

You loved your last book...but what are you going to read next?

Using our unique guidance tools, **Love**reading will help you find new books to keep you inspired and entertained.

---

**Opening Extract from...**

# **The Narrow Bed**

Written by Sophie Hannah

Published by Hodder & Stoughton

All text is copyright © of the author

This Opening Extract is exclusive to **Love**reading.  
Please print off and read at your leisure.

---

S O P H I E  
H A N N A H

The Narrow Bed

  
HODDER &  
STOUGHTON

First published in Great Britain in 2016  
by Hodder & Stoughton

An Hachette UK company

I

Copyright © Sophie Hannah 2016

The right of Sophie Hannah to be identified as the Author of  
the Work has been asserted by her in accordance with the  
Copyright, Designs and Patents Act 1988.

All rights reserved. No part of this publication may be  
reproduced, stored in a retrieval system, or transmitted, in any  
form or by any means without the prior written permission of  
the publisher, nor be otherwise circulated in any form of  
binding or cover other than that in which it is published and  
without a similar condition being imposed on the  
subsequent purchaser.

All characters in this publication are fictitious  
and any resemblance to real persons, living or dead  
is purely coincidental.

A CIP catalogue record for this title is  
available from the British Library

Hardback ISBN 978 1 444 77608 9  
Trade Paperback ISBN 978 1 444 77609 6  
Ebook ISBN 978 1 444 77612 6

Typeset in Sabon MT by Palimpsest Book Production Ltd,  
Falkirk, Stirlingshire

Printed and bound by Clays Ltd, St Ives plc

Hodder & Stoughton policy is to use papers that are natural,  
renewable and recyclable products and made from wood  
grown in sustainable forests. The logging and manufacturing  
processes are expected to conform to the environmental  
regulations of the country of origin.

Hodder & Stoughton Ltd  
Carmelite House  
50 Victoria Embankment  
London EC4Y 0DZ

[www.hodder.co.uk](http://www.hodder.co.uk)

For Paul Pagett, who almost guessed the right answer  
to the Liv and Gibbs question



**From:** inessa.hughes@goochandhughes.com

**Sent:** 10 February 2016 11.41:24

**To:** Susan.Nordlein@nordleinvinter.co.uk

**Subject:** *Origami* by Kim Tribbeck

Dear Susan

I am thrilled to be sending you the latest (and, we hope, final) incarnation of *Origami* by our wonderful Kim. Yes, I'm afraid she's still determined to call it that! Sorry to be the bearer of bad news. I have put your case to her as eloquently as I know how, but she refuses to entertain the idea of calling it *Kim Peculiar*, *Kim Ha Ha*. She is of the view that it's undignified, and I must admit I can see her point. I don't know if people in France or Japan ask one another if something is funny peculiar or funny ha ha. Do you think they do? It feels very English to me. I suspect it's a title that would travel badly, and since Kim is one of the few British comedians of her generation who's starting to make a real impact internationally, I'd like her book's title to have broader appeal. And as Kim pointed out (and of course she's quite right), she's hardly a 'ha ha' kind of comedian. She's far too dark and subtle for that, and endlessly under fire from the 'Why can't you just tell funny jokes?' brigade. To put 'Ha Ha' in her title would, I fear, give rise to a few 'Ha ha? There's not a single good punchline in the book!' sort of reviews.

I also think this book will sell not because it's a comedian's memoir – a flagging genre, I suspect – but because it's essentially a true crime book: the story of Kim's involvement in the Billy Dead Mates murder investigation. For this reason, I wonder whether we might do better with a title that sounds more crime-ish? I think I can persuade Kim to relinquish her cherished *Origami* if you will, at your end, agree not to mention *Kim Peculiar*, *Kim Ha Ha* again. What about something

*Sophie Hannah*

referencing Billy and his books directly? *The Billy Dead Books*? Or is that too oddball?

Since the book will form the basis of Kim's tour later in the year (and I'm afraid the tour is called 'Origami', whatever the name of the book ends up being) we will need at some point to talk about a special edition of the book to be sold only at Kim's gigs, perhaps with some extra content. I've attached a full list of tour dates as requested.

