

TLC Showcase

Nicholas Lim



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Introduction

When I first saw an announcement for the Pen Factor competition I had just started the submission process for *The Pattern Maker*, my first novel. I had received my first rejection letters with a mixture of astonishment, dismay and fake detachment. After hours writing query emails, it was a blessing to be able to return to the text to prepare for the Pen Factor reading, and on the day it was a welcome change to pitch to agents in person, not through the eerily-silent ether to faceless email addresses. The competition gave all the finalists a strong platform and an invaluable chance to make personal connections with agents and publishers. Throughout TLC's 'Writing in a Digital Age' conference, there was an inspiring emphasis on empowering the writer and finding new connections with readers.

Years ago, John Hegley observed that it was possible for independent artists to make a living apart from the mainstream publishing industry by cultivating an audience of a few thousand readers and returning to them every year with new material. I thought the spirit of the TLC conference this year supported this view: that popular commercial writing would still be well-served by large traditional publishers but that new direct communication methods and lower production costs have the potential to support a more diverse range of voices.

I would like to thank TLC for giving me the opportunity to take part in the Pen Factor competition. It was wonderful to receive public acknowledgement for my first novel after twenty years writing unpublished (some might say unpublishable) poetry and short stories. It meant a lot and gave me needed stamina for the submission process.

THE PATTERN MAKER

BY

NICHOLAS LIM

“Every epidemic begins with a first infection, a first death.”

Dr Christine Garrett, Senior Epidemiologist

West Sussex Primary Care Trust, July 2011

‘Where the skull divides there lies the Gate of God.’

The Taittiriya Upanishad

Chapter 1

The morgue of the Brighton Royal is set apart from the main campus, screened off by a stand of rotting chestnut trees. The complex provides for all the needs of the hospital's corpses, from cleaning, autopsy and viewing through to disposal. It was where Dr Christine Garrett felt most at home.

"You must go deep enough here, and here."

She made two swift cuts, diagonally from each shoulder to the bottom of the breastbone. She continued the last incision vertically down the belly to the pubic bone, with a slight deviation to avoid the navel.

"You working late again tonight?" The intern Rafal Dudec waited for a glance from Garrett but her gaze remained focused on the quick, definite movements of her hands.

"Yes."

"I saw the Multiplex has started late screenings. I wondered—"

"You'll notice the blood at the nose and mouth. A common result of passive congestion caused by a lowered head position."

Garrett's knife parted yellow fat and whiter tissues from chest wall, rib cage and diaphragm.

"Worth noting. The bleeding can cause diagnostic confusion. This woman was found yesterday floating face down off the end of Brighton Pier."

Dudec nodded, quick bird-like nods.

"Two drownings." He glanced at the next table. "Looks like it's going to be a busy bank holiday, Christine. Do you go to the cinema much?"

"No. I don't have the time."

"Well there's nothing on right now. But next Saturday—"

Garrett shifted her grip on her knife. She pointed with the tip. “Dudec, can we concentrate on this post?”

“Yes of course.”

“Remember, the chest is always opened before the abdomen.”

As Dr Garrett skinned the body's front, her sixteen-inch blade touched once or twice against the chain mail glove on her left hand. The chink of metal on metal was audible in the after-hours quiet, above the ever-present hum of air-conditioning in the autopsy hall.

“Isn't it easier to use a scalpel?” Dudec said.

“It's the usual choice. I prefer this knife. Either way, work with the edge not the point.”

“Right.”

“Up like so,” Garrett folded chest skin up over the face, like a winding sheet, and down the sides of the trunk.

“I'm off on holiday next week,” Dudec said.

“Good for you.”

“It's a cruise. Only thing is I get seasick.”

“Sodium pentothal.”

“I heard that too. But my ex is coming. Not sure a truth drug would be a good idea. Any other suggestions?”

Using heavy curved scissors two-handed, like pruning shears, Garrett cut the ribs along both chest edges. Each bone gave way with an audible crack to leave a row of whitened ends.

“For seasickness? Sitting under a tree?”

Dudec blinked then grinned. “Okay.”

Garrett lifted off the detached chest plate and stopped.

From neck to groin the major internal organs were visible, packed inside the body cavity like belongings in a suitcase. The lungs were darkly blotched. But it was the liver – charcoal dark as if scorched, and grossly distended – that held Garrett still, as if at attention.

“My God!” Dudec lowered his head. “What is that?”

