The Chameleon's Shadow

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Published by Macmillan

Extract

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Southwark Echo, *Friday, 29 September 2006*

Murder victim 'beaten to death'

THE BODY OF A MAN, discovered two days ago when police were called to a house in south London, has been identified as that of Martin Britton, a 71-yr-old retired civil servant who worked for the Ministry of Defence. Friends and neighbours said Mr Britton hadn't been seen for several days. The decision to enter the house was taken after police used a ladder to check the bedroom windows.

A post-mortem examination carried out yesterday revealed that Martin Britton died from head injuries. 'He was beaten to death in a violent attack,' said Det Supt Brian Jones, who is leading the inquiry. 'We believe it happened on Saturday, 23 September, and we are asking for anyone who was in Greenham Road on that date to come forward.'

Neighbours describe Martin Britton as a 'charming and courteous' man who became 'something of a recluse' after his partner died last year. Det Supt Jones said Mr Britton may have known his attacker. 'There was no sign of forced entry,' he added.

The Superintendent refused to confirm whether this murder is being linked to the death of Harry Peel, a 57-yr-old taxi driver who died from extensive head injuries two weeks ago. Mr Peel lived less than two miles from Greenham Road and was found in his bedroom by his estranged wife after she became concerned that he wasn't answering his mobile.

The police have enlisted the help of the gay community in the search for Harry Peel's killer. A one-time soldier in an armoured regiment, he worked for several years in the docks before becoming a cab driver seven years ago. He was a regular visitor to the bars and clubs in his area.

Searches by scenes of crime officers are continuing at the Greenham Road house.

Eight weeks later

THE CONVOY OF armoured trucks, led by a Scimitar reconnaissance vehicle, had been visible for some time to the four Iraqis who crouched in what remained of the upper storey of an abandoned roadside building. The road – part of the highway that linked Basra to Baghdad – cut a straight path across the flat desert landscape, and the group's elevated position and long-range binoculars had allowed them to track the convoy from the moment the lead vehicle breasted the distant horizon.

The heat was intense. Shimmering mirages produced *trompe-l'oeil* reflections in the tarmac, and one of the insurgents captured the effect on a DVD camera before zooming in on the turret of the Scimitar. He could make out the helmeted heads of the two soldiers on either side of the 30mm cannon, and of the driver below it, but the vehicle was still too far away to identify their faces. Another insurgent pointed to a telegraph pole in the long line that marched beside the road and said there would be two good minutes between the Scimitar passing the pole and the explosion. Time enough to capture British soldiers on film before the home-made culvert bombs on either side of the highway obliterated them forever.

The cameraman expected to see complacency, even arrogance, on the faces of the coalition oppressors, but the close-up footage of the three men showed only concentration. There was even a suggestion, in the way the commander, a twenty-six-year-old lieutenant, suddenly shouted an order, that he had spotted something amiss in the dust beside the highway. It was too late.

The roadside bombs, a collection of anti-tank mines rigged to produce a blast that was powerful enough to rip the guts out of a Bradley tank, detonated simultaneously as the vehicle passed between them.

The film clip of a British Scimitar rising into the air before turning over in flames received considerable airtime across the Muslim world. In the Iraq bazaars, it became a 'must-have' DVD for anyone whose electricity supply was intermittent or whose satellite dish had been pushed out of alignment by coalition bombing. The propaganda coup of a small Iraqi cell taking out a coalition vehicle with home-made bombs was irresistible, particularly as viewers and experts alike claimed to see fear, not concentration, on the faces of the three Western soldiers. It was taken as an indication that morale in the coalition forces was crumbling and that an end to the occupation was near.

With a different set of ethics governing the coverage of war in Britain, news editors decided against screening the close-up footage for fear of generating complaints about insensitivity. Only one of the men had survived, albeit with disfiguring injuries, and in such circumstances even the most hardened broadcasters felt the line between reportage and exploitation was here too thin to be tested.

