once I wasn’t taking part. Dad noticed first and asked, ‘Something up, Michelle?’

I looked at him and smiled. ‘Bit under the weather.’

Mum, bless her, said immediately, ‘It’s not a hangover, is it? You haven’t been overdoing the wine, have you?’

With a tired grimace I said, ‘No, Mum, it’s not that. It’s probably the start of a cold, or something.’

She looked suspicious but didn’t say any more. Luke, who knew the real reason for my quiet, said, ‘There’s something going around, she’ll be OK soon,’ hugging me round the shoulder and shaking me in an affectionate manner as he spoke.

And that was that, as far as the family were concerned, but it wasn’t like that for me. I had to live with what I had seen that day.

My parents are aware that I’m not a particularly maternal type. I don’t see the pleasure in green, dirty and damp nappies, in sick down my back and piles the size of superheated plums hanging out of my rear end. Each to their own is what I say; for me it’s evenings of easy friendship and chat, undisturbed nights and late mornings that float my boat. Ankle-biters are all very well in their place, but my life isn’t that place.

Yet that doesn’t mean I didn’t want to go home and cry when we had finished dealing with the sad death of little Lizzie Dawes.

When I had arrived at the mortuary that morning, I could tell at once that something was different. The atmosphere was quiet, almost like a church, and Clive and Graham sat in the office with their coffee talking in subdued tones, without any of the usual cross-talk; even when one of the young girls who worked upstairs in the path lab – one that usually caused Clive to look pained and mutter something about ‘bazookas’ – walked past the window, nothing was said. As Graham made my coffee, I asked, ‘What’s up?’

Clive said, ‘Just had a phone call from the Coroner’s office. There’s a little girl coming in. Only three years of age.’ He spoke in a low voice and I could see that, despite all the years he’d done the job, he was seriously upset.

‘What happened?’ I asked fearfully.

‘She was staying with grandparents. She went out to play in the front garden with a ball first thing. Granddad went to the garage to get out the car and didn’t see her. He reversed it over her.’

‘Oh, my God.’ Suddenly I, too, felt like crying.

Graham, a grandfather himself, said in a low voice, ‘Bloody terrible.’

Even though it seemed obvious what the cause of death was, the law requires a post-mortem. We don’t normally do children’s autopsies in Gloucestershire – they go to Bristol where a paediatric pathologist does them, because the diseases and problems are so different from the ones in adults and because they require specialized investigations – but in cases of trauma, one or two of the more experienced pathologists in the county are willing to do them; that saves having to move the body and thus cause (if it is possible to imagine) more upset to the family, should they wish to view the child. Clive rang Ed Burberry who said at once that he would do it, so all there was to do after that was to wait for the body.

Lizzie arrived at just after eleven. She was in a pathetically small temporary coffin, like a huge wicker basket, about two and half feet long. A single undertaker carried her in and that only emphasized how small and precious she was; I could see that he, too, was terribly affected by what had happened. Graham took her and carried her straight into the dissection room, returning a few minutes later with the empty basket. The request from the
he loved me, and how much I loved him, and had done so for as long as I could remember. What if this had

time that I fully appreciated what death can mean. I also had feelings about my own grandfather. I knew how much

afternoon, all that could be heard though the mortuary was Mrs Dawes wailing and asking why. I have never felt so

beginning to cry uncontrollably. It was the most painful, heartbreaking sound I have heard. For the rest of the

a couple of assisted steps that Lizzie's mum had taken before her legs completely buckled and she fell to the floor,

of the seat. Clive slowly opened the door to where Lizzie was laid out, and her parents entered the room. It was only

resting, gesturing towards the door that led to the viewing area. Mr Dawes thanked Clive and helped his wife up out

considering. It was only the fact that her knees would not bear the weight of her body at that moment that gave away

He looked up at us and apologized for his wife's behaviour. Apologize? I thought she was holding it together well,

in attendance, and realized that I had a lot to learn from the experience; yet I was finding it hard to know how to

though I had by then experienced a fair few viewings, this was going to be difficult. Clive took charge of it but I was

Graham’s face altered at all while he did all this; it remained set, as if carved out of stone.

Ed Burberry was normally a happy participant in the gossip and banter, giving as good as he got, but today he was

similarly subdued as he went through his routine. I helped him by weighing the organs and was able to see how it

wasn’t just in size that Lizzie’s organs differed from an adult’s; the aorta – the main artery – was pink, not yellow

and cracked, the heart was compact and stiff, not soft and flabby, and the lungs were pale pink, without any sooty

dirt. Even I could see the damage that had been done to Lizzie. The chest had been filled with blood because the

aorta had ruptured, while the ribs were all broken and the lungs lacerated.

After twenty minutes, he was finished. He thanked us both and left without another word to go back to the alcove
to dictate his report. While he did this, Graham reconstructed Lizzie and I cleaned up, once more in silence. In

another thirty minutes, it was all over, the dissection room clean, as if it had never happened. Little did I know that

the day was about to get tougher.

Lizzie’s family, understandably, wanted to come and spend time with her. Mr and Mrs Dawes arrived, your

average-looking young family. I could see Dad was trying so hard to hold it together for the sake of his wife. Even

though I had by then experienced a fair few viewings, this was going to be difficult. Clive took charge of it but I was

in attendance, and realized that I had a lot to learn from the experience; yet I was finding it hard to know how to

react, let alone where to look. ‘I’m sorry for your family’s loss,’ just sounded lame as it came out of Clive’s mouth.

Even I knew that no words would help this family.

Mrs Dawes entered the waiting area looking really shaky and was immediately made to sit down by Mr Dawes.

He looked up at us and apologized for his wife’s behaviour. Apologize? I thought she was holding it together well,

considering. It was only the fact that her knees would not bear the weight of her body at that moment that gave away

the signs of what she was going through. Clive spoke to them both in a soft manner, and told them where Lizzie was

resting, gesturing towards the door that led to the viewing area. Mr Dawes thanked Clive and helped his wife up out

of the seat. Clive slowly opened the door to where Lizzie was laid out, and her parents entered the room. It was only

a couple of assisted steps that Lizzie’s mum had taken before her legs completely buckled and she fell to the floor,

beginning to cry uncontrollably. It was the most painful, heartbreaking sound I have heard. For the rest of the

afternoon, all that could be heard though the mortuary was Mrs Dawes wailing and asking why. I have never felt so

helpless.

As I sat in the pub that night, it was only very gradually that I came to terms with what I had seen. It was the first
time that I fully appreciated what death can mean. I also had feelings about my own grandfather. I knew how much

he loved me, and how much I loved him, and had done so for as long as I could remember. What if this had
happened to my family? How would they interact twenty-eight years on? I could not get my head round it.
Clive ended up spending most of the weekend in the mortuary with Lizzie’s family. Her grandparents had been allowed to come and visit her, but there was obviously a lot of tension between the parents and the grandparents and their relationship had broken down. The two-hour slot for viewings at the weekend had gone out the window and Clive had spent a total of seven hours each day over Saturday and Sunday just pottering about the mortuary while Lizzie’s family sat with her. Consequently, when Graham and I arrived on Monday morning all the weekend work had been done by Clive. We were handed hot drinks and sat down to listen to Clive tell us in detail what had happened.

There had been a blazing row in the relatives’ waiting area between Lizzie’s mum, Josie, and her grandfather. Len, Lizzie’s grandfather, was obviously racked with guilt and was under no circumstances coming to terms with what had happened, and neither was Mum. I was starting to learn that bereavement can take many different forms. After the initial shock of losing her young daughter, Josie’s first reaction was pure grief, her body went into shut-down, her limbs refused to work and she could not speak. This turned to white-hot anger from what Clive was telling us. Josie had lashed out physically at Len and had slapped him hard across the face while verbally abusing him, too. Charlie, Lizzie’s dad and Len’s son, had to physically lift his wife away from the situation and take her, kicking and screaming, outside. Clive said it had appeared that Charlie was in complete control of the situation. He announced to his family that he wanted to spend some time alone in the viewing area with Lizzie. He made his wife promise him that she would sit quietly for a few minutes while he stayed with his daughter.

Clive said that what occurred next had never happened to him in all his years as a technician. Charlie had gone into the viewing area alone, while the rest of the family sat in silence in the relatives’ room. He had shut the door behind him, which was not uncommon, but it had opened only a few minutes later; he then came out with Lizzie in his arms and, before anyone quite knew what was happening, was making his way towards the front door. Josie had screamed at this sight and her body again went into collapse. Lizzie’s grandmother took control of Josie while Len blocked the door to his son and dead granddaughter. Clive said that he moved in as well at this point. He had tried to explain to Charlie that it would not be a sensible thing to do, and that Lizzie needed to stay with us. Len had confirmed this, but Charlie was a big bloke and began to try to barge his way past his father and Clive. Clive said it took around ten minutes of coaxing Charlie, with the distraught father eventually falling to his knees holding Lizzie’s small limp body in his arms until Len could take Lizzie off him and place her back on the viewing trolley.

Clive needed some quick thinking on this, and decided it was time to get Lizzie to the funeral parlour, but it was three o’clock on Sunday afternoon. Luckily, he knew which funeral service would be taking care of Lizzie and it happened to be a local firm that he had worked with for many years. He took a chance and rang the owner of the funeral parlour, who agreed to be there in an hour. Clive then sat with Lizzie’s family and talked them through what was going to happen now.

When Tony, the owner of Phelps & Stayton Funeral Services, arrived, Clive had shown him in the back way to the viewing area where Lizzie was. Once he had concealed the ‘tradesmen’s’ entrance to the viewing area with the curtain, he invited the whole family in and Tony greeted them in his gentle manner. They had met before when Tony attended Josie and Charlie’s home to settle the arrangements for Lizzie’s funeral just the day before.

Clive felt it was important for all of the family to be able to move on a step with Lizzie’s death as, in his experience, it helped them with the grieving process. This was something the family were not dealing with. Clive told me about how he once had a body in the mortuary for three weeks with a viewing every day because the dead lady’s husband did not want her to leave the hospital. In the widower’s head, if his wife left the hospital, and was released from our care, it would become final. Clive had to spend the last week of this gentleman’s visits convincing him to make funeral arrangements for his wife. ‘There is only a certain amount of time that you can halt
decomposition by refrigeration, Michelle,' he had explained tiredly.

That afternoon, Lizzie was placed slowly in the small white coffin that had been lined with pink silk with a pink pillow. Painted daintily on the coffin lid were pink bows, and once this was placed over her, Tony sealed the coffin and the family left the room.
I had decided shortly after this that I needed a break and thought that I would ring Dave. Dave is my soul-mate. We worked together for ten years, and from the first day we met we got on. No sexual attraction or complicated stuff like that, just pure friendship. Anyway, Dave moved to Lancashire about four years ago to be near his partner, Chris. They met online, and after a few weekends up there with him, Dave decided to move up to Lancashire permanently. I was pleased that he had met someone, but so disappointed he was leaving.

Dave is a few years older than me, eight to be precise. Sometimes when we are together though you would be forgiven for thinking we have a mental age of about five. Dave is super-intelligent and has a definite opinion about most things, and he fascinates me with the stuff he has locked away in his brain. A bit of an old glam rocker, Dave had hair down to his backside when I first met him, and always wore ‘Kiss’ T-shirts, jeans and Converse boots; the only thing different about him now is that he’s had his hair cut. He’s very focused, but I believe the world is missing out on a great man, a talented painter and a wealth of knowledge. He should be in the limelight, in my eyes.

We had vowed never to lose touch, and we haven’t. We see each other at least three times a year, always at Christmas and birthdays, and try to get a week abroad together once a year with partners and family. We saw each other Christmas Eve last year, but I knew he wouldn’t be disappointed to see me again, and I felt that I could really do with the break.

I spoke to Dave the next morning and, as luck would have it, he said that he was due some time off and could take it the following week. After checking with Clive that it was OK to have leave at such short notice and after half an hour of teasing from him, I arranged to go on Friday for two weeks. Luke and I would have the weekend with Dave and Chris, then just potter about until he finished work on the other days, when I was sure we’d end up in the pub, and that was just fine by me. The beauty of Lancashire is that it is such a friendly place. Steeped in history, loads of old architecture, fantastic countryside and not forgetting the fact that everything is about twenty per cent cheaper than Gloucestershire. Maybe I will move up there myself one day, but until then a fortnight would have to suffice.

We had the best time with Dave, two weeks of pure relaxation, food, ale, laughing, crosswords in the daily paper, hot chocolate – and starting with a champagne breakfast on the train on the way up which Luke organized, just because. The weather was still pretty shitty, but when I’m with people like Dave, Luke and Chris, it doesn’t matter.

As soon as I got back to the mortuary I knew that something special had occurred from the fact that Clive and Graham were laughing loudly. When I went into the office, Graham was red in the face and in danger of choking, and Clive’s eyes were watery.

‘Morning, Michelle,’ he said brightly, while Graham tried to get his breath back.

‘What’s going on?’

‘Nothing much,’ he said, although this was obviously a big, fat lie. ‘It was fairly quiet last week, wasn’t it, Graham?’

And Graham, who had been rolling some cigarettes in preparation for his morning break later on, began to laugh and choke again, just about managing to splutter, ‘Very quiet indeed.’

‘What’s so funny, then?’ I was beginning to wonder if the joke was at my expense.

‘Just a funny story I heard.’

‘Go on then, tell me.’

He said at once, ‘First things first. When you’ve checked the bodies in, we’ll have some coffee and I’ll tell it to you.’ This struck me as a bit odd, because normally we had coffee first thing and caught up on small talk before starting the serious work.
‘OK,’ I said cautiously.

‘There’s only two,’ he said, and Graham began to laugh again. ‘Both women.’

I looked at the book where the porters write down the details of the bodies that they have admitted to the mortuary. As Clive had said, there were only two, but Graham had been wrong because although one was called Ethel Smithson, the other was called David Harcourt. Oh well, I thought, we all make mistakes.

I went to the fridge bay where Mrs Smithson had been put to check her over. In order to do this properly, I had to pull the tray out of the fridge onto the hydraulic trolley so that I could get a good look at her, making sure that she wasn’t leaking, that if necessary she was viewable and that any valuables were properly accounted for. Having done this, I turned my attention to David Harcourt who was residing in the top space of the fridge next door. I pulled the door open, positioned the trolley and pumped it up to the right height, then pulled the laden tray onto the trolley before lowering it again to waist height. I unzipped the body bag and was surprised at what was inside. It wasn’t Mr Harcourt at all; it was a buxom blonde with long hair and an ample chest, dressed in a long flowing nightie.

Obviously, the porters had made a mistake, I thought, except that when I checked the name on the wristband and the Coroner’s label, they both said that it was Mr David Harcourt.

I looked again at the face and saw that underneath the heavy make-up there was a faint trace of stubble, and the hairline was slightly crooked. When I pulled at his hair, it came away to reveal the close-cropped black hair of a man. I looked up and saw that Clive and Graham were standing in the doorway to the body store, both grinning like lunatics. Graham asked, ‘Isn’t she lovely?’ Clive said, ‘Meet Davina Harcourt, Michelle.’

I looked back down at the body. The ample chest was in fact made out of rubber.

Clive explained. ‘According to Neville, by day David Harcourt was a respectable inhabitant of the town of Cirencester, a member of the Round Table, hard-working chartered surveyor, father of three and keen amateur golfer. By night – or at least on those nights when his wife went off to the Trefoil Guild or Women’s Institute or whatever – he became Davina by rummaging through his wife’s drawers and by the appropriate application of make-up and other accessories.’

Graham added, ‘He did the job properly. He’s got some nice frilly knickers on.’

Everyone’s heard of people like this, but I never thought I’d get to meet one, so to speak. ‘Why?’ It seemed a pointless question, but I couldn’t help asking it.

Clive said knowingly, ‘Ah, well, the story doesn’t end there, Michelle, because Davina didn’t just get his rocks off by getting into high-heels and squeezing into Mrs Harcourt’s Ann Summers crotchless panties. He’d gone to the trouble of buying a cylinder of helium from the local party and joke shop, as well.’

He lost me completely with this. ‘Helium?’

Clive explained patiently. ‘You get a plastic dustbin bag, and a dressing-gown cord or something to tie around your neck so that no air can get in, then you pop the end of a hose from the cylinder up inside it. You switch the cylinder on and lie back.’

This seemed so bizarre as to be insane. I briefly wondered if he’d done it to make his voice go squeaky ... At my bafflement, Clive said, ‘Auto-asphyxiation, Michelle. Eventually, you begin to lose consciousness and have trouble breathing; apparently, for some poor bastards, it brings about a massive hard-on as good as the real thing.’

I must have looked like a codfish because both Clive and Graham collapsed back in fits of giggles. When they had calmed down again, Clive went on to say that although this kind of thing wasn’t common, they got to see them on a fairly regular basis. ‘Especially because of GCHQ,’ he said.

GCHQ – the country’s top intelligence analysis centre – was located not far from the hospital. I asked, ‘What’s that got to do with it?’

Clive pursed his lips and shook his head. ‘Very funny place, Michelle. Very funny. People who work there do dooloally quite regularly.’

Graham agreed. ‘Driven bonkers by the work,’ he said.

‘And when they do die unexpectedly, my God, all hell’s let loose. Coroner’s officers, police, forensic pathologists, even men in black suits with suspicious bulges come knocking at the door.’

‘Who are they?’

‘SIS. Special Intelligence.’

‘But why?’

‘Because the balloon goes up if somebody who might know things dies suddenly, just in case it’s suspicious – killed by the KGB with a poison dart from an umbrella – or, if they did it to themselves, it was because they were being blackmailed and finally decided they’d had enough. They have to cover all the bases, at least until they’re sure.’

Graham said cheerfully, ‘Bloody hard some of those guys are, too. Bloody hard. You can see it in their eyes.’

‘We had one senior GCHQ guy in here once a bit like Davina in there, only he floated his boat by auto-
strangulation. Used to stand on a chair in the kitchen dressed only in a rather fetching bikini and with a rope around
his neck tied to an old butcher’s hook. Took the weight off his feet by bending his knees and waited for bliss to
come. Unfortunately one day he went too far, panicked, kicked out and knocked the chair over. After that it was
very rapidly – “licence revoked for Mr Bond”.

‘There was a bloody great fuss about that one,’ agreed Graham. ‘Strangely enough, the precise details of how he
came to hang himself never got out.’

Clive nodded. ‘Can’t think why.’ He sighed. ‘I don’t suppose the same discretion will be shown when it comes to
Davina.’

I looked back into the body store while drinking my coffee. I couldn’t help feeling sorry for Mrs Harcourt. It
seemed unfair that she had not only lost her husband but was going to lose her dignity too.
Nobody realized what was going to happen that July when it started to rain and then just didn’t stop. It had been a very wet few weeks – raining most days – and the rivers were already high, but around here that’s not unusual. Especially in autumn and winter, it’s quite common for roads and villages near to the Severn to be under water for a few days at a time, although this doesn’t usually happen in the summer. Consequently, even though there were flood warnings in force, I don’t think anyone thought much about it.

In the morning of that Friday we beavered away in the PM room with Peter Gillard on good form doing his pottering about trick and being told off by Clive for leaving trails of blood spots wherever he went, while outside it rained. Late in the morning Ed came down for some chat and coffee but, apart from Graham moaning about how little wildlife he’d managed to blast to death that week because it had been so wet, nobody said much about the weather. We were all used to it by then.

At three o’clock, Graham and I were doing a thorough clean of the PM room when Clive came in, looking concerned. ‘You lot had better get off home,’ he said. ‘There’s traffic chaos in the middle of town because they reckon they’re soon going to have to close the motorway and a lot of the side roads are flooded.’

‘What about you?’ Graham asked.

‘I’ll hang on a bit, just in case any undertakers come knocking.’

As I left the mortuary I saw Ed rushing off to his car; he lives a good way out and was clearly worried that he would have a bit of difficulty if the motorway was shut.

My usual twenty-minute journey home took over an hour. It kept raining for the rest of that day and during the whole night; in fact, it was still drizzling the next morning when Luke and I took the dogs out. The ground was soaked and there was a huge amount of standing water where the drains had just given up and died; in one or two places small lakes had formed. The local TV and radio told us of the true extent of the flooding. The Severn and the Wye had burst their banks in numerous places; Tewkesbury, where they converge, was almost completely flooded and cut off from the outside world. Several people were missing although there were no confirmed deaths as yet, which was something of a relief to me.

On the following Monday morning, we compared notes about our experiences getting home on Friday. I had given up waiting for the bus and walked most of the way home: it had taken Graham nearly an hour and Clive an hour and a half to complete their relatively short journeys. It was Ed, though, who had a real tale of woe to tell. He came in late, looking strained, and over coffee told us what had happened. ‘I got on to the motorway hoping that would be the easiest and quickest way, but how wrong was I! The traffic ground to a halt on all lanes within about a mile. Then it literally just crawled along for about an hour and a half. I heard on the radio that they had closed the M50, so I had to get off at the next turn-off, which took another thirty minutes. Only trouble was, it was the turn-off for Tewkesbury, which was the last place I wanted to go.

‘I managed to avoid going into the town centre and struck off cross-country, coming across stretches of the road that were flooded and sometimes risking going through them, sometimes trying to find a route around them. It took another two hours but eventually I made it within five miles of home, but that was it. The only road was deeply flooded for a stretch of twenty yards; there was no way I was going to manage to drive through it. I couldn’t even leave the car and strike out on foot.

‘Larger lorries seemed to be able to get through, though, so I had a brainwave and hitched a ride on an oil-tanker that was in the queue. Only trouble was, just as we were about to go through, the lorry in front got stuck so my driver decided that he was spending the night in his cab.

‘It looked as though I was going to have to get what sleep I could back in my car. I rang Anne to tell her the news, but then she had a brainwave. We have some friends who live on this side of the flooding. I rang them and thank
goodness they were in. They made me very welcome – cooked me a meal, poured wine and beer down my throat and then gave me a bed for the night.’

‘Better than a night in the car, then,’ said Graham.

Ed nodded enthusiastically. ‘I woke up at seven the next morning, dressed and left without waking them, hoping that some of the flooding had gone down. I managed to get nearly all the way home, driving through countryside that looked like there’d been a nuclear strike with abandoned cars by the road, and mud and rubble all over the place.

‘The really, really irritating thing was that I was two hundred yards from my house when I finally misjudged the depth of a stretch of flooding; I managed to get through it but it was touch and go, and when I reached the other side, the engine conked out.’

Clive asked, ‘Water in the air intake?’

‘Luckily, no. The RAC came out and said that it hadn’t got past the air filter. I dried that out and it seems to be running OK.’

‘You were bloody lucky,’ was Graham’s view of this.

Ed said nothing, but his face suggested that he was less than convinced.
The first casualties of the flooding were brought in two days later. Two men had been in a cellar using a diesel pump to lower the water level but had not thought about the lack of ventilation in such an enclosed space. They had both been overcome by fumes and, as post-mortem examination showed, had died of carbon monoxide poisoning. After that, though, it all went quiet and we in the mortuary thought that we had avoided the worst of the cost of the floods. But then the Reverend Ken Samuelson died on the Intensive Therapy Unit at the hospital and nobody knew why. The E60 from the Coroner’s office, though, told us that he had lived in Tewkesbury and, on the night of the worst of the flooding, he had repeatedly dived into the basement of his house to retrieve his collection of expensive porcelain. He had been submerged for quite a long time in total, but had been rescued by the fire service and taken to hospital. After a full medical check-up and a night of observation, he had been discharged, apparently no worse for wear, but after a week he had gone to his GP complaining of pains in his legs. The GP had done some tests but these had all proved negative, so it had been assumed that this was just a reaction to his ordeal in the floods.

Two days before his death, the Reverend had returned to the GP, this time extremely unwell and apologetic that he was once more wasting his time, but the pains were worse than ever. Within an hour he was in A&E and within a further two he was in the ITU. None of the tests they did had indicated what was wrong with him; they had been able to keep him alive for four days, but he had deteriorated gradually over all of this time and eventually the inevitable had happened.

Our first look at the Reverend Samuelson told us that he must have been very, very unwell indeed, because he was bloated with fluid and bright yellow in colour due to jaundice. He had so many tubes coming out of him, he looked like a puppet whose strings have been cut. He was thin, unshaven and, when we removed his clothes, the skin on the front of his abdomen was starting to turn green, which sometimes happens, even when the body is refrigerated straight after death.

Ed beavered away over the autopsy for over an hour, a long time for him and a sure sign that it wasn’t straightforward. He took swabs of the lungs and the bladder mucosa, as well as a blood sample for microbiological tests, then asked for Clive to get some more blood for toxicology although, as he said, he didn’t think it would help much. Eventually, he looked up from the dissection bench and said to Clive, who was sewing up, ‘Well, I know why he ought to have died . . .’

‘Why’s that, boss?’

‘Leptospirosis.’

Both Clive and Graham nodded, but it was a new one on me, so Ed explained. ‘It’s a bug that’s carried by rats and excreted in their urine. Normally, the only people who are at risk are sewage workers and farm labourers, people in those kinds of jobs; in a flood, though, it’ll get washed all over the place. It causes liver failure, like the poor Reverend here has.’

‘Nothing else wrong with him, then?’ asked Clive.

‘Yes, and that’s the trouble. He just looks rotten. His heart looks knackered, his kidneys are falling to bits and his lungs are manky, none of which should happen.’

He stood at the dissection bench staring at the organs before him for a long time, a sure sign that he was flummoxed, then abruptly peeled off his gloves and his other protective clothing and went to the phone. He rang the ITU and was deep in conversation with the consultant there who had been looking after the Reverend. When he put the phone down, he looked no happier. ‘They don’t know why he died either,’ he sighed, then added, ‘Bugger.’

The likely cause of the Reverend Samuelson’s death did not become clear for several weeks, and in the meantime
another flood victim came into the mortuary . . .

