



**DIMINUTIVE
PRESENCE**

a novel

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Sometimes what appears to be normal is not. What we see with our eyes, what we accept as part of the world around us, is something different. The normal may not be so normal. The strange is stranger than you may know. Strange things lie within us. That stranger beyond may be beyond strange.

Dr. Tate is going to learn this reality. Her tough exterior; her professional demeanor; her battered and harden constitution may be stretched beyond limits.

Will she survive? Will she see the truth before it gets her? Will what she has known; what her science has taught her, get turned on its head?

Dr. Tate was irate and looking for someone to receive her fury. Her office had heard of the death through the mid-day news, not through the proper police channels. It took an hour after the aired news break before anyone official called in to advice of the situation. This irritated Dr. Tate to no end. "Should WE not know of a gruesome death before the general public?" She had bellowed at her staff, without any real expectation of an answer. This was not the first time they had learned of a case through the media rather than proper channels. They accepted the shunning and simply dealt with it best they could. This acceptance however did not reduce Dr. Tate's ire and occasional tirades.

In many parts of the states (and even throughout the modern world) the police and their CSI partners had direct jurisdiction of a crime—including a death. But in Dr. Tate's world (and surrounding counties) the presence of a body made the scene the Medical Examiner's jurisdiction. The thought process with this sort of set up was that evidence found on the body was as if not more critical than trace evidence found in the scene. "Scene trace evidence can be made circumstantial and/ or chance by a good, diligent defense attorney, while trace evidence found on the body is a direct link." Dr. Tate gave that speech to any who seemed receptive enough to hear it. She would add that although many thought of the body at a scene as just a shell, to her it was the reason for the scene, and she had spent years educating and training herself to deal with it. She should be the first to be call when a body was found.

The call did finally come and she responded to the scene. All thought of the "lack of respect" and "break in proper protocol" dissipated when she took in the scene. In her seven years as a Medical Examiner she had seen many death scenes. Too many of these were vile, horrid affairs that she would just as soon forget. She was all too aware that life had few absolutes. As bad as one scene appeared, the next could be even worse. This scene though left her breathless and fragile. She continued on into the room without showing the real affects of it to the crime scene technicians and homicide detectives present. Her composure was poised, confident, and unemotional. Inside, her mind, spirit and body were a mess.

Crime scene technicians, detectives, and uniformed personnel were scurrying everywhere. The scene was a bee hive of activity. The flashes of cameras filled the room. Off to one side one technician was walking the room with a video camera recording the scene. A huddle of detectives and uniformed police took up an area furthest away from the axis of the scene. Their harsh whispers created a wild cacophony to the atmosphere. This was not a secure, controlled crime scene. This fact only added to Dr. Tate's exasperation. Just because she was small, just because she was a woman did not mean they could ignore her authority. This was her crime scene. Their job—their only job until she said otherwise— was to secure the scene.

"Gentlemen, unless you have some very specific, authorized reason to be in here, get out." She did not shout this. She did not stomp her feet. She just spoke with a strong confidence that did not go unnoticed. Quietly, the men shuffled out. Only one detective and the CSI team lingered. The CSI people stood, looking back and forth between the detective and Dr. Tate.

"Have you finished with the body?" Dr. Tate addressed the entire room rather than any one person. No answer.

"Are you done contaminating my body?" Now she made eye contact with each CSI in turn, stopping finally with the detective.

"Asher, are you through?" The lead detective was addressing a stoic looking, lanky male massaging a bushy, peppered mustache.

"Ahh..." the lanky CSI stammered with unintelligible gibberish.

"Jones, have you got everything?" The detective was now addressing an enterprising looking young female who had been meticulously packing equipment into a tackle box on steroids.

"Yes sir. We have covered the entire area; have done a walk..."

"Enough. Thank you." The detective cut her off.

“Get out.” He barked at the entire team like a drill sergeant shouting at ornery subordinates just done wrong.

The CSI team scrambled out of the house. The atmosphere as they filed out was charged with some serious tension. Dr. Tate could taste it as they passed by her, stealthily making eye contact with her as they passed, as if beseeching her to intervene on their side.

As the room emptied Dr. Tate surveyed the room with a keener eye. The CSI team appeared to have finished their official work some time prior and was still lurking about to gawk, gossip, and satisfy a salacious curiosity. She felt remorse for the way they were addressed by the surly detective, not very professional, she thought, but she also felt irritated that her scene had been so blatantly violated. They should have known better. They should have respected the crime scene. They were well trained. Keeping the integrity of the scene was the first rule they were taught. It was their first and foremost priority. It was their job.

Do your job, damn it! She thought to her self as the last of the team exited.

Time to get to work. With the room empty a wave of familiar creepiness rushed her. The silence was profound. It gave the room a peculiar sinister feel to it. It was a common phenomenon when the human soul departed its vessel. A body, empty of its soul, looking like nothing more than a shell for something greater, was like a pervasion of a greater power’s intention. But Dr. Tate was a scientist at heart and she took a more clinical, simplistic, and detached view on things. It didn’t change the strange feeling she felt at most every death scene, but it kept her from bugging out over things beyond... science.

Dr. Tate would sometimes work a death scene from the outside in. If it was a house scene, this routine included surveying the exterior of the house; noting the cosmetic appearance of the property, the random items scattered about the property like toys or machinery in the yard, and anything that stood out as out of place or peculiar. She’d skipped that with this scene. Something drew her straight into the house. A part of that was surely the sheer madhouse of activity she encountered upon arriving from what she knew were busy bodies with no real purpose. There was also something that just felt... weird. Something was off about the air. So she went straight in.

Once inside the house she temporarily ignored the body; the vessel of a soul and the purpose of her presence. It was right out there, calling out for attention. But she wanted to get a feel for the person that body might have once been. Bodies, void of the energy of the living, often seemed unreal to her. Many who felt this similar sensation likened the situation as if looking at a mannequin; a mock-up of the living. Looking at the surrounding, the place that was the person’s home and life, gave the body a solid essence; an attachment to the living and the palpable world. She sought this out. It focused her energies; it sharpened her intellect.

The house was a small, worn-out A-frame structure. The entrance brought you inside to a large, open room. Off to the right was an alcove with three doors. Presumably these led to the home’s two bedrooms and the single bathroom. Away, opposite to the entry way, at the back of the home was an open kitchen and dining area. Directly opposite to the entrance was a wide wall of sliding doors that gave way to the home’s back yard. Nothing in these observations jumped out at Dr. Tate. Everything looked as one would expect.

Dr. Tate, beginning from her left, started to walk about, looking around with abstracted interest. The home was well lived in. It had a rough, worn-out, out-of-time feel to it, but its crude, chaotic aspect probably was warm and familiar to its occupants. Dr. Tate walked on. She lingered at the sliding doors just long enough to note an unremarkable, tattered back yard. The kitchen would require some more direct inspection, but a cursory inspection did not reveal anything of particular interest. It was much the same with the bedrooms and the cramped, damp, and stale bathroom – over all, they were like the rest of the home, unremarkable.

Now back by the front door, Dr. Tate took in the entire area in. Again, nothing jumped out at her. Well except for the barber-style chair sitting in the middle of the living room floor with a cadaver strapped onto it. A cadaver that conceivably, surely, was once a living, breathing person; a human; a functioning member of society. That was an aspect of the job that always gave Dr. Tate a writhing somewhere inside of her. The mannequin that she inspected, measured, photographed and eventually dissected, was once a living, thinking, loving being. And here she was, in the home of her newest case, looking at an environment that was someone's life, while that somebody's body laid empty and violated.

The body was laid out, naked. It was bound to the special chair by what at a cursory inspection revealed to be simple nylon ¼ inch rope. The rope attached to both ankles. Another run wrapped around the body's mid-section, about the same position as a belt would be. There was a rope wound about the neck, looped over it twice, then anchored to a head-rest attachment that came out of the top of the chair. The body's arms bent towards the back of the chair, where they were bound together with another piece of the same type of rope. One last piece of rope was tightly swathed over the body's forehead, securing the head to the chair's head-rest attachment.

Dr. Tate began a cursory inspection of the body, from toe to top of head. There was little room for modesty in her business. Nakedness was a necessity. Finding a body already naked though was not the norm. It became part of the science. It was a clue. It was an intricate detail not to be brushed aside as insignificant. But this case would have many clues. Nakedness was only one. The flexed and distended look to the toes would be another. The raw, abraded lesions at the point of attachment of the rope ligature at the ankles –another clue.

