

DR RICHARD SHEPHERD



The dead don't hide the truth and they never lie.
Through me they can speak.

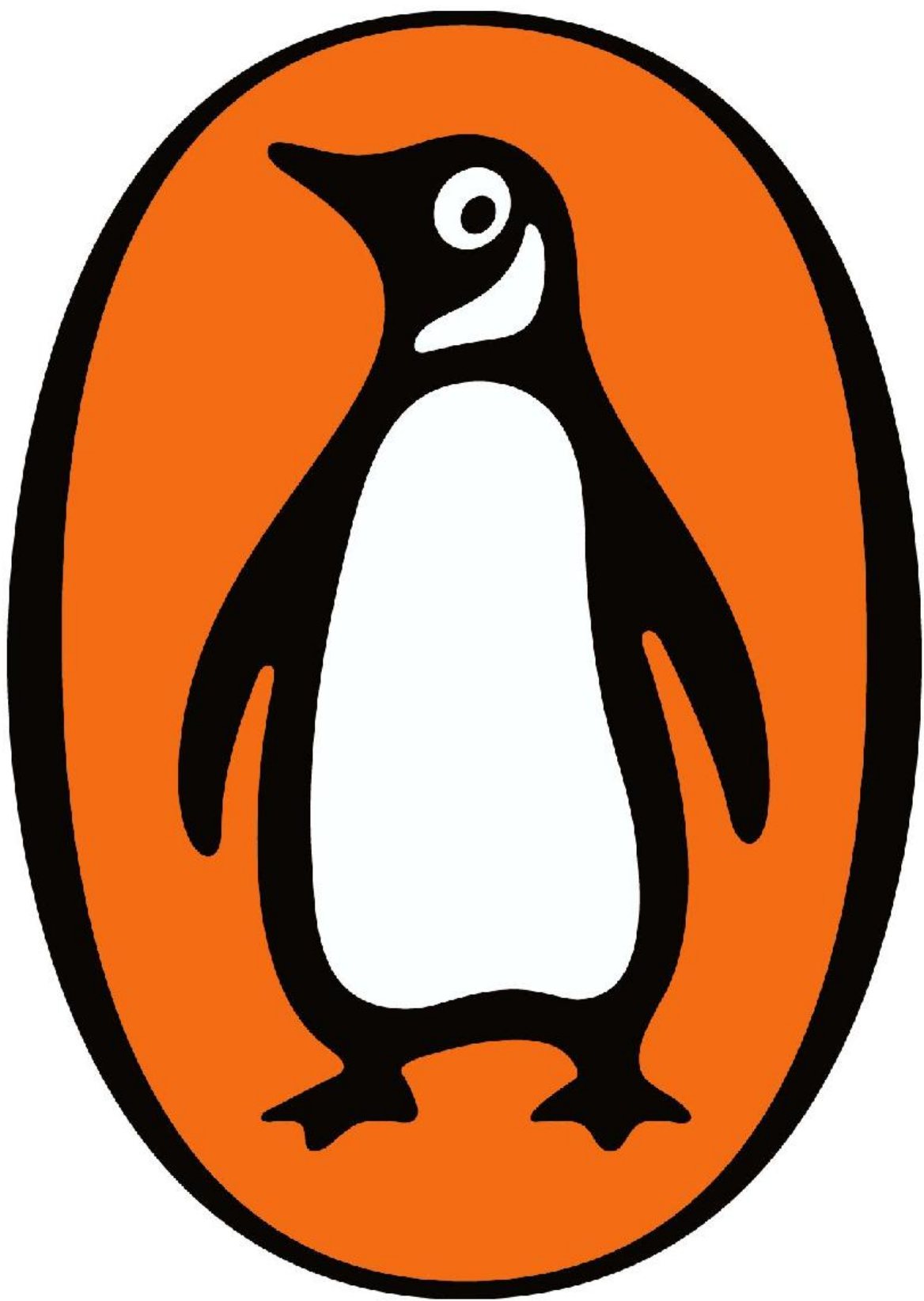
UNNATURAL CAUSES

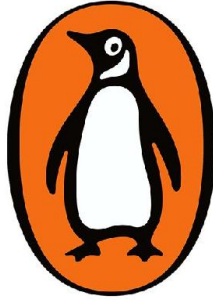


The Life and Many Deaths of
Britain's Top Forensic Pathologist

**'Heart-
wrenchingly
honest'**
Prof. Sue Black
*Author of
All That Remains*







Dr Richard Shepherd

U N N A T U R A L C A U S E S

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'Tis not enough, Taste, Judgement, Learning, join; In all you speak, let Truth and Candour shine:

That not alone what to your Sense is due,

All may allow; but seek your Friendship too.

Be silent always when you doubt your Sense;

And speak, tho' sure, with seeming Diffidence:

Some positive, persisting Fops we know,

Who, if once wrong, will needs be always so;

But you, with Pleasure own your Errors past,

And make each Day a Critick on the last.

'Tis not enough your Counsel still be true;

Blunt Truths more Mischief than nice Falsehoods do; Men must be taught as if you taught them not;

And Things unknown propos'd as Things forgot.

Without Good Breeding, Truth is disapprov'd;

That only makes Superior Sense below'd.