Paul Collins lived on an estate with not a very good reputation. He was well known by all who lived there as a heroin user, and had been the main suspect for many of the robberies on the estate, although no one had yet proved his guilt. On the night before the floods, Paul had just scored with his dealer, then found an unoccupied Wendy house in a secluded corner of someone’s back garden. As it was late and dark, he went unnoticed, and it was perfect shelter from the rain for him.

He injected himself and fell into unconsciousness. The rain continued to fall, and the occupants of the house began to move their furniture upstairs as the levels started to rise in the garden; all the time, they were unaware that Paul was in a comatose state huddled up in their young daughter’s Wendy house.

Unfortunately, in his stupor Paul failed to wake, and so high did the water rise that the Wendy house could hardly be seen. It took a few days for the water levels to go down and even then the householders had plenty of other things to attend to before trying to retrieve garden furniture and assessing the damage done outside. I can only imagine their surprise when they found the lodger in the Wendy house.

When he reached us, Paul was bloated, slimy and a very dark shade of green, probably the most horrible sight I had seen. The water had completely swelled his body and the smell was disgusting. Amazingly, he still had a needle in his arm.

Clive was not impressed by this in the slightest. ‘You know what this means,’ he said in an annoyed manner. Graham spoke the word ‘Forensic’.

‘What do you mean?’ I asked. ‘Isn’t it obvious why he’s dead?’

‘So how do you think he died, Michelle?’ Clive asked me. I then felt out of my depth, and probably should have kept my mouth shut.

‘He’s drowned!’ I replied sheepishly.

‘That is the whole point, has he drowned, or was he dead from the heroin? If it’s drowning then Ed could do the PM, but if he overdosed from the drugs, the police will need to be involved and Dr Twigworth will do it.’

‘How will we tell?’ I asked.

‘They’ll go down the forensic route anyway, to cover all the possibilities. Serious stuff, supplying drugs, Michelle. If he has died from the overdose, the supplier could be in a lot of trouble, even go down the road for a long time.’

‘They never find them, though,’ Graham said disappointingly. ‘Filthy, dirty habit, and the users would rob their own mothers.’

He was clearly not impressed, and thought nothing of showing it.

Within the hour, Dr Twigworth had arrived and Clive had decided he was going to treat him with a firm hand. ‘I’m not having any messing around with this one, he’ll be in and out, I’ll make sure of it.’

One thing I had learnt about Clive was that, when he wanted something done, it was done and no doubt about it; not even the great Professor Ranulph Twigworth was allowed to get up to his normal tricks on this one. As soon as he was changed, Clive was chivvying him up, reminding him that the rest of us had homes to go to, even if the Professor didn’t; he kept mopping the floor around Twiggy every time he spilt a drop of blood, tutting loudly and sighing. He sprayed air freshener around like it was going out of fashion, and pointedly refused to enter into any chat with him.

It worked, though. We were cleaned down and everyone was out by five that evening. Twiggy had informed us that Paul had no water in his lungs, so in all likelihood he had overdosed before the floods rose, and that he would be residing with us for a while because more tests would need to be done. This news was not the best we could have received in view of poor Paul’s choice of eau de toilette, but at least he could be tucked away in one of the isolation fridges so we wouldn’t be too aware of him as we went about our daily business.

Ed ended up tussling with the Reverend Samuelson’s death for a long time. As he told Clive, examination of tissues under the microscope showed only generalized degeneration with no clues as to the cause. The microbiological tests all came back negative, as did the toxicological tests. It was a mystery why he had died, with nothing suggesting either a definitive natural disease process or anything unnatural. ‘He’s got a touch of furring of his coronary arteries but not enough, I would say, to have killed him,’ he sighed.

He went back through all the medical notes, not for the first time, which was when he had a brainwave. He came at once down to the mortuary office. ‘Hypothermia,’ he said. ‘I reckon that’s what did it. He was immersed in that flood water for a long time, and I reckon his core temperature went way down.’

‘But he recovered,’ I pointed out. ‘Is that what normally happens?’

‘Yes, he was lucky enough to recover but I think that during the episode of hypothermia, he suffered some sort of
generalized ischaemia of the heart muscle. He developed heart failure and that, in turn, led to poor blood supply to other internal organs, which failed in turn. Hey presto.’

He left looking a lot happier than he had for some time, but it didn’t last long. A few days later, he confessed, ‘The Coroner asked for an expert opinion from a leading intensive therapy consultant. He says that the Reverend didn’t suffer clinical hypothermia.’ He shook his head. ‘Why did that bloody man die?’ he asked despairingly of no one and everyone as he trudged off.

Ed never did discover exactly why the Reverend Samuelson met his end. He had long discussions with the intensive therapy consultants, the microbiologists and the Coroner, but all he could do was to exclude things. He knew that the Reverend hadn’t suffered major trauma, and there was no toxicological reason for him to die so, he told us, it was going to be a ‘best guess’ as to what actually killed the poor man.

‘Which is?’ asked Clive.

Ed shrugged. ‘It has to be the sewage. He was in the water a long time and there was a lot of sewage being washed out. He went under several times by all accounts, so he would have taken in a fair dose of some pretty nasty bugs.’

At which I felt slightly sick. ‘But the microbiology tests were negative,’ Clive pointed out.

Ed explained, ‘They wouldn’t pick up viruses, only bacteria and fungi and things.’

Graham nodded knowingly at Clive. ‘Remember that bugger who fell in the slurry pit? He didn’t do too well, neither.’

Clive winced but said nothing.
Gloucestershire plays host to a lot of fairs and circuses and this, in turn, brings a lot of travelling families. Graham and I were busily getting all the stock levels of cleaning chemicals up one Friday afternoon in August ready for any unexpected disasters at the weekend, when the A&E porters arrived with Mr Jack Diggins of no fixed abode. As I opened the door, while smiling and laughing at a joke Graham had just told me, and assuming that it would be one of the many undertakers that come to collect bodies, I was totally taken aback by what I saw. Standing in front of me, outside the double doors to the ‘deceased’ entrance – the one that is hidden from the public – were two porters, the covered mortuary trolley in which the deceased are moved from the wards or casualty to the mortuary and, surrounding this, a large crowd of people.

These turned out to be Mr Diggins’ family, and they wanted to make sure their Jack was transferred from A&E to us in the proper manner. What they were also hoping for was to stay with him in the mortuary. I was embarrassed that I had opened the door laughing, as it must have given the impression that I didn’t care about my job. I excused myself and asked the party to give me two minutes, and literally ran to the office to get Clive. Clive was deep in conversation on the telephone and I began to panic. I couldn’t get his attention and realized from what I heard that he was going to be a long time on the phone. Graham was going to have to sort this. ‘You need to go to the front door,’ I told Graham.

‘Can’t you see to it?’ he replied.

‘No,’ was my simple answer.

Graham smiled as he walked past me, gently shaking his head. ‘Nothing is that difficult, Michelle,’ he said while heading to the front doors. I wondered how he was going to react to what awaited him, so followed. On opening the doors, Graham greeted the porters in his usual fashion. ‘All right, lads.’ This was not a question, but a statement. He turned to the people surrounding the trolley and asked politely if he could help them. They told him, in none too nice a manner, that they wanted to come in with their next of kin. Graham replied, in a calm but firm way, that there was basically not a chance of them entering the mortuary and that they would have to make an appointment over the phone for a viewing in the chapel of rest. It was clear that he was not going to take anything else for an answer on this matter, and I was jealous of his confidence. The family then asked if they could uncover Mr Diggins to say goodbye. At this point, Graham’s face turned a slight shade of red and I could see he was beginning to lose his temper. ‘I am afraid you have to consider the other patients in the hospital,’ he told them. ‘I cannot allow you, under any circumstances, to uncover a deceased patient while out in the open.’ Thank God the family accepted this, but I could see they were not happy. Graham picked up on this too, as he suggested that they all went to the canteen for a cup of tea and returned to the chapel of rest within half an hour, by which time Mr Diggins would be lying in rest ready to receive them in the proper manner.

The porters brought Mr Diggins in and Graham made doubly sure that the doors were definitely locked behind them. ‘People don’t listen, Michelle,’ he said. ‘Woudn’t be surprised if they try and get back in ten minutes or so.’ He asked me to prepare Mr Diggins for the viewing room while he booked him into the mortuary register and completed the relevant paperwork.

Clive had finished his conversation to whomever, and had wandered through to see how we were doing and to inform us that it was nearly three o’clock; this meant that, whatever was happening, it was tools down and stop for tea. ‘I haven’t got time for that,’ Graham said in an abrupt manner following up straight away with, ‘Sorry, boss.’ He then went on to tell Clive what had just happened. I kept my head down while this conversation was happening, as I could feel anger rising in the body store where we all were. Clive and Graham never liked to be told by families what to do. The mortuary was their domain, and no one bossed them around about how it was controlled, especially not families. Visits were held at a convenient time for the technicians, and that was that.
Clive was a little annoyed at Graham for arranging for the family to come back. He was fully aware that families like these wanted to spend almost every last minute with their deceased relative, right up to the moment they went into the ground or the fire. ‘Who’s on call?’ asked Clive. ‘Because this could be a long evening.’

‘I am,’ I answered, and I felt my heart hit the bottom of my stomach. What did he mean by a long evening?

‘Right, Michelle, I am deadly serious now. This family, from my experience, will dominate the chapel and you have to take control. They can stay till six-thirty this evening if they wish. But make sure you tell them so when they arrive, then there’ll be no surprises and they know you mean business.’

I couldn’t see myself speaking to them in this manner. There would be so many of them for a start, and I was rubbish at talking to large groups of people; added to that, from what I had heard of the conversation at the door with Graham earlier, they knew exactly what they wanted. I had to fight to stop panic taking hold.

I had made sure Mr Diggins looked as good as I could possibly make him and placed him in the chapel, and was waiting in anticipation for his family to arrive. The doorbell rang at the relatives’ entrance and I took a deep breath as I opened it. I couldn’t count how many people stood in front of me, but it was a large crowd. There was no way I was going to fit everyone in. The whole family had turned up, including babies, toddlers, teenagers and what appeared to be grandparents. Mr Diggins was sixty-seven, so I wondered if the elderly among them were brothers and sisters. I remember thinking that, surely, no one has blood family this big.

I had to take control, because there was no other way I was going to be able to deal with this. I asked for the head of the family to make himself known, slightly shaking as I requested it, and a six foot five male stepped forward. As he did so, the rest of the family cleared the path for him to walk through. Now my heart was in my shoes. I showed him into the waiting area and shut the door behind me, leaving the rest of the family outside. He shook my hand and introduced himself as Herbie Diggins, Mr Diggins’ eldest son. His hands were like shovels and very rough. His hair was jet black and his physique huge; he undoubtedly gave off an aura of dominance and control, a lot more so than I was doing. As he shook my hand, I thought I was going to be lifted off the floor by my wrist. I told him my name and, as I looked at his face, I could see the pain in his eyes that he was desperately trying to hold on to. This had nearly floored him and I could see it. He was trying so hard, I suppose, to be strong for the rest of the family, as he was expected to be. I offered him a seat and gestured for him to sit down, my main thought being that, if his legs buckled, I wasn’t going to be able to support him. As he sat down, it looked like he was perched on a child’s seat. He rested his elbows on his knees, and placed his head in his hands. His shoulders started to gently move up and down. This was his time and I needed to allow him to have it.

I remained quiet and waited.

After a short while, he jolted upright and wiped his face with the back of his sleeve. I wasn’t going to ask him if he was OK because it didn’t seem appropriate. I let him speak and he asked me sharply where his daddy was. I told him he was in the viewing chapel, and Herbie requested that he see him before the rest of the family came in.

We walked towards the door and Herbie took a deep breath. He grasped the handle firmly and opened the door forcefully. He walked straight over to the viewing trolley that his father was laid on. He stood there for about thirty seconds and then, without warning, raised his hand and slapped his father across the face.

‘Why didn’t you say you were ill?’ he shouted. ‘Why didn’t you tell me? You used to tell me everything, then this. You’ve let me down, Dad. You’ve let me down. What am I supposed to do now?’ Herbie then paced the room a couple times mumbling under his breath.

I tried to explain to him that not everyone suffers long illness before they die and some people only complain of feeling a little under the weather, if anything at all. He approached his father once more, and I hoped to God that he wasn’t going to hit him again. ‘I suppose it’s up to me now to control the family,’ he said to him. ‘I’ll just have to hope I do it as well as you did.’

Herbie once again composed himself and turned to me. I asked him if he was ready for the rest of the family. He said that he was, and asked me how long they would be able to stay. I could have jumped for joy at that point; this was going to make my speech that Clive had prepared me for easier. I informed Herbie of the official time for the department to close, but also told him that we could extend it by two hours if they felt they needed it as a family. Herbie nodded and thanked me, and I held open the chapel door as he encouraged the rest of the family to enter.

The next problem I faced was fitting everyone in. The waiting area will hold ten people – and that uncomfortably – and waiting for Mr Diggins were at least thirty of his family members. We were going to have to do this in a shift system. I instructed Herbie on this, and then left them to it after showing them the bell to contact me on. There was no point me being in with this family, I was taking up room and they had enough support from each other.

When I went back to the office, which is only down a short corridor, Clive and Graham were getting ready to leave. ‘How did it go?’ Graham asked.
‘All right,’ I said. ‘I don’t think they’ll be a problem.’

Clive winked at me as he walked out the office. ‘Ring me if you have any problems and, remember, six-thirty finish.’

‘OK,’ I replied.

They both left, and although there were a lot of people in the room along the way, there is something unnerving about being alone in the mortuary of an evening. Once it goes quiet and all you can hear are the fans from the fridges, no matter what you may have seen in the PM room and then tried to erase from your thoughts, your mind still begins to wander.

I could hear the chapel door opening and closing, and knew that the Diggins family were going to be a while and would probably use the extended two hours offered. I made myself a coffee and thought about what to do. It would be disrespectful to start banging about in the body store while a family were in the chapel, and the PM room was spotless; the office was also too close to the chapel to start hoovering. Not that it needed it. Clive ensured that we never left an untidy mortuary at the end of the day, especially at the weekend.

All I could do was sit and wait, which was what I did. And I waited and I waited. I could hear signs of different emotions coming from the viewing room: crying, laughter, raised voices, and questioning from the children.

Six o’clock arrived and I presented myself back in the chapel. Herbie was standing at the door to the viewing room with it wide open, almost as if he was on guard. I asked him if everyone had had a chance to see Mr Diggins, and he replied that still a few people had not. He said he was pleased that I had come in as he needed to ask me some questions.

The waiting area was in chaos. Children were running around and jumping on and off the elderly members of the family who had been given the chairs. A few had charge of the couple of newborn babies. On the coffee table in the middle of the room, the Bible and various information leaflets for bereaved families had been pushed to one side or onto the floor, and replaced with home-made sandwiches, packets of crisps, empty baby bottles and various chocolate bars. This family had come prepared and, from the feeling I got, were planning on staying.

Herbie approached me and asked me to confirm that his father would not get ‘cut open’. I was taken aback by this and asked him if he meant by that a post-mortem. ‘Yes, that’s it; I can never remember what they call it.’

I had to be honest, but didn’t know how it was going to go down. ‘Has your father been to see his GP recently?’ I asked Herbie.

‘He hasn’t got one,’ was the reply.

So, then it came, the news he did not want to hear. ‘I’m afraid that Mr Diggins’ death will be reported to the Coroner, and he will have to investigate. He’ll then request a post-mortem if needed, which in this case will be likely, seeing as he won’t be able to find any medical history on your father.’ I stood back.

‘He wouldn’t want that,’ was Herbie’s stern, firm reply.

Calmly I said, ‘I’m afraid there won’t be anything anyone can do if the Coroner requests it, Herbie.’

The elderly members of the family began to shake their heads in a negative manner and tut. ‘We don’t want it to happen, and neither would my father, Michelle.’

I was surprised he had remembered my name, but knew he was making a huge statement by using it. All I could say was that I was sorry they felt that way, and that the law is the law in this country. I explained that it would give them answers and closure on why he died, but that I certainly had no control over whether it happened or not. I informed him that one of the Coroner’s officers would be in touch with him, but also gave him their office number anyway.

Clive always encouraged us to pass this responsibility back to the Coroner’s officers. ‘They have a lot more clout than us, Michelle,’ he would say. ‘We’re just looking after their work for them, that’s all. No need for us to get more involved than that.’

But Herbie and his family were not pleased and the atmosphere changed instantly. Herbie said in a loud voice, ‘I’ll be speaking to them first thing. This will not happen, you mark my words.’ He waved his finger at everyone in the room, me included. I encouraged him to sit, but he refused and walked out on to the street. The rest of the family carried on as if nothing had happened and continued to go in and out to see Mr Diggins.

I thought about following him but, worried about his state of mind and the actions he might take, I decided it was best that I stayed on hospital property. I returned to the office. I knew there and then that I wouldn’t be leaving before seven that evening. Luckily Luke was at home with Oscar and Harvey, so that was one thing I could relax about, but I really wanted to go. I had had enough for that day, and was getting increasingly concerned about what time this family were going to leave. I had a feeling that tempers would be raised if I was bold enough to ask them to depart. I had to think of something, but had no idea what.

As I sat in the office staring at the clock, which was by now approaching seven-forty-five, the red double doors were unlocked and the porters came in with another body. ‘All the lights have been left on,’ I heard one of them say.
It sounded like Steve, whom I had got to know well.

As I came out of the office Steve jumped. ‘Bloody hell, Michelle, you gave me a start. What you still doing here?’ I explained about the family I had in. ‘Oh, I did think about you guys when I came on shift earlier and heard what had happened.’ Steve sighed. ‘And they’re still here?’

‘Coming up for four hours now,’ I told him. Steve was a genuine man, and was one of the charge porters when he was on shift. I’ve often seen him around the hospital pushing patients about and assisting staff, and he wasn’t afraid to come to the mortuary, often stopping for a coffee.

‘Get the kettle on then, and if they’re still here by the time I’ve finished my drink, I’ll sort them.’

As I made the drink, I wondered what Steve had in mind about asking this family to leave. I needn’t have worried. At eight fifteen, Steve followed me into the chapel, in his porter’s uniform, and announced to the family that he was in charge of the night security of the mortuary and that at eight thirty he would be locking the building up.

Slowly but surely, the chapel began to lose its visitors. Steve locked the doors then very kindly placed Mr Diggins in the body store while I cleaned up the mess left by his family. We secured the whole building and I was on the bus home by nine o’clock, after being reminded by Steve that I owed him at least four cans of beer for his trouble.
I hadn’t laughed so hard for ages. It was one of those moments that would make me laugh at random times for the rest of my life. Working in the PM room that day were Ed, Graham and I. The radio was on with our local station playing the same old songs which, I am sure, they put on a loop for a month, only changing them on the first of the month. Ed and I had been gradually becoming friendlier – nothing unsavoury because Ed was committed to his wife, Anne, and Luke and I were definitely an item – but we seemed to see the world in a similar way. It made working life easy because it meant that, when Ed was around, I knew that here at least was someone I could rely on.

Not much was being said and I was concentrating hard on the job in hand, but it was a very relaxed atmosphere and Graham was busily eviscerating his body while I was halfway through doing the same to mine; Graham was waiting for Ed to finish his examination and give the organs back to him. Ed, being an experienced pathologist, never takes very long on ‘open-and-shut’ cases, which this was, but even I sensed he was taking longer than usual. As I looked up to see how he was doing, it took me a few minutes to comprehend what was actually going on; standing side on to the dissection bench, dressed fully in scrubs, hat, apron, mask, over-sleeves and double-gloved, he was having what appeared to be a very animated conversation with himself. Brain knife in hand, he was chatting away quite happily to no one; to illustrate whatever it was, he would occasionally wave the knife around, as if pointing at a diagram. I looked at Graham to see if he had noticed: his eyes were watering and his shoulders shaking, and he was obviously trying to control himself so that he wouldn’t make a noise. I couldn’t help myself any longer and burst into loud laughter.

This stopped Ed in his tracks and he threw me a look of pure daggers (although I know he didn’t really mean it). Of course, he denied the fact when questioned over coffee after, but I think I know different and will find out in time what he was discussing with himself. For the rest of the day, Graham and I only needed to catch each other’s eye and we would start laughing.

That’s the thing about pathologists; they are fundamentally mad. Not in a bad way, though, not in the I-am-psychotic-and-I-want-to-kill-you way. They are merely bonkers. Some of them are likeable, some of them are a little harder to work with, but they are all firing on less than all cylinders.

While I was walking Oscar and Harvey that night, I kept spontaneously laughing out loud whenever I thought about it.

So, so funny.
One early afternoon after lunch, which was a soggy sandwich from the canteen, the doorbell had rung and, after the
usual banter between Clive and the undertaker, what lay in front of us was a very smartly dressed elderly lady.
Unfortunately she was soaked in blood, from what I assumed was a massive head wound that had caused her face,
neck, including a velvet and pearl choker, and the shoulder part of her blouse and cardigan to be soaked in the red
stuff. It had started to dry out and stick to her skin, suggesting that she had been waiting a while to be brought to us.

Pete, the funeral director who had been to remove her from her home, informed us that it was a crime scene in a
small village in the Cotswolds, and there was a lot of police activity going on including yards of yellow tape and
armies of white forensic suits; it was being treated as a murder investigation. Clive let out a big sigh on receiving
this information.

‘You know what this means, Michelle?’ I did know. I had been doing the job long enough to appreciate that I
would not be seeing my front door until late that evening, probably very late. It was not my first forensic PM, but it
would be my first proper one, all the bells and whistles.

In these circumstances, we check that the body has been properly identified to us and no more. The body is placed
in the fridge and we await instruction from the Coroner. To tamper with the body and risk upsetting any vital
evidence is a big no-no. Clive had drummed this into me within my first week of training. As he called them, ‘some
vital rules of the mortuary’.

No more than five minutes after Clive returned to the office, the phone had rung and he was informed that the
forensic pathologist was just about to leave the scene and would be with us within the hour. It was at times like these
that Clive would have a little inward panic. ‘Set up the PM room for a forensic, Michelle,’ he hollered from the
office, and I had to walk around the PM room like a lost sheep wondering what I needed to do. The dissection bench
was fully set up with tools for the pathologist, the eviscerating trays had clean tools and new sharp knives, so apart
from making sure enough needles and syringes were available, a few pens and some paper for notes, pots for various
body fluids or stomach contents, there was not much else I could do, although I was not about to make that obvious
to Clive. The body of the elderly lady was already placed on the dissection table, still in the body bag, and I made
sure that there were buckets full of hot water and disinfectant mops at the ready; after that I waited.

In the background, Clive was running around like a headless chicken making sure we had enough tea and coffee
and milk for all the people that would be arriving, clearing his desk as this would be required by the pathologist
(something he resented) and quickly phoning his wife to let her know he would not be home till later, just telling her
briefly that he had ‘a forensic’.

Dr David Jones arrived at the mortuary in good spirits, considering the task ahead, and while Clive fussed about
making hot drinks, I was secretly in the background feeling very nervous. I had not worked with Dr Jones before,
and therefore did not know his expectations. Clive introduced me to him, and what stood in front of me was a short
stocky balding man about thirty-five to forty years of age. Nothing quite like you would expect, well, what I would
expect anyway. He was certainly a world away from Ranulph Twigworth. He was very friendly and shook my hand
firmly, telling me not to worry and that he didn’t bite.

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firmly, telling me not to worry and that he didn’t bite.

Within half an hour, the mortuary was full of police including scenes of crime officers (SOCOs), detectives and
constables. Police radios where lying about everywhere, and for that afternoon I had a pretty good idea of all the
criminal activity going on in the town I call home.

While Dr Jones sat in the office discussing things with the detective in charge of the case, Clive and I were talking
to Malcolm. Malcolm was the lead SOCO, a pretty normal-looking guy about six foot tall, and Clive was firing
questions at him left, right and centre about what had happened. It had turned out that the old lady on the middle
table waiting to be dissected was a landlady of a quaint Cotswold-stone bed and breakfast in a quiet village favoured
by American tourists. A very glamorous lady, as we saw by a photograph that the police had seized from her property. She had been having a relationship, although it was not known what sort of relationship, with a long-term lodger. From what they knew, as they had him in custody, he in turn had been having a rather bad relationship with alcohol, and needed it to function on a daily basis. His landlady had been giving him the cash to fund this need, but had eventually had enough of handing out money, and that morning refused to give him any. With that, he had taken the frying pan and promptly and very firmly whacked it round the back of her head. Clive commented that she definitely wouldn’t be able to give him any more beer tokens now, and Dr Jones had gone through to get changed, so we all moved into position in the PM room for the beginning of what would prove to be a very late evening.

A technician’s job with a forensic post-mortem is very limited for the first few hours. While the forensic pathologist removes the deceased’s clothes and jewellery, handing it all to the police for bagging up and labelling, and SOCOs take photos, and hair and swabs are collected for various technical tests at forensic centres, a technician is not required and does a lot of standing around and watching. You may be needed to turn the deceased over, or stand for a long time holding them on their side while the pathologist checks the posterior of the body for any marks or wounds. This can make your arms and legs ache, but is part of the job. On this particular occasion, I had nothing to do for an hour and a half, but could not leave the room in case I was needed. Dr Jones had left the removal of the brain until the end of his examination. After I had finished my duty of weighing the organs for him, he asked me if I would retract the scalp and look for the wounds on the head. I wanted to run away at that point. This was a possible murder case. This was going to require a precise incision around the back of the scalp, one which didn’t go through any wounds that might be there. And to top it all off, I had an audience. Everyone in the room would be watching me. I would just have to go for it.

I washed down the hair of the dead landlady on the table in front of me and, from the amount of blood that came off it, I thought the task of finding any wounds would be easy. I was to be proved wrong. I found a very small laceration measuring only four centimetres, but it continued to bleed. Luckily it was going to be above the incision line I was about to make, so I would not mess up any evidence. I pointed this out to Dr Jones, and then had to wait another fifteen minutes while he ordered photos to be taken and the wound to be swabbed before staring at the wound under the spotlight. Apparently, flecks of paint or enamel off the offending weapon can sometimes be found in wounds, and if they can match these up at the lab, it can act as strong evidence for the prosecution.

