
Past Mortem

Ben Elton

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The victim died as he had lived.

Cruelly.

Except more so.

Seldom in the investigating team's experience had a murder scene howled horror in the manner that this one did. A brute had been slaughtered and the ugliest moment in an ugly life had undoubtedly been its passing.

'Good riddance,' they muttered up and down his street. 'Dying's too good for the bastard.'

The dead man's name was Adam Bishop and before an unknown hand had stripped him naked, taped him to his bed and inflicted upon him the many hundred skewered wounds from which his life had flowed, he had been a fifty-five-year-old builder, a self-made, wealthy man, married with six children, all of whom, like most people, were terrified of him.

It was perhaps the size of the man that made the tableau of his death so peculiarly ugly. The vastness of his surface area had allowed for so many, many punctures. And then there was his face, apparently untouched by the killer's instrument of torture, mean and bloated, cruel even in death. His neck was as wide as his head, and beneath each ear was a tattoo, 'Millwall FC' on one side and a crossed dagger motif on the other. Adam Bishop had the appearance of a man the wary might cross the street to avoid. His had been an eye that sensible people endeavoured never to meet.

Now his eyes were closed, glued shut by a bloodied yellow crust, which had matted the upper and lower lashes together. Later, on a mortician's slab, when those lids were prised open, it would be discovered that the killer had used his skewer repeatedly on the victim's eyeballs. The last thing that Adam Bishop had seen on earth was the face of his tormentor in the process of blinding him.

'What goes around comes around,' people assured one another over celebratory drinks in the local pubs. 'As ye sow, so shall ye reap.'

Detective Inspector Edward Newson held a handkerchief to his nose and struggled to contain the nausea he felt welling up in his stomach. He must not be sick. He knew that. Puking on vital forensic evidence would not only hinder his investigation, it would inevitably lead to taunting from his colleagues. Newson was aware that he

was already something of a figure of fun amongst the rougher element at Scotland Yard, and he dreaded provoking them further. Besides which, Detective Sergeant Wilkie was also present at the murder scene. Detective Sergeant Wilkie was a very attractive woman, or so Inspector Newson thought, and although he harboured no false hope that she could ever be his, he still did not wish to vomit in her company.

Natasha Wilkie had a new hairstyle that day, a short blonded bob which shone prettily beneath a rather rakish trilby hat. Newson thought it looked very nice and said so. Sergeant Wilkie replied that she thought the whole thing made her look like a boy, which was a ridiculous notion. Natasha Wilkie was not a girl who was ever going to look like a boy, no matter what hat she was wearing or how short her hair was.

Inspector Newson had been the last member of the investigation team to arrive at the murder scene, a large detached house in Willesden. The traffic had been slow and there had been a kerfuffle at the front door when he'd been required to show his warrant card in order to gain access. This was not an uncommon experience for Inspector Newson. He did not look like a policeman, or at least what people think a policeman ought to look like. Particularly one who'd achieved such seniority at a comparatively young age. He was thirty-four years old and already a detective inspector, but at five feet four Newson was not just short for a copper - he was short for anyone. He was also pale and freckly. A ginger, in fact, but not ginger in a fierce Celtic-type manner, more ginger in a 'look at that ginger shortarse' sort of way.

Newson had kind eyes, and he always tried to smile when greeting people. He had been smiling when the constable standing guard at the front of the house had curtly asked him where the hell he thought he was going. When the constable realized his mistake he was embarrassed and apologized, but, as he explained, he'd been told to await the arrival of an important officer, and had not expected a man like Inspector Newson.

No one ever did expect a man like Inspector Newson.

When Newson finally gained access to the murder room he was pleased to see that the forensic pathologist in attendance was Alice Clarke, a woman with whom he was well acquainted. Newson always found it easier working with people he knew, people who had had time to get over the fact that they were taking their instructions from a mild-mannered ginger shorty. Besides which, Dr Clarke was attractive in a starchy, efficient sort of way, and the greatest pleasure in Newson's life (and of course the greatest pain) was attractive women.

'Hello, Inspector Newson,' said Dr Clarke. 'I was hoping they'd send you.'

'And vice versa, Dr Clarke, vice versa,' Newson replied. He peered at the purple and black cadaver.

'Nasty,' he said. 'When d'you think he died?'