Be Niggards of Advice on no Pretence;

For the worst Avarice is that of Sense:
With mean Complacence ne'er betray your Trust,
Nor be so Civil as to prove Unjust.
Fear not the Anger of the Wise to raise;
Those best can bear Reproof, who merit Praise.

Alexander Pope, *An Essay on Criticism*



1

Clouds ahead. Some were snowy mountains looming over me. Others lay across the sky like long, sleeping giants. I moved the controls so gently that when the plane tilted down and to the left it seemed to respond not to command but by instinct. Then, ahead of me, the horizon straightened. It is a strange friend: always there, glimmering between sky and land, unapproachable, untouchable.

Beneath were the North Downs, their gentle curves bearing an odd similarity to the rise and fall of the human body. Now they were sliced cleanly through by the motorway. Cars chased each other along its deep cut.

They gleamed like tiny fish. Then the M4 was gone and the earth was falling away towards water, a river knitted with a complexity of tributaries.

And here a town, its centre robust, red-hearted, radiating roads lined by paler, more modern buildings.

I swallowed.

The town was disintegrating.

I blinked.

An earthquake?

The town's colours waved. Its buildings were pebbles on a riverbed, viewed through the distorting lens of flowing water.

Extraordinary air currents?

No. Because the town waved in time with something inside me, something like nausea. But more ominous.

I blinked harder and my hand tightened on the plane's controls as if I could correct this feeling by correcting altitude or direction. But it came from deep inside me, forcing its way up through my body with a physical power that left me breathless.

I am a practical, sensible man. I looked for practical, sensible explanations. What had I eaten for breakfast? Toast? Harmless enough and offering no explanation for the sudden intensity of this sickness. And if it wasn't exactly nausea, then what? Its chief component was an inexplicable sense of unhappiness, and ... yes, dread. A sense that something terrible was about to happen. Even ... an urge to make it happen.

A ludicrous, irrational thought crossed my mind. What if I got out of the aeroplane?

I struggled with myself to remain seated, to keep breathing, to control the plane, to blink. To be normal again.

And then I glanced at the GPS. And read: Hungerford.

Red, older houses at the centre. Hungerford. On its peripheries, grey streets and playing fields. Hungerford.

And then it was gone, replaced by Savernake Forest, a vast green cushion of vegetation. Gradually the great forest brought me relief, as if I were a foot-traveller enjoying its leafy shade. If my heart rate was still raised the cause was retrospective horror. What had happened to me back there?

I am in my sixties. As a forensic pathologist, I have performed more than 20,000 post-mortems. But this recent experience was the first time in my entire career that I suspected my job, which has introduced me to the human body in death after illness, decomposition, crime, massacre, explosion, burial and pulverizing mass disasters, might have emotional repercussions.

Let's not call it a panic attack. But it shocked me into asking myself questions. Should I see a psychologist? Or even a psychiatrist? And, more worryingly, did I want to stop doing this work?



2

The Hungerford massacre, as it became known, was my first major case as a forensic pathologist and came absurdly soon after I began my career. I was young and keen and it had taken many years to qualify. Years of highly specialized training, far beyond routine anatomical and pathological study. I must admit that so much time spent staring at minute cellular differences on microscope slides nearly bored me into giving it up. On many occasions I had to reinspire myself by sneaking into the office of my forensic mentor, Dr Rufus Crompton. He let me read through his files and look at the booklets of photographs from his cases and sometimes I'd sit there, engrossed, long into the evening. And by the time I left I could remind myself why I was doing all this.

At last I qualified. I was rapidly installed at Guy's Hospital, in the Department of Forensic Medicine, under the wing of the man who was then the UK's best-known pathologist, Dr Iain West.

In those days, the late 1980s, pathologists were expected to join senior police officers as hard-drinking, tough-talking, alpha males. Those who carry out necessary work that repulses others often feel entitled to walk with a swagger in their step and Iain had that swagger. He was a charismatic man, an excellent pathologist and a bull in the witness box who was not scared to

lock horns with counsel. He knew how to drink, charm women and hold a public bar spellbound with a good story. Although sometimes rather shy, I had almost convinced myself I was socially competent until I

found myself playing the gawky younger brother to Iain. His light shone in pubs across London and I stood with an admiring audience in his shadow, seldom daring to risk adding a quip of my own. Or perhaps that was just because I couldn't think of a good one, anyway not until at least an hour later.

Iain was head of department and it was quite clear that he was top dog.

The Hungerford massacre was a significant national disaster and a personal tragedy for the people of that town, especially those families directly affected. Under normal circumstances, Iain, as boss, would rush to such an event. But it was mid-August and he was on holiday so, when the call came, I took it.

I was driving home from work when my bleeper went off. It is difficult to imagine now that we lived in a world without mobiles but in 1987 there was nothing more than a single bleep to alert me to the fact that I should make a phone call as soon as I could. I switched on the radio, just in case the bleep was related to a headline. And found it was.

A gunman had been on the loose around a town in Berkshire so obscure that I had never visited and barely heard of it. He had been on a killing spree, starting in the Savernake Forest and working his way towards Hungerford town centre, and now he had retreated into a school building and the police had surrounded him. They were trying to persuade him to give himself up. Reporters believed that he may have killed as many as ten people, but since the town was under a sort of curfew there was no way of obtaining an accurate figure.