After he had finished, Dr Jones asked me to go ahead with the incision, but not to remove the skull, as he would do that. After the initial cut, the scalp retracted quite easily, and the smooth white bone of the skull was exposed. The thought that came into my head was that of a soft boiled egg, just after you have cracked it with your spoon. Whatever had hit this lady over the head was that of a soft boiled egg, just after you have cracked it with your spoon. I would just have to go for it.

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The weather had been wonderfully warm and, although the days were now beginning to shorten, I had the feeling
that there was still a lot of summer left to be enjoyed, when the E60 on Mr Martin Walker was faxed through by Bill
Baxford. It had been a quiet few days, which was something of a relief because Graham was on leave; not that he’d
gone anywhere, because he never did. Graham’s life revolved around killing things – either by shooting them or by
hooking them in the mouth – and, when not doing that, decorating his house. Clive used to say that Graham had
repainted his living room so often, he’d taken a couple of feet off the living space.

Without a word, Clive handed it over to me, his face giving nothing away. When I read what had happened, I
didn’t know whether to laugh or cry. Open-mouthed, I looked up at Clive who shrugged and said, ‘Agriculture’s a
dangerous business.’

I looked again at the request. ‘Even so,’ I said.

Gloucestershire is mostly countryside and a lot of that countryside is farmed but criss-crossed with footpaths and
bridle paths. From the information that Bill had supplied, it seemed that Mr Walker had a dog – Bill didn’t mention
what kind of dog it was – and he used to walk it, as he should, every morning and every afternoon. He varied the
route, though, and yesterday, because it was a sunny day, he had walked along a footpath near Tewkesbury, across a
corn field. He had had a few pints with his lunch and, it being hot, he had decided to stop for a rest and let the dog
off the lead. Accordingly, he had fallen asleep.

And then they had started to harvest the corn.

It might have been all right – after all, a combine harvester makes a lot of noise – except that Mr Walker was
profoundly deaf, and so he had slept on in peace . . .

When Mr Walker entered the mortuary, I was out buying sandwiches for lunch. By the time I got back, Clive had
received him and opened the body bag and I didn’t feel like having my sliced ham and cheese on granary any more.

‘Bet that hurt,’ was Clive’s comment, looking at me with a pinched face and puckered mouth that formed a pained
expression while he sucked in some air. I could not argue. Poor Mr Walker had been caught up by the harvester and
dealt with in no uncertain way. He had been pierced, then sliced, then crushed. His left arm had been almost severed,
while his legs were so deeply cut across his thighs that I could see his femurs, which had both been fractured; his
chest had been crushed and his abdomen split open, his intestines spilling out. That wasn’t nice, but what really
made me want to dry heave was his head; I say ‘head’, but it wasn’t something I’d have wanted on my shoulders.
For a start, Mr Walker’s brain was no longer inside it; what had subsequently been found now resided in a Tesco’s
carrier bag between his legs. It had been forced to leave home because of lack of space, what with the fact that the
head had been crushed and completely flattened; I tried not to, but I kept thinking that with both eyes on the same
side, he looked like a bit like a flat fish.

Clive saw my pale face and asked, ‘You all right, Michelle?’

I nodded, took a deep breath, figuring I couldn’t keep on being a girl about it all. Clive, being Clive, just nodded
back. He was forever saying, ‘We don’t do burning martyr here,’ and if I said that I was OK, then, as far as he was
concerned, I was OK; end of.

Peter Gillard arrived. When he asked what he had on for the day, Clive kept a straight face and led him into the
dissection room where Mr Walker waited, laid out on a dissection table. I followed to see his reaction, which was
priceless. He almost physically jumped in the air, then squeaked. After that he was silent for a moment while he
walked around the body before asking Clive in such a voice that I couldn’t tell if he was being serious, ‘Got any idea
what he died of?’

In actual fact, autopsies like that one are fairly straightforward, because there is little question concerning the
cause of death, and it’s just a matter of cataloguing the injuries and making sure there is no possibility that natural
disease played a part; not surprisingly, since Mr Walker was only forty-two, Peter Gillard was able to show fairly easily that this wasn’t the case and that the cause of death was ‘multiple injuries’. The only other thing that needed to be done was to get samples, if we could, to be sent to the toxicology laboratory. It’s standard protocol to do this in all cases of accidental death, to determine just how much drink or drugs might have contributed to the deceased’s end.

Clive, who had been doing the autopsy with Peter Gillard, had previously got some urine using a needle and syringe on the bladder before he took it out; now that the body cavity was empty, he could get some blood. To do this, while I held an empty, sterile pot in the pelvis below the iliac vessels as they passed into the legs, he massaged first the left thigh and then the right, pushing blood out so that it squirted into the pot. I labelled the blood and urine specimens, then stored them at the bottom of one of the fridges.

Which meant that Peter Gillard was finished, but our job was just starting. While he made notes on what he had found, I poured the dissected organs back into a plastic bag inside the body cavity. Then, while I cleaned down the bench where Peter Gillard had done his work (he wasn’t too messy, by which I mean no blood on the ceiling, which sometimes happens with pathologists), Clive sewed up the body cavity.

The pathologist just walks away – some have a shower, some just get changed, perhaps before having a coffee in the office with us – and wanders upstairs to the laboratory to get on with other things, but there is still a lot of care to be lavished on the deceased, and it’s us who have to do it. Now alone, Clive and I stood either side of Mr Walker and discussed what could be done. Most of the damage would be hidden by a shroud, but obviously, should the relations want to come and pay their last respects, we would have to let them see his head and I couldn’t imagine they’d be too chuffed to be confronted with him as he now appeared. He wasn’t exactly looking his best. I said, ‘There’s no way he’s viewable, is there?’

Clive did what Clive always did, which was to smile knowingly and reply with a twinkle in his eye, ‘We’ll see, shall we?’

I knew better than to doubt him; Clive had twenty-six years’ experience and I, in comparison, knew sweet Fanny Adams. What I saw over the next hour made me relieved that I’d remained schtum and not expressed disbelief. Clive, concentrating very hard for nearly fifty-five minutes without stopping, somehow managed to transform the crunchy flesh pancake that had once been Martin Walker’s head into something that was at least vaguely a human face with cranium attached. He did this by packing the skull with cotton wool, very carefully moulding the facial bones back into something that resembled a normal human face, and some very intricate stitching; Martin Walker was never going to win ten pounds in the Monopoly beauty contest but I could imagine that, in the half-light of the viewing room and behind glass, the relatives would not be upset at what they saw.

In the late afternoon, as we were having some well-deserved coffee in the office, Bill Baxford rang to arrange a viewing. Clive picked up the phone. The conversation went on for a while, then he put the phone down and turned to me, shaking his head. ‘We don’t need to worry any more,’ he told me.

‘What about?’

‘The dog. Apparently he’s safe and sound. Ran away when the combine harvester came round and went back home.’ He laughed. ‘So much for man’s best friend.’
The first forensic post-mortem that I did on my own was Mrs Alice Taylor-Wells, who came to us from Amber Court.

I’ve said before that Amber Court had a reputation, and we’d been receiving a regular supply of residents from it throughout the year, all of them looking unkempt and uncared for, being thin and pale and sad-looking. Mrs Taylor-Wells, though, was altogether a different story. When the undertakers brought her in late one afternoon in November, the first giveaway was when it only took one man to lift her on to the tray; you could tell that she was as light as a feather. Then, when Graham unzipped the body bag, the second giveaway was exposed. Graham made a face, as did I when the smell hit me. It wasn’t the same stink as a decomposed body gives off, but it was just as unpleasant. I looked at Graham with a questioning look and he said only, ‘Bed sores.’

Bloody hell, did she have bed sores. Graham pulled her easily on to her side and I saw what looked like a gaping hole at the base of her spine that must have been four inches across and, I could see because the packing had fallen out, went down to bone. ‘Oh, my God,’ I whispered, feeling sick. The flesh at the sides was wet and slimy and covered in yellow-grey pus. This wasn’t the only one either; I could see others on the right hip and the heels of the feet.

Graham growled, ‘Bloody Amber Court.’

The phone rang a few minutes later, and when I picked it up I heard Bill Baxford’s voice. Instead of his usual cheeriness, though, he was distinctly down. ‘It’s about Mrs Taylor-Wells.’

I handed the phone over to Graham who was in charge, Clive being away for a long weekend. I watched him listening for a while, occasionally glancing up at the clock in the office and saying, ‘OK,’ a lot. When he put the phone down, he said, ‘The relatives aren’t happy about the way she was treated and the Coroner’s had enough. It’s going forensic’

I felt immediately nervous. I was on call that night, so it was going to be my responsibility. ‘What time?’

‘The pathologist should be here at seven. If I were you, I’d go home, get some tea and then come back. You’ll be fine, don’t look so worried. I’ll be on the end of the phone if you need me.’

There are four forensic pathologists who come into the county when required. Apparently, three of them are fairly normal, sociable people, but the fourth isn’t. You can imagine my dismay, then, when I found I had drawn the short straw that evening, for I was to have the delight of Professor Ranulph Twigworth as the pathologist. Professor Twigworth is a very tall man, with greying hair, a slight bend in his back because of his height, and an outwardly friendly and sociable attitude. Don’t be fooled, though; he must be the most arrogant, chauvinistic man that God put on this planet. He thinks that he is more intelligent, more attractive and more important than anyone else on earth and, deep down, he clearly despises those of us who work in the mortuary, regarding us as nothing more than ‘bottom-feeders’, the lowest in the food chain. I had noticed that Clive always greeted him with a smile and a cheery ‘Hello, Prof,’ an attitude that switched off like a light when his back was turned.

Up until then, he had pretty much ignored me, but even that made me feel unworthy. He seemed to look down on people even while he was smiling and apparently being friendly. You just knew that if he didn’t have to work alongside you, he would never give you the time of day. I would have to step up to the mark tonight, though, and try really hard to be confident around him,

At least, I consoled myself, he was a very experienced pathologist.

A full-blown forensic post-mortem is a bit like a circus with lots of people doing their bit at different times and the pathologist acting as the ringmaster. A scenes of crime officer will be taking photographs as directed by the
pathologist, other police officers will be looking on and answering any background questions that the pathologist has, the mortuary technician will be moving around as directed, getting instruments, pots, syringes and swabs, then labelling samples. If it’s a high risk post-mortem – because of possible AIDS or hepatitis – there’ll be a second mortuary technician staying clean and just ‘circuiting’, acting as general dogsbody.

Mrs Taylor-Wells, though, wasn’t anything exciting like a murder; she was just a little old lady who had died in a nursing home where too many old people had died, and who looked as if she had been in a concentration camp. The question here was neglect and standards of care, which was not necessarily the business of the police. Professor Twigworth was on his own, taking his own photographs and with just me and Bill Baxford for company.

In one way, a forensic post-mortem is easier for us, the lowly technicians, than a normal Coroner’s. The pathologist will always do the evisceration himself, requiring us only to saw through the skull. The downside is that they make a lot more incisions, which means a lot more reconstruction. In some cases, they take off most of the skin – including the face – and putting it all back without showing too much stitching can take hours. Professor Twigworth, being the man he is, cut down on all the bruises and marks, without any thought as to how I was going to reconstruct poor Mrs Taylor-Wells; after he’d finished with that and was at the dissection bench looking at the organs, I surveyed the mess he had made and I admit that my heart was in my clogs. I wondered about calling Graham – he had said that he would happily come and help if I thought I couldn’t cope – but decided at once that wasn’t going to happen. I was aware that Clive especially thought of me as a pretty good technician, but still just a girl. I felt that he would look on any plea for help as weakness.

During all this Professor Twigworth kept up a constant stream of patronizing remarks, unfunny jokes and sexual innuendo aimed at me. I think he half-thought that I – a piece of pond life – would jump at the chance of a cuddle from a distinguished pathologist, and part of me wanted him to try something on so that I could put him straight about the facts of life. Bill Baxford chortled at much of this, but I couldn’t blame him for that.

Professor Twigworth finished after three hours. He had taken small samples of most of the organs, as well swabs from the sores, and swabs from the nose and throat. I had already taken urine and asked him now, ‘Do you want to take some blood?’

‘Of course, my dear. Of course.’

I went to the side where I had laid out, as instructed, all the equipment that might be required. I picked up a sterile pot and went back to the body to massage the thigh to push blood out. As I began to do this, Professor Twigworth said in a loud voice to Bill Baxford, ‘I’d pay good money to have her do that to me.’

Boy, did I go red at that. Luckily, the mask hid this, and I kept my eyes down so that he couldn’t see how furious I was. How dare he? I just carried on working and after a couple of minutes, changing to the other leg as well, I had about 20 ml of blood, which would be more than enough. I made sure that everything was correctly labelled while Professor Twigworth made notes, then he packed up and moved off to the changing room. ‘Right,’ he said loudly. ‘I’m finished now, Bill.’ To me he said with a wink, ‘I’ll be ready to have my back scrubbed in about five minutes, Michelle.’

It was the first time he had called me by my name, but I wished he hadn’t. I was dead embarrassed again but there was no way I was going to show it. I looked around the PM room, at the blood on the walls and the floor around where he had done his dissection, at the two bowls of sliced organs, at poor Mrs Taylor-Wells who was still a mass of cuts and skin flaps, and at her opened body cavity. In a loud voice, I said to him, ‘You’d better get Bill to do it, Professor. I’ve got a lot of work to do.’

Once everyone had left, it was about nine thirty in the evening, and I knew that I would be there for a few hours longer. The porters were in and out bringing a couple of bodies from the wards – and thank God they were, or I thought I might start getting cabin fever.

It was just gone midnight when I rang Luke to come and collect me from the mortuary. I was tired and my body ached. The fact that I had to return in seven hours was not a nice thought either. I think I was asleep in the car before we even left the hospital car park.
TWENTY-NINE

Luke and I were at Mum and Dad’s when Clive rang me one Sunday afternoon in late autumn. It wasn’t unusual to get a call from Clive over the weekend, but this time he had some bad news.

‘Graham’s in hospital.’

I knew that Graham had had some health problems in the past, not helped by smoking since he was thirteen, drinking like a thirsty fish and eating a fry-up for breakfast most days, so I immediately assumed he’d had a heart attack. However, Clive soon put me right. ‘Stupid git fell down a steep riverbank while he was out shooting. He’s broken his hip. Lucky he didn’t shoot himself.

‘Oh, crap. Is he all right?’

‘Yeah he’s all right, the clumsy sod. They’re going to operate this afternoon, but he’ll be out of action for months.’

His voice told me that he was seriously concerned. The winter was nearly upon us – which was our busy time what with pneumonia and a sudden increase in suicides – and I knew enough to realize we wouldn’t be able to cope. I asked, ‘What about a locum?’

Clive laughed. ‘I’ll ask, Michelle, but because of the money problems in the Trust, I bet they turn us down.’

‘Surely they know how busy we’re going to be? They wouldn’t think twice if it was the wards.’

He said at once in a voice I was coming to know well, ‘We’ll cope, Michelle. We always do.’

Later that evening, when I was alone with Oscar and Harvey, Maddie phoned for a chat and I had a brainwave. She had shown an interest in what went on down in the mortuary, and had also hinted that she was getting a bit bored with emptying out the processing machines, filling them up again, taking dictation when it came to describing the small biopsies, and being a general dogsbody. She had said more than once that if the right job came up she might go back to Wales, so I knew that she was seriously disgruntled. I took the plunge. ‘Suppose you could do a spell with us in the mortuary? Do you think you might like that?’

She was a bit taken aback, but it was only a few moments before she said in her sing-song voice, ‘I could give it a go, Michelle.’

Clive was a bit sceptical when I told him the next morning as we sat in the office (me in Graham’s place now that he was on sick leave). ‘Maddie?’

‘She’s very keen.’

Clive is a nice bloke, but a bit old-fashioned. He reckoned that it was a man’s job being a mortuary technician and, even though I thought I’d proved myself now, he still had reservations about me. ‘I suppose we could give her a month’s trial, if Ed agrees.’

‘She’ll be fine, Clive. Even if all she does is the paperwork, at least it’ll give you some more time in the PM room.’

But he was not about to be convinced easily and said doubtfully, ‘Maybe.’

Ed, though, was more upbeat. ‘If she wants to try it, why not? The lab isn’t too badly off for staff at the moment, so I reckon they could spare her.’

And so Maddie came to work down with the dead men.
Clive had decided that as part of my education I should attend an inquest and, accordingly, asked Ed Burberry if he would take me to one. Ed thought about this for a moment and then said, 'It so happens I’ve got the very one.' He looked across the office and said to Clive, ‘It’s the hanging vet next week.’

Clive laughed delightedly. ‘Classic!’ he said. ‘Absolutely classic!’

‘Is that a good one to go to?’ I asked, suspecting some plot.

All Ed would say in reply was, ‘It should prove a little more interesting than the usual Drop Dead Freds.’

As we walked to his car on the morning of the inquest, Ed explained about the inquest process. ‘If after we’ve done a post-mortem, the cause of death is either still unknown or is unnatural, then the Coroner has to hold an inquest. Our Coroner, Adrian Carter, is very good and will explain the purpose of the inquest, which is basically an inquiry to determine certain facts about the death – who it was that died, when and where they died, and then how they died. It’s the “how” bit that takes the time. I might have a medical cause of death, but he needs to discover what led up to it.’

We got in his car and, as he drove out of the car park, he continued. ‘He hears all the facts and then comes to a conclusion. He may decide the death was natural after all, or may decide that it was accidental, or suicide, or an industrial disease, or even unlawful. He may not be able to decide definitely, in which case it’s an open verdict.

‘In most cases, the inquest is very quick – only half an hour – and uncontroversial; sometimes it’s just the Coroner, the Coroner’s officer, a reporter from the local paper and me in the court, without even a relative bothering to turn up. Occasionally it’s a lot more complicated though, like this one.’ He grinned. ‘This one’s going to be like a circus, with solicitors, barristers and all sorts.’

‘Why’s that?’

‘Because Jane Mellors hanged herself in her garage in the nude.’

At which I gawped at him. ‘Nude?’

He nodded. ‘She was a vet,’ he added, as if that explained it. ‘She got out of bed in the middle of the night after a row with her husband and went down to the garage where she put a rope around a rafter and stood on a stool.’ Well, I thought, each to their own. He carried on, ‘Add to that the fact that she was having marital problems because hubby was playing away, and the family are convinced that he did it to her. They’ve got a barrister to represent them at the inquest, so the husband’s hired one as well; the family have accused the police of negligence because they decided that she did it herself, so they, in turn, have got their solicitor in to protect their reputation.’

‘What do you think?’

‘She killed herself,’ he said with absolute confidence. ‘It’s bloody hard to hang someone who doesn’t want to be hanged.’

‘Perhaps he drugged her, or knocked her on the head.’

‘All the tox is negative and there was no other trauma. There were no bruises on her arms and no evidence that she had tried to remove the rope; her wrists hadn’t been tied, either. I always check, just in case.’ He pulled into the car park outside the magistrates’ court where most of the inquests were held. ‘Here we are.’

As we walked over to the door to the court he said confidently, ‘I’m not going to have any problems with this one, you see.’

Poor Ed. His problems started almost at once, because he discovered that his secretary had accidentally sent him to the wrong place for the inquest. He should have been at the County Council chamber, half an hour’s drive away. He made some desperate phone calls to Bill Baxford, apologizing mightily, then we rushed back to the car. During
the journey he used some ripe language about ‘cretinous secretaries’.

When we finally arrived, Bill Baxford was waiting just outside the court doors. ‘Hello, doc. We’ve started, but
don’t worry, the Coroner understands.’

‘Thank God for that.’

‘There’s something else, though . . .’

Ed immediately became suspicious. ‘What?’

Bill’s a nice bloke; he was brilliant with the families and I had seen him almost in tears after interviewing them.
He had a huge sense of humour, though, and was always ready to help if he could. ‘The family’s barrister has been in to see the Coroner . . .’

‘Yes?’

‘She had some new information for him to consider. He thought you ought to know.’

Ed was looking more and more stressed. ‘Information? What information?’

But at that moment the clerk of the court came up to us. Ed was due in the witness box.

The small court room was packed. I just managed to squeeze in at the back. The Coroner was a large man with a
round face and thick-rimmed glasses. He was dressed in a black three-piece suit and had a laptop beside him, and a
pad of paper in front of him. Opposite and below him at the front of the court was a row of five people, all smartly
dressed. Behind them was what I assumed was the family – some old, some young. Around me were police officers,
paramedics and several others whose function I couldn’t guess. The witness box was on the left of the Coroner and
Ed, having recited the oath from memory with a Bible held high, announced who he was and what his qualifications
were.

Then, at the Coroner’s request, he went through his PM report. It soon became clear that there were certain points
the Coroner wanted to emphasize, because every so often he would stop Ed and ask for clarification. ‘So, you
examined the body very carefully for signs of trauma?’ ‘You’re absolutely certain that there were no scratch marks
on the neck?’ ‘There was no sign that the wrists had been tied?’

At the end of Ed’s evidence, the Coroner asked, ‘How long have you been a consultant pathologist, Dr Burberry?’

‘Twelve years.’

‘And how many autopsies have you performed in that time?’

‘I would say over two thousand.’

‘And how many hangings?’

‘Certainly over fifty. Maybe close to a hundred.’

The Coroner thanked him and then turned to the people immediately in front of him. ‘Miss Christy. Do you have
any questions?’

A small young woman with long blonde hair stood up. She was dressed in a white blouse and a black suit. I
thought she was very nervous, which surprised me. ‘Yes, I do, sir,’ she said in a hesitant, almost trembling voice.

Turning to Ed, she asked, ‘Mrs Mellors was naked.’

‘Apparently,’ he said.

‘Tell me, Dr Burberry. Have you ever before known a person to hang themselves in the nude?’

Ed considered this for a moment. ‘No. I think this was a first.’

‘Don’t you think it’s a little odd that Mrs Mellors should have chosen to hang herself when unclothed?’

The Coroner said at once, ‘Miss Christy, could I ask you what you consider to be an appropriate dress code for
hanging yourself?’

She looked surprised. ‘Well, I don’t know . . .’

‘So, I’m sure we can’t read too much into the fact that she was unclothed, can we?’

She looked at him open-mouthed for a while, then agreed, ‘No, sir.’

‘Good. Carry on.’

It was obvious that she had to spend a few seconds pulling herself together before she asked, ‘You did toxicology,
Dr Burberry?’

The Coroner said at once, ‘He’s told us that.’ He said it with a smile on his face, but I could tell from his voice he
was annoyed.

‘Yes, sir,’ she said deferentially. To Ed she said, ‘And it was negative?’

‘Miss Christy . . .’ said the Coroner with a sigh.

Quickly she asked Ed, ‘What about insulin? Would the toxicology lab have been able to detect that?’

Ed was momentarily taken aback before saying, ‘To test for insulin is a specialized process. The blood sample has
to be spun down in a centrifuge and frozen at once, otherwise the insulin degrades.’

‘Did you do that?’

‘No.’
‘So it’s possible that Mrs Mellors was injected with insulin – say, between the toes – thus rendered unconscious, and then it would be straightforward to suspend her by the neck. There would be no signs of a struggle.’

Ed considered this. ‘I suppose not.’

‘Did you check between the toes for injection marks?’

I could see that Ed was having trouble not smiling. ‘No.’

‘So what do have to say about this possibility?’

Ed’s smile broke out. ‘I can’t help feeling that it would be difficult to stick a needle between someone’s toes without them noticing. I should imagine it would sting a bit.’

The Coroner’s smile said that he liked that answer. ‘Well, Miss Christy?’

She consulted her bits of paper. ‘Sir, I should like to bring into the record a letter the family have received from Mrs Fanshawe, who lives in Wales –’

‘Miss Christy,’ said the Coroner at once.

She stopped. ‘Yes, sir?’

‘Does Mrs Fanshawe have some information of relevance to this case?’

‘The family believe so, sir.’

I thought the Coroner looked a little sceptical at this, but he nodded and said, ‘Very well.’

She turned back to Ed. ‘Mrs Fanshawe is a medium and she has received a message from Mrs Mellors in the afterlife to say that she did not take her own life. What do you say to that, Dr Burberry?’

Before Ed could answer, the Coroner erupted. ‘Are you serious, Miss Christy? Do you really think I’m interested in what a clairvoyant has to say about the matter?’

‘Sir, I –’

‘Have you any other matters to raise, Miss Christy?’ He had on a dangerous smile again.

‘Well, sir –’

Expression unchanged, he interrupted. ‘If I were you, I wouldn’t raise anything that isn’t germane, Miss Christy.’

She looked for a moment as if she was going to push her luck but then she said, ‘No, sir,’ and sat down heavily.

That was that really. The husband’s barrister asked a few questions but I got the impression that he was just performing a bit to be seen to be doing something to earn his wad of fifty-pound notes, and the police solicitor didn’t even bother to do that. There was a bit more fun to be had when the husband took the stand because, instead of cutting his wife down straight away, he had gone next door to his neighbour for help. The family obviously thought that this was as good as a signed confession, but the Coroner was of the opinion that, since the husband was also a vet, he would know a dead person when he saw one.

After two and a half hours, the Coroner told everyone he was going to go away and consider his verdict, everyone stood and then the whole atmosphere became a bit less formal. Ed came over to join me and asked what I thought. I didn’t really know; half of me thought it was pretty much as I had expected, but the other half was surprised by it.

‘Isn’t there a jury?’

Ed explained that unless there were special circumstances, such as the death occurring in prison, or on railway property, then it was at the discretion of the Coroner.

‘What do you think he’ll decide?’

‘I’m afraid it’ll be an open verdict.’

‘Is that bad?’

‘It might give the family the idea that there is still some question about the husband’s involvement.’

