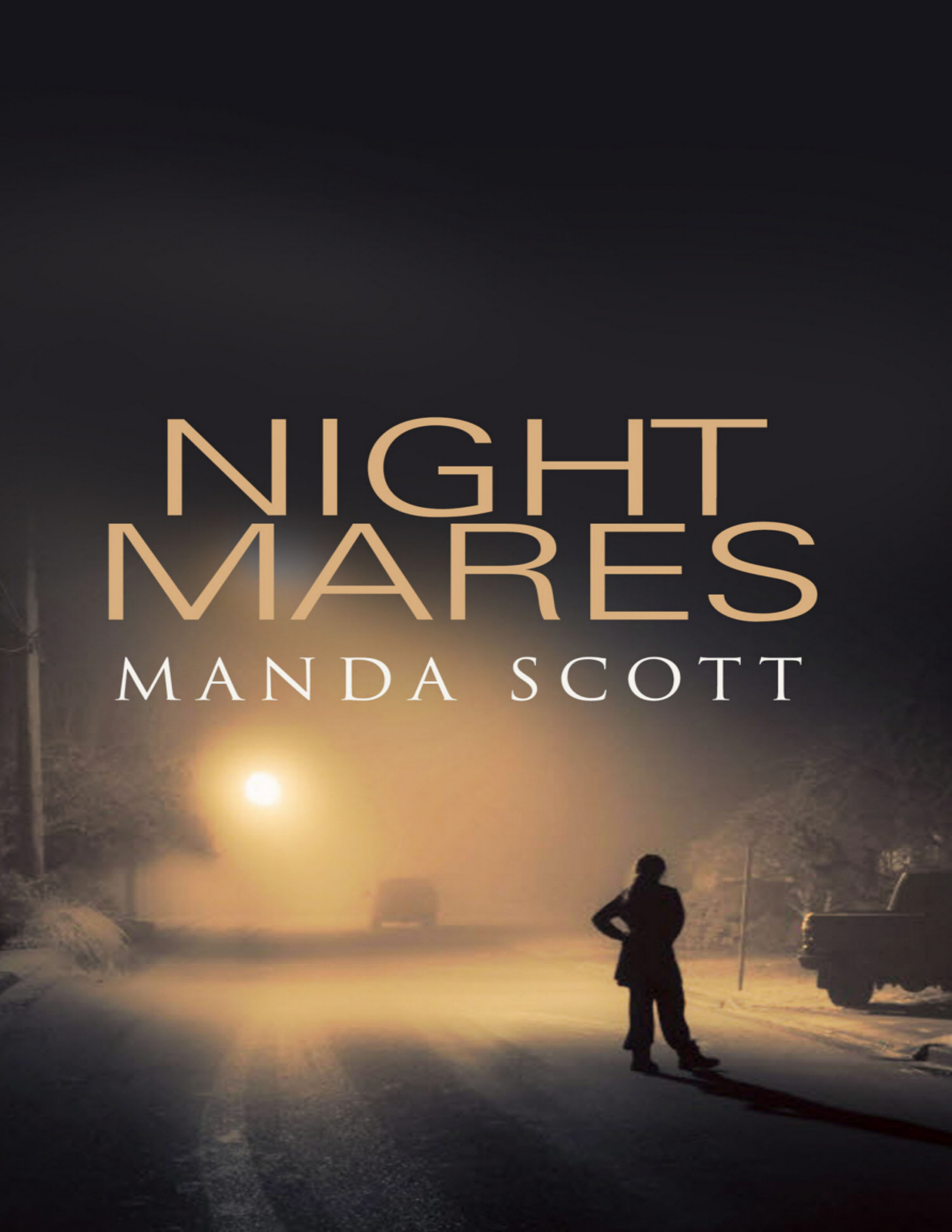


# NIGHT MARES

MANDA SCOTT



## About the Book

Dr Nina Crawford of Glasgow University's prestigious veterinary hospital is driven, dedicated and tough. But she's losing her grip. Horses are dying of the highly infectious E.coli, and there's nothing she can do to stop it. Now she is spiralling into familiar depths which, years before, nearly led to suicide.

Kellen Stewart, Nina's best friend and therapist, suddenly becomes tangled in Nina's real-life nightmare when her own horse needs emergency surgery. What's more, it soon becomes clear that it's not only the horses' lives that are at risk . . .

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Also by Manda Scott

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NIGHT MARES

For Hester

The number of people who contribute to the writing of any novel is immense. In this case, however, there are a well-defined few who made *Night Mares* what it is. Jane, my agent, is clearly well on the way to sainthood, and Anne and Victoria at Headline have kept remarkable good humour in the face of hard-pressed deadlines.