I arrived home, which in those days was a nice house in Surrey. A happy marriage, a nanny, two small children playing in the garden: it couldn't have contrasted more with the houses of murder scenes I visited. On that day, I knew my wife, Jen, probably wouldn't be there yet because she was busy studying.

I walked through the front door and straight to the phone, saying goodbye to the nanny as she left. I got the up-to-the-minute information and discussed with the police and coroner's office whether I needed to go to Hungerford this evening. They were adamant that I must. I promised to leave as soon as my wife returned.

Switching on the radio news, I listened to Hungerford updates while I made the children tea. Then I bathed them, read a story and tucked them into bed.

'Sleep well,' I said. I always did.

I was the caring parent focusing on his children. And simultaneously the forensic expert desperate to get in the car and see what was happening in the biggest case of his professional life so far. When Jen walked in, the forensic expert took over entirely. I kissed her goodbye and sprinted straight out.

The CID had instructed me to leave the M4 at Junction 14 and wait on the slip road for my police escort. A few moments later a police car slid alongside mine and two grim faces turned to me.

They offered no greetings.

'Dr Shepherd?'

I nodded.

'Follow us.'

Of course, I'd been listening to the radio all the way and I already knew that the massacre had ended with the death of the gunman. He was twenty-seven-year-old Michael Ryan, who, for no reason anyone could discern, had roved Hungerford armed with two semi-automatic rifles and a Beretta pistol. He was dead now, either because he had turned a gun on himself or a marksman had saved him the trouble. Reporters were excluded, the injured had been taken to hospital, residents were indoors and the town had been left to the police and the dead.

We passed through a roadblock and I followed the police car very slowly along eerily empty streets. The last long rays of the evening's summer sun

were passing across this ghost town, bathing it in a benign, warm light.

Anyone alive was inside their home but there was no sense of their presence at the windows. No car moved apart from our own. No dog barked. No cat prowled through flower beds. Birds were silent.

As we twisted and turned through the town's small suburbs we passed a red Renault askew at the side of the road. A woman's body was slumped over the wheel. Further on, as we turned into Southside, were the smouldering remains of Ryan's house on the left. The road was blocked. A police officer's body sat motionless in his squad car. The car was riddled with bullet holes. A blue Toyota had collided with it and inside was another dead driver.

An elderly man lying by his garden gate in a pool of blood. On the road an elderly woman, dead. Face down. I knew from news reports that this must be Ryan's mother. She lay outside her burning house. Further on, a

man on a path, dog lead in hand. The juxtaposition on that almost-dark August evening between the quotidian streets and the extraordinary random acts of killing that had taken place there was, frankly, surreal. Nothing at all like this had happened in the UK before.

At the police station we halted. My door slammed and then the officer's door slammed and after that the heavy silence resumed to cover, no, smother, Hungerford. It was a few years before I was to hear another such silence, the silence that follows horror. Usually the scene of a homicide is accompanied by the bustle of the living – uniformed officers, detectives, crime scene investigators, people rustling paperwork, taking pictures, making phone calls, guarding the door. But the enormity of that day's events seemed to have frozen Hungerford in a state I can only compare to rigor mortis.

The police station was more of a police house: anyway, it was being refurbished, with lumps of plaster on the ground and wires hanging. I must have been greeted. I must have shaken hands. But it seems to me, looking back, that the formalities were carried out in total silence.

It was soon completely dark and I was in a police vehicle, heading for the school where Michael Ryan had barricaded and then shot himself.

We glided very slowly down the still street, the headlights picking up a crashed car, its driver clearly visible, motionless. Once again, I climbed out to look. The light from my torch slid over the feet, the torso, the head. Well, there was no doubt here about the cause of death. A gunshot wound to the face.

We stopped at the next car and then a couple more. The gunshot wounds were in a different place each time. Some people had been shot once, some had been shot again and again and again.

Recovery vehicles were waiting unobtrusively to take away the crashed cars when the police had documented them and removed the bodies. I turned to the officer driving me. My voice hit the silence like breaking glass.

‘There’s no need for me to see any more of the bodies in situ. There’s no doubt about how they died so I can deal with it all at post-mortem.’

‘We need you to take a look at Ryan, though,’ he said.

I nodded.

At the John O’Gaunt School there were many more police officers.

I was briefed downstairs.

‘He told us he had a bomb. We haven’t searched him yet because we were worried that it would detonate if we moved him. But we need you to have a look at him now and certify death. Just in case he blows up when we do look. All right?’

‘Right.’

‘I suggest you don’t move him, sir.’

‘Right.’

‘Do you want a flak jacket?’

I declined. It was designed to stop bullets and so would have been of little use at such close range to a bomb. And, anyway, I had no intention at all of moving Ryan.

We went upstairs. That rubbery smell of school. And when they opened the classroom door, there were desks. Some of the desks were scattered but most still stood in neat rows. Pinned around the walls were pictures and scientific diagrams. All perfectly normal. Apart from a body, propped up in a sitting position at the front of the class near the blackboard.

The killer was dressed in a green jacket. He would have looked like a man off hunting for the day if there hadn't been a gunshot wound to his head. His right hand lay in his lap. It held a Beretta pistol.

As I set off towards him, I was aware that all the policemen were quietly leaving. I heard the door close behind me. From beyond it there came a radio message: ‘Going in.’