The Coroner returned after an hour and then spent thirty minutes summing up all the evidence in great detail. As Ed had predicted, he did return an open verdict but he said in no uncertain terms that this was not because there was a shred of evidence that Mr Mellors or anyone else had had some involvement, it was merely because he couldn’t be absolutely sure that she had intended to kill herself, and the possibility that it might have been a cry for help that went wrong could not be excluded.

I watched the family and could see how dissatisfied they were. When I told Ed on the way back to the mortuary, he shrugged. ‘What can we do? People believe what they want to believe.’
I’d never really thought about how pathologists are trained, especially when it comes to doing autopsies. I was aware that they had to be a doctor to start off with, but it all turned out to be quite complicated as Ed explained one day in late October when he came down to the mortuary office to inform us that in two weeks’ time two candidates for membership of the Royal College of Pathologists would be joining us for the day. Clive rolled his eyes. ‘This is part of their final examination,’ Ed explained. ‘If they pass this, then they become members of the College and are eligible to become consultant pathologists.’

Maddie asked, ‘What else do they have to do?’

With a perfectly straight face, he said, ‘In this exam? After they’ve performed a complete post-mortem, evisceration included, been orally examined on it, then written it up, they return for two more days during which they’ll have a three-hour examination reporting surgical pathology, a two-hour examination reporting cytology cases, a two-hour examination reporting special cases, be examined on how well they cut up surgical resection specimens, be examined on whether they can accurately report frozen sections, and then they have a final oral test.’

Maddie is not one to be impressed and hides it well when she is, but I could see that she was a bit taken aback by this and might have said more; I, though, was totally lost, and had been so after the second exam was mentioned. Clive interrupted then and stopped Ed in his tracks. ‘Which doesn’t involve us, it’s only the PM side we have to concern ourselves with, Maddie.’ He sounded cross. ‘I hope this isn’t going to be like the last time, Ed.’

Ed frowned. ‘Why? What happened?’

‘Complete shambles. Twiggy was organizing it and so no one bothered to tell me what was going on until the day before. Graham had booked annual leave and had to cancel it, and we only just managed to get suitable cases. Then one of the idiots taking the exam decided he was going to cut up too high, and we had to perform some magic trying to cover the stitching under the bloke’s collar once he was dressed ready to be presented to his family.’

‘Well, Professor Twigworth isn’t organizing it this time, I am; and that’s why I’m here. To make sure that you know exactly what’s going on.’

‘And we got no thanks. Not so much as a “kiss my arse”.’

Ed smiled. ‘I think you know me better than that, Clive.’ Times like these felt weird. Clive was the Mortuary Manager, but Ed the Head of Pathology. It was like Ed was trying to pacify Clive, just for an easy life. Whatever it was, it was working.

Clive still looked a little unhappy but didn’t keep on, asking instead, ‘When is this?’

‘Two weeks tomorrow. I’ll let you know the details of the candidates when I get them. I haven’t finalized the timetable, but I should think they’ll turn up down here just before nine and we should be finished in the PM room by one thirty in the afternoon.’

Clive had done this kind of thing plenty of times before and gave us the low-down after Ed had gone. ‘Actually, it can be quite good fun,’ he said. ‘Poor buggers are so nervous, most of the time they can’t even speak properly.’

Maddie said, ‘I hope you’re not nasty to them.’

Clive was actually quite offended. ‘Of course I’m not. The mortuary staff are supposed to be helpful and courteous at all times, and we always are. We always tell them where all the protective equipment is, give them a full set of instruments, and open the head for them, as we’re supposed to. I know that some places deliberately give them difficult cases to work on, like large or rotting bodies, and make them use crap, blunt, outdated instruments, or make the opening in the skull too small, but not here. We’re professionals. No matter what we think, we keep it to ourselves on examination days.’
I knew Clive quite well by then and could tell that he had only told half the story. ‘But . . .?’ I encouraged him to carry on.

He grinned and shrugged. ‘Nothing wrong with a bit of light entertainment to make things go with a swing, is there?’

We were playing host to Dr Mirza and Dr Merkovich. Dr Mirza was a short, dumpy young woman of Indian extraction with glasses and long hair tied in a bun; Dr Merkovich was Polish, tall and clearly under the impression that his Hitler-like moustache was a real turn-on (he could not have been more wrong, as the look of disgust that Maddie threw at him as he walked past testified). Ed brought them down to us at ten to nine and introduced them. As Clive had predicted, they had a serious case of nerves, with Dr Mirza visibly shaking and Dr Merkovich walking into the hat stand in the vestibule, but Clive and Ed were patient and eventually we got them into the PM room with scrubs on, where Clive helped them to put on the personal protective equipment – or PPE – that we all have to use.

We had already stripped and laid out the two patients that Ed had selected for the examination, and he had given each candidate the details, including the hospital notes. He now looked at his watch and said, ‘Right. It’s now ten past nine. You have three hours, after which Dr Peter Gillard and I will be back down to talk to you about your findings. Please start.’

He then took Clive to one side and I heard him say in a low voice, ‘Make sure they identify the bodies properly, and keep an eye on how well they do the evisceration.’

Clive nodded. ‘Don’t worry, boss. You can rely on me.’

Ed stayed another ten minutes or so while the candidates scribbled notes on clipboards, and Maddie and I chatted in low voices about Saw II, which she’d watched the night before. After this, first Dr Merkovich, then Dr Mirza identified their bodies and began the eviscerations.

It became immediately obvious that Dr Mirza was at a disadvantage, because she was so short. She was all right with the initial incision but as soon as she had to push her hands deep into the body cavity to reach the kidneys, she was on tiptoe and almost left the ground. ‘Would you like a box?’ asked Clive brightly, and I’m not sure that he was joking. Dr Mirza, bless her, shook her head and said in a voice that was muffled because of the mask, ‘No, no, thank you.’ Dr Merkovich, meanwhile, might not have been having similar troubles, but both Maddie and I could see that he was the APT’s worst nightmare; he was messy. The primary incision had been jagged and there was blood everywhere; on his mask, down his apron, on his goggles, on his wellies, all over his tools, the table and the floor. When he finally got the pluck out, he left a trail of blood spots as he took it over to the bench. Clive looked on with unconcealed disgust and murmured to me, ‘I’ll wrap the mop round his ankles in a minute; that’ll stop him. Even better I’ll give him the bloody mop and he can clean it up himself.’

Dr Mirza, meanwhile, had another problem; her glasses kept falling off into the body. Eventually, after they’d landed in the abdominal cavity for the third time, Maddie quickly stopped her from replacing them on her face, even though they were covered in blood and fat, cleaned them up and then had to tie them on behind her head. Clive could hardly contain his laughter and his eyes were starting to water; had it not been for the mask, I think the effort of keeping a straight face would have killed him.

Over the next two and a half hours, the two candidates beavered away at their task while the three of us kept an eye on them and tried to amuse ourselves. Maddie and I were chatting about each other’s plans that evening, when I happened to look over at Clive. He stood supporting his body on two mop poles, while gesturing that he was doing a ski slalom. I think, by the look on his face, he actually believed he was on the French Alps. I nudged Maddie and we both stared at him for a couple of minutes. When he did finally make eye contact with us, he just exaggerated what he was doing with that twinkle in his eye that lets you know he is on a wind-up.

With thirty minutes to go, Ed returned, this time accompanied by Peter Gillard. During the morning, apart from his slalom, Clive had sung into plug sockets, told a few jokes, mopped the floor umpteen times and broken wind loudly twice. They asked us what we thought of the way the candidates had eviscerated, and Clive gave his full opinion, then they watched silently as Drs Mirza and Merkovich finished. Both candidates had laid out the sliced and dissected organs on boards on the bench, but they had done so with varying degrees of success. Dr Merkovich had managed to display them in a neat, logical way and had wiped away most of the blood, but poor Dr Mirza’s display was to my eye a complete mess; and I think Ed and Peter thought so too. Clive had told Maddie and me to watch Ed and Peter’s faces as they walked over. I know I saw them wince when they were confronted by the random display of blood and organ slices that she had prepared for them. Each of the candidates had to present the case, including the clinical information that they had been given, their external findings and their interpretation of the appearances of the organs. We couldn’t really hear what was going on, because by then we were busy starting the
reconstruction of the bodies after what felt like a lifetime of waiting, but I got the impression that things weren’t going well for Dr Mirza. Her nervousness had been obvious from the start, but when Peter and Ed moved in, she all but fell to pieces. She was shaking so badly that she was spraying spots of blood up the wall and even, to Clive’s disgust, on to the low ceiling above her. She kept apologizing and there were long silences after either Ed or Peter asked her a question. The low point came when she couldn’t find the spleen and there was a great deal of rummaging about in the steel bowls and even back in the body, which meant she had to push Maddie out of the way.

Eventually they moved on to Dr Merkovich and things appeared to go much more smoothly. He was still nervous, I could see, but he managed to get out some coherent answers and there were none of those long, embarrassed silences that Dr Mirza seemed to specialize in. Eventually Ed and Peter had finished, and went to the door where they pulled off their disposable gowns and overshoes. Outside, in the body store, they were just talking to Clive when suddenly Dr Mirza uttered a little squeak and, newly found spleen in hand, she rushed across the dissection room and barged into the body store, completely ignoring health and safety. ‘I’ve found it! I’ve found it!’ she cried.

They all recoiled and Ed said, ‘Yes. OK. If you could just take it back into the PM room, please . . .’ Clive nearly fainted. ‘NOT OUT HERE!’ he shouted at her. Even I jumped.

She withdrew, apparently delighted that she had found the spleen and completely unaware that she had done her chances great damage because of the way she had behaved. Clive followed her with the mop, cleaning up the blood splatters, shaking his head and mumbling, ‘Not a bloody clue; all brains and no bloody common sense.’

By the time the candidates had gone, the bodies had been reconstructed and returned to the fridge, the surfaces had been cleaned down and everything mopped and dried, it was after three o’clock and none of us had had a lunch break. Two PMs which would normally have taken three hours had taken closer to seven. Clive was in a bad mood because he likes his routine and doesn’t take well to having things disrupted. Over coffee, he kept on and on about how much trouble trainee pathologists were, and how things were going downhill. ‘Would you want your nearest and dearest PMed by one of those two?’ he asked Maddie, who shook her head. ‘Not a chance,’ he continued. ‘I wouldn’t trust the dumpy one to find her own backside with the lights out, let alone a cause of death.’

Maddie said timidly, ‘Everyone has to learn.’

Clive was taking no prisoners, though. ‘Some people can’t learn. Some people are untrainable.’

If we thought that by saying nothing we would calm him down, we were wrong. ‘And they’re getting so precious now. Do you know, we had one chap who refused to do autopsies if the body was too fat or a bit decomposed. Even got a bit of paper from the Royal College of Pathologists to back him up. Bloody disgrace. Supposing everyone did that? It’d be chaos; complete chaos . . . What if we started to refuse to do the unpleasant ones?’

And so he went on until four thirty came and we could escape. Maddie and I went for a drink because we reckoned we deserved one, or maybe three . . .
In early November Luke and I, together with Ed and my brother Michael, had a weekend away at the rugby. Ed and I had discovered that we were both huge rugby fans, and we had got hold of some tickets to see England take on the Pacific Islanders in one of the autumn internationals; it was the first time I’d ever been to ‘HQ’, which I later learned was the insiders’ name for Twickenham. I had only truly got into rugby by watching the Six Nations earlier in February that year, but was hooked straight away and was still a bit unaware of the terms the diehard fans used. Ed, who had been before, waxed lyrical about how impressive it was and what a fantastic occasion it would be, especially as England might even win, and I have to admit, I was blown away when we turned the corner and Twickenham stood in all its glory in front of me. Michael, who is not the greatest of rugby fans (and I’m sure Luke would rather have been at the football), was really just along for the jolly, but I knew neither of them would spoil the party. They are very similar in the way they are quiet and easy-going, and just rub along with whoever is around; they also both have a really dry wit which only becomes apparent when they have got a few beers under their belts.

Because Ed lives out of the town, it was agreed that he would drive, calling in early to pick us up. Luke and I had had a party the night before to celebrate something or other at our local pub, and only rose about twenty minutes before Ed arrived, true to his word, at nine o’clock on Saturday morning. After a quick cup of coffee, we set off in good spirits, all dressed in England shirts, apart from Michael, and all keen on one thing and one thing only, that we were going to have a good time. Halting for a quick refreshment stop at a service station near Swindon, we made it to Twickenham in a little over two hours. We had rooms booked at a small hotel in Richmond which Ed’s satnav found without difficulty; it wasn’t exactly a five-star luxury job – in fact, it was pretty dire, what with plastic headboards and dodgy carpets – a fact that was reinforced in no uncertain manner when Luke and I first went into our room and there was a strange little man sitting on the bed with his shoes off, bed unmade, apparently making himself at home. He soon skedaddled, but it was a rather unsettling experience. Luke mentioned this to the owner when we went back to reception, and he was as bewildered as we were.

With our bags stowed in our rooms, we assembled outside the hotel with the receptionist’s instructions regarding the nearest pub fresh in our minds. It proved to be a charming, typical London boozer and we settled down to pass the next hour or so by putting the world to rights and boosting their profits a little. What amazed me was the number of England shirts that came through the door during that time. I felt part of a huge – and very proud – group. At one, after Luke and Michael had visited the betting shop over the way to check out the afternoon sporting action, we called a local taxi firm. What arrived was a highway robber who demanded thirty pounds to take us the two miles to the stadium, a sum that Luke negotiated down to twenty-five; not surprisingly, Dick Turpin didn’t get a tip. At least the real one wore a mask.

The atmosphere as soon as we got among the crowds was better than I could ever have imagined; there was no sense of menace, just one of togetherness and camaraderie and enjoyment, with a lot of families and ankle-biters, most of whom were well behaved. It was past two o’clock by now so we made our way around the stadium, through the gates and up inside the giant concrete stadium. Our seats were on the upper tier, so by the time we arrived we were out of breath and fairly thirsty, requiring a stop off at the nearest stadium bar. Such were the crowds that it took fifteen minutes to get served, but I did manage to sneak through, and so, by the time that we were lagered up and in our seats, the teams were all set to come on to the field.

What followed over the next hour and three-quarters was simply brilliant. England actually managed to win, and win quite respectably, which, together with a top-up of lager levels at half-time, lots of shouting and listening to the various musical instruments belting out ‘Swing Low’, meant that by the time four thirty had arrived we were four happy people making our way down the staircase to the outside and the deepening gloom. We elected to catch one of the free buses back down to the town centre, then looked around, trying to decide which of the many alehouses
would have the privilege of entertaining us. Opting for a large but stylish pub replete with bouncers on the door, we sallied forth and once more settled down to some serious beer talk, surrounded by like-minded, England-shirted punters, discussing the game and our prospects for the games that were forthcoming in the next few weeks. By the time we emerged, it was well and truly dark and we were hungry to the point of famine. Mindful that it would be a good idea to relocate closer to the hotel if we were going to take on board some grub, we hailed another (cheaper) taxi and were deposited in short order in Richmond High Street.

I think it would be true to say that by this time we were all fairly merry and finding a restaurant proved, well, ‘interesting’. I decided that I wanted an Indian but no matter where we looked, there was not an Indian to be found. There were Chinese restaurants (which I hate), French restaurants and Italian ones, but no Indians; I mean, how can there be no Indian restaurants within walking distance of anywhere in this sceptred isle? Ed kept moaning bitterly whenever we walked past most of these, but I was intent on an Indian.

I didn’t get my wish, though. We eventually settled for a Thai restaurant that was close to the hotel, one that Luke pointed out we had walked past three times already. Still, it proved to be a decent place, well frequented and with a very nice menu. We settled down at the table, ordered some wine and then thoroughly perused the menu, while getting warm after the chill of a November night.

Over the next hour we stuffed Thai food. Towards the end of things I began to flag so made my apologies and disappeared back to the hotel bedroom, silently hoping that I was not about to meet another of the hotel’s uninvited guests. I didn’t, and plunged into such a relaxed slumber that not even Luke’s later return could disturb me.

The next morning, I learned from Luke that it hadn’t been long before the three of them decided to decamp to the pub that we had originally frequented on our arrival in Twickenham. There they had had a few shots, spent a while more talking about important and serious issues, and then rolled back to the hotel. Considering, none of them looked too bad when we assembled at reception; they were a bit pale and certainly quiet, but not obviously wasted. We got into Ed’s car and drove out of the hotel car park, then through south-east London, tired but happy. The traffic seemed not too bad until we were nearly at the turn-off for the M4, then we got snarled into some seriously heavy congestion. Ed, who, it appeared, was not a particularly patient driver, began to curse under his breath in loud whispers that the CD player could not hide. ‘Bloody Sunday traffic . . . It’s worse than Saturdays now . . . Sodding Chelsea tractors . . .’

After forty minutes, however, the reason for the hold-up became apparent and we all fell silent. There had been a bad smash-up just past Junction 2 of the M4. One entire carriageway had been closed and, as we drove past the carnage, we saw why. There were four ambulances, two fire engines and at least half a dozen police cars parked around a mess of shrapnel that had once been maybe four, maybe five cars. As if that weren’t bad enough, there were large bloodstains on the tarmac that we all knew were bad news.

The pleasure of the weekend dimmed, overshadowed not by what we saw but by what we could only guess had happened. For Ed and me, it was especially depressing because we had vividly in our minds the kind of injuries that those bloodstains represented, and we knew at first hand the pain that the relatives would now have to endure.

On the way back we called in again at a service station for coffee and a rest, just sitting in the restaurant and making idle chitchat. The joy of the weekend – as good as it had been – was now placed firmly into context. It might be that what we did in the mortuary was unseen by almost everyone, but I now fully appreciated just how important and relevant it was.
In my very first days at the mortuary, it never dawned on me to wonder how the deceased would be removed from us. Totally new to the job, I had never even thought about it. Who would? People die, and how they get to the funeral parlour is something that most of us don’t consider. I certainly did not.

Within my first week I had met several undertakers who had come to collect bodies for their final journeys, and watched how Clive had gone through all the procedures to make sure that he was releasing the right person to the right undertaker, but doing it while chatting away about everyday topics. He made it seem a doddle. As the weeks passed, and I was trusted to release the deceased without Clive or Graham looking over my shoulder, I got to know the undertakers individually and on a personal basis. I became almost friends with many of them and, if not quite the sort of friends that you would socialize with, they were certainly people who you would put on a step above any other outside colleagues.

Because of the small, intimate environment we work in, it is inevitable that this will happen, but it is also extremely useful to have a good solid relationship with the undertakers as you never know when you will need them, and they take the same view. They treat us well (or most of them do) as they too never know when they are going to get a demanding family who want a quickie funeral, in which case they rely on us to turn the paperwork around in as little as twenty-four hours. Since funeral arrangements normally take three to five working days (involving two doctors, the bereavement office, porters transporting the notes and relevant legal forms to us, the body going in and out of the fridge to check identification, and us chasing the pathologists to complete their part of the form – and they already have enough to do anyway), this is a big ask. It means a lot of extra work and grief, a lot of nagging of doctors, and the use of a lot of staff right across the hospital who are tied up with the sick and needy.

So, when I got to know the various undertakers, personalities shone, and some of them shone big time. You have to remember that in this trade we are surrounded by death five days a week, and sometimes seven if you get a bad weekend on call. Respect for the deceased patient is our utmost concern, but for us – the living and breathing in the mortuary – interaction is vital, as it is for any human being. And so the banter began, and the jokes started to creep in; the conversations would become more in-depth, more personal, and most of the undertakers became like old friends. This led me to think about which firm I would use for myself and my family once the time came; one of the few perks of the job is that, more than anyone else, you know where to go to get a decent send-off for your kith and kin. Strange how you accept these things while doing this job, things that nobody else ever thinks about until they have to; I suppose it’s because you come to appreciate that death is the one thing certain in life and just hope that, when the time comes, you embrace it with dignity.

Of course I have my favourites, undertakers who greet us with a smile when we open the door, respect the times that they know we are busy in the PM room in the mornings and not come till we are finished and clean, and maybe stop for a coffee and a gossip in the afternoon. These are the guys that nothing is too much hassle for, and it is for these guys that we will work our socks off to make sure things run smoothly for them. And, likewise, they will do the same for us. If they do need that quickie funeral, they let us know as soon as possible, while certain others will only bother to ring on the actual morning and expect miracles for that afternoon.

It is amazing to sit and listen to the stories of what allegedly went on before the days of CSI and Silent Witness, when people suddenly became a little more aware of what happens when someone breathes their last. Some of the stories would turn your stomach, and I refuse to believe they happened, while others are just downright hilarious.

I recall one afternoon when, releasing a deceased patient to an undertaker, I commented that I had not seen his colleague for while. He then proceeded to tell me how his colleague was on a funeral a couple of weeks back, and had had the duty of picking up the next of kin from the house to follow the coffin, which had been in the same house overnight. It so happened that he did not have to leave the stretched limousine to collect the family, as they dutifully
filed out of the house when he pulled up and no one thought anything of this. As soon as the family had entered the limo, he had driven them, as instructed, behind the hearse to the crematorium at a very slow, very respectful pace. All was well and good, and there was no reason to suspect anything untoward. On reaching the crematorium, though, he was required as part of his duty to get out of the driver’s seat and open the door for the bereaved family to enter the church. He never got that far because, as he opened the driver’s door, he at once fell out, face down on the concrete, not even leaving the seat, but almost oozing out of the limo. And that was where he stayed, eating dirt, as drunk as a skunk. Nobody had realized his state because he went straight to the garage from home to collect the limo; when he drove the family the screen was across so they couldn’t smell the alcohol on his breath, and the hearse was going at such a slow pace that no one could tell that they were being chauffeured by someone who, as it turned out, was completely legless. These factors, plus the fact it was a funeral – a day of total respect and a celebration of life – meant that no one had even the faintest suspicion that he had spent the night before and much of the morning emptying a whisky bottle down his neck. Needless to say, he was not in employment any longer.

I’d guess that most of you have heard stories about undertakers. The tale about the beautiful coffin that cost hundreds of pounds because it was made of solid oak or beech, only the bottom fell out (along with the deceased) when they lifted it because it was made of thin, cheap plywood. Or the one about the undertaker who forgot to mention to the bereaved parents of a child that the doctors had waived all the cremation fees and charged them nonetheless. Or even the one about the undertaker who cremated the wrong body . . .

Clive swears that such stories are true, but I don’t know; he likes a good tale, does Clive. Most of the undertakers that come to collect the deceased from the mortuary are good, loyal, hardworking people with normal lives, and take the job in their stride. They are immune to the environment that we work in and, like most technicians, they are fazed by very little. Of course there are those who are only in it to make money and who are less considerate than we would expect or wish them to be, but the families are not paying us for this service and it is not for us to quibble.
It was clear to us all that Martin Malcolm Best had not been the luckiest of souls, but he must have been a game old boy. At the age of seventy-seven years, he had accumulated an impressive number of operations and chronic medical conditions. When I stripped him as he lay on the dissection table, his body resembled a map of the London Underground due to the number of scars he displayed, a testament to the wonderful care that the NHS can give us all. Both of his legs were wrapped in thick bandages that I knew Ed would want me to unravel; when I did so, I nearly gagged into my mask because the feet were horrible. They were swollen and looked like they’d originally belonged to an elephant, only it was a sick elephant, one with a dreadful skin disease, so that they were covered in disgusting brown polyps and there were ulcers on the tips of his toes. They stank, too, which made my stomach contents even jumper. He was short and looked just plain ill.

Each of his ears carried a hearing aid, too.

All of this was interesting, but even I could see the thing that might have offed him; on his right forearm was a deep cut. This had been partly sewn closed but a goodly proportion of it was gaping open. I took a peek; it seemed to go down to the bone.

When I did his evisceration, there was even more evidence of how much poor Mr Best had required the services of the medical profession throughout his life. He had had heart surgery: veins had been stripped from his leg and sewn around his heart to replace the native arteries (a Coronary Artery Bypass Graft, known in the trade as a ‘cabbage’) – an operation that I knew was a major piece of surgery. Not only that, I also found that he had three kidneys; two were in the usual place (looking to me a bit sick), but there was another tucked nicely into the left side of the pelvis. I knew from what I had learnt from Clive that this was a transplanted kidney, and it had been doing all the work since it had been put in.

I hadn’t seen the paperwork and didn’t know the circumstances of Mr Best’s death so, apart from the cut on his arm, I had no clues. Ed said nothing while he performed the post-mortem so it was only when we were sitting in the office downing some coffee that I learned the truth. Clive asked, ‘What was the cause of death, then?’

‘As expected, he haemorrhaged to death.’ He bit into a chocolate digestive. ‘Hardly surprising since he was found sitting in his wheelchair surrounded by a huge pool of blood.’

Full of curiosity, I asked, ‘So how did he get that cut on his arm?’

‘Apparently,’ he explained, his face completely serious, ‘Mr Best was not a man to be discouraged by the blows that life had dealt him. He might have been suffering from serious heart disease, had a renal transplant, be completely deaf and so blind that he could only make out vague shapes, and he might have been confined to a wheelchair, but that didn’t stop him continuing to do what he’d always done in his spare time. He was a keen woodworker.’

I thought for a moment that I must have misheard. ‘Woodworker?’

Ed nodded solemnly, while Clive chortled to himself and shook his head slowly. ‘He was really serious about it, too.’ The chocolate biscuit disappeared and there was a pause while he trawled in the tin for another one. ‘He had his own circular saw . . .’ he said, his head still down.

‘My God,’ I burst out. ‘He couldn’t have done.’

‘Oh, yes, he could, Michelle. Quite adept at using it, too. Unfortunately one of his friends came to call while he was using it and surprised him. That was how he got the cut. His friend took him to Casualty where it was sutured closed and he was kept in for a day or two. He returned home, refused all social services, and was intent on carrying on as he had always done.’

‘So what happened?’

The police reckon that he was reaching up into the fridge to get some milk for tea. The act must have stretched the stitches too much and opened the wound up. The saw had cut through the radial artery so once it was open again,
he would have bled to death pretty rapidly with no one to help him.’