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## Prologue

*The world is blue. Pale and oddly translucent. Like the sky over Skye. Some cretin with a sense of humour has painted the ceiling in pharmacy blue. Because they could. And so the world is blue with magnolia walls.*

*There's a fat, bloated sun floating somewhere in the back of the blue. Above and to the right. Miles out of reach. It's a drip bag. Fat and overfilled and yellow like flat Lucozade. The yellow is pentobarbitone. There's enough in there to kill a horse. Several horses. I know. I put it there. I took every drop we had in the dangerous drugs cupboard, signed it all out and pumped it into a 500 ml bag of dextrose-saline. That bit was easy. It was getting the catheter in that was hard. I need to use a catheter. I'm not about to fuck up again. But it's more difficult than I thought. I don't have veins like a horse. And there's only one vein on my left arm that's worth going for. All the rest were shot to bits after last time. I used a 23 gauge cat catheter because I thought it would be easier to get in. Even so, it took me two tries. The bruising hurts more than I remember. It doesn't matter, but it's making things more difficult.*

*I hooked up the drip to the catheter and turned it on, full bore. It's slow, though. I forget how slowly things go through small catheters. Agonizingly slow. I can count the drops as they spill through the giving set. Small yellow doses of death falling like lethal, linear rain, back lit against the blue of the sky.*

*I keep counting. It is important to count. To count the seconds between one drop and the next. Between one*

*breath and the next. The breaths will end before the drops. I know this. I have been here before. The blue will expand outwards, filling the world and the magnolia will fade to nothing. The drops will keep flowing but I will stop counting. I will stop trying to work out how much time I have left. I will have no time left.*

*There may be dreams. I worry most about the dreams. Last time there were dreams but then last time I woke up and had to remember. This time I won't wake up. And if there are dreams, they will be dreams of another space and another time and they could not possibly be worse than the nightmare of the here and now.*

'It's just pentobarb in the drip? On its own? Nothing else?'

'Yes.'

'But you used ketamine with it last time. And morphine.'

'I know. And I fucked up.'

'So it isn't last time?'

'No. It's this time. It's now. Soon.'

'Do you want that?'

'No. Not now.'

'But, in the dream, do you want it?'

'No. I don't want it. But, in the dream, I have no choice. I can feel it coming, sucking me in. Like gravity. I can't fight gravity, there's no point. So I don't try. I just sit there and watch it happening. And, in the end, I don't care. I really don't care at all.'

'And now? How do you feel about it now?'

'I'm too tired to feel anything, Kellen. I don't want to feel anything. I can't cope as it is. There's too much going wrong that I don't know how to handle. Too many nightmares coming true.'

'Could you take a break from work?'

'And leave Steff with a surgical ward full of dying patients? I don't think so.'

'Does she know?'



'About the dreams? Yes.'

'And Matt?'

'Matt's always known.'

'So you have two people who can help you. Use them.'

The air is still. Some ideas need a long time to take root.

'I'll try.'

We need more than that.

'Nina, I want you to promise me that you won't do anything . . . permanent . . . without calling me first. Will you do that? *Can you do that?*'

A long pause. As if she is weighing her integrity against the pull of gravity and there is precious little to choose between them.

'Yes. I promise.'

'Thank you.'

She gets up to leave. At the door, she thinks of something new.

'You won't tell anyone, Kellen?'

'Never. I can't. You know that.'

And besides, who in the world would want to know?

# One

I counted seven magpies in the morning.

Seven. All brilliant blue on black, sharp-edged against the raw white of the last frost of spring. The first six were spread out down the lane between the barn and the far paddock. One on the gate, one on the fence, one on the hawthorn hedge, three, all in a row on the fallen beech that bridges the stream. For a while, I thought that was the lot and warmed the morning with gentle fantasies of gold.

The seventh hid at the back of the field, digging something bright from beneath a mound of horse dung. He saw me coming and fled to the beech wood, cursing me to a summer full of other people's secrets. Gold, at least, would have had some novelty to it.

I thought of them lazily throughout the day, in between clients. A kind of visual mantra, useful in keeping the tangles of one session from weaving their way into the next.

I thought of them quite pointedly at six o'clock when Nina Crawford was late for her evening appointment without calling to let me know. Some people are late out of habit. Quite a few manage to 'forget' whenever they think things are running too close to the bone. Nina misses about one session in five simply because she is still in theatre with an unplanned emergency. But she has never yet forgotten to call. Not once in the last seven and a half years.