There were abrasions on both shins and knees. These were the type of wounds one would see on someone who kicked at a hard object, repeatedly; or was similarly kicked by a hard object, repeatedly. The muscular, well-defined, hirsute thighs were unremarkable (as specimen of a case cadaver –but made Dr. Tate linger with wistful feelings of men she once loved). But the unremarkability of the thighs were overshadowed by the swollen, grossly distended scrotal sacs and mutilated phallus. Dr. Tate made a mental note that some of the trauma may have been post mortem.

The man... errr... the deceased had a protruding abdomen consistent with a semi-sedentary lifestyle. Basically, Dr. Tate mused, his build was similar to a vast majority of today's male population over the age of 24 –or maybe 18. No other notable features were seen on the abdomen. The muscular, bare chest was bruised with hematomas that made Dr. Tate think of the damage done by police-issued taser gun probes. The looped rope covered the neck obscuring the skin. Dry rivers and streaks of blood coated the face, forehead, and lateral aspects of the head. Nothing could be seen beyond all the crusted blood.

Examination of the head, and specifically, the crown of the head, would require some time. Before donning her special red latex gloves, Dr. Tate took some time to snap some photographs. She methodically documented the entire scene with pictures. She was keen to capture not only the things that appeared out of place, but to document the scene's apparent normal things. Dr. Tate was of the thought that a person's surroundings told a tale of the person. So she covered the entire living area, one camera shot at a time.

Having covered the scene and then focusing on the body, taking over 100 snapshots, she reached for her smart phone.

"Call Lima One" she told the phone. It came to life and replied, "calling Lima One."

Lima One was Dr. Tate's entry for the lead vehicle of the removal service she contracted to make all the body removals for her office. The arrangement worked for her. She could have had her own removal team, part of her own office, but body removal was a hard thing; too many variables that she would just rather not deal with. And she felt very fortunate. The company she had contracted with and had been working with for many years had top notch guys and rarely brought her any grief. And for high

profile cases, like this one was looking like would turn into, the brothers, the owners of the removal service, usually were the responders.

Two rings and "Lethe Removal" came a deep, throaty voice through the phone's speaker.

"Mat, how far are you from me?" Dr. Tate asked. She knew they would already know of the case –and probably had dispatched without being called.

"We just went under the police line." She looked up from her phone and out of the home's grimy windows and caught a glimpse of the Lethe brother's tricked out Sequoia pulling up to the front of the residence. She smiled, pleased with their efficiency and glad to have them on her side.

"Right," they were so proficient and eager it was a bit creepy, Dr. Tate thought to herself.

"Phone, end" she ended the call.

With her signature red gloves on, Dr. Tate began to explore the body's apparent cause of death. Blood crusted the entire head. The features of the face were indiscernible. The layers of crusted blood made the man's face look like a horror house prop. Dr. Tate believed the man was clean shaven with average facial features. A hint of a broad, large nose pushed out from the bloody layers.

Dr. Tate was just starting to pick at the top of the man's head with a pair of plastic, smooth-tipped forceps when the Lethe Removal guys appeared at the front door. Like she suspected, it was the Lethe brothers, Mat and Darren. They had begun the removal company after they had worked with their father at his mortuary through their teen and early twenties years. Rumor had it that the two brothers could just barely endure their father's heavy business hand. But they knew no other business –and their father would support no other endeavor. They splintered off from the family's funeral home business to do body removals –not quite funerals, but still part of the business. From the very beginning the business was a success. Now they had a lucrative contract with the area's Medical Examiner. The money was reliable –and it put the two brothers in the middle of some exciting situations.

"Gentlemen," Dr. Tate acknowledged them.

"Scene clear?" Mat Lethe asked from the door.

"Ready for you," Dr. Tate answered.

The brothers approached, pulling a gurney behind them. Their use of a crimson coloured cloth cover, neatly folded and secured to the gurney always seemed very classy to Dr. Tate. It made the gurney –and the body it would invariably carry –look clean, dignified and respectful. This matched their personal appearance and that of all their employees as well. She liked those special kinds of touches. That the brothers were also very thorough and proficient just added to the package.

"Okay," Darren, the younger of the two brothers intoned as he drew nearer the body.

"You certainly don't see this very often." Dr. Tate responded, looking up from the gruesome corpse with a warm, polite smile.

"But it is not entirely unique" came a voice from the front door.

Dr. Tate and the Lethe brothers looked towards the front door, where a young woman, dressed in a well accessorized CSI uniform, stood beaming with excitement. Scissors, pens, a flashlight, and many other less discernable items protruded from various pockets, pouches, and clips on the woman's uniform. She looked ready for any possible situation on the field.

"Do tell, CSI Jones." Dr. Tate addressed the new arrival. She stopped diddling around the corpse's head and turned to give her now intrigued attention to the young Mrs. Jones.

"I mean," CSI Jones stammered. "I just meant that... well, it is a unique circumstance, but you see, ahh... it isn't the first."

"Come in and explain, please, CSI Jones." Dr. Tate flushed with exhilaration, though she tried to come off cool and reserved.

"Abigail," CSI Jones said as she walked towards the living and the dead. "Abby, please," she told them with a smile and a wave.

"Okay, Abby. What do you have for us?" Dr. Tate quietly said.

"Well, you see, there have been others like this."

This brought all of them to attention.

"Others?"

"I have been able to track three other deaths with the same... characteristics."

The Lethe brothers did a double take at the corpse. The exposed brain now stood out, like a blue water pond to a parched man in an endless sand desert. They both looked from the corpse's exposed milky red, curly brain to the sexy, overly appurtenant CSI. The CSI was a better object of attention. They watched her with great awareness.

"Did you notice the damaged longitudinal fissure?" CSI Jones asked the room while pointing towards the corpse.

Dr. Tate refocused on the corpse and the exposed cerebrum. Now she noticed some unusually wide space between the brain's hemispheres. Though great clots of blood obscured things quite a bit, there clearly was a deformation.

"What struck me first was how clean the cap had been cut." Dr. Tate spoke with a flare of mirth. "It's all I can do to get my techs not to saw through the dura and tear up the brain. I feel lucky if they leave intact, unmarred brain for me to dissect." She was exaggerating, but it smoothed some of the tension in the room.

"The tools have been different, but the probing into the brain seems to be the same every time." CSI Jones shared with some energetic animation.

Catching the mildly bewildered stare from Dr. Tate, CSI Jones continued. "Three weeks ago there was a death two counties away. The body there was tied down to a pine dining table. A bloody hacksaw was found at the scene. The brain had been probed, down to the brain stem."

Dr. Tate looked from CSI to bloody brain. Alone, the case would be highly extraordinary. But what CSI Jones was suggesting was that there were several such cases.

"I dug deeper," CSI Jones broke the momentary silence. "I found that about two months ago, over in rural Bainbridge, a severely decomposed body was found in a barn." Yes, she informed then, it too had the skull cut open.

"Did you find any ties between the victims?" asked Darren Lethe.

"Nope. None."

"But you are saying that the..." Dr. Tate paused, pointing at the body, trying to choose her words carefully. "Aspects of the scene, the exposed brain, have all been the same?"

From further conversation they determined that four cases, now five with the current scene, had the exact same condition. The means of securing the body, the tool(s) used to expose the brain, and the characteristics of the deceased all differed, but exposing the brain pre postmortem was NOT a typical circumstance.

The cause (and manner) of death would be easily determined through the course of Dr. Tate's postmortem examination. It would coincide with that of three of the other victims CSI Jones had documented. Except with two cases where blunt force trauma contributed to the death, exsanguination was the underlying cause of death. Hard not to lose copious amounts of blood when the scalp is cut through and removed from the skull bone. At exactly what point death occurred or how long it took once the brain was exposed seemed rather irrelevant. She always tried to tell family that death came quickly, but in this case, she would be hard pressed to say that with conviction. It was such an unusual case.

Manner of death for Dr. Tate's case was more straight forward –it was listed as Homicide. That it was the first time she had ever seen such a weird set of circumstances mattered little in determining a manner –these people did not die due to some industrial accident, or due to self-inflicted injuries, nor did they die in a motor vehicle crash. No, their life was taken by another human being. The law and

governing body that outlined her position dictated that in such a death where death was caused by another needed to be classified as Homicide.

CSI Jones made it her duty to be present at the autopsy (which did not offend Dr. Tate one bit). The victim was extensively photographed –before and after being thoroughly examined, processed for latent evidence, and rinsed and scrubbed clean of blood and detritus. There were bruises consistent with the ligature placement. There were bruises which Dr. Tate reported to be consistent with defense wounds (her personal feeling was that the victim tried to put up a fight). The distinct marks on the chest were photographed, viewed using different lights, sectioned and submitted for microscopic examination. Taser wounds –still what Dr. Tate believed them to be.