I winced.

‘Everyone has to have a hobby,’ observed Ed, shaking his head, ‘but even so . . .’
There was only one occasion on which everyone in the Department of Cellular Pathology – the histology staff, the cytology staff and the mortuary – met together and socialized and that was the Christmas party. Apparently, this sometimes took the form of a disco or cabaret but, according to Clive (who had strong views on the subject), the only time it was worth going to was when there was a decent nosh-up in a nice restaurant. This year it was to be in Number Sixteen, a restaurant that he approved of, often taking his wife, Sally, there. It was to be held on a Wednesday night in early December because it had been booked late; husbands, wives, boyfriends and girlfriends were not invited, the exception being the consultants, who were paying for it all. Graham had been invited and had accepted, which surprised quite a few in the department.

As was usual when going out with Clive, we changed at work and went straight on to the nearest pub for a few liveners, where we met up with Graham. He looked well, although he was limping badly and walking with a stick. He had a grin you could fall into for Clive and me, but I thought he was a bit off with Maddie, and I couldn’t help but notice that he kept ignoring her when she spoke. During the first part of the evening, Clive explained the way these events usually went.

‘You see, you have to understand, girls, that we might all be eating the same grub in the same room on the same night, but we’re not really eating it together.’ Graham chuckled and nodded at this. Clive went on, ‘The histology technicians mostly sit together, the cytology technicians likewise, the secretaries huddle in their own group, the consultants that choose to turn up usually talk amongst themselves, and then there’s us. Nobody wants to talk to us.’

‘Except Ed Burberry,’ pointed out Graham. ‘He always makes an effort.’

Clive nodded. ‘Except Ed.’

I’d been there for nearly nine months now and was beginning to understand the way things went, especially because, knowing her as I did, Maddie had given me the low-down on some of the characters upstairs in the lab, and how they looked down on us because of what our job entailed; they seemed to think that anyone who works with the dead must be weird, forgetting the fact that we care greatly about what we do and that we provide a good service for the next of kin.

Clive said, ‘Part of the fun is to be as nice as you can to them. Go and sit at their tables and chat with them; doesn’t half make them uncomfortable. We know that we do a bloody good job, but they don’t know what we really do, so it’s fun.’ I must have looked a little worried about all these undercurrents, but Clive reassured me. ‘Don’t worry, Michelle. The grub’s free and the wine’s pretty pukka. Anyway, by the time we get there, hopefully you won’t care much anyway.’

The restaurant was cozy and warm, with low lighting and comfortable chairs. The department would fill the place, so we didn’t have to worry about disturbing other diners. As Clive had predicted, by the time the four of us turned up, we were just about mellow enough not to be too bothered by some of the glances that were thrown in our direction. We sat at one end of one of the tables and immediately dived into the wine. The place soon filled up as Clive had predicted, with each work group sitting together. Ed and his wife, Anne, were late and sat with us.

The service was good and the food delicious. Graham kept hobbling out for a smoke and I joined him on a couple of occasions, but we all spent most of the time listening to Clive. Any form of communication offered by Graham throughout the evening was aimed at Clive and me, completely ignoring Maddie, but she didn’t let this get to her. During the evening, Clive got mellower and mellower, and began to talk about some of the people he’d worked with over the years. Ed, who hadn’t been there as long but knew a lot of them, joined in as and when.

‘Mitch Jones was before your time, wasn’t he?’ he asked Ed. Ed nodded. ‘He used to be one of the consultants
here in the old days; that was when things were a lot more relaxed.’

Graham chuckled at this and nodded enthusiastically. ‘He was so relaxed he used to fall down a lot.’

Clive explained, ‘Mitch arrived pissed in the morning and just got more rat-arsed as the day went on. When he did a post-mortem, he’d be smoking a fag which he’d rest on the side of the dissection table while he worked. Health and Safety would have had a fit. Couldn’t really do the job properly half the time. Got so bad he used to hide the slides from the cases that he found too hard in his desk drawer next to the bottle of whisky. When he retired, what with all the empty bottles and those slides, there was more glass in his office than in Pilkington’s factory.’

Graham said, ‘Least he was a decent bloke. Not like Dr McDougall.’

Clive shook his head. ‘That man was a complete bastard,’ he told us. ‘I haven’t got a good word to say for him.’

Ed’s wife asked, ‘Why?’

‘Didn’t like anyone, as far as I could tell. Some disgusting habits, too. Used to write the organ weights in blood on the walls, until I bollocked him about it. Never forgave me for that. He crossed me right off his Christmas card list.’

Ed said, ‘Tell them about Dick Romney.’

Clive sighed happily. ‘Good old Dick. Thin as a rake, he was; I used to worry when he had a shower in case he stepped on the plughole and fell through.’

‘He had a shower once, all right,’ Graham chipped in.

‘That’s right, he did, didn’t he?’ Clive laughed. ‘He was getting the kidneys off the pluck once when he stuck his finger through this big renal cyst filled with urine. Shot right into his face and soaked him; he swallowed some, too.’

Anne Burberry made a face, as did Maddie. Clive went on, ‘Never drove above forty miles an hour, even on the motorway, because of all the car crashes he’d had to look at.’

‘Don’t forget the trousers,’ put in Ed.

‘God, yes, the trousers!’ At our blank looks, Clive explained. ‘Never changed his trousers; he must have worn the same pair every day for ten years. Got so that they could stand up on their own. You learned never to look below his waist because of all the odd stains.’

We were laughing so hard at this that we were getting some looks, but no one minded much by then and the conversation moved on to some of Clive’s old technician colleagues. ‘When I first started here, I had to work with Alf and Bert. Alf wasn’t too bad – a bit like a caveman, but able to do the job when he could be bothered – but Bert was something else. He was the stupidest man who ever lived; couldn’t tie his own shoelaces and had to stop walking whenever he let one rip. He was married to a Thai woman and everyone but Bert knew that she earned some pocket money on her back with her legs akimbo; he just thought she was careful with the housekeeping. He used to go on regular holidays to Thailand on his own with just a change of clothes in a carrier bag; he’d come back and spend the next six weeks giving employment to the clap clinic staff.

‘He and Alf used to get up to some outrageous scams. I know for a fact that they used to eviscerate the bodies the night before and leave them out; sometimes, on hot summer nights, some of them started to go off’ Clive turned to Maddie and me sternly. ‘Don’t ever do that, girls. Not bloody professional. Not bloody professional at all.’

Ed said, ‘They used to get the organs mixed up, didn’t they?’

‘Nothing was ever proved, but people did wonder . . .’ He shook his head. ‘Bert finally left when he hatched this cunning plan to get his pension and carry on working. It required him to resign, stay off work for a couple of months, and then get his old job back. Simple really, except that it meant asking Alex McDougall, then the head of department, to re-employ him, and he refused.’

Listening to all this, I was amazed at how life must once have been in the mortuary. It seemed to be much more regulated and controlled these days, something I thought could only be for the good. At least, though, it made the evening fly past and, what with the wine and the food, it was a brilliant night.
THIRTY-SIX

Ed and I were having a beer evening, something which we had taken to doing on odd occasions since becoming good friends. As we sat in the Cross Keys in the early evening after work, he supping a lager shandy and I a diet Coke (without ice), we tried to put the world to rights, or at least to our sort of rights. I suppose it’s our way of de-stressing, as there aren’t many people on the same wavelength in this type of job. The day ought not to have been hard – only two autopsies and neither of them messy or emotional – but it had not been straightforward.

Ed said, ‘The thing is, Michelle, both of them basically died of drinking too much.’

‘I thought you’d told the Coroner that you couldn’t be sure why either of them had died,’ I replied.

‘I can’t prove it yet, but I think both of them died of overdoing the bottle, only in different ways.’

He finished his shandy and looked around him. ‘No good for you, this, ethanol.’

Mr Alfred Norris was well known about the town; as soon as he saw the name, Clive had said, ‘I bet that’s Fred. Did you ever see him? Bet your dad knows him, Michelle, he used to hang about the park, muttering and moaning to himself. Usually had a bottle of sherry or, if he was really lucky, Special Brew in his hand. If he caught anyone looking at him, he’d quite likely turn on them, but he would always be too wasted to get up off the bench to do anything; there was no real harm in him.’

When Clive opened up the body bag and we saw the grubby, unkempt little man, I certainly did remember him. Dad had often had to turn him away from the pub because he was bothering the other customers and one time he actually lost control of his bowels in the back bar. The smell had been vile and hung about for days, so Dad was not pleased, as you can imagine. I saw from the information supplied by Bill Baxford that he had recently been living at a hostel for the homeless not far from the hospital, but had just been thrown out for stealing from the other residents. I wondered what had happened in his life to lead him to such a state. He had been found in the park in the early morning, lying on a bench. I was actually surprised that he had lived so long after the incident in the back bar. That was ten years ago, and he had certainly smelt very unwell, so I had been sure he was on his way out even then.

The other post-mortem that day was on Mrs Jennifer Bartram, who had lived in a much nicer part of the town, in a small town house. She had been a prominent member of the local community, a school governor at one of the better local schools in the area. She had not been seen for over a day when her neighbours became concerned because she had missed a dinner party with them. The police had attended, found the house secure and then broken in. They had found her in bed, but fully clothed. On the bedside cabinet was an empty bottle of gin and another was found in the kitchen. There were a few empty bottles of sherry around the place, too.

Maddie said, ‘So she liked a tipple, too.’

Clive said, ‘Looks like it. You can never tell.’ Then he added, ‘Bloody awful stuff, sherry, though – it should only be used for cooking, girls – but gin’s something else. I don’t mind a good G&T now and again; got to be a decent one, mind.’ Clive and Ed nodded in agreement while Maddie and I made faces and muttered about how both our mothers had warned us individually about ‘mother’s ruin’.

I was fairly certain that I would find a very ugly liver when I came to do the evisceration on Fred Norris, so it was something of a surprise when I exposed the abdominal organs and the liver did not have the look that I had come to know was cirrhosis. Ed and Peter had taught me about cirrhosis – that it is basically scarring of the whole liver with the formation of thousands of tiny nodules where the liver tries to renew itself and I have to say, it is one of the things that turns my stomach in the PM room, because it does look so abnormal it is horrible. But this liver was huge and pale yellow, and very, very smooth. As soon as Clive saw it, he said, ‘An expensive liver, that.’

By this he meant, as I have subsequently learnt, that you had to spend a lot of money on alcohol to achieve it but,
not knowing this at the time, I asked, ‘What’s up with it, then?’

‘It’s a fatty liver.’

Ed came in at that moment and said at once, ‘Pâté de fois gras! My favourite.’

I continued to eviscerate the body. The smell of alcohol was still strong; it is almost a rotten fruity smell, like rotten apples. I handed the organs over to Ed. The liver weighed nearly two and half kilos, twice as much as normal.

‘Why has his liver gone like that, Ed?’ I asked.

‘It’s a sign that the liver isn’t working normally. Alcohol can do it, but so can diabetes; and obese people may have similar changes.’

‘Is it related to cirrhosis?’

‘Not always, Michelle,’ he said, shaking his head. He looked across at Maddie. ‘You could do with listening to this as well, Maddie.’ She moved in closer. Ed and Clive had been talking about the fact that we needed more anatomy training now we had mastered the day-to-day events in the mortuary and this, I felt, was the beginning. I think Maddie, though, thought it was a dig about our boozy weekends every now and again.

‘The amount he apparently drank, I’m surprised it isn’t cirrhotic,’ Maddie said.

Ed shrugged. ‘Livers vary. Some can take a hell of a lot of punishment, others can’t.’

‘So what did he die of?’ Maddie and I sounded like a Dolby stereo as we spoke at the same time.

He shrugged again. ‘I don’t know yet.’

For the next thirty minutes he dissected out the organs as Maddie and I peered over his shoulder and Clive whistled in the background, and then, when I had weighed them, Ed looked at them in more detail. He told us what he found as he went along. ‘Sooty lungs with some emphysema – there are bad nicotine stains on his fingers, so I think we can exclude a life spent down the mines, it was more the fact he smoked like a trooper . . . the heart’s not big and there is only a moderate amount of furring up of the arteries due to atheroma – alcohol sometimes seems to wash it away, curiously enough . . . Now, that’s interesting . . .’ Something took his eye.

‘What is?’ I asked.

He pointed at the pancreas. ‘See those dots? Petechial haemorrhages. He’s got them on the pericardium.’ This, I knew, was the sac that the heart sat in, like a protective pouch. Clive had taught me that almost from day one. ‘Also, look at his stomach. See those red areas?’ I nodded. ‘Wischnewski spots, they are.’

I admitted, ‘I never heard of those, Ed.’

‘What was the temperature last night?’ Ed asked, turning to Clive

Clive, who always knew things like that, said at once, ‘Went down to minus five at my place.’ We all knew it would be a couple of degrees warmer than that in the city, as Clive lived out in the sticks.

‘Thought so. I’d say that this poor sod went to sleep – probably the worse for wear – and woke up dead from hypothermia. We’ll do full tox, but I can’t find anything else that might explain it at the moment.’

And so he moved on to Mrs Bartram. She was a large lady, although not as obese as many we get through the double red doors. Her clothes, as Maddie had removed them, looked expensive and there was a hint of lavender about them, and her cashmere blanket was still with her. Maddie’s evisceration had revealed a liver that was similar to Fred Norris’s – big and pale – with no sign of cirrhosis. Once again, Ed’s dissection of the organs revealed no convincing reason why she might have died; he could see no significant heart disease, nothing in the lungs, and the brain was fine. There was no evidence of trauma and none of the signs that he had seen in Fred Norris of hypothermia.

‘Full tox, please,’ he asked Maddie when he had finished.

‘Already got it, Dr Burberry,’ she replied. She then asked, ‘So why do you think she died?’

He replied straightforwardly, ‘Well, at the moment, all I can say with a fair degree of certainty is what she didn’t die of. I don’t think she died of heart disease or lung disease or kidney disease, or of anything wrong with her brain, although I’ll have to check all that by taking samples for microscopy. I can’t see that it was hypothermia – she was found at home, and the house was probably well heated. There’s no sign of trauma, either.’

‘So, she drank herself to death?’ suggested Maddie.

He thought about this. ‘That’s possible, and she does smell of alcohol, but acute ethanol poisoning is quite rare and, if it’s an experienced drinker, needs a fantastically high alcohol level – I’ve known cases where people have six or seven times the legal limit for driving in their blood, and they’re still walking around, far from pushing up daisies.’

‘Then why’s she dead?’

‘Well, if I can find nothing else to have done it, I’ll have to assume that it was SUDCA.’

She threw me a look and I shrugged my shoulders back to her. I had seen cases of this before and knew what Ed was talking about, but it wasn’t my place to explain to her so I played dumb. He continued, ‘Sudden Unexplained Death in Chronic Alcoholism. Some people who drink a lot for a long time just drop down dead.’
Maddie, who had had a skinfull the weekend before and had come in on Monday morning looking like she’d spent the night in a tomb, looked slightly alarmed. ‘Why?’
‘No one knows. It might be ketoacidosis, it might hypoglycaemia, it might be asphyxia due to an epileptic fit.’
‘So how can you prove that’s what it was?’
He smiled. ‘I can’t. If there’s nothing else that might have killed her, then I have to make that assumption.’
She frowned. ‘That’s not very good.’
He laughed. ‘No, it’s not, Maddie. Sometimes, death is just as unsatisfactory as life.’

In the pub, after Ed had got our second and last drinks, he said, ‘The thing about alcohol is that everyone assumes it kills you just by causing cirrhosis, but it’s a lot more subtle than that. Cirrhosis is bad, believe me – it alone can cause gastrointestinal haemorrhage, liver failure, kidney failure, or brain toxicity – but that just touches the surface. Today we’ve had a case where it killed someone because they spent the night out in the open – alcohol causes dilatation of the peripheral capillaries and increases heat loss – and someone who almost certainly had a huge binge and then died as they started to sober up. It can cause acute pancreatitis, heart disease, cancer and dementia.’ He paused. ‘You know, one of the first cases I did when I came here was a young chap who went out on the lash, took a shortcut across the park and saw the last bus just turning the corner up ahead. In order to run to catch it, he jumped over a low wall. It was only about two foot high – on his side. On the other side, there was an eight-foot drop to the pavement. He broke both ankles and smashed his skull. He had five times the driving limit for alcohol in his blood.’
‘Scary stuff I said.
He shrugged. ‘You’re going to die of something,’ he pointed out. ‘Even teetotallers drop down dead unexpectedly – in fact, they’re more likely to do so than people who drink in moderation. So really, it’s not all bad. You need something to ease the rigours of the day, but everything in moderation, Michelle.’
‘Thank God,’ I said, thinking of the glass of Merlot I was planning to pour down my throat that evening while Luke cooked my supper.
Mrs Georgina Dellaway was a seventy-eight-year-old woman who had three daughters and, between those, eleven grandchildren and three great-grandchildren. When I first saw her, she looked like a nice kindly old lady with a smile on her face even though she’d been shut in the fridges over the weekend. She had been a school dinner lady for most of her working life, becoming a lollipop lady when she retired.

She was the last person you would expect to blow something up, but blow something up she did.

To be fair to Mrs Dellaway, it wasn’t entirely her fault because poor Maddie had a hand in it too.

Mrs Dellaway died on the ward in the hospital and everything seemed straightforward, so no one had any idea what was going to happen. She had apparently come in short of breath and the doctors had diagnosed a chest infection. They had started antibiotics but she also had heart disease and this had got worse. After two days, the doctors had called in the daughters and told them that the situation was hopeless. They had all agreed that the best thing was to let their mum go peacefully; active treatment had been stopped and she had been allowed to die in her sleep three days later, then coming into our care.

They knew the cause of death and a death certificate had been written by the doctors, stating that Mrs Dellaway had died of bronchopneumonia with ischaemic heart disease as a contributory factor. The family decided that they would like her to be cremated and, in accordance with the law, cremation papers had to be filled out and signed; as far as the hospital staff are concerned, this means that one of the doctors who looked after the deceased certifies that they are happy the death was natural, and an independent but experienced doctor then makes inquiries to ensure this is, in fact, the case. Sometimes this whole process can be protracted – the next of kin may even complain to the Trust chief executive – but in the case of Mrs Dellaway there was no problem at all. Everything sailed through.

Accordingly, just two days after her death Mrs Dellaway was picked up by the undertakers, and, as far as we were concerned, we had done our job and done it very well. She had left our care and we moved on to others.

We found out fairly quickly that Mrs Dellaway had exploded in the crematorium. Clive, Maddie and I were sitting in the office at about three o’clock the next day, just having got the dissection room clean after three PMs and Peter Gillard spraying blood about like air freshener, when the phone rang. Clive answered and was very soon holding the phone away from his ear because whoever it was was giving him a right royal bollocking. He looked across at us as this was going on and the expression on his face told me immediately that serious shit was happening. Eventually, he managed to squeeze a few words in. ‘Look, I’m really sorry, Dave . . .’ Dave Mansard, the manager at the local crematorium, hadn’t finished, though. As Clive held the phone away from his ear again, we could hear for ourselves that Dave was not the happiest of bunnies.

Eventually, Clive put the phone down and his face told of someone who was seriously out of sorts. With barely contained anger he asked of Maddie and me, ‘Who checked out Mrs Dellaway?’

‘It was me, I think,’ said Maddie nervously. ‘Did you follow the protocol?’ he asked. His voice was dangerously calm.

‘Of course,’ replied Maddie at once, and full of confidence.

‘Then would you mind explaining,’ asked Clive, ‘why she just exploded and did God knows how much damage to the crematorium?’
fire of the crematorium doesn’t touch them; they’re left among the ashes to be retrieved by the crematorium staff. Pacemakers, though, are different. Pacemakers, when heated to the temperature of the fires at the crematorium, explode, and it’s not a muffled little affair, either. They go BANG and will easily damage the walls of the furnace. Not only that, but can you imagine the distress of the deceased’s nearest and dearest when, just as they are filing out of the chapel saying their thank-yous to the vicar, there is a loud explosion, the ground rocks and things fall off the walls of the vestry? Not surprisingly they are perturbed and, when they discover that Uncle Alf hasn’t so much been cremated as splattered all over the shop, they are upset.

So it’s important that pacemakers are taken out before they go to the fires. The cremation papers specifically ask if there is a pacemaker (and, if so, has it been removed) but it is usually down to us to do the actual business of making the incision and winking the thing out. In the case of Mrs Dellaway Maddie had forgotten to do this, and so she had gone out with a bang rather than a whimper.

Actually pacemakers cause us a lot of trouble in the mortuary in other ways. In the old days, all pacemakers were just harmless little things about the size of a box of matches; they’re usually put in just under the skin in front of the left shoulder, with a lead going from there into the heart, and they’re accordingly easy to take out. All these ones do is send a regular, small electric shock to the heart to make sure it keeps beating. Nowadays, more and more of them are sophisticated and actually sense what the heart is doing; if it stops, they will deliver a large electric shock to restart it. From our point of view this presents a serious problem: in order to get the pacemaker out, we have to cut the leads to the heart, and the bloody thing interprets this as the heart stopping, so we get the shock. Some mortuary staff have been severely injured. The cardiac technicians have to come over and wave a special wand over them to switch them off, and if this is not picked up on and the leads are cut, you may need an ambulance on stand-by.

Telling which are the ordinary ones and which are the lethal ones is becoming harder and harder, so every time we take out a pacemaker, we tend to utter a silent prayer to St Dismas, the patron saint of mortuary technicians.
Christmas in the Williams household has always been a big deal. When Michael and I were children, it was a strict rule that no matter what time we woke up in the morning, be it five or eight thirty, we were not allowed downstairs until our parents woke and took the lead. Right up until our early teens, before we both discovered alcohol and Christmas Eve on the town with our friends, Michael and I would always abandon one of our bedrooms and share the same room on the night before, and wait and watch for Father Christmas. This process usually involved one of us dragging the mattress across the landing to whoever was occupying the bigger room, and it was the only night of the year we would be granted Mum’s approval for this act.

Dad would always go first down the stairs when my parents woke on Christmas morning. He would open the door to the lounge and, guaranteed every year, would turn to us both and say, ‘Sorry, kids, he’s not been,’ his face looking disappointed. And, again, up until our early teens Michael and I fell for it every time. As our faces dropped while we sat on the bottom of the stairs, Dad would open the lounge door slowly to reveal the whole room overflowing with presents. An armchair each piled high, with plenty surrounding the floor around them.

Michael and I might now be grown up, with our own homes and lives, but it’s as if it has been ingrained into us unconsciously that Christmas Day needs to be spent with each other as a family. Around about November each year, Mum asks us what we have in mind for the big day, if anything, and tells us earnestly that she doesn’t mind if we have plans to spend Christmas Day elsewhere. ‘Dad and I don’t mind at all,’ she always says. ‘We can see you before or after, it’s not a problem. We know you’re grown up now.’ I wouldn’t have things any other way, though, and even Michael will spend the day away from Sarah his girlfriend, while she is with her parents (although his mobile, guaranteed, will be going non-stop during the day, and she will always happily join us for the evening). Luke and I share our families; his being larger than mine, we are able to spend Boxing Day with them without feeling we have left anyone on their own.

When Mum had initially mentioned Christmas in early November, my first thought was to wonder, Am I going to be on call? As much as I cared about the mortuary and its patients, this was the last thing I wanted. Being on call meant no participation in the champagne breakfast, staying on soft drinks in the local pub for the customary two hours it would open in the morning, one glass of wine with Christmas dinner to toast the day, and being the sober hostess for the evening while all the family and friends arrived and tucked into the spirits cabinet. I fully admit, I cringed at this thought. In my old job, if I had to work – and as I organized the rotas, I had an advantage – I would make sure that I was on the night duty Christmas Eve, which no one wanted to work anyway, with a finish at seven in the morning Christmas Day, so the whole day was free; or, if not that, then the early shift with a two-thirty finish Christmas Day, ready to catch up with the festivities in the afternoon.

Clive was not overly impressed when I had asked him about the on-call over Christmas, and I fully understood that he must have had an absolute gulf of doing it over the years. He started to tell me about how he had been called in for a forensic post-mortem at 6 p.m. one Christmas day, and that he had brought his pudding with him, along with a paper hat, cheese and biscuits, and a cigar, and had enthusiastically partaken of these in the office while he was waiting for the police to arrive. My spine ran cold at the thought of this happening to me, but I also felt I could not let him down, and that he half expected me (all right, three-quarters expected me) to take the stand this Christmas. With Graham no longer around as a working body, and Maddie fairly new on the scene, I knew I was trapped and the responsibility was going to lie with me.

Maddie had yet to arrive for work, because she had an appointment that morning and was not going to be in till a couple of hours after our normal 8 a.m. start. With no PMs that morning, Clive and I sat in the office, me with a face that could sink a battleship at the thought of working Christmas Day, and Clive reminiscing about Christmases past, almost like a modern-day Scrooge. Always pleased to see Maddie, I cannot explain the feeling of relief when she
walked into the mortuary late that morning. Clive continued with his Scrooge impression and Maddie gave me that ‘What is he on about?’ look as she sat down. Clive must have seen this, as he started to repeat his stories to Maddie about covering the mortuary over Christmas. I could see that Maddie could read the pain on my face and she interrupted Clive confidently. ‘So who is supposed to be covering this year?’ she asked brightly. The room went silent; I was not about to offer my time, and neither was Clive.

‘I haven’t yet done the rota,’ Clive replied. ‘As Graham’s no longer with us, I need to think about things carefully.’

What came next out of Maddie’s mouth was music to my ears. ‘I’ll do it. I hate Christmas. As long as somebody is willing to cover New Year’s Eve and Day, I’m happy to do the Christmas period cover.’

I wanted to jump out of my seat and hug her. Clive’s response was not as swift though, until I reminded him that I, too, had only been with them a short time when I took on the responsibility of the out-of-hours service. And the fact that I then said I would support Maddie in any major problems over the festive season probably clinched the deal with Clive and he agreed since this took him out of the equation completely. Total and utter relief on my behalf.