Magpies loomed rather larger than I would have liked for the rest of the barren hour. Magpies and the pull of gravity. At half past, I pawned the car out of the car park and

headed for home; out along Great Western Road, up through Anniesland Cross and over the switchback towards Milngavie. At the last moment, I turned right, across the dual carriageway and down into the gateway of Garscube Estate.

You can ignore magpies for the rest of your life and get away with it.

I'm not so sure about gravity.

Dr Nina Crawford, senior lecturer in equine surgery at the University of Glasgow Veterinary Teaching Hospital lives on the job, for the job and through the job. When she's not performing acts of veterinary heroism with her scalpel or leading her corps of students through the minefield of surgical anatomy, she lives in an ageing cottage in the grounds of Garscube Estate. The place was originally built for one of the farm workers in the days when the vast majority of farm workers were being piled on to sailing ships bound for Canada and only the lucky few were kept back to herd the sheep. Shepherds were not, I would say, expected to live long nor to enjoy the experience.

It is pleasant to live in a home with a history. It is less amusing when that history prevents any kind of rational redevelopment. They let her put in electricity because the place was deemed uninhabitable without. They didn't go for the double glazing, though, and I have been there on mornings in February when the condensation was frozen to the inside of the window and we had to break the ice in the cistern before it was possible to flush the loo. I have suggested once or twice that she might consider living somewhere with, say, central heating, as an optional extra. She counters with the fact that this is the only place within the boundaries of Greater Glasgow where the trees are thick enough to screen the traffic noise, where she can look out of her back door and see a heron standing on the river in the mornings and where she can listen to the toads

mating at night. All of this may be true but it is also entirely spurious and we both know it. The real reason she doesn't move is because the cottage is within a short sprint of the operating theatre and even if something goes into cardiac arrest on the table at two in the morning, she can be there before the attending clinician calls the time of death. This is the kind of drive that has taken her to the top and kept her there when anyone else would have been happy with a steady rung on the ladder.

The back door to the cottage was unlocked when I got there but that in itself is nothing new. For a Glaswegian, Nina Crawford has a shocking disregard for the fundamentals of personal security. There were no letters in the basket beneath the letter box but that meant nothing either. This is a woman who lives on the wrong end of her e-mail account. The only genuine pen-on-paper letters she gets these days are from her mother and that's only twice a year.

I let myself in and did a quick tour of the kitchen. Let me rephrase that. I turned in a circle without moving my feet and was thereby able to investigate every surface. You could swing a cat in Nina's kitchen, but only if it was less than eight weeks old. The door to the oven collides with the one to the fridge and both of them block the way to the sink. The kettle sits, unplugged, on top of the bread bin, which is, in its turn, pushed back into a corner to make way for a basket of crinkle-skinned apples.

I checked them all out. The kettle was almost empty and the water covering the element was cold. The bread in the bin was hard. The grapes in the bowl on the hob had a two-day coating of grey mould. A rim of congealed bacon fat lined the washing-up bowl and a single plate lay untouched beneath a layer of scummy water. Nobody home. Nobody, at least, with any interest in cleaning up.

Ominous.

Nina is ordered by habit. It goes with the territory.

There isn't really any division between the rooms on the ground floor of the cottage. The kitchen area is bounded by a half-height barrier and leads into a kind of open-plan lounge/dining room, which I know from experience has sufficient floor space for one tallish woman with a sleeping bag - provided you move one of the halogen uprights away from the corner opposite the television and shove a pine blanket box out of the way into the space under the stairs. The rest of the furniture stays where it is and gathers dust. Only visitors use the lounge in this place - the ones who watch television and need to sit at a table to eat their dinner. Nina sits on the staircase to drink her coffee and the rest of us tend to eat our breakfast sitting on the low stone wall of the garden on the grounds that it's warmer than staying inside. All of which means that I would be hard pushed to say if there was anything seriously out of place in the living room, but there were magazines where you would expect to find magazines and no one had taken the flex from the standard lamp to string themselves up from the ceiling, which was good enough to be going on with.

I took a minute or two for a full look round and then elbowed my way past a pile of unironed laundry and scrambled up the near-vertical flight of stairs. I made that journey downwards once while drunk and nearly died in the process. In daylight, sober, it was easier.

The main bedroom is on the right at the top of the stairs. A rounded stone from the river propped open the door and a shifting breeze pulled at the curtain hanging beside the open window on the far side of the room. A one-eyed bruiser of a black and white tomcat lay on the bed and glared at me with the venom of old acquaintance. The pattern of dips in the duvet told tales of undisturbed catnaps stretching back for several days. No sign of a human nap at all.