But cleaning up the clotted, matted, putrescent blood from the head was what Dr. Tate, CSI Jones, and the Lethe brothers were anxiously awaiting. The autopsy suit was full of curious eyes. Two law enforcement agencies were represented –city and county police. There was some toe stepping, ego chafing, chest thumping going on. The removal guys managed to find an unobtrusive corner to linger in, looking official and industrious. All had stood by as the long and tedious process of evidence collection, documentation, and dispersion took place. But it was the brain all wanted to see. Once cleaned free of blood and general cruor of death, the peculiarity of the case would be revealed.

“I sure wish my techs could expose the brains with such precision.” Dr. Tate said, trying to lighten the tension. Empty, lifeless chuckles echoed briefly through the room.

“And they did it with one of those fancy tile saws?” asked one of the detectives.

“A Rockwell multi purpose tool. Actually,” chimed in one of the city’s CSI.

“Isn’t that that power saw with all those attachments?” asked another detective. They always tried to outdo each other around Dr. Tate. *That’s so sad*, she thought.

“And it can cut bone?”

“It’s so clean.”

“A better job than the techs here can do?”

“Really?”

“A professional, maybe?”

They were going on and on, like tossing a ball around, trying to get the next guy to drop it. All to impress the young, svelte Dr. Tate. *Men!* She mused.

“That Rockwell works much like our Stryker saws.” Dr. Tate stopped her external examination of the body to explain. “Like our Stryker’s, the Rockwell, and the mimicking competitors, oscillate rather than spin. This makes the cut much cleaner –and easier to control. In our case, it makes it easier and safer.”

Dr. Tate took a saw from a hook on the wall, turned it on and pressed the blade against her open palm.

“See,” she showed her intact, unharmed palm to the room.

She went on to explain how an oscillating blade needed to be against a solid material in order to dig in and cut. This made it ideal for cutting through bone, yet relatively safe against soft tissue.

“Sure, if you press hard enough or drag it over the skin it will do damage,” she went on. “But it beats some high speed, spinning blade, catching anything and everything it comes in touch with. And imagine the blood splatter we’d have!” This got another chuckle from the room.

But indeed, the cut through the skull was clean. It was precise. It cut through the bone but nothing else. The skull cap had been meticulously removed. The procedure preserved the integrity of the brain, as it should be done in a quality medico-legal autopsy. It struck Dr. Tate as unusual. Someone went to great lengths with the evisceration of the brain, while not showing much care for the rest of the body.

And although she joked about her techs precision, she did sometimes feel that they did not make enough of an effort to preserve tissue integrity. Here she was impressed (and perplexed) by what she was seeing.

Dr. Tate took over from her tech to remove the brain from the skull. Carefully inserting the scalpel between the frontal lobe and the skull base, she cut the optical nerves and the dura around the brain stem. There was nothing remarkable, yet. She noted a normal quantity of cerebrospinal fluid (CSF), lightly tinged red from blood infusion consistent with the suspected (though very odd) probing. The brain, including an intact (and connected) cerebellum, with about 4 centimeters of brain stem/ spinal cord tumbled out onto Dr. Tate's waiting open palm. With the brain out, she examined the inner structure of the skull. Again, the dura and pia mater were intact. No abnormalities were visible. With a set of Rongeurs, she pulled and peeled the dura off and away from the cranium. No fractures or other abnormalities were visible.

With the brain out and rinsed clean, Dr. Tate had her techs photograph it –from sides, top and bottom. Special care and a multitude of photographs was given to the abnormal fissure since this was where the extraneous trauma was initially observed. Noting it as just plain weird, although more in keeping with how Dr. Tate viewed it, was not proper medical lingo. But it was difficult to find a better word. Cameras clicked away to get all possible views and perspectives of this area. Dr. Tate went a step further and had pictures taken under different light sources, lest there was some evidence not visible under regular light.

When Dr. Tate finally did her dissecting of the brain tissue, she found little of note.

"No natural disease." She told the room.

"No injury." This brought questions from the room.

"The 'probing' we suspected occurred post mortem." Dr. Tate explained: "He was dead already. This probing was done after his heart had stopped circulating blood."

Dr. Tate laid out slices of dissected brain on her cutting board, one section next to the other in order, and showed the room the extent of injury from the suspected probing. The cerebrum, along the longitudinal fissure, down to the brain stem past the temporal lobe was moderately and unusually spread apart. Only minor tearing was clearly visible. "Naturally, if he had been alive," Dr. Tate expressed, "there would have been extensive hemorrhaging –and would have had him convulsing like a crazy man."

From a purely clinical aspect, cause of death was clear and evident without doubt. Same for the manner of death, as far as Dr. Tate's medico-legal position dictated. But the why of it, this had all completely perplexed –and fearful.

When asked what she thought, Dr. Tate did not want to speculate. "It falls outside my jurisdiction" she told the detectives. Toxicology and microscopic studies still needed to be finalized, but aside from a basic cause and manner of death, she could offer nothing. Soon after, to a smaller crowd, including the bubbly and inquisitive CSI Jones (and the curious Lethe brothers), she offered a private opinion: "It is as if someone stuck their fingers between the halves feeling for the brain stem." The why of it, she couldn't even start to fathom.

Who did this to you, Mr. Weaver.... And why? Dr. Tate inquired in thought.

A week later Dr. Tate had consulted with the doctors involved in the post of the other, similar deaths, with analogous probing of the brain, and still had no idea of why the brains had been exposed and probed. Even the enthusiastic CSI Jones drew short of any ideas.

"What were they looking for?" Jones mused. None could foresee any possible answer.

It was about seven weeks after the autopsy of Mr. Weaver, the man with the exposed brain, that Dr. Asher, Dr. Tate's associate, called her from a scene.

"I know you are off today and I am the doctor on call, but I believe this case may interest you." Dr. Asher went on to describe the scene, including the bound body with its exposed brain.

"I'm on my way" she said, then called Abby Jones (CSI Jones).

Jones and Dr. Tate met at the scene. Jones would be working under Dr. Tate's auspices, since the scene was outside her CSI jurisdiction. They were near the edge of the county's limits, in a rural industrial town mostly known for its foundries and metal yards. The scene was a disused hangar type building away from the paved access road, past mud holes and empty silos. Secured to a saw horse using handcuffs and plastic zip ties, they found a body with the familiar exposed brain.

"ID was found in a small purse in the car just outside. Tentatively we have her as a Kendra Fisher, 33 years old." Dr. Asher spoke as Dr. Tate and CSI Jones approached. "She is.... was some kind of medical research engineer at that high-tech medical facility over in Bishop County." Dr. Asher ran through the preliminary information he had already obtained. There was nothing particularly exceptional about it all. Nothing pointed to a motive nor a suspect.

"But when I saw that," he pointed at the bloody brain, "I decided you should have a shot at it."

Dr. Tate had consulted with the other associates and brought them all up to date on her case. It made sense for her to take over this one as well since she was now vested in it and the peculiarities surrounding these 'brain exposed' cases. Without much further fuss, Dr. Asher relinquished the case and Dr. Tate took over.

Nothing unusual was seen at the scene. The body was processed and autopsied per regular protocols. Until Dr. Tate began the dissection of the brain, everything about the death was anomalous to the others. She did note a little more molestation and tearing of the brain around the hemispheres' fissure. The extent of this injury only became blatantly obvious after she had sliced the cerebrum and began laying the pieces out on her board.

"Wow!," she exhaled. "This is new." Dr. Tate was looking down at the brain slices. She selected several pieces and laid them out on the black velvet lined photo station. Pointing with a glistening scalpel, she showed the curious eyes in the room what had piqued her interest.

"That is not a natural, human formation." She probed at a membrane, a thin, sack like tissue logged between the lobes. It was semi-clear with numerous blood vessels permeating its outside surface. Little fibrous strings were attached to its inside surface... but they lead nowhere. They hung loose inside the sack.

"Some kind of tumor?" asked one of the detectives present.

"That's not like any tumor I've ever seen," Dr. Asher said, as he stood back, watching things from a distance, like an uninvited observer.

"No. Not a tumor. No clear proliferation of cells or gliomas characteristics." Dr. Tate paused, perplexed. She was thinking that it looked as if there had been something inside the sack, something that was no longer there.