MINISTRY OF DEFENCE

BRITISH FORCES SURGICAL HOSPITAL, IRAQ

Confidential report

Subject:	Lt Charles Acland 893406
Regiment:	Light Dragoon Guards – Royal Armoured Corps
Date of injury:	24 November 2006
Date of admission:	24 November 2006
Date of discharge:	26 November 2006 – 19.30 hours
Onward destination:	South General Hospital, Birmingham, UK
Reason for return:	Reconstructive surgery
Current patient status:	Unconscious but stable – strapped for immobility
Drug treatment:	See attached chart

To Whom It May Concern

Lt Charles Acland sustained serious head and facial injuries during an attack on his Scimitar RV. He has fractures of the left supraorbital, zygomatic and maxilla. His wounds have been cleaned, all foreign material, dead and burnt tissue removed and superficial bleeding stopped. Pressure monitor readings of the patient's brain and arterial flow show nothing significant, although the severity of the patient's injuries suggest brain damage is likely. An immediate CAT scan is recommended. He has an open wound on the left side of his face – a 2cm wide, 0.5cm deep, 10cm long avulsion – caused

by the splitting and cauterizing effects of hot shrapnel. Muscle and nerve damage is extensive and his left eye is beyond repair. An antibiotic regime was introduced on admission and temporary dressings applied to the open wound to prevent infection.

One

When Charles Acland regained consciousness, he thought he was dreaming about a visit to the dentist. Certainly, the numbness in his mouth suggested novocaine even if the rest of the fantasy was absurd. He was lying on his back, staring up at a moving ceiling, and a bell was ringing loudly behind him. *An alarm?* He tried to raise his head to see where it was, but a hand descended on his chest and a woman's disembodied face loomed over him. *The dentist?* He watched her lips move, but couldn't make out what she was saying over the insistent clamour of the alarm. He toyed with asking her to turn if off, but doubted that novocaine would allow his words to be understood. She wouldn't be able to hear him anyway.

Somewhere at the back of his mind was a lurking fear that he didn't recognize. For no reason that he understood, the closeness of the woman worried him. He'd been in this position before – flat on his back and unable to move – and there was a strong association in his mind with pain. Fleetingly, another woman, slender, dark-haired and graceful, appeared in his line of vision. There were tears in her eyes, but Acland had no idea who she was. His instinctive reaction was dislike.

His only points of reference were the alarm and the ceiling moving above his head. Neither had any meaning for him. He could have floated forever in morphine-induced detachment if increasing awareness hadn't told him this wasn't a dream. He started to experience sensations. A jolt as the trolley crossed a threshold. The sympathetic tightening of stretcher straps as his

body shifted. A low ache at the back of his jaw. A brief stabbing pain that knifed up his neck. A puzzled realization that only one of his eyes was open.

With a sense of dread, he knew he was awake . . . with no idea who he was, where he was or what had happened to him . . .

*

Subsequent awakenings increased his dread. He came to understand that the ringing was inside his head. It grew more bearable with each return to consciousness, but he couldn't hear what was said by the faces that stared down at him. Their mouths opened and closed but nothing reached him. Nor did he know if his own mouth was relaying the signals his brain was sending to it. He tried to speak of his fears, but the lack of response in the faces above him persuaded him his lips weren't moving.

Time was meaningless. He couldn't tell how often he drifted in and out of consciousness or how long his periods of sleep lasted. He convinced himself that days and weeks had passed since he'd been brought to this place, and a slow anger burned inside him as threads of insight began to knit together. Something cataclysmic had happened. He was in hospital. The talking heads were doctors. But they weren't helping him and they couldn't see that he was awake. He had a terrifying anxiety that he was in the hands of enemies – *why?* – or that he was trapped forever in a paralysed state that allowed him to think and reason, but left him unable to communicate.

The dark-haired woman suffocated him. He hated the smell of her and the touch of her hand on his skin. She was always there, weeping soft, round tears down her pale cheeks, but her sadness failed to move Acland. He knew intuitively that the tears were for show, not for him, and he despised her for her lack of sincerity. He felt he should recognize her. Every time he woke and watched her through a half-closed lid, a sense of familiarity swam just below the surface.