Across the landing, her 'office' was knee-high in Xeroxed research papers and back copies of the *Veterinary Record*. The computer was dead to the world and the coffee half filling the mug was as old as all the rest of the food. A '1471' on the phone said that a number with an Edinburgh dialling code had called yesterday at 22:47 and that if I wanted to return the call, I should press 3. I considered it for a moment, thought better of it and wrote the number on the back of my hand instead. Her mother lives in Edinburgh. But then so does the other half of the Scottish veterinary academic community - the ones who don't work in Glasgow - and I wouldn't know most of them from Adam. Or Eve. Time to find out later. If it matters.

There's a loft space, with access from the landing, which has more or less enough room to lie down in between the box files and old lecture notes. I found the pen torch in its usual place and flashed it once in a wide arc. Lots of dust and enough notes to bury a horse. No signs of human intrusion this side of Christmas. No body lying with a drip in one arm waiting for the countdown to zero. Oddly, it didn't make me feel any more secure.

I was back in the office checking dates on the papers when I heard the back door open downstairs. The stairs, in daylight and sober, are lethal if taken at speed. I lost my footing midway down and landed in a mess at the bottom.

Nina Crawford stood in the doorway. Or rather, a tousled mess of humanity that bore passing resemblance to Nina Crawford stood in the doorway, staring at me in the way any ghost might look at the living.

'What the bloody hell are you doing here?'

'You missed your appointment. I came to check that you weren't dangling from a light fitting.'

She grinned tightly, like a skull. All bone-white lips and no humour. Not pleasant.

'You're early. Come back in an hour. At least you'll know not to bother with the ambulance.'

‘Very funny. Are you as bad as you look?’

‘I don’t know.’ She rocked back against the doorframe and tried to lever off her Wellingtons, the toe of one braced against the heel of the other. ‘How bad do I look?’

‘Pretty bad.’ Like an angular, ascetic, wire-haired scarecrow that’s been left out in the field over winter. Except that scarecrows don’t smell that bad. Not the ones I’ve met. ‘Have you been bathing in horseshit?’

‘Only by default.’ She failed on the first boot and slid down the wall to a more stable position on the floor. ‘If you make me something decent to drink, I promise I’ll go and have a shower. How does that sound?’

‘Delightful.’

Essential, in fact. And soon. The smell was marching across the room towards me like a column of starving soldier ants.

Thick, gassy waves of it. The basic, organic stench of horse manure run through with nasty toxic lowlights. It smelled very much like the day Gordon Galbraith’s slurry tank caved in and the whole ten thousand gallons of liquid pig manure flowed out on to the high land above the village. The difference being that I wasn’t required to sit in a kitchen the size of a small telephone box with Gordon or any of his lads afterwards.

I filled up the kettle and then moved back to sit on the stairs, as far out of olfactory range as possible while still keeping within reasonable conversational distance. Not that there was any significant amount of conversation. For a while, the only significant sound was the rising hush of the kettle and a string of single-syllable curses emanating from the floor as Dr Nina Crawford, a woman with more letters after her name than in it, sat on the sanded oak floor of her kitchen and did her best to remove her own boot.

Last time I tried it wasn’t that hard. I curled up my feet in the corner of the stairwell and watched for a while, trying

to work out how much of the chaos was on the surface and how much was coming from further inside.

It's not easy to tell that kind of thing with Nina. More than most folk, there's a difference between interior and exterior. What you see is very rarely what you get.

She's not beautiful, Nina, not on the outside. She's too angular to be beautiful, too asymmetric, too scarred in places that show. But when she's well, she radiates the kind of magnetism that keeps her residents running round the clock because they'd rather run themselves into the ground than let her down. And even when she's been up all night with a colic and spent all day in theatre with the students, she still manages a brilliant combination of the quick, quirked smile and the tilt of the head with its tousled mess of hair that grows on you within the first five minutes of meeting.

The odd thing is, in all the time I've known her, I've never seen her filthy before. Untidy, perhaps. Wild, frequently. Tangled, often, mostly by intent. But never filthy. Particularly her hair. She's got a thing about hair, like a second millennium Samson except that in Nina's case, Delilah was some bitch of a nurse in the intensive care ward at the Western who shaved it all off for a scan in the late-night panic after the first time the lass tried to kill herself.