Dr. Tate finished her autopsy. She reported, tentatively, that the cause and manner of death were the same as with the other case –exsanguination with a manner of Homicide. But why, she could not answer. Nor could she identify the amorphous and highly peculiar structure attached to the otherwise normal human brain.

A week later, microscopic slides of the amorphous sack tissue suggested only that it was of an organic nature, but not typical of human let alone brain tissue. "It is made up of cells I have never seen in my life" Dr. Tate explained to any who cared to listen. She felt way out of her league with the findings.

"The string like tissues inside the sack resemble blood vessels. The unattached ends appear to have been attached to something. Something that, obviously, was no longer there at autopsy." It was thus speculated that something had been removed –and that something was the reason for the 'probing' noted with the other bodies. "Except in those cases, there was no sack inside the brain." These speculations only added to the mystery.

Over drinks one night, Dr. Tate and CSI Jones shared their speculations:

"Someone cut into their heads looking for something."

"Okay, I'll go with that."

"You have suggested that the sack tissue is NOT... human."

"Now I won't say so much as not human," Dr. Tate paused. "But certainly not like anything I've ever seen... during the course of my work."

Jones stared and waited, eyebrows furrowed with consternation.

"Okay, it certainly APPEARS to be some sort of foreign... intrusion."

"INTRUSION!" bellowed Abby Jones.

"What else can we call it?" Dr. Tate put her hand up to cut off Abby's forming outburst. "It would be too presumptuous to openly call it... something without definite proof." She smiled at the look of obstinacy on Abby's face. "But it sure does look like there was something... weird inside the woman's head... And it does seem like the others were... searched."

"Weird? Really!?" Abby said with a chuckle. "A deep cavity search... hmmm?"

They continued to nurse their drinks, and volleyed their various ideas and possibilities of the cases until the absurdity of it all took away their tension and broke away tabooed barriers.

The days and the cases kept coming. Dr. Tate stayed busy with a wide assortment of cases – from Homicides, traffic fatalities, to the many Accidental deaths (mostly drug overdoses) and ASCVD and other over-indulgence related natural deaths (from a society not fully conforming to the ever increasing governmental "management" over what and how the malleable populace choose to eat). The cases of the exposed brain were turning into mere document portfolios thick with data, big words, and clinical diagnosis filed away in a paper-acid acrid, dry, shelf-filled vault –out of sight, out of mind. The findings, from Dr. Tate's point of view, were cut and dry. Even with the atypical finding in the one consisting of the perceived "sack" in the brain, the cause and manner of death were indisputable.

Abby Jones and Dr. Tate discussed the cases off and on during their subsequent social (and professional) encounters, but all available information, all known facts, were worn and tired from too much talk and no new discovery. Nothing new was developing. No other cases, with the same circumstances or even remotely like them, had occurred. Just quickly as the weirdness of the two cases hit Dr. Tate, an eerie void took its place. Dr. Tate was harboring an uneasy anxiousness deep within her analytical, scientific mind.

On a plane on her way to a medico-legal conference, Dr. Tate had one of her least analytical and scientifically sound thoughts possible. It hit her after listening to a very animated diatribe by another passenger. She'd also had lingering effects of a lazy day in front of her TV which was blaring a marathon of SyFy Channel movies.

"Where are we?" Dr. Tate had heard the stranger asked the woman sitting next to him. The plane was flying low over a lush, mountainous area.

"Wow! It's all jagged and rocky and awesome."

The woman next to him looked over his shoulder and out the plane's window, out to the landscape they were flying over.

"That's the minor mountain range that bisects the state," the woman explained while leering out. "Those are the ski resort towns. They're probably empty now. Just wait to winter."

"It's amazing," Dr. Tate heard the man whisper.

"Back home, everything is flat," he sat back and began to elucidate, like an elderly sage sharing years of knowledge.

"Everywhere you look, it is flat. Broken about like prickly pine needles on the grass by modern marvels of cement, metal, and plastic. Pretty houses, all in rows" He paused as if reflecting on a joke just recognized.

"Are you from Florida?" the woman asked him.

"Yes, South Florida, actually. Lived two life times there, for the last 10 years." The woman looked at him puzzled for a second, then nodded and smiled.

"I would kill to live there," she shared.

"Oh sure, it is beautiful. Then you come close to dying, over and over, and start to wonder if the beauty is worth the price." The private conversations around the man seemed to stop. Dr. Tate and Abby Jones leaning shoulder to shoulder, listened.

"Have you been caught in a South Florida rain shower? Ah, let me tell you, there is no running from them. It's like the storm is alive. You run, it follows. The drops turned sideways. It reaches at you. Hide under some shelter and the rain goes under with you. Umbrellas are inverted by the winds... or just ripped out of anxious hands as if a bully reached down from the heavens and snatched the protection away.

"And then there is that lighting," he paused again. You could see his mind reaching into cobwebbed corners of memory, blowing off the dust and clearing away the years of neglect.

"Sunshine and sandy beaches," he intoned with a hint of melancholy.

"I'd kill for some hours on one of those beaches," the woman broke in.

"Yeah, I remember one of my many forays to the beach. One of those white, sandy beaches," he looked over at the pale woman whose eyes clearly craved some sun. "I'd just gotten there. I was looking out at the blue sea, waves softly breaking on the sand. People loafing about, enjoying that superficial calmed splendor. Beautiful." He looked into the woman's dull gray eyes as if looking for signs of comprehension. "It is a deadly game. A tag-team between that beautiful sea... and the dark reality looming behind you." He paused again, smiling in a moment of self reflection.

"In a spine bending boom, lightning struck. It might have been a gun to the temple, it was so loud. I FELT it inside probably before my brain registered the noise and associated it with thunder." He shook his head. "Out ahead, the sky was that stunning clear blue that draws drones of people like flies to the light. Out behind me, well, for a second I thought I was looking into the bowels of hell."

He went on about that line between the draw of the blue of the sky and the call of the sea, and the sullenness of the cold rage of nature. "I lie you not," he expressed. "I have grown up by the clock of nature. Three o'clock, the storms rear up like demons out of the swamps. One side of I-95, it is clear and dry. Go west of it, Noah's ark is battling the tempest."

The plane hit a pocket of air and bumped the passengers, breaking the connection for a moment.

"Rain is the giver of life," he said. "But around here, it must be respected." He paused again, smiled, and went on like he needed to share a dream before it faded away.

"Mix that rain and those visiting, seeking some life giving energy from the advertised never fading sunshine, and you get some serious challenges to continuation of life."

"Quebec drivers?" the woman asked, eyes glistening and teeth bearing with mischievous sheen and youthful wonderment.

"Ah, well, yeah, they certainly are part of that mix. Sometimes." The man looked around and asked, "Any Quebecians? I mean no offense." He smiled, and spoke on: "I used to drive this fast little thing, a two-seater, bachelor chariot and selfish sports car. I loved it."

He unrolled a tale of that car and the ones that followed like a blanket for a cold soul coming in from a snow covered world. The little sports car was a boost of energy and charisma for the man. It got him looks from those he wanted to impress, and it got him to the job that made it possible for him to keep on driving.

"But as time passed, I was driving it like a mad man, to stay clear of absent-minded or outright blind drivers riding 5 ton, tank-like monsters that would roll over me and my little sports car like one walks over a line of little ants, erroneously marching across a busy city sidewalk," he paused, shaking his head, trying to beat back bad nightmarish memories.

"Now I drive a 6 ton beast myself... and drive blindly, just thinking of the destination. The heck with the road –and anything on it- between start and end."

There was some lighting in the distance. Thunder storms. Rain.

"Yes, that little casket on wheels... remember the sideways, chasing rain?" he asked to no one in particular. "It would lift the front end of that little sports thing." He shuddered from the memory. "Just a little rain on the road and the car would plow ahead in whatever direction its momentum happen to been pushing it towards. Hydroplane?" He looked at the woman next to him as she nodded –as if she understood what he meant. "You have no idea. It didn't hydroplane. It reached up to the sky, to those living rain clouds like it was trying to venerate them." He smiled.

After another short pause, the man gestured as if to get everyone's attention and spoke on: "And let me tell you about that that rain. Let it never catch you on the road. I remember driving once along a country road –as country as you can get out there-, it was pouring rain. I knew there was a road ahead of me, because it was there just before the sky spigot turned on." He stopped again, shaking his head as if musing over a hard memory.