I was on my own in a classroom with the UK's biggest mass murderer.

And perhaps a bomb. I had been attracted to my profession by the books of that lion of forensic pathology, Professor Keith Simpson. But I couldn't remember him mentioning this as a possibility in any of them.

I was acutely aware of everything around me. The quiet sounds beyond the door. The arc lights outside throwing overlapping, dark shadows on the ceiling. The small beam of my own torch. That classroom smell of chalk and sweat, mixed strangely with the smell of blood. I crossed the room, focusing on the body in the corner. On arrival, I knelt down to look at him.

The gun, which had already killed so many people that day, was pointing straight at me.

Michael Ryan had shot himself in the right temple. The bullet had passed through his head and out of the other temple. I saw it later as I left the room, embedded in a noticeboard across the classroom.

I debriefed the officers. There were no hidden wires. The cause of death was the gunshot wound to the right side of the head, which was typical of suicide.

Then, relieved to be leaving that sad grave of a place, I gathered speed on the motorway. But it seemed that Hungerford's silence had infiltrated the car and was riding alongside me, a massive and unwanted passenger.

Suddenly I was overwhelmed by all I had seen that day. The enormity of it.

The horror. I pulled over to the hard shoulder and sat in the dark car while the lights of other vehicles swept by, unseeing, unknowing.

I only became aware of the police car which had pulled up behind me when there was a tap at the window.

'Excuse me, sir. Are you all right?'

I explained who I was and where I'd been. The officer nodded, scrutinizing me, assessing me, wondering whether to believe me.

'I just need a minute,' I said, 'before I continue.'

Police officers know about transitions between work and home. He nodded again and returned to his own car. No doubt to check my story. A few quiet minutes later and I knew I had left Hungerford behind and home was ahead. I indicated, waved goodbye and rejoined the great river of motorway traffic. The police car pulled out behind me, following me protectively for a short distance before dropping back then turning off. I continued my journey alone.

At home, the children were in bed and Jen was downstairs, watching TV.

'I know where you've been,' she said. 'Was it awful?'

Yes. But I only allowed myself to shrug. I turned my back to her so that she could not see my face. I felt I had to extinguish the television news with its reporters discussing Hungerford excitedly and so urgently. The Hungerford dead had no excitement or urgency any more. Here were men and women

simply slaughtered as they went about life's business, business they thought important and pressing until it was brought to an abrupt halt.

There was nothing important for them now. There was nothing pressing.

Late into the night I was busy making phone calls to sort out how I would conduct multiple post-mortems the next day. I hoped to help the police reconstruct every death and thus, with witness help, all Ryan's moves.

Reconstruction is important. It matters a lot to anyone involved, and it matters to the wider world. As humans, we have a need to know. About specific deaths. About death in general.

The following morning I performed some routine post-mortems: drunks, drug addicts and heart attacks, all at Westminster mortuary. While my colleagues asked me for details of Hungerford, the police there were moving the last bodies to the mortuary at the Royal Berkshire Hospital in Reading. When I arrived at about 2 p.m. I was greeted by the staff and then got to know them in our business's time-honoured fashion, over a cup of tea. A brew was and is regarded as a mortuary essential, both a right and a duty before performing a post-mortem.

And then the door swung open and Pam Derby bustled in. The room was filled with movement. Pam was our diminutive but crucially important secretary.

'Right!' she said.

Always a commanding presence, she was now looking at her most formidably efficient. Two unhappy mortuary assistants struggled behind her with the computer.

'Where can I plug in?'

This wasn't a question, it was a demand. Office computers were in their infancy in 1987 and they were very large infants. In fact, ours must have hatched from a dinosaur egg as Pam had to bring it down from Guy's in a van.

She saw that I was in my green apron and white wellies, just starting to get the external examinations and X-rays organized. I was ready to go.

‘No, no, no, you can’t start until the computer’s warmed up and it takes at least ten minutes or you’ll get too far ahead of me. Make me a cup of tea,’ she instructed. Iain West was clearly deluding himself that he ran the department.

While the computer and the kettle whirled, Pam sat down at the keyboard.

‘Not much point in all this nonsense; they’ve been shot, anyone can see that,’ she said briskly. Pam was familiar with the emotional, unplanned chaos of real homicides. That’s why she and the other staff, for relaxation, often read neatly plotted whodunits, where the murderer leaves clear clues and at the end the pieces of the jigsaw click into place. It’s all so different from the many versions of the truth, the conflicting facts and interpretations of them which are the messy face of real investigations.

She was right, there were no mysteries ahead today. But each case was a sibling, a parent, a child, a lover. Each was special to family and friends and

each presented a unique puzzle for me to solve. The six tables stretched to the end of the room with a body on alternate surfaces: the empty tables in between were to be used for bagging and documenting the hundreds of exhibits we were going to take.

The first body was Michael Ryan. Probably most bereaved relatives did not wish him to share a mortuary with his victims, let alone a post-mortem room. In fact, everyone just wanted him to go. The press was still hinting with smug glee that he had been ‘taken out’ by the SAS – despite the police press release which confirmed, after my visit the night before, that he had committed suicide. Now we also needed to say that the post-mortem confirmed his suicide.