To the best of my knowledge, there is no real need to shave anyone's scalp for any kind of scan and I never found out exactly who did it or why, but it made one hell of an impact on the girl's psyche. It was short, apparently, before they took her into hospital. Short and curled and wild. Afterwards, she let it grow longer. It took almost two years to grow out to a length she was happy with. Somewhere around the time it passed her ears, she turned it a deep, henna red and has kept it that way ever since. Part of the mask that stops the world from seeing too much of the real woman underneath. The real woman has hair the colour of



horse chestnuts straight from the shell and with the same kind of shine. Henna is not what it needs but I am hardly the person to tell her that.

Either way, she has cut it a bit shorter now so that the terrier-curls make a dark, shining halo around her head. And it does shine. Every time I've seen her, straight out of the operating theatre, straight out of a consultation or straight out of bed, it has shone.

Except now. The woman who sat on the floor in front of me wrestling with her boot had hair clogged with sweat and wood shavings and other unnamed, unspeakable bits of animal debris as if taking care of herself had somehow dropped off the list of personal priorities.

Not a good sign.

The hush of the kettle rose to a boil and failed to stop when it should have done. I leaned over the counter and switched it off at the plug. The woman on the floor showed no sign of having heard. She wasn't showing much awareness of anything beyond her footwear. I sat back on the staircase and reached out, prodding her with my toe.

'Nina, what's going on?'

'I don't know.'

She won the war with the boot. It spun across the floor, spewing fragments of wood shavings and straw in its wake. She scooped at them half-heartedly with the edge of her hand and then gave up and leant back against the doorframe. 'I guess I'm cracking up. Had to happen sometime.'

Maybe.

I needed to look at her eyes to know for sure and she wasn't about to let me.

Nina's eyes, when she is not driven by the nightmares, are a shade deeper than her hair; more walnut than chestnut, and with that rare glitter of real intelligence that takes her beyond the masses even in a profession where they think they're all beyond the masses anyway. When she

is living in the nightmares, her eyes change first. If I were thinking in medical terms, I would know all about the size of her pupils and the effect of altered blood flow on the iris. Since I do my best not to think in medical terms unless I have to, all I know is that the shade of her eyes changes as she walks closer to the depths of her own private hell and the darker they get, the worse it is. She knows this and she knows that I know. And the times when she avoids eye contact are the times when she thinks things are bad.

Sitting there watching her undress on her kitchen floor, I realized that I hadn't seen her eyes since the moment I slid down the stairs into the living room. Which meant things were worse than bad.

'Do you want to talk about it?'

'Not really.' She stood up, slowly, using the doorframe for leverage. 'But I probably should.' The other boot came off without resistance. Suddenly and with a soft, unpleasant, sucking noise. Her foot and the leg of her overalls were wet with fresh blood.

She saw me looking and lifted one shoulder apologetically. 'It's not mine.' Her second shoulder joined the first. 'We had a nose bleed.'

'We?'

'Me and Steff. We were tubing the horse. Nasogastric tube. To decompress the stomach. Caught a vessel on the way in.'

I don't think I want to know.

'I came in for a shower.' She said it more to herself than to me. 'Coffee and a shower.' She looked at me, almost directly. 'Coffee in the shower?'

I think she just might. 'Coffee *after* the shower,' I said. 'And you tell me what's happening.'

The bathroom in the cottage is of relatively recent origin but it still manages to conform to house style in terms of its furnishings: there is no heater, the bath takes over an hour to fill, the white tiles on the wall grow green mould in three

days if you don't wash them and the lino on the floor has ripples cunningly placed to stub the toes of the unwary.

The only new addition to the entire ensemble is the shower, put in by Nina on the very reasonable grounds that anyone who comes home covered in blood and gastric contents at two in the morning after a late-night colic needs to be sure there'll be enough hot water to get clean before morning. She got the lads from the engineering department to put in something industrial with the jet pressure of a power hose, and standing underneath it for any length of time does terrible things to your skin.

By the time I was ready with two cups of coffee, the place was full of pine-flavoured steam, there was condensation running down the walls and a force four gale angled in from the open window above the sink. The offending overalls were soaking in a bucket of water near the door. The smell barely penetrated the fog.

I dried off the lid of the toilet with a spare hand towel and sat down out of the draught. The steam acquired a new flavour. A kind of odd, citrus mix of lemongrass and ginger but without the culinary overtones. It's Nina's smell, at least at the times when she doesn't stink of horse excreta. A signature scent. Something to do with what she uses to wash her hair although I've never found out what it is. The smell of it filled the room, billowing out of the open window. Oddly peaceful for someone who spends their life in such turmoil.

The coffee began to cool. I pulled the cord twice, flicking the lights on and off to let her know I was there. 'Coffee,' I said, above the noise of the shower. 'You want to come out while it's still hot?'