"You know those plastic reflective things glued on the road?" he asked no one in particular. "I'd often criticized Florida drivers for driving on them as if they were guides. Plump, plump, plump they so often go, riding on these, rather than in the middle of the lane as normal people do. Then I found myself out on that country road, in my little Hovercraft-DNA'ed sports car, blinding rain coming down, and all I had to keep me on the road were those little plastic things. I didn't SEE the road, I FELT it through those things. Plump, plump, plump I drove for miles, guided only by those little reflectors. When I didn't feel them under my wheels, thumping through to my bones, my heart would race with fear that I was going off and about to plow into some strategically planted tree just off the roadway or a perfectly evilly placed road sign ready and eager to slice into my vehicle and flay me into worm food. My heart does a spastic jig now if I'm on a road lacking those little reflectors."

The stranger took in a deep breath and let out a buoyant sigh. He reflected again on driving the little sports car, monsoon rains, and roadway design.

"My 6 ton beast now just spits water out and away, not caring what rolls under it. I love it. And I need not worry about blue-hairs driving Cady's or Quebec 'Je Me Souviens' winter residents. If they are too blind to see me and my beast, they'll know they aren't alone on the road when the beast's metal clad contacts their crunchable, occupant-protecting sheet metal."

The man seemed to reach an end to his public display of extroversion. Dr. Tate drew in her attention, back to her and Abby's world.

Abby whispered: "he was possessed!"

Yeah, thought Dr. Tate. "Lots of charisma there," she said.

Their conversation whirled around public speaking, entertainers, and people who drew a crowd like sweets draw ants –especially to that special-occasion, romantic picnic or just-baked sweets. As stoic and composed as Dr. Tate appeared to be, she was actually rather shy and reticent, or so she felt herself to be. The term *taciturn* crept up in the conversation. Abby was just as reposed. She understood Dr. Tate's position, and she understood the wonder she had over the loquacious and spell-binding stranger.

A week's worth of conferences later, taken in in the course of only two days, came to an end. Dr. Tate and Abby were trying to unwind and enjoy the trifles of living –good company, good food, good wine, good repose, and good general mien and dispositions.

"Penny for your thoughts," murmured Abby as she gingerly traced her fingers along Dr. Tate's skin, dry above the water line, above the white-bubble layer of the warm, scented bath water.

The two had been reminiscing over the conference and the myriad of people they had come across. They were a strange group, both women agreed.

"Did you really have to be there?" Abby asked.

"It counts towards my hours."

"Huh?" Abby intoned.

"Like recertification hours."

"But it was so boring... and irrelevant."

"Sometimes there're good speakers and things that are new and good to know." Dr. Tate went on to explain that many of the people involved had something worth while to present; it was just that few of them were qualified to get and maintain a large group of people's attention.

"Certainly few people who can hold a lively conversation. You won't see me up there"

"Oh, you would get my attention," Abby said with a wry smile. "Maybe they should hire that guy from the plane," she added.

"Some people are natural for that sort of thing."

"Some can turn it on when it is required" Abby thought back to the flight and the story teller's 'exposition.' She had noticed him prior to his opening up, and remembered how quiet and reclusive he had appeared. She didn't like noticing things so keenly, it made her feel like she was letting her law enforcement background rule her every day life; her private life.

"You do it," Abby broke the silence.

"Hmm?"

"When you are working, you are so sure; confidence just oozes out from you."

"I'm just showing people what I see," Dr. Tate broke in.

"Yes, but it is stuff that most people don't see; stuff that is complicated to most people."

"Well, it isn't that complicated. Sometimes it is right there, one just has to make a little effort to see it. It may not always be so evident, but doesn't take a brain surgeon."

"You could be one, if you wanted," interjected Abby with a playful poke to Dr. Tate's mid-section. "You have the stuff."

"I like what I'm doing."

"You mean right now?"

"You are such a mischievous vixen." Dr. Tate reached up and cuddled Abby's pale skinned body, then pulled her down into the water and softly touched her lips with her. "You go from all business to crazed-libertine like there were two of you; some capricious version of dual personalities."

"How do you like me now," Abby said as she snuck one arm into the bubbly water, moving it towards Dr. Tate's physically receptive and sexually enliven erogenous zone.

We have a situation," the detective on the phone was saying. Dr. Tate always seemed to be the last to know.

"Do tell," she interjected.

"Confirmation has been made that there is a signal 7... a body," he had a habit of always talking police jargon that he was trying to break. "From what was seen by our tactical squad prior to pulling out, the scene tallies with your 'exposed-brain' scenes." The detective paused to make sure Dr. Tate was following.

"Oh great," she replied.

"What we know is that a unit was called to the area for a 10... for a noise-nuisance report. Arrival time was 0840 hours. The area is an industrial park, with small shops and offices. Upon arrival, the officer was met by a business owner, who in turn directed the officer to a shed at the back of the industrial park. Officer reports no noise or disturbance. This is called in, 0900." Dr. Tate noted the times, though she wondered why it would matter. She was getting anxious.

"Retreating from the area, the officer passed by the indicated shed's rear window. The officer describes a perpetrator... 'disrupting,' that is the word used by the officer, disturbing the head of what the officer tells appeared to be a person." Here the detecting stopped talking.

“Okay, well,” replied Dr. Tate. “Sounds like there is something there.”

“We are still active at the scene,” the detective added. “But we believe we have reached an impasse, and will likely force the perpetrator’s hand and enter the premises. There could be two fatalities in due time.” He said with almost cold glee. “Could you be ready to respond when the time comes?”

Dr. Tate had a bad feeling. Not just of the scene to come, but the sour attitude of the detective. It looked to be a long wait –and who could tell what would be left of HER scene.

“I am ready, waiting for your word.” Dr. Tate said.

“Anytime, mam,” the detective replied with a flat, impassive tone. Which Dr. Tate knew meant he didn’t want her there any time soon –if ever, really. So she would end the call and drive right on over.

“Very kind, detective. Thank you. Good day.” She ended the call, grabbed her bag (containing her camera, gloves, and other tools of the trade) and headed for the door.

On her way to the scene, Dr. Tate contacted the removal service. Speaking directly with Matt Lethe, she indicated that she had been apprised of a developing scene and wanted the removal service to be prepared. “We are at the scene now,” indicated Matt. Dr. Tate smirked as she ended the call, thinking how the Lethe brothers, with their loaded trucks and their latest-edition police gear, were a little too eager sometimes. *Boys and their toys*, she thought, though she was also grateful.

It took a lot of badge flashing to get even close to the scene. She understood and forgave the attitude of the uniformed, perimeter officers –they would have little reason to recognize her, even with her stepping out of a Medical Examiner embossed vehicle. Eventually she made it to the exterior of the property where the main action was taking place. There she was met with disdainful and/or lecherous stares. This is where she felt her ire rise and her patience dwindle. There was a little too much of the sexist, good-ole-boy mentally filling the air.

‘Who’s the little darling?’ she heard one of the men standing around say. She ignored the comment; she just kept a smile on her face and a serene look on her face.

Another youngish looking man, dressed in a too-preened-for-the-occasion suit, approached her and asked if there was something she needed. His manner suggested that he took her to be a journalist keen for an inside scoop. “The SWAT team should be out of there soon,” he spoke as he sidled beside her, looking imposing and haughty. “Just one wacko in there with a gun or something. Maybe a stiff, too.”

Before he said more than he should have, Dr. Tate said: “Thank you. Yes. That ‘stiff’ would be my jurisdiction.” She smiled over at him –not quite up but not so it was obvious that he was not a particularly tall guy. Picking up her bag, she walked away. She’d noticed CSI Jones –Abby- arriving with her team.

An older detective approached the young, now deflated detective and said: “Don’t take it personal. Many refer to her as the ice queen.” As an after thought the older man added: “But don’t cross her; she is very good at her job, and is very well connected.”

“Will your team cover the scene?” Dr. Tate asked CSI Jones.

“We were put on stand-by over two hours ago,” CSI Jones started to answer. “But yes, we’ll be doing the scene... if they would ever clear it.”

And it was another two hours before the police stand-off was over. Some higher-up, a Lieutenant or Sergeant with the principle police agency on scene decided that nothing was being accomplished with negotiators and consideration of demands when the suspect was keeping all intents and desires to themselves. After close to five hours since the initial nuisance call came in, there was some actual progress. It came in the way of a four man team forcing entry into the building and neutralizing the alleged perpetrator. It took only three shots fired, and the stand-off was over.