He knew his father before he knew her. Recognition of the tired-looking man who hovered at the edges of his vision came

like an electric shock. In the next moment, he knew who the woman was and why her touch repulsed him. Other memories flooded back. He recalled his name. Charles Acland. His occupation. Lieutenant, British Army. His last deployment. Iraq.

He had a clear recollection, which he played over and over in his mind because it offered an explanation, of boarding an RAF Hercules on the day he left for the Middle East. He guessed the plane must have crashed on take-off, for his last memory was of buckling himself into his seat.

*

'Charles. Wake up, Charles.' Fingers pinched the skin on his hand. 'There's a good boy. Come on, now. Wake up.'

He opened his eye and looked at the middle-aged nurse who was bending over him. 'I heard you,' he said. The words came out as a long slur but he knew he'd said them.

'You've had an operation and you're now in recovery,' she told him, answering the question she thought he'd asked. *Where am I?* 'If all goes well, you'll be returned to your own bed this afternoon. You're connected to a PCA pump –' she guided his left hand towards a control set – 'otherwise known as patient-controlled analgesia. It allows you to be in charge of your own post-operative care. You shouldn't need any pain relief for a while, but if you begin to feel discomfort press the white button. The morphine will help you sleep.'

He jerked his hand away immediately.

'It's up to you,' she said easily, 'but this way you can manage the pain yourself. The doses are measured and the machine overrides any attempt at self-indulgence.' She smiled cheerfully. 'You won't be on it long enough to become an addict, Charles. Trust me.'

He didn't. He had an instant understanding that he didn't trust any woman, although he had no idea why that should be.

The nurse held up a black plastic egg-shaped object. 'I'm going to put this in your right hand. Tell me if you can feel it.'

'Yes.'

'Good man.' She placed his thumb on a button at the top. 'Push that if you need me. I'll be keeping a close eye on you, but in case of emergencies, holler. You're a lucky fellow. If God hadn't given you a skull like a rhinoceros, you wouldn't have survived.'

She started to move away but Acland used his free hand to catch at her skirt. 'How did it crash?'

'Say again.'

He took the words back into his throat like a ventriloquist and repeated them in slow, guttural fashion. 'Khow . . . di' . . . i' . . . khrash?'

'How did what crash?'

'The plane.' He tried again. 'Khe khlane. I was on a khlane.'

'Don't you remember what happened?'

He shook his head.

'OK. I'll ask someone to explain it to you.' She patted his hand again. 'But don't worry, love. You've got a few wires crossed, that's all. They'll right themselves eventually.'

*

Time passed and nothing happened. The nurse returned at intervals, but her complacent smiles and inane comments annoyed him. Once or twice, he attempted to remind her that he needed explanations but, out of stupidity or bloody-mindedness, she refused to understand what he was saying. A scream was circling around his head and he found himself struggling with anger in a way that he didn't understand. *Everything*, from the curtained cubicle he was lying in to the sounds from outside – muted voices, footsteps, a phone ringing – conspired to ratchet up his irritation.

Even the nurse had lost interest. He counted off the seconds between her visits. Three hundred. Four hundred. When the interval reached five hundred, he put his finger on the buzzer and kept it there. She bustled in with a stupid laugh and attempted to remove the plastic egg from his hand, but he wrestled it away from her and held it against his chest. 'Fuck you.'

She had no trouble understanding that, he thought, watching her smile disappear. 'I can't turn it off if you keep your finger on it,' she said, indicating a bleeping light on a remote receiver clipped to her waistband. 'You'll have everyone in here if you don't let go.'

'Good.'

'I'll disconnect it,' she warned. 'You're not the only patient who's had surgery today.' She held out her palm. 'Come on, Charles. Give me a break, eh? I've made the call. It's not my fault it's taking so long. This is a National Health Service hospital, and there's only one psychiatric consultant on call at the moment. He'll be here before long. You have to trust me on that.'