Fluorescent tubes in the ceiling ticked arrhythmically with heat and light.

“When you said diagnostic confusion—?”

Dudec was known for his smart mouth. As long as it matched his work that was fine by Garrett. She put down the chest plate and re-read the admittance notes.

“The cause of death wasn’t drowning was it?” Dudec pointed. “Every major organ has been infected, by something or other.”

Garrett picked up the long prosector’s knife and began cutting again.

“I am freeing the organ block whole. It’s the quicker procedure.”

“Christine, do you have an idea what this is?”

“No. But I agree with your assessment of infection. The state of the liver and spleen – the vascular filtration units – suggests it’s blood related.”

Dudec nodded. He fluttered a hand. “This could be something new!”

“Rafal, when you hear hoof beats,” Garrett held up her knife like a warning finger, “Think horses before zebras.”

Dudec fiddled with a line of scalpels. He took a deep breath, like a little boy.

“I guess you see a lot of unusual cases, huh?”

“More than general practice. Epis move around different hospitals. Does path work interest you?”

“Umm, not really. I’m more interested in going into the other end of things, maybe obstetrics.”

Garrett recognised the thought. Her specialty, epidemiology, dealt closely with patterns of health in populations, particularly causes of death. Not as common an interest as natal care. *The other end of things*. She divided the last attachments – pelvic ligaments, bladder and rectum – with one slash of the knife, and carried the organ block to the dissection area.

“That liver looks scorched. Barbecued!” Dudec said. His voice wobbled with excitement. “I’ve never seen anything like it – have you?”

The mass of sooty meat, yellowed around the edges, began to overflow Garrett’s hand. She glanced up at Dudec, shook her head then stepped on a microphone foot-

switch.

“Twenty-eight by twenty-four by twelve centimetres. Weight two thousand and fifty grams.”

“Er – that's enormous.” Dudec looked at Garrett as if she had asked him a question.

“Pronounced yellowing in the outer tissues, characteristic of bile build-up.”

Garrett completed the initial organ dissection.

“Rafal, do you know how to prepare quick-freeze sections?”

He nodded.

“Liver first please.”

Garrett moved round to the head. The eyelids, where rigor had first appeared, had re-opened on relaxation of the small muscles. The eyes were the deepest royal blue. They reminded her of the lazuli robes of a Madonna which had hung in her room as a child; the colour of unquestioned faith. Around the iris the cornea showed yellow, signs of jaundice.

“Aren't you going to do these sections with me?”

“We still haven't established cause of death.”

Garrett made a single deep cut across the crown, from ear to ear and pulled the front flap of skin forwards and down over the cadaver's face, then selected a small electric handsaw and addressed the exposed skull. She glanced at a plaque set high on the facing wall, etched with black lettering. *Hic locus est ubi mars gaudet succurrere vitae.*

Garrett cut through the exposed skull bone around the equator of the cranium. She took care to make a small notch, not for medical reasons, but so she could restore the head shape in case relatives viewed the body. She stared for a full minute before dictating.

“Calvarium off. Cerebral hemispheres appear grossly swollen, with meningeal congestion. Colour abnormal. Black.”

Dudec looked up from his tissue sections. Garrett severed the spinal cord and tendon-like dural reflections between cerebellum and cerebrum, and lifted out the

brain. She peered into the head cavity. "Skull vault appears normal." She carried the brain back over to the dissection area. Dudec came over to see.

"Jesus Christ."

Garrett kicked the mike switch. "Cause of death: brainstem dysfunction. Tonsils of the cerebellum are softened and herniated."

"Yeah! Crushed to a pulp. That must have been some pressure. This brain's imploded!"

Garrett stepped on the mike switch. "Rafal, please?"

"Sorry."

She deepened the small incisions she had made in the base of the brain. "Pons, medulla oblongata and bulb are also all herniated. Cause: intense intracranial pressure." She paused to adjust her face mask. Fingerprints showed up redly on the filter paper below her eyes.

"There is widespread thrombosis and hemorrhaging," Garrett pointed out to Dudec dense clusters of purple spots, like flea bites, all over the brain's surface. She began slicing sections through tissue and found penny-sized areas of paler tissue. "Localised cell death is visible in scattered infarctions."

"What the hell is this?" Dudec took a step back from the blood-smeared steel of the examination table.

"There is oxygen starvation, vessel ruptures, a clear lethal increase in cranial pressure."

"A black brain."