'Between six and nine hours ago, I'd say. Early to mid morning,' Dr Clarke replied from behind the digital camera, with which she was recording every angle of the position of the corpse. 'As I think I've explained to you before, and contrary to popular myth, it's rarely possible to pinpoint an exact time of death.'

'We've already photographed the scene, Dr Clarke,' Sergeant Wilkie pointed out.

'I'm sure you have, Sergeant,' the doctor replied, 'but like most people these days I find it difficult to entirely trust the police. The mistakes made and the things overlooked, really it's quite astonishing. Sometimes I think there should be a judicial inquiry.'

'Ah, but who could be trusted to collect the evidence?' Newson asked.

'Good point, Inspector. A foreign force, I think. The Germans are good. Anyway, Sergeant, I prefer to collect my own reference materials so I know I've got what I want and can get it when I want it.'

'No need for me to be here at all, then,' Sergeant Wilkie said shortly.

'Certainly not on my account,' Dr Clarke replied.

Newson suspected that a small clash of authority must have occurred between his two colleagues before his arrival on the scene. He decided to ignore it and concentrated on the bloody mound that lay before him.

'His watch stopped at two a.m.'

The chunky imitation Rolex Oyster was still fastened to the dead man's wrist.

'Yes, I noticed that, and I imagine he was still alive when it did,' the doctor replied. 'If that's the cheap copy I think it is then it won't be waterproof. Mr Bishop probably bled into it and it stopped. Dead bodies don't bleed much because the heart isn't pushing the blood around, so he was almost certainly still alive when the watch stopped.'

'This man bled a lot.'

'Yes, he certainly did.'

The mattress on which the corpse lay had been sodden and had now dried almost completely into one enormous posture-sprung scab.

'Strange to lose so much blood from such small wounds,' Newson observed. 'I mean, I know there's a lot of them, but still...'

'Yes, I thought that. There seems to have been very little coagulation.'

'Perhaps he was a haemophiliac,' Sergeant Wilkie suggested.

The doctor pointed to a small shaving nick on the dead man's chin. 'That cut was healing perfectly normally. He wasn't a haemophiliac.'

'Just a thought,' said Natasha.

'But not a relevant one.'

'Whatever,' Sergeant Wilkie replied.

Newson wished that Dr Clarke would not be so snooty with Natasha. Natasha was a perfectly pleasant girl. In fact, as far as he was concerned, she was pleasantly perfect.

'Let me get this straight, Doctor,' said Newson. 'You're saying that the shaving nick healed but the stab wounds didn't?'

'At first glance it looks that way. It's almost as if the killer used some form of anticoagulant.'

'Ouch.' Newson grimaced. 'You mean he deliberately kept the wounds open?'

'I think it's possible. It's certainly what the evidence seems to suggest.'

'Deliberately bleeding this man to death?'

'Yes, over a considerable number of hours.'

'And Bishop would have been alive all the time that the blood flowed?'

'He would have to have been alive for the blood to flow.'

Newson removed the handkerchief from his nose and sniffed the air. He had thought when he entered the room that he'd smelled an extra element to the usual nauseating stink of death. At the foot of the bed a wastepaper basket had been upturned and its contents had spilt out underneath the bed. Newson lifted the bloody coverlet with a pencil. Scattered on the carpet were half a dozen bottles, which had contained what used to be known as smelling salts.

'So our killer quite deliberately kept his victim awake while he killed him?'

'Yes. Adam Bishop was forced to remain conscious as he was bled to death.'

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Dr Clarke delivered her autopsy report at the case conference the following afternoon. She had probed the wounds, fossicked in the contents of the stomach, sliced the heart, measured the weight of the brain and scraped under the toenails, and now presented charts, graphs, photographs, and a plethora of clinically detached and carefully collated evidence that recorded body temperature, encroaching

hypostasis, the processes of rigor mortis and liver mortis, marbling, liquefaction and putrefaction.

'The ophthalmic wounds are pretty unusual,' the doctor observed. 'I don't think there's ever been significant work done on how the globe of the eye reacts to repeated puncturing.'

'What's that?' Newson asked, referring to a photographic printout of the victim's mouth, from which a long orange ribbon of some kind had been carefully teased.

'Toilet paper.'

'I thought it was.'

'The killer stuffed it in his mouth.'

'Nice,' said Sergeant Wilkie.

'But the really fascinating development is that I was right about the killer keeping the wounds open. He used a compound commonly found in snake venom.'