He tried to say he didn't need a psychiatrist. There was nothing wrong with his brain. He simply wanted to know what had happened. There were other men on the plane. Had they survived? But the concentration needed to speak the words (which were incomprehensible even to his own ears) was so intense that the woman easily deprived him of his buzzer. He swore at her again.

She checked the PCA, saw that he hadn't used it. 'Is it pain that's making you angry?'

'No.'

She didn't believe him. 'No one expects you to be a hero, Charles. Pain-free sleep will do you more good than staying awake and becoming frustrated.' She shook her head. 'You shouldn't be this alert anyway, not after what you've been through.'

*

When the psychiatrist finally arrived, he said much the same thing. 'You look brighter than I was expecting.' He introduced himself as Dr Robert Willis and drew up a chair beside Acland's recovery-room trolley. He was mid-fifties, thin and bespectacled, with a habit of staring into his patients' eyes when he wasn't consulting a computer printout of their notes, which he placed on his knees. He confirmed Acland's name and rank, then asked him what his last memory was.

'Khetting o' kh' khlane.'

'In England?'

Acland stuck a thumb in the air.

Willis smiled. 'Right. I think it might be better if I do the talking. We don't want to make this painful for you . . . or for me. Give me a thumbs-up for yes and a thumbs-down for no. Let's start with a simple question. Do you understand what I'm saying?'

He watched the lieutenant's thumb shoot up.

'Good. Do you know what happened to you?'

Acland jabbed repeatedly towards the floor.

The man nodded. 'Then we'll take this slowly. Do you remember arriving in Iraq? No. Do you remember anything about Iraq?' Repeated downward jabs of the thumb. 'Nothing at all? Your base? Your command? Your squad?'

Acland shook his head.

'Right. Well, I can only go by the medical and regimental reports that came with you, and the newspaper coverage that I've just taken off the net, but I'll tell you as much as I know. If there's anything you want repeated, raise your hand.'

Acland learned that he'd spent eight weeks attached to one of the UK military bases near Basra. He had taken command of a four-Scimitar, twelve-man reconnaissance troop whose task was to search out insurgent crossing points along the Iraq/Iran border. He and his troopers made two recce patrols, each of three weeks' duration, which were described by his CO as 'extremely successful'. Following a few days R&R, his troop was then deployed to recce ahead of a convoy on the Baghdad to Basra highway. As commander, Acland was in the lead Scimitar with his two most experienced troopers, Lance Corporals Barry Williams and Doug Hughes. The vehicle had been attacked by an improvised explosive device buried in a roadside culvert. The two lance corporals had died in the explosion, but Acland had been thrown clear. All three men had been recommended for decoration.

Willis turned a piece of paper towards the young lieutenant.

It was a printout of a newspaper article with a banner headline saying: *Our Heroes*. To the side, under a photograph of him at his passing-out parade, were two portraits of smiling men, posing with their wives and children, over the caption: *devastated families mourn brave dads*. His own caption read: *seriously injured but alive*. 'Do you recognize them, Charles? This –' he touched a face – 'is Barry Williams and this is Doug Hughes.'

Acland stared at the pictures, trying to find something he remembered – a feature, a smile – but he might have been looking at strangers for all the recognition he had of them. He suppressed a surge of panic because he'd shared a Scimitar with these men on two extended recce trips and knew how close he must have grown to them. Or *should* have done. It didn't make sense that he could forget his men so easily. 'No.'

Perhaps Willis noticed his concern, because he told him not to worry about it. 'You took a hell of a knock to the head. It's not surprising you have holes in your memory. It's usually just a question of time before things start to return.'

'Khow khong?'

'How long? It depends how bad your concussion is. A few days, perhaps. You won't remember everything all at once . . . We tend to retrieve memory bit by bit, but—' He broke off as Acland shook his head.

'Khow khong –' he pointed to himself – 'khere?'

'How long have *you* been *here*?'