A post-mortem, also called an autopsy, is carried out in two situations. It may be performed after a natural death, usually in hospital, despite the cause of death being known, to confirm the patient’s medical diagnosis and, possibly, examine the effects of treatment. The deceased’s immediate family

will be asked to agree to a post-mortem and will have an absolute right to decline. Fortunately, many agree. Their decision can help other patients by giving medical staff a superb opportunity to learn and improve.

Agreeing to such a request for a post-mortem is, I think, a very generous act.

The second situation occurs when the cause of death is unknown or where there is a possibility it is unnatural. In this case, the death is referred to the coroner. All suspicious, unnatural, criminal or unexplained deaths have not just a post-mortem but a forensic post-mortem. This is a complete and extremely detailed investigation of the outside and the inside of the body. Afterwards these details are recorded by the pathologist in the post-mortem report.

The report must confirm the formal identification of the deceased and this alone is often a very long and complex process, and one which occasionally can never be completed. The report also explains why the post-mortem was requested by the police or the coroner. It lists those present while it was carried out. It gives details of any subsequent laboratory tests.

The bulk of the report is a description of exactly what the pathologist has found. We usually offer some interpretation of these findings and at the end we give a cause of death. If we don't know why the person died we say so – although usually after discussing the possibilities.

Despite all our years of training on the macro- and microscopic appearances of the organs in thousands of diseases, just looking carefully at the body before us is often the most vital part of the post-mortem. During this detailed external examination, we measure and record the size, location and shape of every scratch and bruise as well as any bullet holes and stab wounds. This may seem simple compared with our medical analysis of the body's interior but it has often proved the most important part of reconstructing a homicide. It is all too easy to regard external examination as a mere formality, and therefore to rush it. Then, long after a body has been cremated, we might regret those skimpy notes.

Michael Ryan was a mass murderer. He killed sixteen people and there were almost as many wounded. My career so far had focused on the victims of accidents, crime or just bad luck. I seldom saw perpetrators, and had certainly never seen someone who had caused so much death and injury.

Could I, should I, treat Ryan with the same respect I showed his victims?

I knew I had to. Feelings have no place in the post-mortem room. I suspect that one of the greatest skills I have learned is not to feel a moral repulsion which others might think is not only justified but required. So whatever I felt about this young man and his actions, I excluded that from my mind and my heart. I knew that his examination required as much, or maybe even more, care and attention than others. Only after a thorough and conclusive physical investigation could I furnish the coroner with the information he needed to confidently give the correct verdict at the inquest.

I knew that proof was crucial for this verdict, to quell any future challenges or the inevitable conspiracy theories.

It was hard to imagine that the slender young man who lay naked on the post-mortem table had just finished a killing spree. Everyone in the room –

police officers, mortuary staff, even Pam – stared at him with incomprehension. He looked as vulnerable as any victim of crime, as any of his own victims.

Then I got on with my job: fully to examine him, particularly the entry and exit wounds in his head. Next to open his body up for internal examination, taking samples for toxicology. And finally to trace the bullet's trajectory through his brain.

As I started work, the place was plunged into absolute and total silence.

No calling. No rattling. No banging. No kettles or cups of tea. Just silence.

Even the temperature seemed to drop significantly. As soon as I had

finished, he was wheeled away. No one wanted to be near him, this strange young man who had lived quietly with his mother harbouring an obsession

with firearms and thinking God knows what thoughts.

Now I started on Ryan's victims, and I could see it would be a long, hard, stressful day. Fridges clanged open and shut as we completed one post-mortem and started another. Apart from this, and my voice dictating to Pam, the room remained silent. I was helped by a trainee pathologist, Jeanette MacFarlane. Pam typed at my dictation and a rolling rota of photographers and police officers followed me from table to table, the most senior taking notes, others taking my exhibits.

Behind me the mortuary staff worked, cleaning bodies then sewing them up and preparing them for their families to see.

The deaths were straightforward, all from gunshot wounds. Not one victim had seen Ryan bristling with weapons and simply dropped dead from a heart attack. But it was my job to look for any natural disease that might have caused or hastened death. Once again, I had to carefully document each wound, describe it, analyse it, follow the trajectory of the bullet or bullets. I walked around each body, directing the photographer, measuring wounds, noting abnormalities, chanting my liturgy to Pam. Gradually a picture of Ryan's day of madness emerged.

Generally, victims who were killed with only one shot had been killed from a distance. If he got close to a victim, Michael Ryan apparently had the urge to fire more often.

When his mother, a dinner lady, heard from a friend what was going on, she came home to remonstrate with him. The friend drove her to Southside and she walked up the road towards their home, past injured and dead people, approaching her son fearlessly.

She said, 'Stop it, Michael!'

He faced her and shot her once in the leg with the semi-automatic rifle.

This brought her face-down on the ground. In my opinion, it was his intention only to maim her with that shot. He then walked up to her, stood over her and shot her twice in the back to kill her.

These last two shots showed the typical soot and burning around the wound when a weapon has been fired from close range, maybe from within six inches. Perhaps he simply could not look at her face as he murdered her.

Until she arrived he had remained in the small area around his house and I personally formed the theory that her death released him to rampage much

more widely through the town. I thought this had set him free to revel in the experience of an extraordinary and unaccustomed power, the power his weapons gave him over the unarmed.