'Sure.' The noise of the water slammed off and a hand emerged from behind the plastic screen. 'Towel?'

'Here.' I threw her a towel from the rail beside me and heard her mutter further small curses at her hair. She emerged faster than I'd expected, with the towel wrapped

round her head and the rest of her dripping wet. Naked, she looked more vulnerable than before. Everyone looks disarmed when they're unclothed, but in Nina's case it was the towel on her head that made the difference. Red hair and vulnerable don't go together even if it's not a real red. With her hair covered and the colour gone, she looked smaller; thinner, more exhausted. The scars on her neck stood out whiter against the faded tan of her skin: two arrow-headed vampire bites where they ran the drip lines into her jugulars because they couldn't find any veins left on her arms that worked. The time she grew her hair long, it was specifically to cover the scars. It took the best part of five years in therapy before she came round to the idea that people see the woman first and the scars second. Her entire wardrobe changed in the months after that. Polo necks to open shirts in the space of one season. It took longer to get her to give up on long sleeves but then the scar on her arm is altogether more spectacular than the ones on her neck; a long albino snake coiling up and around from wrist to elbow, the remnant of four hours in theatre with the Western Infirmary's top reconstructive team trying to rebuild something useful from the mess left by the pentobarbitone she'd put in her death-wish cocktail.

It was the pentobarbitone that did the most obvious damage, at the start. They put horses down with pentobarb. It's not meant to go in human arms, especially not outside the vein. The ambulance team did what they could with subcutaneous injections of normal saline but the damage was done by then. In the twenty-four hours it took them to get her stable, the skin had sloughed off her forearm and the muscles beneath had turned to molten cheese. A reconstructive nightmare. She's lucky to have an arm at all and the fact that she can make a living as a surgeon is the kind of miracle that goes a long way to restoring my faith in modern medicine.

If they could have repaired the damage to her mind at the same time, I would live the rest of my life a believer. But it took a lot longer than a month in intensive care to patch up the holes left by the ketamine, and hospital doctors aren't really cut out for that kind of thing, even the ones with psychiatric leanings. And so, when they let her out of hospital, they sent her to me; an ex-medic turned therapist with connections in all the right places. She was the first of my die-hard suicides. And the last.

It's nasty stuff, ketamine. I've no idea what made her slip it in the bag except that it was there when she opened the drug cupboard and there's nothing wrong with a bit of overkill when you're desperate. Either way, it saved her life. Hit her brain before the barbiturate and triggered a series of twitching convulsions that were enough to jerk the catheter from the vein.

The gods balance these things. Give life with one hand and take sanity with the other. For a long time it seemed she was never again going to have both together. When we first started together, an hour in session with Nina felt like a month in a war zone and I went home to Bridget in desperate need of emotional resuscitation afterwards. It blows open the doorways to your unconscious, ketamine, and that's not a kind thing to do to anyone.

For the best part of four years after they let her out of hospital, Nina lived in a world haunted by the dark, tangled monsters from the depths of her own private hell. Things that stalked her days and made massacres of her nights long after the pentobarb and the morphine worked their way out of her veins and her liver. It was hell. Every step of the way was hell and there were times when both of us thought she was going right off the rails. But even so, she got her act together and worked her way through a Masters and a PhD and picked up the exams she needed to become a surgeon and there was a day, nearly five years

after we first started work, when she stood in the doorway of my office and told me she had just slept a whole week of nights without a single solitary nightmare. We went out for a drink to celebrate that night and to hell with the proprieties of professional and client. We thought we had it cracked, both of us. And we carried on believing it. Until last September, when the whole bloody cycle started again.

That's the thing about nightmares. Like gravity, they never really go away.

She caught me staring vacantly into space and slid another towel off the rail beside her.

'If you tell me I've lost weight,' she said, 'I'll throw you out.'

'Hardly.' I wouldn't dream of it. 'I'll wait until you've finished telling me what's going on down at the ranch. Then I'll throw myself out and let you get some sleep.'

She wrapped the towel round at arm-pit level and sat down on the edge of the bath.

'If I knew what was happening, Kellen, I'd be out there doing something about it.' For someone on the edge of crisis, she sounded uncommonly stable.

I handed her the coffee. 'So tell me the basics,' I said.