I think that's all for now. I am on the very edge of my seat, and likely to bounce off it in excitement as I await your reaction to this stunning book!

Warmest regards,  
Inessa



### **Kim Tribbeck in *Origami* – Autumn 2016 Tour Dates**

Newcastle/Theatre Royal – 2 September  
Newcastle/Metro Radio Arena – 3 September  
York/Grand Opera House – 4 September  
Harrogate/Royal Hall – 5 September  
Scarborough/Scarborough Spa – 10 September  
Durham/Gala – 11 September  
Huddersfield/Town Hall – 12 September  
Southend/Cliffs – 13 September  
Wimborne/Tivoli – 19 September  
Stoke/Regent Theatre – 20 September  
Coventry/Warwick Arts Centre – 21 September  
Nottingham/Playhouse – 22 September  
Warrington/Parr Hall – 23 September  
Ipswich/Regent – 29 September  
Scunthorpe/Baths Hall – 30 September  
Folkestone/Leas Cliff Hall – 1 October  
Birmingham/Genting Arena – 2 October

*The Narrow Bed*

Bournemouth/International Centre – 5 October  
Stevenage/Arts and Leisure Centre – 8 October  
Aylesbury/Waterside Theatre – 9 October  
Hayes/Beck Theatre – 10 October  
Chatham/Central Theatre – 11 October  
Northampton/Derngate – 16 October  
London/Southbank Centre – 17 October  
Cambridge/Corn Exchange – 18 October  
Aberdeen/Music Hall – 24 October  
Dorking/Halls – 29 October  
Swindon/Wyvern – 30 October  
Carmarthen/Lyric Theatre – 31 October



*from Origami by Kim Tribbeck*

For Elaine Hopwood, the mother  
I never met but always loved

# I

My tip for anyone under scrutiny from the police: as soon as you try to hide something, you make it glaringly visible, like the buildings and bridges that are sometimes wrapped in white cloth by artists, making everyone stare and point at them. Pull off the cloth and you've got an unremarkable office block or a congested commuter route across water; people walk past with their heads down, oblivious.

Tell the police the truth, immediately and in detail – all your sleazy lies, all your unsavoury personal habits – and no one will pay a scrap of attention. It's kind of obvious: when you hide, people seek, whereas when you talk about something that matters to you, no one listens. Ever. This is the main way in which human beings are reliable.

Standing before detectives, I decided straight away that I mustn't appear to be a mystery. For as long as I was one, there was a danger I'd look like one, so when I first went to the police, I held up my secret and waved it around ostentatiously like an ID card in a wallet: 'Here's my secret, now let me pass.'

I wouldn't have minded, except I only had the one. A solitaire. It wasn't even current – it was the memory of a secret. Nevertheless, it was my most treasured possession and my best friend. (I've had human best friends in the past. They're overrated.) I preferred my secret to my home, my work, my remaining blood relatives. Giving it up was a significant sacrifice.

I don't regret telling the police the truth. To do anything but reveal all would have been daft. As a real person, I understand this. Only fictional characters in TV crime dramas think, 'Here come the cops, investigating a series of brutal slayings – I'd better tie myself in elaborate knots to make sure they don't find out I watched a pirated movie in 1997. Who cares if it hampers their efforts to prevent the garotting-with-piano-wire of yet another apple-cheeked schoolboy? Just nobody mention *The English Patient*. I know nothing about that. I've never seen a burnt English guy in a hospital bed in my entire life, I swear.'

The TV-crime-drama police are just as puzzling in their behaviour as the civilians they interview. Aren't they? The minute they twig something's being kept from them, they launch into their passionate 'We, the detectives, don't care about most crimes' routine. 'Look, sir, we're investigating a murder here. That's all we care about: catching *this* killer. We don't give a toss if you've parked illegally, or partaken of the contraband *English Patient* video. Just tell us what you know about this murder. If you've kerb-crawled, or lied about your age to buy booze or ciggies, we're very chilled about that. Drugs? Do me a favour! Shoplifting, carjacking – all fine with us. Have you mugged an old lady, leaving her with severe head injuries? Try not to bore us, yeah? Like we could give a shit about some irrelevant old boiler.