Over the next few days I continued with my strange work, slowly moving from body to body. Death for these victims was an unexpected, violent end to peaceful and perhaps otherwise uneventful lives. Everyone in the mortuary was greatly moved by this, but we could not allow ourselves to give in to our sense of horror, or even to feel upset. Shock has no place in the work of a pathologist. We must seek the truth with clinical detachment.

In order to serve society we sometimes have to suspend some aspects of our own humanity. I believe that same suspended humanity powerfully reasserted itself as I flew over Hungerford almost thirty years later.

In fact, it has taken me all this time to admit that I was very deeply affected by the massacre. I did not then acknowledge to myself shock or sadness, not in any way. My colleagues, alpha males or aspiring to be, were my role models, and they would never have shown or expressed such a thing, nor allowed themselves to think it. No, in order to do this work, I had to remember the professional integrity of the forensic pathologist Professor Keith Simpson that had inspired me in my teens to pursue my training. Was shock or horror something he ever wrote about? No it was not.

When Iain came back from holiday he did not ask me about Hungerford, he did not offer me advice or refer to the events there in any way at all. It is certain that he was livid with me for taking on such a huge case in his absence, although it was my job to cover his holiday period. Could I have located him to recall him from holiday? Perhaps, and, for this, he would certainly have come. We both knew that such a huge case should have been

his: he had dealt with many IRA bombings and bullets; indeed, ballistics was his speciality.

The face of his fury was *froideur*, but gradually reports leaked out from colleagues that Iain believed one of the stupidest parts of Ryan's rampage was to do it while he, Iain, was on holiday. And among ourselves we added that, as if that wasn't stupid enough, Iain privately thought Ryan was an idiot to shoot himself, depriving the renowned Dr West of a spectacular court appearance.

For a long time, Hungerford lay between us, but there was no doubt my position at Guy's, and probably throughout the UK, shifted as a result of my work there. I was no longer the gawking, younger brother and doting follower of Iain. I was a noted forensic pathologist in my own right.



3

My strange, emotional flashback to the events of 1987 in Hungerford was all too easy to ignore once I had made the radio calls, turned the plane onto final approach and landed safely. It's a Cessna 172 that I share with a syndicate of twenty or so other people in Liverpool. It is my pleasure (and my madness, because door-to-door the train is nearly always quicker), to fly to meetings and post-mortems in other parts of the UK and Ireland as often as I can.

I bounced along the landing strip at the grassy little airfield in broad sunshine, found my stand and shut down the engine. I left the Cessna and saw my colleague waiting for me. I felt fine. As we drove off I began to wonder if I had imagined that something had happened up there. Perhaps I had been short of oxygen in the cockpit? Well hardly, at 3,000 feet.

Anyway, I was now sure my reaction could not have been as violent as I remembered. Not a panic attack at all, really.

As I flew back later, the more variable weather conditions demanded my undivided concentration and I hardly thought about Hungerford. Except to avoid it. It did occur to me then, for the first time, that the pilot's preoccupation with staying alive, which so powerfully suppresses all other thoughts, feelings and fears, may be one of the reasons I fly.

Home at last, the clouds cleared to reveal a soft summer's evening. I made myself a whisky and soda and sat outside on the patio to enjoy the last rays of the setting sun.

But suddenly, unexpectedly, the pearly summer dusk, and that hushed stillness which accompanied it, reminded me of ... Hungerford. Again. My heart beat faster. I felt strangely lightheaded – and I hadn't taken one sip of my drink. Once more I was moving slowly through a small town's streets as bodies lay unmoving in pools of blood by lawnmowers, in cars, across the pavement. A sense of dread began to grip my chest and squeeze it hard.

I breathed deeply. To calm down. I reminded myself that I now knew what was happening. I had established my own mind was playing tricks.

Obviously. So, with great effort, I must be able to control it. Obviously.

More breathing. Close my eyes. I had to crush this, crush it like ice inside curled fingers.

Gradually my body relaxed. My clenched fist loosened. My breathing deepened. I raised the glass unsteadily to my lips. Yes. Everything was back under control.

By the time I had drained the glass, I could safely answer the two questions I had asked myself in the plane that morning. No, of course I didn't need to see a psychologist, and certainly not a psychiatrist: the very idea seemed absurd. And there was no good reason for me to stop practising as a forensic pathologist either. Whatever was happening to me today would soon pass and all would be well. For sure.

A few months later, in the autumn of 2015, co-ordinated terrorist attacks on Paris bars, restaurants, a sports stadium and a music venue claimed 130

lives and injured hundreds of others. I was out on a call when I heard the radio news. Behind the reporter were the wails of sirens which accompany every emergency and the gabble of shocked voices. Horror's soundscape. I had to stop the car.

Sitting in a lay-by near my house, I closed my eyes. But they could still see, and my ears could hear. Ambulance blue lights. Police barriers. Rows of post-mortem tables under the bright mortuary glare, and on them human body parts. Shouting. Police radios. The cries of the wounded. Before me, bodies. In my nostrils, the smell of death. A foot, a hand, a child. A young woman who had been dancing in a nightclub, her intestines unwinding.

Men in suits and ties but without legs. Office workers, tea ladies, students, pensioners. Destroyed, every one of them.