The area that had been a bee-hive of activity had paused during the SWAT incursion. It was as if some mighty power had pressed both the pause and mute buttons on a universal universe remote control. And just as quickly and eerily as everything stopped, an all-clear call reverberated out from the inside of the shed, and high level of activity started up again. It rippled out from the shed in layers, like a

wave working away from its point of origin. SWAT members scoured the epicenter of the scene, working outwards. Then came the legions of detectives and high ranked throng of law enforcement brass. A thin layer of over-enthusiastic uniformed officers followed. This thin layer was timidly followed by a horde of CSI, burdened by mechanisms of their trade packed neatly into a myriad of boxes, bags, and rolling drays.

Dr. Tate watched the layers undulate towards and around the scene like worms to their meals. It fascinated her. It also raised a mild indignation, since she knew this many marching feet would surely molest, taint, if not totally obliterate all potential evidence. But the mechanism of it all was a wonder. It really was like a bee hive, watched from a distance. Clock-works, she thought to herself. And on the periphery was yet another layer. A layer of news vultures hungry for crumbs of information they could sell to an even hungrier industry of sensationalism and entertainment cloaked in reality. Finally, there were the gawkers and random interest passerby's stopping in the off chance that they may see something.

Eventually the scurry of activity mitigated and the superfluous entities departed. The gawkers moved on, losing interest after moments of repetitive activity. The high brass became restive and sought something more important to get involved in. Uniformed officers reached the end of their shift, remembering they had lives beyond the uniform. And so, little by little things distill to mostly essential personnel only. Now the real work could get on. The machinations of the various CSI were extracted from their confines and set to perform the designed duty. And at last, Dr. Tate could prepare to enter the scene and take control of her part of the tableau.

It was 1535 hours when CSI Jones exited the shed and went looking for Dr. Tate.

"Having a collation?" Abby, asked with a wry smile.

"Ooh, big, sesquipedalian word, eh CSI Jones?" Dr. Tate said, and then added, "have you and your team had your victuals?"

"Huh?"

"Victuals. Food, CSI Jones, food," explained Dr. Tate

"Food? Hadn't even thought about eating. Been in there, lost in that mess." CSI Jones said, pointing her thumb towards the shed.

"Yes, I understand," Dr. Tate said. "What can you tell me?" She added sedately.

"Two bodies. One laid out, brain exposed, like the others." CSI Jones explained. She described the scene from the lay-out of the room to the condition of the bodies. "The SWAT did a thorough job at neutralizing the aggressor."

Dr. Tate followed CSI Jones' words, occasionally taking notes of things that seemed pertinent to the forthcoming postmortem and medico-legal investigation.

"We're about to wrap-up. No point in you waiting out here." CSI Jones told Dr. Tate.

Dr. Tate at last made her way to the nucleus of all the activity and hubbub. She followed CSI Jones past a few severe and swanky looking detectives. They did not seem to appreciate Dr. Tate's intrusion, but were fighting back any inclination to rebuke or obstruct her presence. Dr. Tate was no stranger to this atmosphere. It gave her satisfaction to think back on those many cases where the focus of the scene was a corrupt, severely decomposed, putrefying and caustically malodorous cadaver and how these very showy, stuffy detectives were then nowhere to be found.

"Gentlemen," Dr. Tate spoke as she walked past the men. Mutterings followed her. She expected one of them to blat out some crass remark. But the sight of the scene drew all her attention, focusing all her senses to the surroundings, tuning out the useless, sexist and male-chauvinistic blarney.

The shed consisted of a single, large, open room with stacked boxes taking up one corner; a cluttered, battered three drawer desk and ratty office chair in another; and two metal shelves littered with various books, binders, and small boxes. The room had two doors. One was the door through which Dr.

Tate made entry into the room. Another, she was informed later by CSI Jones, lead to a small, filthy washroom. Crunching under her feet were numerous shell casings, presumably from the SWAT team, along with less identifiable dirt, crumpled plastic parts, and general rubbish. Blood, in forms ranging from fresh, amorphous, oxygen-rich red to putrefying, clotted, grumous-clumped dark red to black spatter encrusted almost every surfaces of the shed's interior.

By the stacked boxes lay the perpetrator. The body was regrettably covered with a yellow, plastic-backed disposable paper sheet. This was very likely the brainchild of some overzealous detective or lackey, uniformed officer. The sight of it infuriated Dr. Tate. Evidence contamination could devastate the most thorough of cases, and it was inevitably blamed to improper procedures, ineffective training, and mishandling at the Medical Examiner level. Dr. Tate knew all too well that the contamination came from the scene. She had just spent three hours outside this scene watching a parade of people coming in and out, dragging contaminants in and carrying potential evidence out, in ignorance or indifference.

But Dr. Tate shrugged off what she could not control and focused on the things that were within her control. So she took in the scene. She noted the covered body. She asked if it could be uncovered (and the yellow cover put into evidence –in the off-chance that there was evidence transfer onto it). CSI Jones and one other in her team lingered behind, helping Dr. Tate work the scene. Flashes of light filled the room as Dr. Tate photographed the room. She took into photographic evidence the lay-out of the room, the placement of the bodies, and the disruption of potential evidence.

With the perpetrator's body uncovered, Dr. Tate did a cursory examination of it. The body appeared to be that of a female, age of around 30 years, Caucasian with a perceptible healthy build and general healthy condition –the lack of heart beat, the copious amounts of blood drained out on the floor, and the numerous injuries notwithstanding. She was of a soft almond complexion. Her hair, that which was not matted with blood, was a golden blond, shoulder length. The clothing consisted of a blouse – which looked to have been originally tawny tartan in color. The outline of a brassier could be seen under the blood-soaked blouse. Pleated, black slacks reached down to multi-colored, mostly pastels, canvas material sneakers. Blood, some of it still looking rather fresh, saturated much of the clothing and shoes.

Dr. Tate noted the apparent multitude of 'injuries' suggestive of gunshot wounds. Identifying them all on the body, tracing trajectories, and isolating individual points of origin was going to be a long affair. Orientating and close-up photos would help later on. Shell casings as well as some projectiles with varies states of mutilation were strewn around the body. Some projectile fragments were noted on the subject's clothing and protruding out of the cadaver's flesh. Dr. Tate photographed all of this. And having done everything possible with the body under the restricted conditions of the scene, Dr. Tate moved on to the other body.

Roughly in the middle of the room, on top of a dentist's type chair, strapped down with what looked like ordinary nylon rope (much like that used in first 'exposed brain' case Dr. Tate investigated), was the body of a slender, Caucasian male. A dark, lumpy puddle of dark, viscous liquid was pooled on the floor, directly underneath the body's head. The chair, the body trussed down with ropes, and the puddle of dark, congealed blood stood out in what would otherwise have been seen as just another filthy, disorganized, semi-cluttered office.

Dark, dried-up, crusted blood covered the body's head and face. No facial features could be discerned through the layers of caked blood. A salmon coloured polo style shirt, cut long-ways, hung to the body at the arms, leaving a well developed, hairless chest and trimmed stomach exposed. Dr. Tate noted no trauma or abnormalities to thorax or abdomen. Dirt-encrusted tan Khakis were pushed down and rumped at the ankles, held there by black Sketcher shoes. Only black coloured boxer-brief style under-shorts remained, covering ostensibly well-developed, generously proportioned adult genitalia. No injuries were apparent to the extremities.

The points of restraint were the only prominent wounds Dr. Tate was able to observe during the preliminary examination. And these were simple abrasion type marks at the point where the rope

contacted against the skin. Taking photographs of these contact points, of the condition of the clothing, and manufacturing markings on the chair, Dr. Tate turned her attention to the cadaver's head.

"Same clean cut through the cranium." CSI Jones had approached and broke the palpable silence.

"A little less precise, perhaps," Dr. Tate replied, pointing to the torn meninges. The membrane had been pierced by the saw. It also had a jagged tear, roughly 10 centimeters in length, along the apex of the brain, midline, above the longitudinal fissure.

"The cerebrum here," Dr. Tate pointed more precisely, "has been mauled." Indeed, there was an obvious void where the folds of the cerebrum would delimitate the left and right brain hemispheres. Blood and gelatinous dark cruor prevented proper investigation on site. And having done all necessary and appropriate examination and evidence collection, Dr. Tate proceeded to have the bodies removed. The Lethe brothers were right at hand and ready to secure and transport bodies and collected evidence.

Back in her office, in her familiar environment, Dr. Tate supervised further photographic documentation, evidence collection, and prepping of both cadavers. After hours of documentation, evidence recovery, and reams of paper work, Dr. Tate began her post. She had decided to begin with the presume victim –the body was showing signs of early stages of decomposition. With all clothing removed and blood and cruor washed away, she noted again the features and physical characteristics of the victim.