Dudec looked at her. His eyes had a shifty, overwide look.

"You said blood-borne diseases. I can think of HIV, hepatitis B, hepatitis C, malaria. And also West Nile virus and the viral hemorrhagic fevers." Dudec looked at Garrett, cheeks flushed. "Have I missed any?"

Garrett understood Dudec's fear. The same emotion lapped at her too. But she knew how to deal with it, concentrating on near, necessary objectives, and schooling herself with her science and reasoned facts. Normally, she would send the worker home. Fear was contagious as disease.

Garrett smiled. "Remember Rafal, horses not zebras."

She maintained eye contact and raised her eyebrows. Dudec took a breath, visibly steadied himself.

"That's it. Now I need you to help me. Where are you with those sections?"

"Umm, the liver. I've frozen and sliced four—"

"Good. Let's stain shall we?"

They worked in silence for a few minutes.

"You must think me a bit of a wuss."

"No I don't. You have an imagination. You need it for the job."

"You don't scare easily do you Christine?"

Garrett placed a slide onto the lowered stage of a scope and added a drop of oil.

"Let's look at what we're dealing with."

She made fine focus and diaphragm adjustments. Her body became still.

"Well?"

Garrett nudged the stage slowly back and forth.

"See anything?"

Garrett stepped aside. She watched Dudec's hunched shoulders. She knew what he was studying. Scores of pale lilac forms, mostly round, some distorted into ovoids like unopened shells. Within each pale shape coarse rice-like granules stained to reds, darker cinnamon, soot...

"I know what this is." Dudec continued to peer down the binoculars. Garrett waited. "It's malaria." He looked up, triumphant. "Yes, must be."

"I agree. The pathology matches cellular identification. The liver is the first target of attack for the malaria parasite, where it starts to breed. The brain indicates a cerebral malaria."

"The colour is malaria pigment."

Garrett nodded. "Haemozoin. Did you see almost every blood cell is colonised, deformed by the infection?"

Dudec looked back into the scope. "Yes. Have you worked with malaria before?"

"I'm not an expert but I saw a lot of cases when I was in India for two years with

the WHO SEAN.”

“Like this?”

Garrett studied the sectioned brain on the steel counter and thought of the slide images. “No. Pathology and parasite blood colonisation is extreme. This must be a new strain. Probably a holiday import.” She looked at Dudec. “Remember, it's only transmitted by the mosquito vector.” He smiled his relief.

Garrett circled the autopsy table twice.

“What is it?”

“No bite marks.”

“Perhaps the infection was contracted early? The immune response could've subsided before death?”

“Yes of course. Or this was a relapse. Malaria can be chronic.” Garrett nodded. “Look why don't you type up the notification for CDSC?”

“Ok. You want to grab a coffee first? We could do with a break.”

“Thanks Rafal, but no, I want to finish up here.” Garrett glanced at the table with the remaining post under a blue plastic sheet.

“What about that one?”

“Tomorrow.”

After Dudec had left, Garrett worked in silence. She closed the autopsied corpse and sluiced down the floor. She cleaned and sorted instruments; when she had finished the stainless steel tools lined up in neat ranks in their racks.

Once, as she passed the last body waiting examination, she heard what sounded like a sigh, almost a protest. She came from a Dissenting people – who would not cross the road at ladders, consult tea leaves or shy from black cats – and she dismissed her gut reaction, reminding herself of the normal action of bacterial decomposition in the digestive tract after death.

It had been a long day. Tomorrow was fine. No need to rush.

About the Writer

Nicholas Lim has been writing and editing for twenty years, starting out as an assistant editor at Sheldrake Press. An Oxford graduate, he has recently had a short story, *Bench Warfare*, published in *Circle Lines*, part of an award-winning anthology series. *The Pattern Maker* is his first novel, winner of the TLC Pen Factor competition in 2012.



A fast-paced detective thriller, *The Pattern Maker* is the story of Christine Garrett, a doctor who has lost her son to a charismatic teacher. When she is called in to investigate three unusual deaths on the English South coast, cult riddles and medical puzzles intersect. Step-by-step she threads unexpected connections while a plague spreads unseen through the southern counties of England.

The Pattern Maker attempts to make an argument without sacrificing the entertainment of a good story. The book explores the dangers that arise when social relationships, modern technology and human talents are perverted by absolute belief. It shows the human cost when people are seen as means not ends and its theme is the confrontation between science and faith.