'Snake venom. You're joking.'

'I don't joke about murder, Inspector.'

'But why snake venom?' Newson asked.

'Not actual snake's venom, a compound derived from it. Snake venom contains an ingredient that prevents the blood of its prey from clotting, thus making the wound it delivers more lethal. We know that he wasn't a haemophiliac from the evidence of his shaving cut. I was looking for an anticoagulant and I found one. Our suspect dipped his spike in it before insertion.'

'So he or she wanted Bishop to bleed to death?'

'Well, yes, but if that was all he wanted he could have taken a penknife and opened an artery. It seems to me that the killer wanted Bishop to die from damage inflicted by a particular spike, but he knew enough about killing to recognize that that weapon in itself would probably be insufficient for the purpose.'

'Really? You can't kill someone with a short spike?'

'You could, but it'd be difficult and you certainly couldn't do it in the way our suspect chose. I think he wanted Bishop to die slowly from as many cuts as possible and so deliberately avoided running the risk of delivering a knockout blow. Look...'

Dr Clarke clicked on her computer and a diagram of the corpse appeared with coloured and shaded areas marking the intensity of the damage. 'For all the massed density of the wounds, the suspect clearly stabbed much more carefully around the main arteries than he did in the less sensitive areas of muscle and fat. What's more,

he didn't puncture the heart or the brain and when he attacked the eyes he was careful to go in only an inch or so. He wanted to kill the man, but he wanted to do it slowly, on his terms and in his time.'

'And Bishop wouldn't have died from these wounds without the use of an anticoagulant?'

'Probably not, but I can't be sure. He might have bled to death, or the shock might have done it, I suppose, and also with so fat a man there would have been copious wound seepage. There are many other fluids in the body besides blood, and some are specifically produced during trauma. It's possible that Bishop might eventually have oozed to death, but it's not a given. That's why our killer needed the anticoagulant.'

'And this weapon, which was clearly so special to the perpetrator, what do we know about it?' asked Newson.

'I can't give you a factory and a serial number, I'm afraid. The wounds don't correspond with any stabbings I know. All I can say is it was a short, thin skewer exactly five centimetres long, mounted in a metal handle of some sort, the shoulders of which were approximately four millimetres across.'

'How do you know that?' Sergeant Wilkie enquired.

'Because I have eyes and I use them, Sergeant. The killer rarely pushed his spike all the way into Mr Bishop, but when he did and where the punctures are less densely clustered, it's possible to gain an impression of the hilt of the weapon from the bruising it caused around the wound.'

'Only asking,' Sergeant Wilkie said.

'The only other thing I can tell you is that I don't think this skewer was very sharp. The killer took great care to separate his thrusts but it can't have been easy using the weapon he chose. The edges of each tiny hole are slightly frayed. He had to punch it through the skin.'

'He used a blunt spike.'

'Yes, he did.'

'He didn't make life easy for himself, did he?'

'Certainly, given that this killing was clearly premeditated, the murderer could have chosen a more obviously lethal weapon. No doubt he had his reasons.'

'Or she,' Sergeant Wilkie added.

'Yes, that's true. These wounds could easily have been inflicted by a woman,' the doctor conceded.

'And this person,' Newson asked. 'What do the wounds he inflicted tell us about him or her? Anything?'

'Well, he's a thorough sort of a person, isn't he? Patient and painstaking. Those pricks were not made by somebody who was either careless or in a hurry. He's a cool customer, too. He was in that house for many hours. He must have known he could have been disturbed at any time. But this sort of observation is entirely speculative, Inspector. I'm not a psychological profiler, and if I'm honest I don't have a lot of patience with the practice. I prefer to confine my observations to what I can support with direct evidence. All I can say with any certainty is that the wounds were all made by the same right-handed person. Probably a man, bearing in mind that the victim was restrained, but possibly a woman.'

'Do you think that the victim might have allowed himself to be restrained?'

'Again I'd be reluctant to speculate, but I can tell you that there are no signs of a struggle.'

'What about the toilet paper?'

'Andrex.'

'He had Andrex in his ensuite, I noticed,' said Sergeant Wilkie. 'I'll check if it matches.'

'All I can tell you on that score,' said Dr Clarke, gathering her notes, 'is that the paper was mainly dry and in goodish condition when I retrieved it from the victim's throat, so I'm confident that it was pushed into his mouth after he died.'