'Despite being employed to keep society safe from harm, we only actually want to solve *one* crime. We've decided, for some peculiar reason that is never elaborated upon, that none of the others count. We're the police equivalent of a lollipop lady who's determined to usher *one* kid safely across a road while ignoring the dozens falling under the wheels of SUVs nearby. Tell you what, I'll cut you a deal: give me something, anything, that'll take me one step closer to catching *this* killer – the only criminal on the planet I care about, even though that's utterly irrational – and I'll grant you immunity for all your other

crimes, like the baby you strangled, and the fire you started in which eight nurses died.'

'I still can't risk telling the truth,' thinks the narcissistic suspect with no sense of perspective. 'I've been assured by the most eminent superintendent in the land that I could have melted my neighbour in a cauldron of boiling wax and he'd totally let me off, but there's still no way of predicting how annoyed he might be about the whole *English Patient* thing. Nope, that's a tough one to call. Better play it safe and say nothing.'

In my first real-life experience of this kind of situation, I gleaned a perverse satisfaction from giving up my shocking secret straight away. Truth is, I felt a little bit ashamed to be involved with the police in the role of boring goody-two-shoes who'd done nothing wrong, so I decided to try and annoy them. A detective's job is to ferret out what people are hiding, so how irritating must it be for them when someone's opening gambit is 'Let me tell you everything'? Imagine how furious Jamie Oliver would be if he opened his oven on Christmas Day and found a perfectly cooked turkey with all the trimmings in there that someone else had prepared earlier; it must be like that.

I shared my solitary secret with the detectives investigating the Billy Dead Mates murders as if it were a great gossipy anecdote. It *was*. I said, 'I don't know where to start. Oh, wait! Yes I do!' And laughed.

There was only one place I could start: in the middle in every sense, with the symbolic object that stood at the centre of it all, a solid barrier between one half of my life and the other – an unpainted wooden door with a silver handle . . .



*Tuesday, 6 January 2015*

*Ringpull.* I think the word as I swallow the object.

It happened too quickly: a hard snag in the orange-flavoured

Fruit Rush in my mouth, then gone. Nothing to be done. Unless . . .

No, I didn't imagine it sliding down. It was too small to hurt, but I felt it: a lump in liquid. And the visual evidence tells me I swallowed it: its absence from the top of the can in my hand. I must have worked it loose and dropped it in – plucking and twisting, my fingers barely aware of what they were doing. My only aim was to fill time with physical activity. Although (I realise, now that I've swallowed metal) it's a habit I have even when I don't need to distract myself: I work the ringpull loose, snap it off and drop it into my drink to get it out of the way of my mouth.

If you think about it, it makes perfect sense: only one item to dispose of if it's inside the can. And – I'd have said before today – there's no danger of it ending up in your stomach. Only a fool would swallow a ringpull.

Did I do it on purpose? Because now I have a problem, maybe, and it occurs to me that might be exactly what I wanted. Another distraction: what to do about the foreign object inside my body? Is it dangerous? If it is, I have to do something about it, which means I'll need to leave this ward and go to another one.

Did I mention how efficient I am? This will impress you: when I need, unexpectedly, to find out if swallowing a ringpull is likely to do me any harm, I'm already in a hospital – the Rawndesley General Infirmary. You can't get much more ergonomic than that.

I'd never been inside a hospital until last Saturday apart from when I was born, but I've watched my fair share of medical dramas and I've never heard anyone mention the ringpull ward. At the moment I'm in Ward 10, the cancer ward. This is where my grandmother is dying. I have to stay until she dies, unless I can come up with a really good excuse to leave.

A sharp-edged metal object that might slice my gut open

from within sounds like a brilliant excuse to me, but then I'm not an expert. And I'm not sure if the edges *were* sharp. They probably make them rounded so nobody cuts their fingers. I'd better ask someone. The nurses and doctors on Ward 10 are bound to be more interested in cancer, but anyone working on the world's top illness must first have been trained in the basics of Fruit Rush can-component ingestion, surely. I just need to catch someone's eye . . . although ideally not *hers*.