I don't know which of the disasters I have seen I was looking at now: the Bali bombs, the 7/7 London bombing, the Clapham rail disaster, the sinking of the *Marchioness*, 9/11 in New York, the Whitehaven massacre ... or maybe it was all of them.

I waited at the roadside for the tidal wave that was engulfing me to subside. When it was over, I was left with a sense of misery and dread. The smell of human decay seemed to linger in the car for some minutes. I took deep breaths. It passed.

I drove off, shocked but under control.

Maybe I did need to discuss this with a professional after all. A priest, perhaps? Some person, anyway, whose job it is to receive our weaknesses and offer us strength.

Involuntarily I shook my head. Of course not. The events in Paris were terrible but I had not been called to help and they were nothing to do with me. I had a thorough understanding of death and no fear of it. The news from Paris had unexpectedly opened up a seam of memories, but the crevasse had closed again now. Aware of the long night of work that lay ahead of them, I just felt sorry for my French colleagues.

So I continued my journey. Off to the mortuary and business as usual.

Surely I would be just fine.



4

From an early age I have had a relationship with death that is both intimate and distant. I come from a comfortable home near London. My father was a local authority accountant who had moved with my mother from the north of England to seek his fortune in the south. There was no fortune but we were well enough off: people who like categories would have called us lower middle-class. My sister is ten years older than me and my brother five. I was the loved baby of the family and we were unusual in only one respect. Our mother had a heart complaint that meant she was gradually fading away.

She had contracted rheumatic fever as a child and one of the complications of that childhood infection was that her mitral heart valve was progressively damaged. I know that now. Then, all I knew was that she was frequently breathless even after only a little exercise and, unlike other people's mothers, often had to sit down.

My big sister, Helen, assured me that my mother had once been a vibrant, laughing woman who mercilessly dragged my reluctant and rather dour father onto the dance floor at every opportunity. Who had set off as a young woman with him on a bicycle-built-for-two on a tour of Europe just when war was about to break out. Who was always the life and soul of the party.

I liked to sit in the living room listening to my sister's stories about our mother. Walls, in those days, were rather bare, but carpets overcompensated for this in swirliness. In the corner was a tiny black-and-white television,

one in which the white dot at the centre of the screen persisted when you switched off the picture, enduring mesmerizingly for several minutes in the

dark. There was a radiogram (a huge combination of record player and wireless), its front covered in gauze, from which issued mainly light classical music of the type considered improving by the aspiring middle classes.

The electric fire glowed warmly, although probably with more light than heat. And the armchairs may have been worn but they were strategically covered by antimacassars. Yes, it was cheering to listen on the loud living-room carpet to tales of that lively woman. But she seemed to have nothing in common with the mother who often languished in bed. Upstairs. Or in hospital.

Her hospitalizations were long and frequent, at least that is how it seemed to me as a boy. I was often packed off to seaside holidays with my grandma in Lytham St Annes, or to my aunt in Stockport, and didn't discover until long afterwards that this wasn't so much for me to have fun on the beach or to see my cousin but to allow my mother time for surgery and convalescence.

At home with me, she certainly tried hard to be normal. She got up each morning and packed me lovingly off to school (even very young children walked to school alone in those days). It was only when, one day, I forgot my violin and returned unexpectedly to find her back in bed, that I realized she collapsed between the sheets each morning as soon as I left. She was as shocked to witness my discovery as I was to make it. I fear I was so taken aback that I even chided the poor woman. I wanted her to get better and be that mother everyone said she once had been. But even I could see that she was disappearing before my very eyes.

One day in December I came home from school and found her gone. She was in a hospital I now know to be the Royal Brompton. More tests and more bed rest. She was forty-seven.

I was taken to see her on Christmas Day. My memory of that visit has almost broken beneath the weight of subsequent memories of the many hospitals of my working life. I can dig down through the years, sifting geological strata, until I reach Christmas 1961, but what I find there breaks into fragments when I try to stare at it. It can only be captured in swift, sideways glances.

I was aware that nine-year-olds were generally not welcome on the wards. I was told to be on my best behaviour. Full of this knowledge, I was led down high, echoing corridors. Busy nurses in smart, starched uniforms scurried past us. On each side were vast rooms. A smell of disinfectant.

Through faraway windows, the yellowing light of a dull London day.

Turning suddenly behind my father into a large ward. Floorboards. A long line of beds, all white, all ready for the next patient. In my memory, all of them empty. Except for one. In it was my mother and, looking back, it seems to me she was the only patient on the ward for Christmas.

I wish I could remember how my mother greeted me, how she looked at me. I expect she hugged me and held my hand. I think she did. I expect I climbed on the bed and showed her the toys I'd received. Maybe I opened some presents with her. I think I did. I hope I did.

A few weeks later, on a cold January morning, I got up early as usual and left the room I shared with my brother, Robert, to cross into my parents'

room and slide into bed with my father. I did that every morning. But today, something was wrong. The bed was cold. The sheets were still tidy. It had not been slept in.

I crept to the top of the stairs. Lights. Lights on in the house early in the morning. And voices. They weren't speaking normally, as if it were daytime. They were night-time hushed voices, their register strange, singing notes of alarm I didn't recognize. I stole back to bed and lay there. Waiting.

Worrying. Something had happened and sooner or later someone would explain it to me.

Eventually, our father came in.