I knew Maddie would not be in contact with me on a work basis unless it went completely Pete Tong, and this doesn’t happen often as the dead, despite rumour to the contrary, do not go anywhere.

So, Christmas Day arrived, and Maddie did ring early, but only to wish us Merry Christmas. I invited her to join us at my parents’, but she had her mind set on staying in and wasting the day. Maddie was a huge learning curve for me: I think it seemed so odd that not everyone celebrates Christmas. We don’t exactly do it in a religious way, for the reason that the Christian churches believe it should be celebrated, but I was not about to argue with the public holiday and the sense of family love it gives us.

Luke and I, again dressed in our Sunday best as has always been the norm when it comes to the Williamses on Christmas Day, walked to my parents’ with the dogs after our short morning together enjoying each other’s presents and breakfast at home. We settled Harvey and Oscar on the sofas once we arrived, then waited (as usual) on Michael arriving while the dogs were teased by Dad for the ‘doggie antlers’ they were wearing. We then all attended the local pub on my parents’ estate. Just as we started to get into the Christmas spirit the pub called time and we returned to the dogs, who had taken up residence in the kitchen at Mum and Dad’s house thanks to the smell of the turkey and beef coming out of the oven. Then, as on every other Christmas Day, we amused ourselves with games, these days DVD interactive ones which have taken over from the old board games. But, as ever, the playing cards and dominoes came out at some point. Dad won every one, as per tradition, but not without strong competition from Michael and Luke. We were then interrupted by the one and only Mrs Williams presenting a fantastic traditional Christmas dinner.

This devoured, the table was cleared, then there were more DVD games for a while, before moving on to music at about six o’clock as other family and friends began to arrive. It usually turns out that at least fifteen people pass through my parents’ door on Christmas Day alone. Mum always makes sure that she has enough food for a cold buffet to feed everyone. It was going just as it should do and, I suppose, going too well.

My mobile rang. When I looked at the screen, I saw that it was Maddie and I knew at once that there was trouble.

‘Yes, Maddie?’

She sounded devastated. ‘I am so sorry to be bothering you, Michelle . . .’

My heart, hovering somewhere about the level of my knees, dropped to the soles of my shoes. ‘What is it, Maddie?’

‘There’s a forensic. A young lad’s been knifed in Whaddon and he’s high risk.’
I had to get a taxi to take me to the hospital because Luke was a little too far gone to drive and I couldn’t blame him; I have to admit to being slightly frayed at the edges myself as I sat in the back of the taxi and cursed my luck. It was costing megabucks, but I hoped that Ed would swing it for the Trust to pay. I felt mighty low, what with being dragged away from the celebrations and sitting in the back of a smelly taxi, probably on a dried sick stain; the driver was none too chatty either; seemed to think he was doing me a favour. I thought, Should have turned my phone off, but I knew that I would never have done that to Maddie.

She was in a right state when I arrived. The forensic pathologist, Nick Jones from Cardiff, had already arrived and wanted to get going double quick, and poor Maddie had gone into a bit of a meltdown. She had only done two forensics before but never a high risk one (for which two people are needed anyway). I took charge at once, finding it surprisingly natural. I put on scrubs and told her that I would act as the technician while she would be the runner. She didn’t argue and immediately looked relieved.

When I entered the dissection room, I began to understand why she had been so nervous, because for this particular forensic the whole shebang was there — enough police officers to control a riot, SOCOs, two Coroner’s officers and, I was astonished to discover, the Coroner himself. That was unheard of and I began to suspect that this was no ordinary deceased person.

Nor was it, because it was the grandson of General Armitage, who had had a long and distinguished war record. Bill explained to me in a whisper that the grandson, suffering from schizophrenia, had gone off the rails big time and fallen among drug-dealers, living in a squat and no longer taking his medicine. He had contracted hepatitis from dirty needles and been in very poor health for some time. He had apparently got into a knife fight with one of the other members of the squat and been stabbed several times in the abdomen.

There wasn’t much conversation and certainly not much Christmas cheer about the place. Bill’s face when he muttered, ‘Merry Christmas,’ could hardly be described as enthusiastic. As I looked around the room, I could see, too, that I was not the only one who had been called away from the party spirit.

As it happened, it turned out to be a typical forensic post-mortem. The wounds had penetrated his liver and small intestine, causing him to bleed to death in fairly short order. Unfortunately for me, Nick found several potential injection sites which he enthusiastically cut down on, as well as several bruises large and small on his arms and legs from which he stripped the skin with gay abandon. By the time he had finished, the corpse looked as if it had been through a flaying machine.

Three hours later and he was done, so that the mortuary emptied with quite astonishing speed; by three o’clock Maddie and I were alone, tired and depressed as we looked at the work that was still to be done to clear up. We set to with energy that came from an overwhelming desire to be up and out of there, and managed to get things fairly clean and tidy in forty-five minutes.

I got out of the taxi outside my parents’ house at five thirty on Boxing Day morning ready to drop and not get back up again. I tried not to make too much noise as I let myself in, then crept up to the spare room where Luke was snoring to himself. I climbed in beside him without waking him up.
Clive summed it up. ‘Whose stupid idea was it to have two bank holidays in a row?’

Both Maddie and I could only agree. Because I’d been the one on call over the New Year, I’d had to go into the mortuary after a busy social weekend and, accordingly, had been feeling like a corpse myself; it was unseasonably warm and that somehow made it worse. This year was proving a nightmare because the bank holiday period was even longer than usual and bodies were piling up after several days of only the porters having access to the mortuary. Because all the porters are able to do is take them from the place in the hospital where they died, or give access to undertakers bringing in Coroner’s bodies, then put them in a fridge and shut the door, it means that eventually we run out of space, and then they ring one of us, at any given time of the day or night, to say that there’s only one fridge space left. So what are we supposed to do? Take the dead home with us? Do I prop them up on my dining-room chairs till the holidays are over? So, at three-thirty in the afternoon on the Tuesday after New Year, I had to make my way into work.

Over my first few months in the slightly tatty mortuary, I had learnt to enjoy coming into work. Despite what we have to do in there, despite the terrible things we see, and the sadness and tragedy that inevitably accompany death, the people that I work with – the sense of teamwork and comradeship – and the knowledge that we are doing an important job mean it isn’t always a bad place to be.

Coming in alone on a winter bank holiday, though, was different. Then the mortuary was empty and cold and forbidding; it was made worse by the fact that I had a huge hangover – something that I would normally never allow myself to do – and that I only had a dyslexic undertaker for company; he dotes on me and had willingly volunteered to give me a lift in. What I had to do was to figure out which bodies needed to be moved to our sister hospital (which has more fridge space). The only ones that would be able to be transferred would be those that had a post-mortem where a natural cause of death had been found, and therefore the paperwork accompanying the body would be complete.

I finally got to return to my parents’ an hour or so after the New Year’s meal my mother had been looking forward to cooking since Christmas Day was over. On my return, Dad asked brightly, ‘Many in, love?’ as he had taken to doing. I replied with an exhausted grunt and collapsed on the sofa in my usual fashion.

I spent the rest of the evening worrying about the stress that the next day was going to bring for all three of us technicians and about how co-operative the pathologist was going to be feeling. I had a suspicion that I was not going to get much sleep that night.

Most of the hospital tends to wind down over Christmas, with the operating theatres shut and as many of the patients as are well enough to go sent home. As Maddie explained, this means that the laboratory becomes fairly quiet. Far from it, down here with the dead men. Over Christmas, people keep dying as they always do and, because the funeral parlours close until the New Year and the crematorium may not open, all the bodies pile up with us. Moreover, come the first working day after the holidays, the Coroner’s office will start sending through request after request for post-mortem examinations; Clive told us that sometimes he’d had to do double shifts with Ed, morning and afternoon, just to keep up.

From my trip in the day before, I knew that we’d be up against it, and wasn’t surprised when, by ten o’clock on the Wednesday, the Coroner’s office had already faxed through five E60s, with a promise of more on the way. Clive sighed. ‘I hope you girls have had three Weetabix this morning.’

It was Peter Gillard who was to be our pathologist. When he popped down to see what was going on, he had a worried look on his face, and his mood took a nosedive when he was told the bad news. ‘Oh . . .’
‘How many are you going to do, doc?’

‘Well . . .’ Normally, Peter Gillard didn’t do more than three and even that meant he had to go and lie down in a darkened office afterwards.

Clive was remorseless, though. ‘Got five in already, and they haven’t finished yet.’

‘I’ve got quite a lot to do upstairs . . .’

Clive had done a fair amount of poaching in his life, and was an expert stalker. ‘The Coroner’s quite keen we should do as many as possible, doc . . .’

And Peter Gillard, bless him, ended up doing six.
We knew nothing about the arrival of Dr Zaitoun until Ed walked into the mortuary with him one Monday morning in late January. Clive, Maddie and I were having coffee waiting for Peter Gillard to make his customary mumbling wander around the mortuary prior to commencing post-mortems – we had a hanger and two sudden deaths (or ‘drop-dead Freds’, as Clive called them) for him – when Dr Zaitoun made his first appearance, and I have to admit it took me aback (he probably noticed the astounded look on my face). He was short and slight, with a thin moustache and small eyes; his hands and feet were tiny, so that he seemed almost to be dancing as he walked. He was charming, though. He rushed to shake us all by the hand, showing a false respect to Clive and a broad smile to both Maddie and me. ‘Delighted to meet you,’ he said as he pumped our hands.

Ed explained, ‘Dr Zaitoun’s our new locum. He’ll be working with us for the next few months.’

Clive asked him, ‘Do PMs, do you?’ Clive always asked this, as more and more pathologists were choosing not to work in the post-mortem room.

Dr Zaitoun smiled and I could see at least two gold teeth. ‘Oh, yes. I have done forensic work back in Iraq.’

Clive nodded but looked less than impressed and Ed said, ‘He’ll be on the rota from next Monday.’

He then went on to show Dr Zaitoun around the mortuary with Clive in attendance. Afterwards, when we were alone again in the office, Maddie and I said, ‘Well? What do you think, Clive? Is he going to give us a hard time?’

Clive was all supreme confidence. ‘The guy’s a twat, girls; we won’t have any problems with him, I’ll see to that.’

The following Monday there was just one PM and it fell to me to be the first to see Dr Abdul Zaitoun at work. Clive had mandatory training – being taught about fire extinguishers and then told never to use them, and how to sit upright by a woman who looked like a sack of potatoes – but he told me before he left to keep a close eye on Dr Zaitoun because, as he said, ‘I’ve got a nose for people like him, Michelle. He’ll give you the run-around if you let him. Mark my words.’

I have to admit that the initial signs were not good. When he appeared at about half past nine, his first question when he saw the still-clothed body was, ‘Haven’t you started?’

‘You haven’t identified the body,’ I said.

He shrugged. ‘You have, haven’t you?’

‘Yes, but . . .’

‘Well then, I trust you. You get on and take out the organs, and I’ll be back in twenty minutes.’ With which he disappeared out of the mortuary, and I was left with a problem. What was I supposed to do? I knew that a few years ago most pathologists had been quite happy to trust the technician to ensure that the right body was being PMed, but now things were different. Clive would have kittens – he would have given the pathologist a large piece of his mind in my situation, but there was no way I could do that. I didn’t have the confidence and I was far too junior. In many respects, I had become assured in my abilities to do the job over the past few months, but not in this. I would be disobeying the direct order of a consultant. Reluctantly I set to, but only after carefully checking the identity of the deceased again and getting Maddie to check a third time with me.

In fact, it was nearly forty-five minutes before Dr Zaitoun returned. He made his way without apology first into the female changing room then, when I had put him right, into the one he was supposed to use. When he emerged five minutes later, I was hard pressed not to burst out laughing. The scrubs he had put on were not well tailored to his small size and he had not thought to ask for a small set, so the waist of his trousers was tied just beneath his armpits and the hole in the top for his head was almost large enough to admit his shoulders. By the time he got the
disposable gown on, he looked like a small boy in his father’s PJs. I tried to direct him to where the masks and caps and gloves were, but he said only, ‘I don’t need things like that.’

When I told him, ‘The information on the case is on the side in the alcove,’ he said airily, ‘Oh, I don’t look at that until the end. It influences me, I find.’ I thought that this was the whole point, but made sure it remained as just a thought and kept my mouth shut, for fearing of cracking into laughter more than any other reason.

I had put the organs in a large bowl on the side and he set to dissecting them while I began to reconstruct the body. I had read the information that the Coroner’s office had supplied and had learned enough to reckon that it was probably going to be a cardiac death – chest pains and shortness of breath – so I fully expected Dr Zaitoun to find the coronary arteries to be furred up. What I didn’t expect was that ten minutes after he’d started, he’d say suddenly, ‘Pneumonia,’ with which he went to the sink and washed his gloved hands. Then he was off to the alcove.

I called out to him, ‘You’ve forgotten the brain, Dr Zaitoun.’ He had left this in a separate bowl on the scales.

He looked surprised. ‘Why did you take that out?’

‘We always do, as the Coroner requests a full post-mortem.’

He frowned, paused, thought about things, and then said, ‘You look at it. It’s not really relevant to this case.’

‘I can’t do that.’

He looked surprised. ‘No? Well, just put it back in the body.’

Before I could say any more, he had picked up the paperwork and was closing the door to the changing room, leaving me gobsmacked. What could I do except what I was told? But that wasn’t the end of it, because when I was putting the organs back in the body cavity I couldn’t help noticing that his investigation had been a bit superficial: one slice through the liver, spleen and lungs, only one kidney cut and the heart barely looked at.

When I told Clive at lunchtime, he shook his head. ‘What did I tell you? A complete and utter twat.’
I was pleased it was the weekend again. Although I was amazed at how quickly the weeks went by at the mortuary, I was still very glad when Friday evening approached and I knew I could lie in on a Saturday morning. If anyone had ever told me that working with the deceased would be so physically demanding, I would have laughed, but I had quickly noticed that my thighs and upper arms were always aching by the end of the week. At least I wouldn’t need the gym (thank God).

I was also relieved that Luke and I had nothing planned for the weekend, and I could look forward to collapsing Friday night, with maybe an hour at the local pub, then back home to a huge sofa, food and a decent bottle of red wine. I was also looking forward to spending some much-deserved time with Harvey and Oscar. My previous job had been shift work, so it could be early or late shift or night duty, but it seemed that I had more time on my hands then, even though I probably worked more hours. I felt as though I had been neglecting the boys a bit of late. Luke took a lot of responsibility for them, which helped of course, but I did miss them and there were certain things that only the three of us did, like double cuddles and playing ‘hide the soft toy’, stupid things that only hardened dog lovers would understand and accept as normal behaviour.

That Friday evening went perfectly, completely chilled.

Saturday came without a hangover and we decided it would be a good idea to pile up to my parents’ house to annoy the hell out of them for a few hours. Luckily the rain stayed away, so the dogs didn’t bomb into Mum and Dad’s smelling like a bouquet of old red wine, but something was different about this Saturday, the atmosphere in the Williams household was not as perky as it usually was.

So, this was when it all came to light. My grandfather, Gramp, who I adored and always had done, was unwell. Seriously unwell. When Nan, who I also cherished, had passed away eighteen months earlier, Gramp had been hit hard. They had been together since they were very young, and I can’t recall them ever talking about a night spent away from each other. They had raised three boys and Nan was very, very proud of them. But, typical of that generation, Nan had done everything for the four men in her life. They wanted for nothing. Dad has told me stories of how, when things were a bit tight, she wouldn’t eat because she felt it was her duty to make sure her family had a decent meal of an evening, and sometimes there wasn’t enough food to go round. She wouldn’t make a fuss about this, and wouldn’t allow one to be made by anyone else. It was what she did.

Nan also had a very big dislike of alcohol. A sherry at Christmas or a special occasion and that would be it. She would also frown upon Gramp drinking so, out of respect for her, he only drank if they were out on social occasions. I think, deep down, he would have quietly enjoyed a whisky late of an evening before bed, but because of his love for his wife, he stuck to tea most evenings. When she passed away, Gramp had had to fend for himself. We were always in and out as a family spending time with him, and Mum popped in every morning on her way to work to make sure he was up and about, and to put his laundry on and things that he would expect a female to do for him. Dad would take him shopping once a week in the car, and he would spend a couple of mornings a week in the social club with his old friends. I would make sure to find time to see them all once a month and they were some of the funniest people I have came across, reminiscing about their younger days around a table full of pints of bitter, each one with a whisky chaser.

Dad had noticed recently that Gramp had been consuming a little more whisky than usual. As a family, we accepted this. He was without his life partner; he spent time with us and his friends, but I didn’t think he would ever be the same person as the one that had been our Gramp for so long. Maybe the whisky helped with the lonely evenings. Or maybe there was another reason.
It turned out that Gramp was in pain. He had not wanted to be a burden, so numbed the pain with the whisky. Dad had forced it out of him the evening before that he had been diagnosed with lung cancer. Aggressive lung cancer. Gramp did not want a fuss, seemed almost relieved to be dying and with a small hope he would be reunited with Nan. He never said this openly, but as a family we knew. He had refused any treatment, saying it was only going to prolong the inevitable. A man who had worked hard most of his life, a proud man, his wishes had to be obeyed and respected. My last living grandparent, and soon I was going to lose him.

Dad had taken this news well, considering all things. I say, ‘taken it well’; but these are the wrong words – more like he accepted it. My view was complete and utter panic. The moments in your life when you feel completely useless, I think, are the worst, and this was how I felt when I was told. That feeling of being out of control is vile.

‘What are we going to do?’ was my first question to Dad.

He shrugged and asked tiredly, ‘Michelle, what can we do? Gramp doesn’t want any fuss, and we have to respect that. We’ll just have to support him.’

What could I say to that? Dad also had a right to be respected. So the rest of that weekend was a bit flat. I stayed away from Gramp, not because I am horrible but because I didn’t feel brave enough to face him. Instead, like a coward, I rang him for a chat. Dealing with bereaved families all week long was a doddle compared with this; I was suddenly finding it was different when it was your own. On the phone Gramp never mentioned the illness, but for the first time I noticed his breathing; I heard now that it was laboured and noisy; he was having a bit of a struggle with his lungs.

After the phone call, I promised myself that I would not treat him any differently apart from the fact that I would be spending more time with him now.
Monday morning came again, but I definitely had a little grey cloud following me around. Clive picked up on this as soon as I arrived. I used to try not to bother him with my personal life, but he had this way of coaxing information out of you. Not in a nasty, intrusive way, but so that you knew he was genuinely concerned for you. To him, we were almost like a work family. My problems were his problems, and if there was any way he could sort it, he would.

Clive put the kettle on and shut his office door. He got me to sit at Graham’s old desk while he sat at his, and I am pretty sure this was his way of trying to give me a bit of confidence to talk to him; I was the same height as him and now there was the desk between us, making me feel less exposed.

I began to tell Clive about what had happened to my family over the weekend. He listened actively and nodded in the right places. I felt my chin start to wobble and was fighting back the tears with a vengeance, which luckily worked and I didn’t embarrass myself by breaking down. Clive began to ask me questions about things I hadn’t even considered. ‘Which consultant has he been under?’ ‘How long has he been given?’ ‘Is there any secondary cancer?’ – at that point I wanted to collapse. I didn’t know any of the answers to any of these questions, and even if I wanted to know, I didn’t have the faintest idea who I was going to ask. I thanked Clive for his time and reassured him that I was OK, but did ask him if I could take my break at once, which he had no problems with. I needed some fresh air.

I left the hospital grounds and ended up walking for ten minutes in the direction away from the hospital; by the time I realized this, I panicked, as it was going to take me ten minutes to walk back, going over the allocated time for my break. So my head started to run away with itself; Clive would think I was pushing my luck due to my bad news, and I would be letting the team down as Maddie was probably working her socks off in the PM room. I hurried back and apologized to Clive, who hadn’t even noticed.

‘I think I’d like you to stay clean today, Michelle.’ This was Clive’s subtle way of telling me he thought it inappropriate that I was around the dead today.
‘In the old days the Coroner’s officers would attend the scene and none of this would have happened.’ Clive was talking sternly and Maddie nodded in solemn agreement.

I happened to be walking into the body store, just after arriving on the afternoon of the following day, and of course I wondered what was going on. ‘What’s happened?’ I asked. I had spent the morning with my mother, just chatting and reminiscing about Gramp because she had rung the night before and was clearly down in the dumps.

‘Look at this, Michelle.’ Clive was still talking as though he was seriously peeved, and was gesturing towards the body that lay on the trolley in front of him. He continued, repeating himself. ‘Because the Coroner’s officers used to attend the scenes, they got their information directly about how people died. Nowadays, all they do is make telephone calls. Half the time, the information they get is second or third hand and it’s all Chinese whispers.’

Maddie and I nodded and made the right noises, like we dared say anything else.

Clive’s annoyance had come about because of the death of Mr Lionel Helmond who had been found collapsed in his garden. The information from the Coroner’s office had been straight to the point and authoritative:

Mr Helmond, 78 years old, had told his wife that he was going to mow the lawn. She heard the mower going for about twenty minutes, but then it stopped. She assumed that he was having a rest and thought nothing of it for fifteen minutes or so, but then after shouting from the back door to see if he wanted a brew, which brought no answer, she became concerned. She found him lying dead on the lawn.

According to his general practitioner, Mr Helmond had a history of colonic cancer cut out in 2002, gout, high blood pressure and had recently been suffering chest pains.

It is likely that he suffered a heart attack.

No one had thought any different. After all, we have people of seventy-plus coming through the double red doors all the time, and probably half of them have died of heart disease. The exertion of mowing his lawn had quite likely done for Mr Helmond, so there was nothing to make anyone think anything else. The question might have been resolved a little earlier, though, had the post-mortem not been performed by Dr Zaitoun.

It was Maddie who was working in the dissection room that morning, as Clive was at a management meeting with Ed and other managers. After Maddie had stripped the body and made out a chart on which she put all the external abnormalities that she could see, she eviscerated the body. Dr Zaitoun came down about twenty minutes later and did what he always did, which was to dive straight in and hack things around a bit, then decide that death was due to heart disease. Maddie was busy sewing up the organs in the body when Clive returned. Being Clive, he took an interest in what was going on.

He asked Dr Zaitoun, ‘COAD, was it?’

To a doctor, COAD means Chronic Obstructive Airways Disease, which is things like chronic bronchitis and emphysema. Dr Zaitoun looked up from writing his notes. ‘No. He died of ischaemic heart disease.’

Clive shook his head. ‘No, it was definitely COAD.’

Dr Zaitoun frowned and opened his mouth. Before he could argue, Clive said, ‘He certainly Came Over All Dead, didn’t he?’

Maddie laughed into the silence that met this remark; Dr Zaitoun paused, then said again, ‘But it wasn’t COAD.’

Clive shook his head in disgust saying, ‘Forget it,’ under his breath and turned away. He spent the next few moments examining the body; in particular, he became very interested in the hands which were clenched tight into fists. After a while, he called out to Dr Zaitoun, ‘You sure he died of heart disease, doc?’

Dr Zaitoun said, condescendingly, ‘Quite.’
Clive paused, then asked, ‘This bloke was mowing the lawn, wasn’t he?’
‘I believe so.’
‘What kind of mower was it?’
Dr Zaitoun was becoming increasingly irritated, coming out of the alcove where he had been writing his notes.
‘What does that matter?’
‘Bet it wasn’t a petrol mower.’
Dr Zaitoun thought about this. ‘It was probably a push mower. The exertion might have been the final straw.’
Clive pursed his lips as if he were a car mechanic presented with a particularly tricky and expensive repair job.
‘You sure about that?’
Dr Zaitoun was now rattled. ‘Of course.’
‘You’ve looked at his hands, then?’
Dr Zaitoun said, ‘Yes,’ but he said it after a small pause and he said it uncertainly.
Clive said simply, ‘Good,’ and left the dissection room.
Maddie had followed Clive out. ‘What’s going on?’
He would say only, ‘Wait and see.’

Dr Zaitoun had finished and had, as usual, gone without even saying goodbye. As Maddie sat down with Clive in the office to have coffee, he said, ‘I knew it.’
Maddie asked, ‘What did you know?’
‘That guy is useless, I wouldn’t trust him to PM my hamster.’
Of course, she wanted to know what he meant. He got up and led her into the dissection room where the body of Mr Helmond lay, now reconstructed and washed. He went straight to his left hand that was still clenched into a fist, and unfurled the fingers. There was a deep linear burn running across the palm and across the fingers. Clive said, ‘Heart attack? My backside it was a heart attack. I just checked with the Coroner’s office; they had to make a few phone calls and talk with the ambulance crew, but it seems that Mr Helmond was using an electric mower at the time he died. The poor bloke ran over the cord and got two hundred and forty volts for his trouble.’
‘What are you going to do?’ asked Maddie.
‘Have a word with Ed Burberry. He won’t thank me, but I can’t let this go.’
Ten minutes later, Clive returned with Ed and they went into the dissection room; I could see from Ed’s expression as he emerged that he was not happy. He went out but was soon back again, this time in the company of Dr Zaitoun; back into the PM room he went while Maddie and Clive stayed in the office and waited. There were raised voices for a few minutes and then they heard the PM room doors open and Dr Zaitoun hurried out. Ed followed, but came into the office and sank into a chair with loud sigh. ‘Oh dear,’ he groaned.
Maddie made him some coffee. Clive said, ‘This won’t be the last time, Ed. You mark my words. There’s more to come.’
Ed said nothing but apparently the look he gave Clive spoke volumes.
All this, I had walked into after taking the morning off. I could tell Clive was upset that his judgement had been ignored by Dr Zaitoun. Although I did wonder if he really cared what Dr Zaitoun thought of him, I came to the conclusion that deep, deep down he did, but would never admit to this.
Maddie, on the other hand, looked as though she was ready to throw in the towel and made it clear that it was her turn to have a weekend off.
Over the next few days, all three of us got to see how Dr Zaitoun operated, which was pretty shoddily. Clive was totally pissed off when he took just ten minutes doing a road traffic victim, not even bothering to chart the external injuries. ‘No respect for the family at all,’ Clive said loudly enough for him to hear. You could always tell when Clive was angry, because he became tight-lipped and quiet, growling when he spoke; and he would stalk around threatening to kick things like the wall and the door. He mumbled to himself, stuff that was difficult to hear but you knew it was about Dr Zaitoun’s behaviour. This was Clive all over. He took it personally although, technically speaking, it wasn’t really his problem; Clive, though, considered it would reflect badly on the mortuary and thus on us if the PMs weren’t done properly.