Too late. The nurse with square-cut grey hair and tortoise-shell glasses on a chain around her neck is approaching. 'You're still here?' she says.

'Yes. Marion's still dying,' I say with a shrug. 'Can't really leave halfway through.'

I don't want to discuss the ringpull situation or anything with this woman – Bridget, according to her badge. I already know she doesn't have my best interests at heart, or else she's not bright enough to work out that they might differ from her imaginary version of them. She hasn't left me alone since I decided to sit in the ward corridor. She wants me tidied away, next to the deathbed. So far this morning she's tried, 'Has the doctor sent you to wait out here?' (No) and 'You can take that chair into Gran's room if you like.' (No, thanks. Actually, I only just brought it out.)

'I know it's hard, but you'd probably feel better if you were in there with Gran,' she says now.

*Stop calling her that. She's not your gran. Why not try calling her Marion like I do and always have?*

Bridget extends her neck to peer sympathetically down at me. It makes me think of those sticks with pincers on the end that council workers use to pick up litter in public places.

This has been happening ever since Marion was admitted to hospital: the people who work here keep reminding me of inanimate objects, even as they move around freely, and the

things on the ward remind me of living creatures. The shiny silver hand-sterilising unit on wheels makes me think of a pelican every time I walk past it.

I walk past it a lot. I leave Ward 10 as often as I can – for an extra bar of mobile phone signal for all the calls I’m not making; a drink when I’m not thirsty; painkillers from the hospital shop when I don’t have a headache; a magazine I can’t focus on; extra-strong mints. Any excuse. It doesn’t do me much good, though; I still have to come back here, to Ward 10. A dying grandmother isn’t like a crap movie at Cineworld – you can’t decide to sack it and leave halfway through.

‘I’m sure your brother’d appreciate the support too,’ Bridget adds.

‘I don’t support him,’ I tell her. ‘He’s asked the doctors to continue treatment – more transfusions, more oxygen. He wouldn’t let them catheterise Marion because a nurse I’ve never met said she might get a bladder infection, so instead they have to keep going in and changing her, and you can see in her eyes that she *hates* it.’

My voice sounds increasingly hoarse as I say what I’ve said a dozen times already. I don’t know why I’m bothering. No one listens. The staff here have things they’ve been trained to do – treat patients! Avoid infection! – and they’re determined to do them.

‘It’s crazy,’ I tell Bridget. ‘My grandmother is twenty-four, forty-eight hours away from death at most. Stop rolling her around like fucking scone dough! She wouldn’t want it. Put in a catheter, now. Stop listening to Drew when he talks about moving her back to her house with medical support, and maybe with daily transfusions she can regain some quality of life, and maybe she can listen to audiobooks. Who knows, maybe she can learn to play the clarinet and join a brass band!’ I blink back tears. ‘She can’t. Just go in there and look at her eyes. She desperately wants it to be over. Drew doesn’t

care. All he cares about is him not losing *his* grandmother. If you had any decency you'd give her a morphine overdose. I know you can't. But you *should* be able to, because this is ridiculous!

Bridget pulls over a chair from the nurses' area, sits down next to me and pats my hand. Who on the planet feels better after having their hand patted? Anyone who does is a push-over.

I could put an instant end to her sympathy for me by revealing that I'm knowingly making the most of my relative-of-dying-cancer-patient status to say all the outrageous things I'd want to say anyway. I'll never get a free pass to be this obnoxious again, and I'm determined to make the most of it.

'It's a painful time for your family,' says Bridget, as if this aspect of the situation might have escaped me. 'But there are ways of making it less painful. And more meaningful.'

I eye her suspiciously. 'You're going to tell me sitting in the corridor with my back to the closed doors of Marion's room isn't one of those ways, aren't you?'

'You could sit quietly by her bed instead. Hold her hand, tell her you love her.'

'I don't think I'd get a look in. Drew'll have her strapped to a treadmill by now, keeping her muscles toned in case she makes a miraculous recovery in time for this year's London Marathon. If you listen at the door, you'll hear him firing old *University Challenge* questions at her to keep her brain alert.'