'Oh God, I don't know.' She sunk half a mug and then started rubbing absently at her hair with her free hand, as if sitting still had become impossible. 'The horses are still dying, Kellen. There's one in the end box now. We cut him on Monday morning. He keeled over Tuesday night and he'll be dead by tomorrow, barring miracles. He came in for a tie-back. Ordinary, straightforward elective surgery. Nothing that couldn't have been done in general practice except that the owner's one of the staff and so the practitioner fought shy of the anaesthesia, wanted somebody else to take the risks. There shouldn't have been any risks. He should have been home by now, bumbling

around in his paddock with nothing better to do than decide on the best patch of grass to mow next.'

'But he isn't?'

'No, he isn't. He's flat out in the ICU box with a wire in every orifice and a desperate look in his eye that knows death is coming and wants to know what's keeping it away.'

'And you're the one keeping it away?'

'I am. I've had the gun in my hand twice now and not used it.'

'Because?'

'Because I don't know what's going on. Because I don't want to admit defeat. Because this is the third one to go the same way since Christmas and there were another four before that and we still don't have a handle on what the hell is happening. I've been in there since he went down, Kellen. That's two days and two nights watching him die, trying to find out what's going on and all that's happened is that I can't walk straight, I can't think straight and I don't know if it's better to slug him with something else out of pharmacy or walk across the corridor, pick up the gun and give him the peace he needs.'

She ran out of steam suddenly, like a car without fuel. She took a long drink of coffee, chewed at her bottom lip, stared hard at a fixed spot on the wall. 'What would you do?' she asked. As if I could possibly know anything she didn't.

'I'd go to bed and get some sleep and let someone who knows what day it is make the decisions,' I said.

'I don't want to sleep, Kellen. Really. There are more dead horses in my sleep than there are in the wards.' She put her mug on the floor and devoted both hands to drying her hair. Coiled springs of it leaked from the enfolding towel, spiralling darkly around her fingers. 'I only came back to have a shower and get a decent cup of coffee. The crap they make over there is undrinkable.'

Anything's undrinkable if you drink it for three days in a row.

'Nina,' I asked, 'what day is it?'

'I don't know.' She reached up to a cupboard over the sink and pulled out a small electric hair dryer. The kind that should never, ever be used in damp, mouldy bathrooms. 'Thursday?' she offered.

'It's Friday,' I said. 'Seven o'clock. P.m., not a.m. And you're telling me you haven't moved out of that box except to pee, shit and make coffee since Tuesday night. That's three days, Nina. Not two. No one can make rational decisions on seventy-two hours without sleep.' I took the dryer from her hand and led the way back into the safety and relative warmth of the kitchen.

She followed me through, leaving wet footprints on the clay tiles of the floor. 'Hospital doctors do it all the time,' she said. 'Staying up all weekend without sleep and then writing out prescriptions on Monday morning.' She cocked her head at what was supposed to be an appealing angle. 'I know, you told me all about it.'

Very funny.

'I was an intern, not a consultant surgeon. That's what juniors are for. Get some sleep, Dr Crawford. Leave it to the resident. Steff will shoot your horse if he needs shooting. She'll dope him if he needs doping. She'll throw the entire contents of pharmacy at him if that's what she thinks he needs. That's what she's here for. She's the gopher, you're the boss. Just get on the phone and pretend that you're a real consultant . . .'

'Thanks.'

' . . . and then dry your hair and go to bed. I'll get someone to wake you up sometime next week. Later if it's all still peaceful.'



## Two

Dr Stephanie Foster, DVM, is tall – taller than most of the men she works with – and she has bright blonde hair cut into spikes that add another two inches to her height. Underneath that she has the kind of lean, square-edged features that never give yes for an answer and diamond-grey eyes that tell you attack is the best form of defence. A silver nose-stud glitters aggression in one nostril and there are two or three hoops in different shades of gold ranged up each ear. And she has a Chicago accent which does nothing to soften the impact.

The first time I met her in person was at Nina and Matt's engagement party when the vet school's new super-star resident had just walked off the plane from the States and was busy telling the world how much better they did things in Madison, Wisconsin, where everything was smarter, shinier, bigger, brighter and more expensive and where the veterinary technology made everything in Scotland look like it had oozed from the primordial swamp.

For a newcomer expecting to spend three years in a foreign country, she seemed hellbent on unmaking friends, and by half an hour into the bash, no one was going to step out of their way to disappoint her. By halfway through the evening, she had one corner of the buffet table all to herself and when she ordered a taxi back to the vet school long before the party ended, there wasn't a single volunteer offering to show her the way to the residents' quarters.