Acland nodded.

'About thirty hours. You're in a hospital on the outskirts of Birmingham. It's Tuesday, 28 November. The attack happened on Friday and you arrived here early yesterday. You had a CAT scan during the afternoon and an operation this morning to plate the bones in your left cheek and above your left eye.' Willis smiled. 'You're in pretty good shape, all things considered.'

Acland raised his thumb in acknowledgement, but the conversation had done little to allay his fears or his sense of resentment.

How could he forget eight weeks of his life? How could thirty hours have turned into an eternity? Why had the nurse said his wires were crossed?

What was wrong with him?

*

The days that followed were difficult ones. Acland lost count of the number of times he was told he was lucky. Lucky he'd been thrown clear before the vehicle turned over. Lucky the insurgents were too few in number, or too poorly armed, to follow up the attack by shooting him. Lucky the shrapnel hadn't entered his brain. Lucky he still had the sight of one eye. Lucky the blast hadn't destroyed his hearing completely. Lucky he was still alive . . .

For whatever reason, he'd been put in a side room away from other patients. Acland suspected it was his mother's doing – she had a habit of getting her own way – but he didn't complain. If the choice was between being stared at by his parents or being stared at by every Tom, Dick and Harry who entered the ward, he was better able to tolerate his parents. But he found their constant presence draining.

His father was the worst culprit on the 'lucky' front. Unable to understand what his son was saying, or too impatient to work it out, he would take up a stance by the window and keep repeating phrases like 'The gods were smiling on you that day', 'Your mother can't believe how close we came to losing you', 'They told us it was touch and go at the beginning', 'Damnedest thing I've ever come across.'

For the most part Acland pretended to be asleep, because he was bored with playing the 'thumbs-up' game. He didn't feel lucky and he saw no reason why he should pretend that he did. At twenty-six, he had his whole life in front of him, but it didn't look like being the life he'd chosen for himself. He felt a cold knot of fear every time his father mentioned the future.

'The army gives grants for retraining, Charles. What do you think about signing up to an agricultural course for a couple of

years? You might as well learn the modern way of doing things at the taxpayers' expense.'

Acland stared at the wall in front of him.

'It was just a thought. Your mother's keen to have you home. She suggested we put you in the annexe so that you have your own space.'

The idea was abhorrent to Acland. He tolerated his mother's presence in his room because he had to, but he was becoming increasingly resistant to her touch. Whenever possible, he crossed his arms to avoid having his hand stroked, wondering what she'd been told about his condition that meant he had to be treated like a child. It wasn't as if she'd caressed him when he *was* a child. Demonstrations of affection never happened in the Acland household.

The only respite he had was when the medical staff took over and his parents were asked to leave. He appreciated the consultant surgeon, Mr Galbraith, who talked him through his injuries and told him what he could expect in the coming months. Galbraith explained that the damage was to the left-hand side of his face, that he'd lost a considerable portion of soft tissue due to the splitting and burning effects of the shrapnel, and that his eye had been damaged beyond repair. Nevertheless, reconstructive surgery had improved immeasurably in the last decade through the use of microvascular techniques and tissue expanders, and the surgical team was confident of a good outcome.

Galbraith warned Acland that to achieve the best results might take months. Operations could last up to fourteen hours; the patient needed recovery time of weeks between ops; and other specialisms, such as neurosurgery and ophthalmology, might have to be brought in for assessment and assistance. The aim of the team would be to keep impaired nerve functioning to a minimum and to source a donor site that wouldn't result in a visible difference between the colour and texture of the grafted skin flaps and the skin of the face, particularly in the reconstruction of the lid and socket tissue to accommodate a glass eye.

The surgeon looked for a reaction, but didn't find one. 'I hope that's gone some way to putting your mind at rest, Charles,' he said. 'I realize it's a lot to take in at one go, but the message is an optimistic one. When you're talking more freely, you can fire as many questions at me as you like.' He offered a hand. 'I look forward to knowing you better.'