After a short silence, Bridget says, 'I know you're a comedian. I don't recognise you, but Fiona told me. She says you're quite famous.'

'I can't go into a room full of death and pretend it's anything else,' I say. 'Or rather, I could, but I won't. I've spent a fair bit of time in there. I didn't like it, so now I'm staying out.'

'Well, I can't force you . . .'



‘Hold her hand, tell her I love her? *No*. Do you tell everybody to do that?’

‘Well . . .’ Bridget looks around, as if hoping for a prompt.

‘Do you have any idea how bad Marion’s feeling at the moment? Not physically; emotionally. Here’s what you can’t know: historically, when Marion feels bad, terrible things happen to me. So forgive me if, when she’s feeling worse than ever before, I don’t want to get too close to her.’

‘She’s drifting in and out of consciousness, dear,’ says Bridget. ‘Whatever’s passed between you, she really can’t hurt you now.’

*Yes she can. She can say something before she dies. She could say that me turning up after all those years made her get cancer . . .*

More hand-patting from Bridget.

‘I think you’d benefit from a chat with one of our counselors,’ she says.

‘Do they have either a large bag of morphine and a syringe they’re willing to hand over or an ability to cure terminal cancer? If not, I think I can manage without them.’

Drew would be apoplectic with rage if he could hear me. He insisted I stop making morphine jokes or else the ward staff would grow suspicious. And it’s disrespectful, he said.

That’s what I do, though: I joke. It’s the only useful contribution I make to society. In situations where jokes don’t cheer people up, I might as well not be there. Which, coincidentally, is what I want. I would love not to be here on Ward 10 today.

‘How about a cup of tea?’ Bridget suggests. ‘And maybe after that you can go back in and see Marion?’

‘Do I have to pretend I will to get the tea?’

She leaves me alone, finally; walks away with pursed lips.

Another nurse – young, with hair that’s crew-cut short apart from one long, skinny plait draped over her shoulder –

approaches from the other side. ‘Kim!’ she says. ‘Remember me? Fiona?’

‘I remember your plait.’

‘How are you holding up?’

‘I’m okay as long as I don’t have to go back in.’ I indicate the doors behind me. ‘Your colleague Bridget keeps trying to persuade me.’

‘No.’ Fiona shakes her head. ‘Don’t do anything you don’t want to. If you want to sit here, that’s what you should do. If you want to go home and sleep, do that. Whatever feels right to you.’

‘I swallowed a ringpull,’ I tell her.

‘What?’

I hold up my Fruit Rush can. ‘I feel fine and it was a few minutes ago now, so . . . no worries, I guess.’

‘You swallowed the ringpull from that can? Are you sure?’

I nod.

‘Then you should go to A&E.’

‘Really?’

‘Just to be on the safe side. I’m sure it’s nothing to worry about, but you don’t want to end up with a perforated—’ Fiona stops. Drew has appeared beside us. I didn’t hear the door open.

He’s been crying again. ‘They’re going to give her more platelets,’ he says.

‘*What?* Drew, that’ll only—’

‘Help her live longer. Yes, that’s what I want. It’s what the doctors want. Strangely, the only person who seems not to want it is you.’

‘And Marion. Don’t forget her.’

Fiona has tactfully withdrawn, leaving us alone.

There’s a burning tightness in my chest. I often get it in Drew’s presence.

‘She can’t speak, move or make herself understood,’ I say. ‘She knows she’s finished, and she’s got a week at the absolute

outer limit. Do you think she wants another week like *this*, honestly? Wouldn't you rather be dead? I would.'

'I'm not God and neither are you, Kim.'

'Neither is anyone – that's the problem! Have you persuaded them to catheterise her yet?'

'I haven't tried. I don't want her to get a bladder infection. We've been told that's a possible—'

'She *hates* being changed. How can you not see it?'

'I have to act on the doctors' advice.'

'Even if they're all dicks?'

He sighs. 'Your arrogance is . . . making this harder.'

'Drew, please. Please think properly about it. Marion has a few days left – maybe three or four, with more platelets. Imagine you're her.'