Horrifically, shockingly, he was crying. We stared at him, Robert blinking because he had just woken up.

Our father said, 'Your mother was a wonderful woman.'

At nine, that was too subtle for me. Robert had to explain the significance of the past tense, that our mother was in the past tense now. Because she was dead.

Eventually, I learned that my father and sister had gone to visit her as usual at the Royal Brompton the previous evening. She still wasn't well, but didn't seem any worse. They wished her goodnight as usual and were just leaving when the nurse took them aside and said, 'You do realize how ill the patient is? I'm afraid Mrs Shepherd probably won't last the night.'

This was shocking news because the possibility of her death had simply not occurred to anyone. If it had occurred to my father, or had been suggested to him by medical staff, he had convinced himself it wouldn't happen. She was in hospital to get better. Family visited her. That's how things were. No one anticipated an end to it.

In fact, she was a terminal cardiac case. She had heart failure and had now developed bronco-pneumonia, a disease which is often called Old Folks' Friend because it releases the weak from their suffering. She was certainly unable to withstand pneumonia, even though there were now antibiotics to treat that infection. If only penicillin had been discovered in time to prevent rheumatic fever from damaging her heart as a child.

Years later, when I was a medical student, my father solemnly produced her post-mortem report from some special drawer and asked me to explain it. I told him how her body's response to childhood rheumatic fever had made chemicals in the blood that killed the bacteria. But those chemicals had attacked not just the infection but also the body's own tissues – in this case, quite typically, the mitral valve of her heart. This valve, which controls the flow of blood through the left side of the heart, had become so scarred that it was stiff and jammed partly shut. Every time my mother went into hospital for open-heart surgery, the surgeons literally poked their fingers through the valve to free the valve cusps. Result: they flapped more normally again and blood flow between the left atrium and the left ventricle was restored. Or anyway, improved. For a while.

This was why she had so often disappeared to the hospital prostrate and returned reinvigorated. But each time the improvement was smaller.

This was pioneering open-heart surgery for its era, at the forefront of medical science, but it was no way to win a battle against a recalcitrant heart valve which the patient's own body was determined to destroy.

Indeed, by the time I got to medical school ten years later, such treatment had already been superseded. Now she could have been fitted with a new, synthetic heart valve and survived, leading an active life for many more years.

I knew none of this at the time of my mother's death. I didn't know what I was supposed to feel, either. Everyone looked at me with tears in their eyes expecting something. But what? I went next door to my friend John's house. It was a Saturday and the whole family was there. His mother was

warm and tearful and John and I sat watching television cartoons together.

Even when they were funny, I thought I shouldn't laugh.

It all happened again soon afterwards when I came home from school and found the house full of relatives and flowers. I worked out later that the funeral had taken place; it had not crossed anyone's mind that I should go.

When I walked in they looked at me tragically. What were they expecting me to do, to say? I felt nothing. Perhaps deep down I simply did not grasp the concept of death. My mother had so often disappeared before and had always come back. Possibly, despite appearances, I trusted her to return again.

When I look back on the early years of my life, on my mother, I remember little and feel nothing of her. Was this because of her frequent absences in hospital and strange lack of presence even when at home? How is it that I remember so much from that time about my grandmothers, my brother, sister, father, aunt ... but there is a void where she should be? And I suppose there always will be.

After her death, the most surprising thing happened. My father changed. I think he analysed what we had lost and tried to supply it by becoming both mother and father. He stopped being dour and withdrawn and instead turned into an immensely loving man. My big sister helped a lot, although she was

nineteen when my mother died and had already left home for teacher-training college. My father thought she might come back to look after the lads but, wisely, she did not – although she remained the most loving and supportive of elder sisters, even after her own marriage a few years later.

My father managed the house, shopping, cooking and working full-time in an era when there were few single fathers and consumerism was so undeveloped that shops were invariably closed when working people could visit them. He firmly believed it was possible to do anything you set your mind to. So, he rewired the house and painted the kitchen and serviced the car and learned to cook (with, admittedly, variable results). In addition, he somehow arranged his life to accommodate our needs and this involved his discovery of a new ability to give and receive great affection. I look back on all this and feel huge admiration for him.

There is a small black-and-white picture of my father with a large, leggy child, who must be me, enveloped in his lap. Both of us are asleep. This picture is most unusual for its time. Post-war men, on the whole, had been

brought up by Victorian fathers and simply did not know how to show their sons such a degree of love and kindness.

He ensured I had a good childhood. I enjoyed school, passed my eleven-plus, loved swimming, went to the local youth club, sang in a choir and had a lot of friends. One of these friends was the son of a GP. When we were about thirteen, to spook us all, he ‘borrowed’ one of his father’s medical books from the shelves at home and brought it to school. It was *Simpson’s Forensic Medicine* (Third Edition) by Professor Keith Simpson, a small, tatty, red book which promised nothing on the outside. But inside, it was full of pictures of dead people. In fact, mostly murdered people. They were strangled, electrocuted, hanged, knifed, shot, asphyxiated ... no hideous fate could escape Professor Simpson. He had seen everything. There was a photo of the fern-like pattern on the skin that a lightning strike can leave, a picture of the inside of the skull of a boy who had been hit on the head with a brick and an astonishing gallery of bullet entry and exit wounds as well as photos of bodies in various stages of decomposition.