For the last two and a half years, I have listened to weekly bulletins of Steff and her impact on the vet school hierarchy, which was not unlike the effect of rubbing

carborundum paper briskly across an endless series of matchheads. In due course of time, when all the fires died down, the world was divided into two groups of people: those who thought she should be forcibly placed on the next plane back to Chicago and those who believed that she was one of the best things to happen to the clinical department in years. Fortunately for Dr Foster, Nina was of the latter group and Nina was the boss which meant that the lass got to stay. I don't imagine she's had a particularly easy time of it, however.

I found her in the horse ward down at the foot of the hill beyond the operating theatres and the small animal unit.

The place was oddly quiet. I've been into the vet school clinic three times as a client of Nina's since she first came to see me for therapy. It's not exactly orthodox and it made for an odd reversing of roles but, on the other hand, we didn't have many alternatives. She's the senior surgeon - at times, the only surgeon - at the clinic. I own a farm with upwards of twenty horses, an uncountable number of free-range cats and a dog. Simple law of averages says that at least one of them will need specialist attention every once in a while. In basic terms, there were only two other things we could have done: she could have changed therapists, or I could have sent Sandy in with the animals. Neither of us wanted to do that and so we settled on the principle that, on my territory, she was my client, while on her territory, I was hers.

It has worked so far. In the first year, I brought Midnight in with a surgical colic that kept her in the horse ward for two weeks. Three years after that, I brought a cat that had complex surgery for a femoral fracture and then, two months later, he went for a sprint in the orchard and managed to break the implant. It took almost six months for that one to heal and I was on first-name terms with everyone from the nurses through the canteen staff to the security guards by the time he was finally discharged.

In all that time, I have never seen either of the wards without at least a couple of long-stay patients to keep the yard staff and the nurses happy on their triple time. Even at Christmas they had a goat with a fractured metacarpus and a couple of chronic diabetics taking up room just in case anyone thought they might otherwise go home early. This time, I walked into a building that wasn't just devoid of life, it was swept out and scrubbed clean. From the calf pens by the doors to the big stallion boxes at the far end, there wasn't single wisp of straw. Not one solitary flake of wood. Nothing. I was walking through a ghost ward, denuded even of ghosts.

I found Steff in the end, by following the smell. Like Nina's overalls but with the toxic bite of the disinfectant rather stronger than was healthy. She was in a foaling box down at the far end of the barn that had 'ICU' etched on a copper plaque on the door. A handwritten note stuck to the wall with zinc oxide tape warned: 'ISOLATION - TREAT AS INFECTIOUS' and below it a rack of overboots and a tray of milky white disinfectant offered ostensible protection against whatever nasties lurked inside.

There were three of them inside the box: two humans and a horse. Steff sat, fast asleep, propped up against the wall beneath the manger; a spiked blonde replica of Nina down to the smell and the blood on her overalls. The student - only a student would wear a white coat in a box with a diarrhoeic horse was, quite simply, comatose and could easily have been dead for all the movement he made. Which meant that when I pulled on the overshoes and swished my feet around in the foul phenol of the disinfectant, it was only the horse who was awake enough to take any notice.

He was a nice horse. A big, raw-boned chestnut with a white snip to his nose and the scars of old saddle sores lined up along his back. He lay calmly in the straw, with his legs curled under him in the way a dog would lie beside a

fire. Even like that, he took up most of the box, his head near the door, his tail in the far corner opposite the hay rack. Sixteen hands, easily. Possibly more. He raised his head slightly as I looked in over the half-door and, even with a stomach tube blocking one nostril, he still managed a small, deflated huff of greeting.

There is a rule of thumb in the ICU that says the likelihood of coming out of the ward alive is inversely proportional to the number of drip sets, wires and tubes attaching the patient to the machines. In human medicine, the cut-off number is five. Below that and you're probably OK. Above it and you're in deep water. On the line is evens. I have no idea if the same applies to horses but if it does, this one was way over the odds. Four separate drip lines flooded different kinds of fluids into catheters in both jugulars and the tangled wires of a multi-lead ECG lay draped across him like a damp cobweb sending erratic signals to a bank of monitors high up on the wall. Other probes in his rectum and clipped to his nostrils fed temperature, respiratory rate and arterial oxygen tension in to the other boxes of tricks. The whole bank of monitor screens pulsed with livid streaks of electric light; greens and ambers and a cold, unpassioned blue. A stomach tube emerged from his left nostril, ran up the front of his face and was taped in place across the poll of his head collar with more of the ubiquitous zinc oxide tape. Suddenly, and very horribly, he looked not at all unlike Nina on the first day I met her.

I hope to God she doesn't know.

It seemed important, then, to know his name. His case notes were leant up against the wall near the door. I slid back the bolt and let myself into the box. He huffed again as I crouched down by his head.

'Hey, son. What's up?'