Things were quiet for a week or so, and then Dr Zaitoun did the autopsy on an old gentleman who had died shortly after having an endoscope put down his throat to investigate swallowing difficulties. They had seen a tumour at the entrance to the stomach and had biopsied it; then, though, after three hours, he had collapsed, sweating and fevered. He had been rushed to ITU, but had died before the night was over. Dr Zaitoun – not reading the hospital case notes as usual – decided that it was a spontaneous perforation of the tumour. The distinction is important because spontaneous perforation would be a natural cause of death, whereas if the act of biopsying it had caused the hole, then it would be an unnatural death, and there would have to be an inquest. We wouldn’t have known any different, except that the endoscopist rang up the mortuary a couple of days later to find out the results of the post-mortem. He was most surprised when Clive read out what Dr Zaitoun had written.

‘Really? That’s odd. I could have sworn I’d made the hole.’

Clive put the phone down, shouted a loud swear word, sighed, and said some more things under his breath about Dr Zaitoun.

The final straw came not long after and concerned John Lester, a twenty-year-old heroin addict, found dead in his flat. His father was a rich businessman and had paid a lot of money to have his son treated at a private clinic; the treatment involved inserting under the skin of the groins tiny slow-release beads of heroin, the theory being that this constant supply of heroin would stop the patient craving more, and the supply would eventually decline to zero, thereby gradually weaning him off the drug. This was not a big enough hit for John Lester, though, and he decided to top it up by a heroin injection, which resulted in an overdose costing him his life.

Clive tried to tell Dr Zaitoun that he really ought to read the notes carefully but, as usual, he didn’t listen. He did the post-mortem in his usual ten minutes and wasn’t even going to take blood and urine for toxicology until Clive reminded him. ‘Oh, yes,’ he said. ‘I suppose we’d better.’

‘What about these beads?’ asked Clive. ‘Best we keep a hold of them just in case?’

Dr Zaitoun looked perplexed for a moment, then: ‘I don’t think we need them.’

Clive said with a frown, ‘I’m not sure . . .’

But the good Dr Zaitoun was definite. ‘No, it will be fine; I’ll have no use for them. The guy died of a heroin overdose. All we need is a level from the blood.’

Clive looked really unhappy, but clamped his jaw shut. ‘OK,’ he said tersely, at which Dr Zaitoun smiled and left the dissection room.

What Clive did next flabbergasted me. He took a scalpel and, opening up both groins, he took out the tiny white beads, putting them into a sterile pot. ‘What are you doing?’ I asked.

‘Doing his job for him, the twat. This won’t finish here, Michelle, you wait and see. This will jump up and bite him on the arse, this case.’

Clive was right of course. Ed came down to the mortuary a few days later looking a worried man. He sat in the chair by Clive’s desk, while I made him an instant coffee, and Maddie (who had been dealing with undertakers)
came and joined us. He asked, ‘So, all in all, what’s the general opinion of Dr Zaitoun?’

I think Ed wasn’t quite sure what hit him as Clive gave him exactly what he thought about Dr Zaitoun, and Maddie and I chipped in with some choice observations. Looking slightly shell-shocked, he sat quietly for a moment, and then groaned. ‘Oh, bugger.’

Clive then made faces at Maddie and me, indicating that we should find other things to do in the mortuary because this was going to be managers’ talk, so we made ourselves scarce. Afterwards, when Ed had gone, Clive gave us the low-down. ‘It’s not only down here that the twat doesn’t function. Apparently half the hospital’s complaining about him.’ As we absorbed this, Clive went on, ‘The last nail in the coffin is that heroin death. The Coroner’s received his report and is seriously shouting the odds about it.’

Trying hard to remember the events of that PM, Maddie and I looked at Clive questioningly, and he explained. ‘His report just goes on about death being due to a heroin overdose and doesn’t mention the implanted beads.’

Maddie asked, ‘Do they matter?’

Clive made a face. ‘Only a lot. According to Ed, this treatment with the beads isn’t licensed. The General Medical Council was already interested and, now that someone’s died, they’ve moved into overdrive.’ I didn’t know much about how this all worked, but I knew enough to realize it was serious. Mention the GMC to a doctor and they will usually go white and start shaking. Clive went on, ‘The Coroner’s not happy that Dr Zaitoun’s report doesn’t go into great detail on the implanted beads and, apparently, he’s had to tell the Coroner he neglected to keep them as evidence.’

Maddie said, ‘But you kept them, didn’t you?’

Clive looked Maddie in the eye, and then grinned suddenly. ‘I haven’t worked here for years not to see a cock-up before it happens.’

This was the beginning of the end as far as Dr Zaitoun was concerned, although it only came slowly. Clive revealed that he had kept the beads and produced them for toxicological analysis when asked, and Dr Zaitoun had to rewrite his report and admit that he had ‘forgotten’ to mention the beads when he submitted his first version. The GMC continued to investigate the clinic and Dr Zaitoun left to go and work somewhere else, much to our relief.

We all thought that we would hear no more of Dr Zaitoun, but we were to be proved wrong. One day Bill Baxford came to call at the mortuary. He looked worried: the inquest into the death of John Lester had been called and, at the last moment, Dr Zaitoun was unavailable. ‘He’s working in Coventry now,’ he said. ‘He claims that his secretary OKed the date with us without telling him, and now he’s gone and booked a holiday in France for the same time.’

Clive looked sour. ‘Has he really? Very convenient,’ he said sarcastically.

Bill shrugged. ‘Of course, ideally we’d like him there, but the Coroner wondered if you wouldn’t mind stepping in . . .’

Clive erupted. ‘You must be joking! Me? Why should I have to do the work of that idiot all the time? The guy was a total wobble. Are you going to pay me the same expenses as you’d pay him?’

Bill, looking suitably embarrassed, mumbled something about making sure that Clive would be treated ‘properly’.

After Bill had gone, Clive went for a walk around the car park, a sure sign that he was stressed, then went up to see Ed, who had had bad news for him. ‘Unfortunately, the Coroner’s court is like any other court. If the Coroner requests your attendance and you don’t comply, he can summons you and then fine you; I think he can even imprison you.’

After which, Clive went for another, longer walk around the car park. Maddie and I were feeling pretty unsettled at this point. Our relaxed atmosphere had turned into one of anger and uncertainty; we decided to busy ourselves so as not to cause too much more stress, and to stay out of the way.

In the end it was a big inquest, the court room packed out with barristers, solicitors, doctors, pharmacological experts and substance abuse experts. Clive went on his own, strikingly kitted out in his customary bright waistcoat, tweed jacket and dark trousers. He claimed not to be nervous, but I knew him well enough by then to see the lie in that. Maddie and I waited in the office for him to return and, when he did, were relieved to see that he appeared to have come through the ordeal with his customary swagger. It had been an open verdict, the Coroner unable to decide on the available evidence the precise circumstances that had led to poor John Lester’s death. The GMC were continuing to investigate the clinic that inserted the implant, and further proceedings might well follow.

‘Nothing to it, really,’ Clive told us. Ed had come down and was also interested to hear how it gone. Clive said to him. ‘He’s a nice chap, the Coroner, isn’t he? Looks after you when you’re in the box.’

‘Oh, yes. Very fair.’

‘ Doesn’t take any prisoners, though,’ he told us. ‘The younger brother of the deceased was in court and he was chewing gum. When the Coroner spotted it, he stopped proceedings straight away. “Excuse me,” he said, looking
straight at him. “Are you chewing?” Should have seen the look on the poor bugger’s face! He stopped chewing, went bright red, and nodded sheepishly. “Well, don’t, young man. This is a court of law, not a football match.”’ Clive sighed. ‘Excellent.’
I hope you don’t think that Clive, Graham, Maddie and I are horrible people because we have a laugh and joke as we go about our work. Some might think that it’s wrong to listen to Radio 2 while you are pulling the organs out of a body, or do the morning Pop Master quiz (Maddie never knows any of the answers, much to Clive’s and Ed’s delight) while opening up a skull, but it doesn’t mean that we don’t respect the people we are dealing with, or the people who have been left behind by their deaths. I honestly think that we are more respectful and more concerned about both the living and the dead than anyone else, certainly as much as the chaplains and priests and rabbis and imams are.

We see everything. Certainly we see a lot more than most people do. Until I started to do this kind of work, I hadn’t appreciated just how separated we are from death now. When do most people see a dead body? A hundred years ago, everyone had probably seen a dead person by the time they were five, because they cared for their loved ones in death just as they had done in life. The dead person would be laid out in the house and there would be proper mourning over them; everyone would visit and view the deceased. Now, the body is taken away and it’s put into the hands of professionals, people like me. Most of us do our best and get the job done with appropriate thought and compassion, but to us it’s just a job, something we are paid to do. Relatively few people come in to view the body, and often the deceased receives no visitors at all. Once the life is gone from the body, people want to get the whole thing over as quickly and cleanly as possible, paying to have someone else do the dirty work.

And how many of us – me included, I suppose – actually see someone as they die? Dying’s become a lonely business, done in private, so as not to distress others. Since starting this job I have often wondered what it must be like to die, and to do so without someone there to hold my hand and talk to me softly. It makes me shiver and sometimes I have shed tears. I wouldn’t want to go like that.

Charles Cartwright-Jones didn’t die alone at least, although things conspired to make his death long and slow. He lived with his wife in a large, rambling house in the Stroud valley. Clive vaguely knew the place and said that it was partly derelict. Apparently they had been married over half a century and never had children, so all they had was each other. When he came into us just before lunch one dull and cold but dry day in late January, all we knew was that it was some sort of gunshot wound. We hadn’t yet got any information from the Coroner’s office, so we had to rely on what the undertakers told us, and that turned out to be one of the saddest stories I think Maddie or I had ever heard.

There was no suggestion that Mr Cartwright-Jones had set out to take his own life, and his death had almost certainly been a terrible accident. Clive, who knows a few things about guns, reckoned from what he heard that he must been carrying the gun out of the house one morning with the safety off and a cartridge in the breech. Some guns have a very light trigger and Mr Cartwright-Jones probably dropped it so that it discharged into his stomach. His wife heard the sound and came out to look for him, finding him near a garden shed. She had rushed back into the house and phoned at once for an ambulance, then gone back to comfort him and try to stop the blood that was leaking from the wound.

Something went terribly wrong, though, because the Gloucestershire ambulance service, which is normally fairly efficient, took over an hour to arrive, although no one knows quite why; possibly the message got lost, possibly the wrong address was noted down. Anyway, Mrs Cartwright-Jones didn’t dare leave her husband because he was bleeding so badly that she was afraid he would die while she was away from him. So, in the cold of the early morning, she comforted him and tried to help him and lay down beside him while he died. I don’t suppose we’ll ever know what they said to each other and I don’t think it would be right if we did know. They had been married for over fifty years and there must be a lot to be said after that long. Mr Cartwright-Jones died ten minutes before the ambulance arrived, apparently just slipping away from loss of blood and perhaps the cold.
Mr Cartwright-Jones’ story ruined the day for me and, I think, for Maddie also. There wasn’t much banter the next day either as Peter Gillard did the PM with the radio turned low. The gunshot hadn’t severed any major arteries and he died from blood oozing out of a thousand tiny cut veins. Clive reckoned it must have been quite a small calibre weapon because, apart from making a hole in the front of the abdomen, the shot hadn’t penetrated deep inside. I couldn’t help wondering if he might have survived if the ambulance had got there in decent time and, when I asked Peter Gillard, he shrugged and said, ‘Maybe. He had quite bad emphysema and a bad heart, so they wouldn’t have helped. Anyway, there’ll be an internal investigation at the ambulance service, and the Coroner will want to know what happened as well.’

I tried to take comfort from the fact that he didn’t die alone, and I sincerely hope that being with his beloved wife at the end helped him. I think it might have done.
It was at this time that the C word passed Clive’s lips. ‘You ought to think about taking the certificate, Michelle,’ he said. We were sitting in the office tucking into a fish and chip lunch after a busy morning PMing. I thought, ought I? When I made a face he added, ‘Can’t get anywhere without qualifications, Michelle. Not these days.’

The certificate is actually the Certificate in Anatomical Pathology Technology and it’s awarded by what was then called the Royal Institute of Public Health, but is now the Royal Public Health Society. To get it you have to travel to an examination centre – London is the nearest – and sit a two-hour written exam, and then take an oral examination afterwards. Once you’ve got this piece of paper, you can then go on to sit a harder exam for the Diploma in Anatomical Pathology Technology, and thereby progress to more senior positions, but I hadn’t sat any exams for nearly fifteen years and I hadn’t been too hot at them even then.

‘It’s a bit soon, isn’t it?’

Clive shook his head. ‘Naw. You’ve made good progress. You’ll sail through. You’ll see.’

Maddie asked, ‘What do you have to know?’

Clive said airily, ‘Nothing you don’t know from doing the job every day. Procedures in the mortuary, some of the paperwork, health and safety, disinfection, that kind of thing.’ When he said this I relaxed a bit. It didn’t sound too hard. Then he added, ‘Oh, and anatomy and physiology.’

I stared at him, all relaxation a thing of the past. ‘What do you mean?’

‘You know . . . the structure of the circulatory system, the hormone system, how the eye works, that kind of thing.’

‘But I don’t know that!’ I protested. ‘All I do is what you taught me to do, which is take out the organs. I don’t know the names or anything, and I certainly don’t know how the eye works.’

‘You won’t have any trouble, Michelle. Not a smart girl like you. Seeing what you do every day will mean that the names and suchlike will come easily.’

‘But why do we have to know about that kind of stuff? I can do the job just as well without knowing what the spleen does or how the kidneys work.’

‘It’s background knowledge,’ Clive said, although he sounded a bit unsure of himself. ‘In any case, it’s very, very important that you’re up to speed about things like disinfection and all the paperwork we have to deal with. Absolutely vital, that is.’

‘I know most of that already.’

‘This’ll prove it to everyone else.’

I looked across at Maddie, who looked just as sceptical as I felt.

I have to admit that I wasn’t keen on the idea of sitting another exam. When I had walked out of school for the last time I had been as high as a proverbial just thinking that I would never have to have study again, at least not in a school-type way. The idea of doing just that and then having to travel all the way to London not only for a written exam but then to be grilled across a desk made my heart sink. What did it matter if I didn’t have a piece of paper to show that I knew things? I wasn’t planning on moving to another mortuary.

And there was Gramp. Since the news about his illness had come to light, I had seen him grow older, weaker, more delicate by the day. He was fading away before my eyes and I couldn’t stop worrying about him. How could I concentrate on anatomy and hygiene in the mortuary when my beloved Gramp was so ill?

Dad had very different ideas, though. ‘You’ve got to do it, Michelle,’ he said firmly when I mentioned it. ‘You’d be a fool not to.’
Dad is a real brain-box and I’ve always respected his opinion; if he says I ought to do something, then I listen. Yet I was still unconvinced that I wanted to ruin the next few weeks hitting the textbooks. I wasn’t going to be left alone, though. Mum joined in, and so did Luke.

The final straw was when Clive mentioned it to Ed one morning. He was just finishing an autopsy on a drug addict who had been found in a cleaning cupboard on one of the campuses of the local university. He perked up immediately when Clive asked him loudly and well within my earshot if he agreed that I ought to sit the exam for the certificate. ‘Of course she should!’ he said at once. He turned to me and, waving the brain knife around as he is wont to do, told me, ‘I’ll get you through, no mistake.’

I felt backed into a corner but for once, instead of being stubborn for the sake of it, I sighed and said, ‘OK.’ Deep down I knew I had no choice on this one.

When he said he’d get me through it, I didn’t really appreciate what Ed had in mind. Over the next few weeks, he kept on at me remorselessly. The first thing he did was to go through the ‘red book’ – this is the mortuary technician’s bible, containing as it does all you need to know about the principles of running a mortuary, including the laws that govern us, the paperwork that has to be done, the special arrangements for different faiths and lots, lots more – and make me read a chapter every two or three days, then test me on what I had read. I didn’t do too badly on that, but then he moved on to the anatomy and physiology.

He got hold of a simple anatomy book and went through each of the organ systems – respiratory, cardiovascular, nervous, urinary, genital, etc – making revision notes for me. At the same time, I got hold of old exam papers and at least twice a week I would do one of them under exam conditions and he would mark it. He and I then went through them and he tried to teach me on the questions that I got wrong. When we ran out of legitimate papers, he made them up. Because part of the paper is multiple choice and part of it is an essay-type question, he did both types.

There were times when I think he got a bit annoyed with me. Although I know plenty enough anatomy to do my job, I found the more obscure bits and bobs about it – the stuff I figured I would never actually need to know in a million years – difficult to hang on to, but then that’s me all over; if I don’t see the reason for knowing something, then I don’t remember it. It’s as simple as that. Which, I suppose, was why I didn’t have too much trouble with the questions about the stuff that I actually do consider important, such as the paperwork and procedures you have to have in place so that there isn’t chaos in the mortuary.

‘But that’s not the point,’ said Ed, not quite banging his head against the wall, but close to it. ‘It’s a game you have to play, Michelle.’

‘It’s a stupid game,’ I told him, and I meant it.

‘Yes,’ he agreed tiredly. ‘But in order to get that piece of paper and make your CV look good, you have to play.’

So we went on and on. Sometimes I thought I was making good progress, but then I’d make a really dumb mistake and feel very dispirited about how it was going. A few weeks in was a particularly bad time when I answered a question Ed had set about the circulation of blood.

‘It’s a good answer,’ he said as he handed it back to me the next day. I was about to congratulate myself and be all modest about it when he added, ‘Unfortunately, it wasn’t the answer to the question I asked.’

I stared at him. ‘What do you mean? Yes, it was. You asked about the circulation and that’s what I’ve written about.’

‘The question asked you to describe the coronary circulation.’

‘And?’

‘You’ve talked about the circulation of blood in general.’ I still didn’t quite see, so he explained. ‘The coronary circulation is purely the blood supply of the heart. The three arteries and the venous system on the surface of the heart muscle.’

At this, I felt about two inches high. He tried to cheer me up. ‘Never mind. At least you’ve done some revision on an important subject.’

And all the while, I was aware that Gramp was ill. I tried to get to talk to him, if not see him, at least once a week, and every time he seemed just that little bit weaker, slightly more tired. I guess I knew what was coming, but didn’t want to think about it too much.

As the day of the exam approached, Ed, who had been gradually increasing the pressure, relented. ‘If you don’t know it now, then you never will,’ he said, which just made me think. Then I certainly never will. ‘It’s important you relax now. Too much stress and it’ll only hinder your performance. Just a bit of light revision, and you’ll be fine.’

Which was all very well, but I knew better than he did how much I didn’t know, and all the stupid mistakes I’d made kept coming back to me. It got so that I was waking in the small hours of the morning with all this going
through my head, plus worries about Gramp’s illness mixed in.
Gramp had been admitted to a hospice to die. It was a beautiful building, almost like an old stately home, surrounded by well-tended gardens. He was having trouble walking because of his breathlessness, so the staff had made sure he had a bed by the window. They were fantastic, even down to the cleaners who greeted you by name when you arrived. Gramp was happy to be there, and it was the right time for him, he had asked to go. He had become frail, and the robust, able man I had known had turned into a slow elderly gentleman. He had not lost his sense of humour though. My Gramp was still there inside the frail body he now owned.

He had only been there a couple of days when Dad rang me at work. ‘Hi, love,’ he said in a soft voice. ‘What’s up, Pops?’ I asked.

‘I think you need to come down to the hospice. Gramp is not good and I don’t think it will be long now.’

‘OK,’ I replied, feeling suddenly afraid, like being kicked in the stomach, hard.

Clive had told me that I could go, and that I should go, but I didn’t know what to do. I was surrounded by dead bodies, but deep down I was so afraid to go to the hospice because it was steeped in death. I rang Luke who offered to come and get me, but I had to do this on my own. Within half an hour I had left the mortuary and was slowly walking the short distance to the hospice. It was almost as if my legs didn’t want to take me there, even though my head and heart wanted to go. The twenty-minute walk from the hospital to the hospice this time took me forty-five minutes, a walk I knew well, but if you had asked me that evening, I couldn’t have told you how I got there. It was almost as if autopilot had kicked in good and proper.

I entered the big wooden doors of the hospice just as it started to get dark about four o’clock. There was a huge spray of lilies in the vestibule and the smell was overpowering. One of the domestic assistants was polishing the wooden chest they stood on. I looked at her and smiled, asked her how she was, then mumbled something about the dark evenings. ‘I’m so sorry for your loss, Miss Williams,’ was her response.

I was stunned. I was too late. My selfish dawdling and deciding what was best for me meant I had missed my last chance to see my Gramp breathing. Talk about being kicked in the stomach again, although I felt I deserved to be kicked a lot harder at that moment. I suddenly froze: was Dad going to be angry with me? He had rung two or so hours ago asking me to go. I sat down on the nearest chair and took a few deep breaths.

After composing myself for a few minutes, I climbed the wooden stairs up to the area where Gramp’s bed was. The curtains were drawn around him, and I could see Mum and Dad’s feet behind the gap at the bottom. ‘Dad?’ I said quietly, not knowing what the reaction would be. I felt as though I had totally let him down. This was about his father; how on earth would I feel in this situation, especially when you knew that your daughter had a fantastic relationship with your dad. My head was doing somersaults. Dad came out from behind the curtain. As he did I glimpsed Gramp. He was sitting up, dressed in his pyjamas, pale and thin, eyes closed but jaw hanging down.

Dad put his arm around me, and I asked him if he was all right. ‘Do you want to come in?’ Dad asked me, and again I froze. The NO that came out of my mouth shocked me. It was very stern and sure. The slight glimpse I had had of Gramp through the curtain was enough. ‘OK, that’s fine, love, whatever you want to do; Mum and I will be staying a little longer and Michael is on his way. Luke not with you?’

‘No,’ I answered, staring at the curtain. ‘I’ll wait downstairs for you both, Dad. I’m sorry.’ Dad tightened his grip on my shoulder then went back to Mum and Gramp.

As I walked down the stairs to find the chair I had sat in earlier, I met Michael who had just arrived. ‘Am I too late?’ he asked. Heaven knows what happened next, but it was at this point that I began to cry. That uncontrollable sob, the sort I had witnessed so many families experience in my months at the mortuary. Michael got me to my seat, and said gently, ‘I guess that I am, then.’ He was smiling slightly, in the caring way that you only recognize from the people you most love, and on seeing his smile and his face, I did what people in those families also do; I apologized.
to him.

I now understand the relief that this can give a person who is bereaved and in shock; the ability to grieve is helpful for most, although the guilt of not sitting with Gramp after his death ten minutes earlier had become a little overwhelming.

I told Michael he should go and let Mum and Dad know he was there, and toyed with the idea of going back up myself, but I didn’t feel ready. Michael climbed the stairs, but came back down to me almost immediately. We stayed for a couple of hours while we waited for our parents, drinking far too much dodgy coffee from the vending machine, freezing while out in the cold smoking too much, as the smell of the lilies started to choke us both.

We chatted about times past, mainly how we remembered Gramp when we were just youngsters and how, when we had visited Nan and Gramp, he would tell us that ‘a little bird’ told him stuff about our progress at school and our achievements. We were always amazed at how he knew this, not thinking for a minute that Mum and Dad would speak to them over the telephone of an evening while we were safely tucked up in bed.

We ended up giggling at some points.

Eventually, we all went on to my parents’ house and things were talked over. Luke met us there, but took a back seat and was there for support and to keep the kettle hot. This was the first time I had really been involved in the death of a family member. As I was older, and considering what I did for a living, my parents felt no need to hide me from death.

The funeral arrangements were made the next day with a local undertaker, for a week later, and I knew they would treat Gramp to the level we expected, and with the respect he demanded. This was one of the bonuses about my job. As I’ve said, I had come to know a lot of undertakers and found out what they think of the job they are doing. Some of them just want to pay the bills and, I suppose, to have a quiet life, because the one definite thing with the dead is that they will never answer back, but there are a few who genuinely care. When they arrive to collect a body, they are gentle, they talk to the deceased and the respect is there. Some of the others will just pull the body over from our trolley onto their stretcher as if it’s a lump of meat, strap it in then wheel it away. I was not having that, no way. Also, another thing I had learnt was that it was important for us that the funeral director was an independent trader; a lot of companies are owned by American chains, and they work by sales figures. I decided that I wanted us to use the same people that dealt with little Lizzie last year – Tony, from Phelps & Stayton. I told my family about his compassion and commitment, and all agreed.

I arranged with Tony that they would collect Gramp as soon as possible, and spoke to the consultant at the hospice, using my position to lay it on thick, and he kindly pushed through the paperwork that accompanies a death. I also knew that it was important that I see Gramp at the funeral parlour – I don’t know why, maybe the guilt of not being able to look at him straight after his death, or maybe to see if they had got everything to my expected standards at the funeral parlour; not that I doubted Tony, but just needing reassurance, I suppose. Mum also wanted to check that Gramp was correctly dressed for his send-off, so we decided to go and see him together.

It was a cold March evening, and we had an appointment at Phelps & Stayton for four o’clock. It was only up the road from the hospital so I met Mum there. With her she had a packet of playing cards, twenty cigarettes (‘just in case he fancies one,’ although he had given up when Nan got ill after twenty-five years of smoking) and a lighter. These were going in the coffin with Gramp. ‘I’m not putting any photos in with Gramp, Michelle; he won’t be forgetting us,’ Mum said to me before we went in.