"White male, of modest build, measuring 69 inches in height and weighing 176 pounds..." this would be the format of her report, following a set sequence of information.

Identification had been established by the police, indicating that the victim was a Joshua Harnet, a 28 year old male (White). He was said to have been employed at a private, somewhat secretive lab known to work on undisclosed Federal government projects.

"He is some kind of nerdy genius," said one of the swanky but, pleasantly observed by Dr. Tate, hydrotic, detectives wasting perfectly good air from the already stale autopsy suite.

"Was," murmured another detective, causing some chuckles to erupt from the gathered pack.

Dr. Tate ignored the mild fracas developing with the detectives and began her autopsy. The brain was already mostly exposed, so she could have focused on that first, but she opted to follow the standard autopsy practice which began with the "Y" incision through the chest. She efficiently and swiftly cut back skin, muscle, and thin layers of fat to expose a normal and healthy rib cage. Exposing the heart and major blood vessels through the pericardial sack, she came to her first stumbling block.

"Not a lot of blood left," she indicated as she tried to collect blood for toxicological, serological, and other testing. In the end, Dr. Tate had to cut out the heart and "milk" it to get enough blood to fill the most critical vials. This 'milking' brought an assortment of jeers and brusque comments from the gathered detectives.

One by one, in a slightly modified version of the more popular of two autopsy protocols, Dr. Tate removed the major organs of the body. She made mental notes of any abnormalities as she went along. To the room she remarked that, so far, all the organs appeared to be normal and consistent with that of a young, healthy individual. With the chest cavity vacated of organs, the only thing Dr. Tate noted was the lack of blood. "Consistent with the head wound," she said to the room.

Bile and urine and gastric contents were easily collected. As part of her standard routine, Dr. Tate "ran" the bowel. This consisted of removing the interesting from the body, not as one mass, but as an unbroken run, separating the winding small intestines –almost 20 feet of them- and similarly, the large intestine –measuring only about 5 feet in length, all in one continues run. With it all out of the body and freed from connective tissue, Dr. Tate took it to the dissecting table and cut into with scissors, opening the "tube" to lay out flat on the table, which she then rinsed and inspected, about one foot long lengths at a time. This procedure was the plague of the forensic techs working with her, and it would inevitably disrupt and unhinge spectators –such as the horde of unnecessary detectives. *Weeds out the superfluous,* she thought with wry glee.

The last weapon in Dr. Tate's arsenal of retribution for gawkers and hanger-on'ers was the "removal" and dissection of the testes. From within the anterior part of the pelvic region, she would push the testes up and out into the pelvis and then slice into the tissue. This simple act always set squeamish detectives back. The strong and essential toughed it out, while those who were present just for egocentric, slothful reasons usually remembered there was something they needed to go do and left. To those who questioned her about the procedure, Dr. Tate would answer: "procedure." (Only once in many cases would she find abnormalities in the tissue of the testes to warrant this particular "procedure," but she could not be blamed for not being thorough.)

With the room a little less crowded, Dr. Tate turned to the victim's head. Although the brain was already exposed, Dr. Tate decided to go ahead and follow the regular autopsy protocols and procedures for removing the brain. This established procedure gave more room for removing the brain, without disrupting any memorial services that might follow. In the state the brain skull was now, the brain could not be removed as one intact organ. Dr. Tate most definitely wanted to have it out AND intact. And rather than let one of her techs do the procedure, which they usual carried out under her supervision, she took the lead.

Incising along an imaginary line that would later coincide with the head's placement on the pillow in the casket, reaching from the anterior facet of one ear to anterior aspect of the other, Dr. Tate cut through the scalp down to the skull. After some slicing, pulling, and pushing, the scalp was folded away and the skull exposed. The skull was sawed through and removed, notched, keeping in mind possible memorial services that might follow. At last Dr. Tate could see a greater part of the brain and subsequently remove it, intact, from the skull.

Aside from the noted damage to the cerebrum at the fissure and the lack of blood, Dr. Tate did not perceive anything amiss.

"So far it looks much like the other case," she informed the room. "It is a normal, healthy brain."

It was until she began to slice through the hemispheres of the brain, through the ventricles and hypothalamus, that Dr. Tate noted something different; something abnormal. She anticipated cutting through the same unusual sack she had found in the one other case. When microscopic slides of that tissue came back, the sack tissue had turned out to contain cells which no one could definitely identify—at least not to say they were certainly of human origin. But it sure made for some interesting and long talked about photomicrography. This time though, Dr. Tate was finding more than that sack and neuroglia-like loose web. Slice after slice, this sack was showing signs of being filled with some... thing. She paused about a quarter-way through the brain, slicing width-wise, exposing the brain bilaterally, so as to display the altered and invaded ventricles and hypothalamus.

Where normally there should be small ventricles, there was this foreign sack, resting on and infiltrating the hypothalamus. A glia, or network of branched fibers and cells, here comprised of foreign material was attached to the sack's inside walls and swam in a sludge of a bioplasm-like substance. This bioplasm or tissue inside the sack held a loose, biped-suggestive form. To the biped form, it appeared, were connected the numerous tentacles of glia like webs. The site of this sack and its inner material left Dr. Tate speechless. Not enough photographs could be taken to do this bizarre finding proper justice.

Many photographs were taken and much time was spent examining and dissecting this peculiar and implausible finding. But other than describing the tissue, indicating how it did have a biped-like form inside it, that it also consisted of a bone-like internal structure, Dr. Tate had little insight as to what it was.

"This," Dr. Tate said pointing to the tissue laid out on a black velvet photo station, "is certainly foreign, but it is not the cause of death." She informed that the cause of death still appeared to be exsanguination. "People have their brain exposed during surgical procedures with no direct loss of life," she explained. "But bleeding is kept to a minimum there. Not like with our victim here." The finding of

this entity and the damage of the brain were either post mortem or otherwise unrelated to the man's death. Strange, to be sure, but not the cause of death.

Afterward there were many ideas and question: "could the man have died from freight?" one person asked. "Could some basic body function been disrupted due to brain damage?" asked another. "But whatever damage there is to the brain came after death... or nearly before," Dr. Tate held. Her position was that cutting through the scalp and the great loss of blood from this caused the man's death. There was no other injury or reason that she could see. The foreign entity within was not interfering with the person's vital functions.

The first autopsy took over three hours. Sitting, chilling in the walk-in cooler was the body of the alleged aggressor, waiting to take its turn under Dr. Tate's keen and vigilant eyes. The death of the woman, the alleged perpetrator, was likely due to direct law enforcement action, so the autopsy would take on additional weight. Moreover, because the body was riddled with gunshot wounds, and that meticulous documentation of wound tracks was paramount, the examination would require additional time. On average, cases like this took roughly five hours to complete. It was already night time; her staff had been working on overtime for several hours. Dr. Tate had to decide to leave the woman's autopsy for the next day or carry on.

"The woman's autopsy will take a while," Dr. Tate informed the room.

Trace evidence collection, photography, and finger printing would be done first, while the body was fresh, but would release some of the CSI and other law enforcement. Then only essential individuals would stay, working through the night to finish the autopsy. It would be a long, grueling effort, but necessary to retain evidence.

With a mournful glance at CSI Jones, Dr. Tate told the room that after a 10 minute break, they would begin with the woman's autopsy.

"Ever seen anything like that?" CSI Jones asked Dr. Tate as they sat together in Dr. Tate's office. They were having a quick, rather unhealthy meal, washed down with even less healthy, \$8 coffee that was \$7 too much.

"Did you notice the knife?" Dr. Tate asked in response.

"What about it?"

"The knife, the cutting table, the specimen cups, they all were..." Dr Tate paused, looking for the right way to describe what she had noticed. "They all seem to have been dissolving away."

To appease Abby's bewildered stare, Dr. Tate explained what she saw and what she believed caused it.

"That sack must have contained some sort of caustic, corrosive substance. It ate through the knife blade, the specimen jar, and through the cutting board." Dr. Tate added that as she cut through the brain and sack, she was flushing the slices with water, diluting whatever corrosive agent was present. "The attrition was limited, easy to miss, but it has me puzzled."

"It does explain what happened to the... thing in there that looked like a life form."

"If it looks like a duck; quacks like a duck; and has feathers like a duck," CSI Jones broke in.

"Right, I understand. But determining what that thing was is not part of my official duty." Dr. Tate said with a wistful smile. She felt uncomfortable with calling the biped a 'life form' before she ruled out all other possibilities.