Acland grasped the hand and held on to it to keep the man from going. What he wanted to say was, 'Why would I need a neurosurgeon?' but the words were too complicated. Instead, he touched the side of his head with his other hand and asked, 'Is brain OK?'

Galbraith nodded. 'As far as we can tell.'

He released the man's hand. 'Why can't I re – emb – er?'

'Because you were unconscious for three days and amnesia is a common symptom of traumatic head injury. Are you having problems understanding what's said to you?'

'No.'

'You certainly don't look as if you are. Dr Willis described you as extremely alert for someone who'd been out cold for three days. Do you remember talking to him?'

'Yes.'

'Do you remember the details he gave you about the attack?'

'Yes.'

Galbraith smiled. 'Then you've nothing to worry about. It's short-term memory loss that's disabling. Sufferers struggle to understand or retain information . . . They lose skills they once took for granted and have to undergo prolonged therapy to relearn them. Yours is localized or retrograde amnesia, which means you've forgotten events within a defined time period. It's quite normal after concussion . . . but rarely permanent.' He examined Acland's inexpressive face. 'Does that reassure you?'

No . . . But the lieutenant stuck his thumb in the air anyway. He couldn't bear the thought of any more fussing. He'd have no privacy left if anyone knew what was going on inside his head.

Confidential Memo

To:	Dr Robert Willis, Psychiatric Dept
From:	Nursing Station 3
Senior Nursing Officer:	Samantha Gridling
Patient:	Lt Charles Acland 893406
Room:	312
Date:	5 December 2006

Thank you for taking my call and apologies for interrupting your session. Further to the brief outline I gave you over the phone, please find further details below. I've since questioned my staff to see if anyone else has had a run-in with Charles, and several have reported a refusal to answer questions, being sworn at, an almost permanent anger and suspicion about medication and analgesia. There's no question in my mind that he's targeting the female nurses, since none of the male nurses made any complaints.

FYI: One of the auxiliaries – Tracey Fielding – told me he ordered her to 'take her fucking hands' off him this morning when she tried to straighten his bed. Tracey says he spoke quite fluently and she had no trouble understanding him. She decided to treat it as a joke and answered, 'You should be so lucky,' but abandoned the bed-making because Charles was clearly on edge.

The two incidents I mentioned to you over the phone were also directed at women, myself being one, and both involved violence or threats of violence. They are:

1. Yesterday evening, Charles lost his temper with his mother. She told me she was trying to comb his hair when he caught her

by the wrist and forced her arm on to the bed. She said he looked 'absolutely furious' and twisted her hand backwards until she was kneeling on the floor. It was only because her husband came into the room and managed to release her that Charles didn't hurt her badly. Both parents are understandably upset and I suggested they stay away for twenty-four hours. I'd like you to talk to them about going home for good. While no one can condone Charles's behaviour, it's clear to all of us that his mother is driving him mad. She calls him 'her little boy' (!!!) both to his face and in front of others.

2. As soon as Mr and Mrs Acland left, I went to check on Charles. His door was closed, he'd detached himself from his drips and he was standing by the window. I invited him to get back into bed. When he took no notice, I walked towards the buzzer to call for assistance, and he moved in front of me to stop me doing it. Upright and with clenched fists, he's over six feet and very intimidating. I warned him that his behaviour was unacceptable, and he said quite clearly, 'I don't give a shit.' To avoid provoking him further, I left the room. When I returned five minutes later with a male nurse and a security guard, Charles was back in bed and reattached to his drips. Correctly! He was very pale, and I think he gave himself a scare, but he's a damn sight more 'with it' than any of us realized. His recovery speed is extraordinary.

I'd appreciate a visit ASAP after your return from Warwick.
Pro tem, I've re-rostered the staff so that Charles has only male attendants, but there aren't enough available to make the rota workable for more than 48 hours. I'm also concerned that his mother won't stay away. FYI: I will be on station till 17.00 but am contactable at home on 821581.

SNO Samantha Gridling, Nursing Station 3