When we entered, Tony treated me as bereaved family, and not like his colleague from the hospital that was with her mum. He took us into the chapel of rest and said he would leave us and to take as long as we wanted. I was amazed by the chapel. Soft lighting, soft music being pumped in the background, that scent of lilies again, but this time serving a purpose by taking away the smell of embalming fluid, as well as heavy, clean carpets and plush office-type chairs.

In the middle of the room was Gramp, laid out in his coffin. The lining of the coffin was pure white satin. When we had been to Phelps & Stayton to meet with Tony to arrange the funeral, we had a choice of three colours for the lining, baby blue, baby pink or white, all of them being in a strange-looking so-called ‘satin’ material. I had asked Tony if there were any other options available, like possibly cotton padded lining, but no.

So there was Gramp, looking very smart in his favourite suit, which was now too big for him. I knew that Tony would have pinned it at the back to make it a better fit, and was sure that Mum must have figured this out too, but it was left unspoken, although Mum did check to see if he had his underwear on. I understood this fully, and her reasons why.

Before Gramp went into the hospice, Mum and Dad had taken on his care. He had a home help a couple of times a week, but my parents decided this was nowhere near enough. So, Mum would go to see Gramp before her shift started at nine in the morning. She would take him the daily national paper, any groceries he needed, daily stuff like bread and milk, make him a cup of tea, help him with any personal necessities, ensure his bed was clean – which had
been moved into his living room for the heat and the TV – then she would go off to work only to return at two thirty to do it all again, but this time bringing the local paper. Dad would also go up every evening at six and sort out his mail, make more tea, compose a shopping list for the ‘big’ weekly shop day by day, and ensure Gramp was settled for the evening with good access to the telephone if he needed it. Dad did curse himself for this action one evening though, when Gramp had rung the police to ask them for a cup of tea, as he did not want to disturb Dad.

So, as in life, Mum needed everything to be right for Gramp, because this made her settled.

Thank God, he was wearing the underwear that Mum had so meticulously folded and placed into Gramp’s overnight bag for Tony. I had thought at one point that Mum was going to request that she dress Gramp, but no. I was pleased that I had gone to see him. He looked so peaceful. No heavy make-up to hide the imperfections that death brings, just carefully adjusted lighting to present him in the best way. Dressed to perfection, thanks to Tony, and his suit had definitely not been cut up the back and placed over him and tucked under (another trick that some undertakers pull), which I had checked while Mum was faffing with her handbag; as I knew he would, Tony had taken time to dress Gramp properly. Mum placed the packet of playing cards in Gramp’s top pocket, and his cigarettes and lighter on the inside pocket. We were both fully aware that these were going to end up in the fire with Gramp at the crematorium, but it was comforting for us and we needed to do it.

We stayed for half an hour, sitting either side of the coffin; occasionally, we spoke to Gramp and chatted between ourselves over him. All the time I was there, at the funeral parlour, it had been making things better for me. Although I knew that this was not about me in the slightest, I had been struggling with what to feel and how to react. I needed to come to terms with Gramp’s death and accept it, and had thought I would know how. For God’s sake, I worked with the dead after all, and had done so for quite a while now; I had thought that I was becoming the expert, the expected expert, and that was how I had felt.

But how wrong I had been.

When it came to the point that it was happening to me – and well and truly happening – I had no idea what to do, and this frightened and confused me. I couldn’t understand it. I had spent the last few months surrounded by dead people, dealing with them and dealing with their grieving kin. I knew how it worked and knew what to expect because I had seen it on so many people’s faces and heard it in their voices. But it turned out to be quite different. Nothing I had seen or done or learnt in the mortuary prepared me for not being the detached professional who shut up shop and went home in the evening still surrounded by all the family that I knew. There was no getting away from this, no popping down the pub for a few beers and a laugh; Gramp was dead and would remain so for ever.

So did I put on the front that I thought everyone would expect, that I was not fazed by it and understood that these things happen to us all, the one thing guaranteed in life is death? Or did I show how I truly felt? How I wanted it all to go away and to have him back again? Neither seemed quite right, somehow. I didn’t want to be too cold, but also I thought that the family were relying on me to help them through this terrible time.

Of course I was starting to understand the whys and hows of death, but that was other people, other people’s relations, not my Gramp.
It was about a three-hour trip from where I live to the examination hall in London. The examination was due to start at two in the afternoon and, although the Trust would have paid to put me up in a hotel in London the night before, I decided to travel up that morning. Mum volunteered to keep me company so that I wouldn’t be lonely. We got the nine o’clock train and I spent the journey leafing through the ‘red book’ doing a bit of last-minute cramming while Mum chatted randomly and, I know, tried to take my mind off what was to come. Bless her, she had no effect whatsoever; my stomach was churning and I was having so many hot flushes I thought I was going through the change. I drank so much black coffee I had to make three trips to the toilet, the last time just leaning against the mirror after I’d washed my hands, breathing deeply.

When we got off the train at Paddington, my legs felt as though someone had taken the bones for organ donation they were so rubbery. I felt sick and, what with the crowds and the smell of the diesel, ready to faint. Mum asked if I was all right, so I smiled and said, Yes, feeling anything but. The Tube ride was even worse – how do people cope with that every day? – so that by the time we got to the exam hall I felt hot and dirty and ready to collapse.

As we still had well over an hour to go, I suggested to Mum that we stop for a coffee; not that I wanted another one, only to sit down and try to regain some normality. Mum had a sandwich but I just sat and stared at another bloody cup of coffee. All that morning I had been receiving texts wishing me good luck and now that the time for the exam actually approached, they got more and more frequent. At quarter to two I received a text from Ed telling me that I had nothing to worry about, which was nice but a long way from the truth. Before I switched the phone off, the last text I received was from Luke. We left the café and walked the two hundred yards to the examination hall. I couldn’t believe I was having to sit an exam again. It felt like a dream, and not a nice one at that.

The building was huge, and the room we were shown to was also massive. High ceilings and big windows. There were about twelve of us in total, and we were each shown to a small individual desk that had a sheet of plain paper and a name tag with a number on it, our own personal candidate number. There was a man walking around, and he asked us all to put our bags and coats into the corner of the room. I thought I was going faint, but luckily we all had a glass and a small jug of water on our desks, which I do believe saved me. We sat quietly and scanned each other. What I noticed most was the age gap. Although there were three people who looked about the same age as me, there was no one younger. And, without sounding rude, all the others looked forty plus. The males in the room were big. Tall men with big arms, very burly-looking but with gentle faces and nothing like Graham and Clive in the muscles or stature department. You could feel the tension in the room, but I was pleased I could sense that everyone was in the same boat and feeling the same pressure. The large door to the room opened and in walked a portly, smartly dressed lady in high heels carrying a large brown sealed envelope. The exam papers had arrived.

There was a lot of shuffling in seats and the portly lady must have felt everyone’s eyes following her to the front of the room. She positioned herself behind a large desk and turned to face us all, and welcomed us. It was at this point that I wanted to curl up and die. This was it. No going back. My main thought was that I was going to flunk this completely. I was going to be given this exam paper and not know a single answer. Panic had well and truly set in, and as I looked around the room, it was obvious that I was not the only one feeling that emotion.

The portly lady introduced herself as Miss Rayne, the examinations officer. She informed us that we would have two hours, starting at 2 p.m., to complete the paper. We should attempt to answer every question, but under no circumstances write on the exam sheet that was about to be handed out. She walked around the room placing on every desk a thin exercise book with a cover that had space to fill in all our details and contained several A4 lined pages with a margin on each. She made it clear that we were to number the questions we were answering in correspondence with the exam paper.

Once she had handed out the exercise books, she opened the brown envelope and did the same lap of the room,
placing an exam sheet face down on everyone’s desk with the instruction that it should not be turned over until we were told to do so. I was glad I was sitting down. I think if I had been standing I would have fallen over by now. My cheeks were glowing and, although it was not a particularly hot building, my body temperature was certainly above average. As Miss Rayne placed the green examination sheet on my desk, I saw there were two questions on the back. I wasn’t sure if I was supposed to look at them, but being the sort of person that if placed in front of a big red button and told not to press it . . . well, I just had to.

The two questions both asked me to pick one of the three choices given, and answer in essay style. The relief was so massive that I could have cried. I was actually confident I could answer at least one on both after quickly scanning them, which was all I needed. I knew that this was at least 50 per cent of the exam paper and, although it had different levels of awards, 50 per cent was a pass, and that was all I wanted. I wasn’t worried about honours or merits; just a pass would be fine by me, and that was all my family, Luke and work would want.

We were (again) informed by Miss Rayne that we could answer the questions in any order we felt comfortable, as long as they were numbered. This was obviously very important. The second hand on the large clock on the wall reached the hour and we were given the command to begin. I started with the back of the paper, almost fearing the front, and answered one question on admitting bodies to the mortuary and the relevant paperwork. This was a doddle and repetition played a big part as I ran through in my mind what Maddie and I did every morning, then just put it on paper.

The second of the essay questions I chose to answer was on how you would take extra precautions when performing a high-risk autopsy, which means one on someone who has died from a highly infectious disease such as hepatitis or HIV. Clive began to speak loudly in my mind.

All your PPE as you would anyway, Michelle, but wear a chain-mail glove on the hand you retract the organs with . . .

Not your knife hand, the hand that is in the body, because that is the one you will most likely cut . . .

Do not leave the post-mortem room under any circumstances . . .

Keep your table free of blood splashes and make sure you keep the floor clean, and don’t think twice about wrapping the mop around the pathologist’s ankles if they spill blood on the floor, they can be messy buggers, mind, up the walls, ceiling and everywhere, keep it clean . . .

The infections are in the blood, Michelle, and it only takes a drop, NO needle stick injuries either, under any circumstances, and continue to disinfect as you go along . . .

But most importantly, you cover yourself up, keep yourself protected as you are important, don’t do anything you feel is a risk to yourself or others, and take your time. Always ask a senior if you’re not sure, they like that in the exam as well if you mention it . . .

As I came out of my thoughts, if Clive had been there I would have kissed him. The question was answered and half of the task done. Then, the fear came back and I took a couple of minutes before I turned the page. This was ‘fill in the gaps’ time. Written on the paper were twenty-five answers with blanks in the sentences; some had one blank, some had two. All we had to do was write down the answers in the exercise book. Luckily I knew about seventeen of these answers and had a random guess at the rest. By the time I had finished and read through, it was three thirty. Half an hour to waste. I placed my pen down and just sat there. Miss Rayne picked up on this and came over to me and whispered that I could leave if I was finished. I was out like a shot.

The fresh air hit me like never before when I came out of the building, and the relief that it was over was surreal, but within minutes I began to feel I needed to go back in and tweak my answers, because I was seriously starting to doubt myself. There was no way this was going to happen though, and my chance was over. I switched my phone back on and, between the late text messages coming through, rang Mum, who was in a café just down the street. When I met her, she had an empty coffee cup and I insisted that we headed for the nearest pub for some food and something to calm my nerves.

There was nothing I could do now apart from wait and try to forget all about it.
And then, during the seven weeks I had to wait for the results of my ordeal in the exam hall, it went really quiet; it’s like that in the mortuary – people dropping dead like it’s going out of fashion for a few weeks, then suddenly they decide that they want to hang on for a bit, so we have nothing to do. I used to long for days like this – in my previous job, any down time from the stresses of dealing with special needs people was a plus – but in the mortuary, there is only so much cleaning, tidying, ordering and paperwork you can do. After that, it tends to be sitting in the office, drinking coffee, gossiping and seeing to undertakers and relatives coming for viewings.

On days like this, Clive amused himself and us with stories and observations about what was going on around us. The mortuary office has a window that not only looks across to the A&E department but also allows us to see who is coming into the back entrance of the pathology department. Clive had nicknames for a lot of them – but his favourite was Ray, the man who came in every morning to sweep and clean the floors and put out the rubbish. Ray was about seventy years old and possibly the most miserable man in the country. He had only two topics of conversation – the weather and the football – and on both of these he could bore for England. He was a rabid Everton supporter and his life was therefore full of woe, which he spread around with great relish; a rainy weekend on which Everton got hammered four nil by Liverpool, and we knew that if he caught you in the corridor you’d feel like slashing your wrists after ten minutes. Being a rugby girl with no interest in football, I would avoid him like the plague. But there was no real malice in Clive. He liked to enjoy life, even if much of it was spent doing things that would turn most people’s stomachs.

We knew that the quiet period wouldn’t last and, sure enough, it ended quite suddenly with a multiple pile-up on the M5. It happened during the morning rush hour, and just before I left the house, I saw the first news flashes on the morning TV. There was carnage with at least six cars and an HGV involved; it looked from the pictures as if there had been a bad fire, so I figured we’d be getting some work from it. The traffic in the town centre was heavy because they’d closed both lanes of the motorway and a lot of the northbound traffic was being diverted that way.

When I got in (fifteen minutes late), Clive was already on the phone to the Coroner’s office, looking serious. Maddie and I made coffee and listened in on his side of the conversation, from which we gathered that there were three dead, all from one car. It had gone under the HGV and then caught fire, with all three of them trapped inside. I felt sick when I heard this and I could see that Maddie felt none too good either. Neither of us had seen a fire death before and we weren’t looking forward to our first experience.

The undertakers brought the bodies in just before noon and, instead of the normal banter, no one said anything much. The dead were in body bags made of thick black plastic so you couldn’t see any of what was inside, or even judge the shape, but the ash and charcoal on the outside of the bags gave me all sorts of nightmares about what I would see when we opened them. And there was a smell, too; it was one I’d never encountered before in the mortuary, but it was very familiar. It brought back memories of summer meals, when you’ve eaten everything you want and the meat left on the barbecue is too far gone to be rescued. When we transferred the bodies from the undertakers’ trolleys to ours, two of them were light – perhaps only half the weight of a normal adult – and the feel through the body bag was all wrong, as if these bodies weren’t made of flesh but of something harder.

Later that afternoon, Neville Stubbs sent through the E60 forms from which we could see that the dead were a mother, father and seventeen-year-old daughter, by the name of Franklin. They had been returning from a short break in Devon where they had been visiting friends. Ed, who was going to do the autopsies the next day, came down and read what Neville had sent. Then he got on the phone and rang the Coroner’s office, telling Neville that before he started the PMs he wanted to see the police reports on the accident, as well as any photographs of the scene that SOCOs had taken. Then he turned to us with a sad smile on his face. ‘It’s not going to be nice in there tomorrow, but it’s got to be done. I’m sure you’ll cope.’
When I got into the mortuary the next morning, I felt exhausted, having hardly slept. Clive was sitting at his desk looking through a book with a light blue cover and spiral binding. Maddie was already there and she said, ‘It’s the photos of the accident.’

‘What are they like?’

‘I’ve not seen them yet.’

Clive looked up. ‘They’re not nice. Not nice at all.’

I thought for a moment he wasn’t going to let us see, but then he held the book out, saying, ‘You have been warned.’

The shell of the car, half wedged under the body of an HGV, was just about recognizable, although it was badly crushed and completely burned. There were three bodies inside, but they could just have been shop mannequins roasted by flame-throwers. The driver was slumped over the steering wheel, his hands – burned down to bone – clenching it. The front seat passenger was sitting bolt upright, as if asleep. The rear passenger was smaller but she was the worst. She was curled into a foetal ball, fists clenched, arms and leg flexed. You looked at her and you couldn’t help wondering if she had been alive when the fire took hold.

I couldn’t reach the end of the book and neither could Maddie. We handed it back to Clive who took it and shut it in the top drawer of his desk.

An hour later, Ed came down and perused the photographs and read the police reports that Neville had supplied. We had taken the body bags out of the fridge but not opened them and they now lay waiting, one on each PM table. Ed declined coffee and went to get changed. Maddie and I followed Clive into the dissection room, then waited for Ed to come in and put on the PPE. Only then did we open the body bags.

That smell again, only a lot, lot worse and now it was combined with the terrible sight of those three poor people. The driver – assumed to be Mr Franklin, but no definite identification had been done yet on any of the bodies – had had to have his hands broken off in order to remove him from the car and these were beside him. His feet had burned away completely, as had much of his torso and chest. The front seat passenger was as badly burned but the smaller, back seat passenger seemed to be the worst; her feet and hands were burned away and most of her back had gone, leaving only a spinal column and a few blackened rib stumps.

Ed and Clive examined the bodies for jewellery, finding a wedding ring on the front seat passenger and a matching one on the detached hand of the driver, although there was nothing on the rear passenger. There was no clothing on the bodies, and so no pockets to search. As Ed was making a few notes on the external appearance of the bodies, Maddie said to him, ‘There doesn’t seem much point, really, does there? I mean there’s not a lot left to look at.’

Ed looked up. ‘Oh, you’d be surprised. You’d be surprised.’

He then said to Clive, ‘I’ll do the evisceration.’

Clive said with a sly smile, ‘Sure you can cope?’ Not often a pathologist does his own evisceration. Ed said nothing, just picking up the PM40 knife while Maddie and I looked on. He went first to the driver’s body. The abdominal cavity was practically empty except for a charred lump of liver, but the ribcage was still intact; he opened this by a combination of some cutting but mostly just pulling apart. The heart and lungs, although partly cooked, were relatively unburned. He pulled them gently then put them together with the liver in a bowl. He then cut down on the ribs and tested each one, finding that nearly all of them were broken. There was also a fracture through the lumbar spine, but the pelvis was intact. ‘Will you take out the brain?’ he asked Clive.

‘You’ve seen the fracture?’ There was a jagged hole in the head.

Ed nodded. ‘I think the fire did that,’ he explained to Maddie and me. ‘Intense heat will fracture bones.’

While Clive was working with the bone saw on the skull, Ed dissected the organs with Maddie and me looking on. As he did this, he showed us what he was finding. ‘The aorta’s been transected. That’s good.’

Maddie frowned. ‘Is it?’

‘It’s a classic deceleration injury; one you don’t survive.’

‘You mean that’s what killed him?’

‘I hope so,’ he said quietly but fervently. ‘I bloody well hope so.’

When he opened the major airways and saw that they were clean, we could see that he was smiling underneath his mask. ‘No soot. That’s good because it’s another indication that he was dead before the fire took hold.’

Clive came over with the brain. It didn’t look like a freshly removed brain normally did; it was smaller for a start, and paler, and firmer. Ed explained, ‘It’s been cooked – a bit like brain en croute, I suppose – and that’s fixed the tissues, much as chemical fixatives do.’

Clive said, ‘I’ve stripped the dura. There’s no other sign of a head injury.’

And that was that. Ed had cheered up because he could be fairly sure that death had been due to the collision and not to the fire. He moved on to the front seat passenger and found similar injuries. Because she was slightly less
burned, there was even evidence of a large amount of blood in the chest, again in keeping with a ruptured aorta due
to trauma. We were breathing more easily by now: it looked as though these poor people had not suffered when they
died, because their injuries would have been more or less instantaneous. When it came to the rear seat passenger,
though – the one that ought to have been the young girl – he came across a problem. There was no sign of a ruptured
aorta, and there were no major boney injuries. Ed became noticeably quieter. When he opened the airways, though,
there was at least no soot.

He shook his head and sighed. ‘I don’t know why she died.’
‘But it wasn’t the fire, right?’ I asked.
He shrugged. ‘Hopefully not. The clean airways are a good sign . . .’ But he sounded unsure.
I remembered how she had been curled up in the car and suddenly became terrified that perhaps she had survived
the crash and burned to death . . .

He turned back to her body. ‘Our chances of getting anything for carbon monoxide levels are pretty small . . .’
I knew that carbon monoxide levels in the blood go up in fires. Clive said, ‘There’s no chance of getting blood.’
Ed said, ‘Try to get some bone marrow from the lumbar spine. I think that’s our best bet.’
‘OK, boss,’ said Clive.

While Clive did this, Ed made notes; it didn’t take long. Then he went to the changing room for a shower. Clive
said, ‘Well, at least there’s not much reconstruction required.’

In fact, all that was required was to zip up the body bags and put them back in the body store. There wasn’t much
cleaning up to do either; mostly it was sweeping up bits of charcoal from the floor and washing down the grease and
pieces of clotted blood from the dissection bench. When we’d finished, the PM room was again spotless, but the
smell lingered.

While we had coffee in the mortuary office, Ed phoned Neville and told them his conclusions and that he wanted
the toxicology lab to attempt carbon monoxide levels on the bone marrow samples. He listened for a moment, then
closed his eyes. ‘No, Neville. They’re not viewable.’ Clive laughed out loud in the background: ‘Typical.’

Ed continued. ‘No, no chance at all. You’ll have to go by dental records.’ He paused. ‘Yes, the teeth are intact.’
As he put down the phone, he was shaking his head. ‘Where does that man keep his brains?’
Clive shrugged. We were well used to the Coroner’s officers pressurizing us to let relatives view bodies for the
purposes of identification. They never seemed to believe us when we sometimes had to tell them that the bodies
were too mutilated or decomposed or burnt to let relatives see them.

That night, I dived into the Merlot as soon as I could. Luke was cooking but didn’t ask what was wrong, knowing
I would tell him if I needed to. It was good to have some normality back, although it took me a long time to stop
wondering about the girl in the back of the car.
The days before 26 April – when the results of the certificate examination were due to be published – were far tenser than I ever thought they’d be. I had worked it all out beforehand, how chilled I’d be, how that day would be like every other. I wasn’t bothered about the result and kept telling myself that this wasn’t a particularly important exam; after all, it wasn’t as if my job depended on it. My GCSEs had been a lot worse than this.

Yet, as the middle of April came and went, I couldn’t stop myself wondering again and again how well I’d done. Although it didn’t really matter if I’d cocked things up, because I would still be going into work every day, I still had enough pride to want to succeed, even if it was only just scraping through. Ed didn’t help, either. I know he meant well, but he would insist on trying to keep my spirits up by telling me he was sure that I had done really well and that there would be no problem. Me, however, I had different ideas. He hadn’t been in that room and sat there with a feeling of inadequacy, a feeling that had grown as soon as I’d left the building and that had continued to grow as the countdown to results day progressed. I knew how much better I could have done, something that Ed’s reaction when I told him that I had left the exam hall early – he had winced – only reinforced.

On the day that the results were due out, the post still hadn’t arrived by the time I left for the mortuary. I never even thought about hanging around, happy to spend the day in blissful ignorance, but about halfway through the morning Ed came down to the mortuary demanding to know what my results were. I told him that I didn’t know and he was astonished that I was willing to wait until the evening to find out.

‘I’ll give you a lift home at lunchtime.’

‘Why?’

‘So you can get your result.’ Ed didn’t seem to appreciate that I didn’t particularly want to know my result.

‘It doesn’t matter. It can wait. I don’t want to trouble you.’

‘Rubbish! It’s no trouble. I’m as keen to have the good news as you are.’

‘It might not be convenient for Clive.’

But Clive, bless him, said at once, ‘I haven’t got a problem with that. We’re quiet and the place is pretty clean. I can spare you for three-quarters of an hour.’

So Ed drove me home while I sat in his car and realized that I was very, very bothered indeed about the result. I was so bothered that I was feeling like I had when I had sat the bloody thing – wobbly-legged, sick and almost out of my body with stress. He behaved as if this was a normal day; he had Radio 2 on, while chatting about nothing at all. As we pulled up outside my house he turned to me, smiled and said, ‘Don’t worry, Michelle. In the long run, it doesn’t really matter.’

I wasn’t sure how to take that but smiled back and nodded and said, ‘No.’

It’s not a long walk up to my front door from the pavement but it seemed like it at that moment. The boys heard me coming of course and there was a gigantic explosion of barking as I approached. I put the key into the lock, turned it and pushed the door open, my head already turned down to look at the floor of the front porch where the post lay.

There were three pieces of junk mail, a bill for the telephone and an A4 brown envelope that I knew at once was the result I had been dreading. I knew from talking to the other candidates that if the envelope was flimsy then it was a fail but if it was quite stiff then I had passed. With the boys barking for England behind the frosted glass of the inner door and my stomach so full of sickness I thought I was going to vomit, I bent down and picked it up, flexing it slightly.

And you know what? I couldn’t tell. I didn’t know which of those it was, flimsy or stiff. Inside might have been a letter telling me I was a loser, or it might have been a certificate proclaiming me a brain-box. Without ceremony, I ripped the top off and dived in.
I had passed.

Not a great pass, I have to admit now. Something of a scrape, as Ed cheerfully observed when he looked at my marks, but I wasn’t bothered. A pass is a pass is a pass; end of. I was happy.

Clive and Maddie were pleased as punch, of course, and I spent the rest of the day in a happy glow, similar to the way I’d felt when I’d got the job in the first place. I had phoned Luke at once and he was over the moon too, promising that we would go out that night to celebrate. When I phoned Mum to tell her she almost burst into tears and I could hear Dad in the background shouting, ‘I knew she’d do it. I knew our Michelle would do it.’

We all arranged to meet at the pub at eight that evening and by half past, as we sat in the fading daylight of the beer garden, the lager-fuelled banter was at its height. I was toasted by Dad at least three times and he told everyone how proud he was of his daughter and how she was a credit to the family, which made me go red and hot and wish I was anywhere but there.

But it was a good feeling, no doubt about it. I felt that I had really achieved something, perhaps for the first time in my life. I had a job that I liked and that was important. Before I’d started out a year ago, I’d never thought much about what went on in a mortuary, and I suppose most of my ideas were based on what I’d seen in films. I didn’t know how much care and pride there is in a mortuary – quite as much as there is on the wards – and how necessary it all is. I thought also that I was a better person because I saw almost on a daily basis the best and the worst of what human beings can do and can be like. People like Clive, Graham, Ed, Peter and me work away doing things that most people don’t know about and don’t want to know about but, if we weren’t there, the rest of society would soon notice.

Yes, I thought. It’s not altogether a bad life down with the dead men.
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