He recoils. 'Oh, well, that's a lovely thing to say, isn't it? So you want me to imagine I'm dying of cancer?'

I stare at him for a few seconds, speechless. A smiling woman in a blue and black coat is heading our way with a large Tupperware container in her hand. I can see through the plastic that the contents are beige, not dark brown. Flapjacks, then, or macaroons. That's good; a bit of variety. There's been one delivery of chocolate brownies already today. This is an aspect of life on a cancer ward that I didn't anticipate and wouldn't have predicted: at least once a day, a female relative of a former patient turns up with a bag or box of some kind of edible treat, as a thank you to the ward staff. They do so whether their loved one has survived or died. I joked to Drew yesterday about this being the equivalent of tipping a taxi driver whether he drops you at your front door or dumps you in a skip miles from home. 'What's *wrong* with you?' was his response.

The relatives of cancer patients do not, it seems, stop at flapjacks. They also sometimes send flowers and they always, without fail, bring in or send thank-you cards. There's a

ward noticeboard with dozens pinned to it. Most are pastel-coloured with tasteful pictures of birds, flowers or leaves on them, though one that appeared yesterday is plain white, smaller than all the others, and actually has the word 'Death' clearly legible on the front. That made me chuckle; at some point the ward obviously treated someone with a family that was opposed to euphemism on principle. That's the kind of card I'd send, I think: 'Dear ward staff, You totally failed to defeat death, but thanks for trying. Bit harder next time, eh?'

Once the woman with the Tupperware has left her offering on the reception desk and gone, I turn on Drew. No need to say, 'Where were we?' When I'm in the middle of trying to win an argument, I never forget where I was up to.

'Is it going to be grimmer for Marion or less grim to spend her remaining time being changed by strangers? Don't you think she'd prefer to just lie there catheterised, and not be endlessly mauled?'

Drew blinks away tears. 'I can't take this,' he says. 'I need to get some air.' He moves fast. *Gone*. I don't blame him.

Fiona sticks her head out of the ward kitchen. 'Everything okay?'

'Which bit of me's in danger of perforation?' I ask her.

'Pardon?'

'From the ringpull. Gut? Bowel?'

'Oh.' She looks around with an air of guilt, checking no one's listening. 'Look, I thought about that while you were talking to your brother. My official advice has to be: go to A&E, get it checked out. But if I were you, if you asked me what I'd do in your shoes . . .' She lowers her voice to a whisper. 'Nothing. You'll be fine. It'll come out at some point, won't it? If you go to A&E, you could be waiting for hours. You might miss . . . Well, I mean, it's more important for you to be here, isn't it?'

‘I might die of a perforated liver, and sue you. In that order.’ I blink away tears and grin to let her know I’m joking. I’m touched that she decided to give me good advice instead of the official advice.

On the other hand, I don’t want to stay here on the ward. If Drew can walk out, I can too.

‘I’m just going to go and look for Drew,’ I tell Fiona. ‘Check he’s okay.’

Without waiting for her response, I head for the exit. Once I’m out of Ward 10, I can’t help thinking what I always think: ‘I got out. I can’t go back.’

I can, of course. Can, have to, will. I know it’s physically and psychologically possible for me to sit in the corridor outside Marion’s room. Inside it, with Marion: impossible. But I can do immediately outside the doors, so I won’t let myself pretend I can’t.

I take the lift down to the ground floor and go outside and round the corner to check on my car. This morning I found what looked like an ideal parking spot, with a huge sign next to it that said ‘NO PARKING HERE’, outside the Jocelyn Hodges Maternity Centre, a department of the RGI, with its own name and building.

So far, so good: no clamps. There’s a woman with dark hair in a ponytail smoking outside the main entrance. Every time she moves, the sensors pick it up and the doors slide open. Then she moves again and they close. She’s talking on her phone in what sounds like a French accent.

I walk round the front of my car to check no one’s stuck an unpleasant note or a demand for money on the windscreen. Again, I’m in luck. I’m close enough to Ponytail Woman now to hear her side of the phone call.

‘They say I can have a local, but then I can’t eat or even drink water for six hours before the op, in case I need a general later, highly unlikely though that is.’