They sat in reflective silence for a few more minutes. There would be an opportunity later, away from the office, in a more private, secure setting together, to step out of her role as a Medical Examiner and person of science and share what her simpler, inquisitive, and more creative side wanted to explore. Her feeling was that they were dealing with something outside of the normal, scientifically established realm. This was freaking her out a bit. She didn't like it. Having Abby near helped a lot.

“Let’s get back to work,” Dr. Tate finally said.

And moments later Dr. Tate and Abby (CSI Jones) and the others were surrounding the body of the woman. X-rays hung from all the available light boxes in the room. Foreign bodies riddled the body on the x-rays, showing through as bright white specks on dark areas. Projectiles and projectile fragments could not be quantitated into individual bullet shots. Lateral and AP x-rays of the head hung from the light box nearest the autopsy station. Some fragments could be seen infiltrating the skull cavity, but more striking was the presence of a biped, quad-limbed ‘anomaly,’ visible on the x-ray like a ghost oddly floating in the middle of a very familiar room. At first glance one would think it was a blemish on the film –or a trick being played on someone.

Nearly 20 wounds consistent with gunshots were clearly visible on the anterior part of body; perverting the otherwise smooth, intact human skin with darkly-fringed perforations. These and those found in less obvious areas and on the posterior part of the body were photographed, measured, and in some instances, a biopsy was taken for microscopic examination. Dr. Tate tried to establish trajectories for the majority of wounds. Most of the anterior wounds appeared to be entrance wounds –it was her opinion that most on the posterior were exit wounds; which she would support with evidence as she progressed through the examination.

All this process took over an hour. Some fragments, shreds of lead and/or brass, were collected prior to making the first incision of the autopsy. These were easily palpable near the surface, were protruding through open wounds, or in two cases, were found caught in the fabric of the clothing. Dr. Tate was dizzy with fatigue from cataloguing, collecting, and preparing the numerous items of evidence. The paper trail, the chain-of-custody forms were especially time consuming.

After a while, Dr. Tate made the familiar Y incision on Rumia Cava’s body. (ID was made through registration information found in a vehicle located at the scene –now pending confirmation through finger prints.)

Liters of partially clotted blood filled her chest cavity. The collapsed lungs swam in this mixture of crimson and roseate-colored liquid. Sunk in this liquid were a couple of near-intact projectiles as well as several fragments. Finding wound tracks, entrance wounds, and associated projectile took a long time. Many of the wounds, tracks, and found projectiles fell into place without much trouble. They matched; they were obvious; and they did not require too much manipulation, flexing, and imagination to match. Still, the process took away from the more intriguing aspect of the autopsy.

Finally, Dr. Tate eviscerated the body –some heartless individual once likened it to making a canoe out of a cadaver. A cadaver with all its major organs and viscera removed could be said to have been hollowed out like a hand-carved canoe. But Dr. Tate had stopped seeing this similarity many thousand of autopsies ago. Today, she was taken up by the multitude of gun shot wound injuries. Everywhere there was tissue damage, hemorrhaging, splintered bone, shattered organs, and everywhere, metal fragments. Further injury came from having to retrieve lodged projectiles. Dr. Tate and her Forensic Techs worked with Stryker saws and hand tools to cut through bone and tissue to dig out several projectiles and projectile fragments.

“In the pelvis?” suggested one of the techs, referring to a projectile that appeared on X-ray to be in the pelvic area.

“Let’s try from inside before flipping the body over and cutting through the buttocks.” Making cuts on the skin beyond the Y incision was frowned upon. It made more work for the funeral director(s) when preparing the body for funeral services. So Dr. Tate always strived to limit mutilation of the body. In this case, she found it necessary to retrieve several projectiles through the skin. One projectile was lodged in the upper Humerus. Dr. Tate found it sticking out of the bone –wedged in tight in the bone. Others were tangled in soft tissue; just requiring a cut through the skin and a little digging through muscle and fat.

All through this hunting and rummaging through fat, muscle, and bone, Dr. Tate was thinking about the... whatever in the head. The x-ray kept calling to her. Her eyes were drawn to it like one is drawn to look at another's pain and misery, despite the morbidity of it. Something deep inside her, below her analytical, scientific exterior was fueling a tingle of anticipation. *Science Fiction* was on her mind. It was the one explanation that roused a passion within her beyond her cold science. Getting to the head, cutting through the skull, could not happen fast enough.

Dr. Tate took over from her tech. She was not as adept at removing the brain as her techs were, but she had lost her trepidation the day before, after doing the procedure on Mr. Harnet's. So she steadily and deftly cut parted the man's hair and cut through the scalp. She handled the Stryker saw with an adroit and steady hand. Though a projectile looked to have entered the skull, the cranial bones and sutures were mostly intact. Taking the skull key, Dr. Tate over-dramatized the cracking of the cut skull cap. "Crack." The sound reverberated through the edgy, silent room. She found some twisted satisfaction in the act, which visibly disturbed the insolent detectives. *Good*, she thought.

Dr. Tate anticipated to find hemorrhage and tissue damage upon removing the skull cap. Very little was visible. She looked over to the ominous x-ray; hanging near by like a dead-head flag warning of peril and pain. She checked the suspected entry wound again. It was just behind the left ear, showing the consistent small, circular pattern of an entry wound. She cut back more of the scalp and exposed more of the skull bone at that entry point; there was no hole through the bone. Dr. Tate followed the blood trail. It circled towards the back of the skull and into the soft tissue of the neck. Bullet fragments littered the trail.

"These are the fragments on the x-ray," Dr. Tate said. She explained that the shot did not enter the skull, but traveled along the soft tissue of the scalp. This was a relief to her. It left the brain untouched for her to concentrate on that foreign entity showing on x-ray.

"Right, let's see what that is," Dr. Tate said as she removed the brain.

Out came cerebrum, cerebellum, brainstem, and some Medulla oblongata and spinal cord, all in one intact, 1,360 gram human computing organ. Dr. Tate held it in her hands. She turned it, looking and feeling over the Parietal, Occipital, and Frontal lobes. She felt the cerebral cortex, looking and feeling for abnormalities. She noted some slight edema—which she could not directly relate to trauma.

Before beginning to cut through the brain, Dr. Tate examined the cranium. One of the Forensic Technicians had removed all the dura from the skull, taking photographs before and after for documentation. The bone below was free of fractures, traumatic and natural abnormalities, except for what looked like a hair-line fracture, about 5 mm long, at the base of the skull. Dr. Tate also noticed that the pituitary gland was hemorrhagic and atrophied. She cut it out, sliced a piece for microscopic examination and saved the remainder in her jar of formalin.

While she examined the skull, another tech photographed the brain, sides, base, and crown. Once back at her cutting station, Dr. Tate prepared to dissect the brain.

"So far, everything looks normal," she said to the room as she began to slice through the frontal lobe. Slice after slice, with thicknesses of about two centimeters, Dr. Tate worked her way towards the corpus callosum and thalamus. Where she would expect to find a ventricle, clear-fluid filled, she came on to something abnormal. Subsequent slices were more tentative and cautious.

Carefully, Dr. Tate worked through the brain. Resting where ventricles and hypothalamus should be, Dr. Tate was finding the familiar foreign tissue. This sack though was intact. It was semi-rigid. She cut around it, creating slices of the brain, like one cuts around the pit of an avocado. As slices of brain came off, more and more of the sack was exposed. Some fibrous tissue, like spider-web tentacles, reached out from the sack into the brain matter around it. These tore away with some resistance. Some of them had to be cut. Dr. Tate continued to work her way towards the occipital lobe of the brain, leaving the sack as intact as possible, treating it like the foreign, tumor-like invasive tissue that it was.

The normal human tissue of the brain lay on the black velvet cloth, measured, photographed, and thoroughly examined. The corpus callosum, hypothalamus, thalamus, and ventricles were all slightly altered to accommodate the foreign sack. The change was subtle and did not appear to have caused visible damage to the brain tissue, though it might explain the brain's slight edema. It just sort of push things out and aside, making room for itself, like a tumor growing large while normal tissue retreats in a sort of biological attrition. Furthermore, no natural rejection process seemed to have taken place within the normal tissue; no fight, no rejection. Dr. Tate suspected the edema she perceived earlier on the brain was about the only sign of there being something wrong.

The foreign tissue sack was set next to the brain slices. It sort of looked like something human, except it was nothing that was normally found in a human body. The exterior of the sack looked like a sort of opaque membrane, such as the dura. It was partially rigid and had some discernable oblong or round form –suggestive that it was filled with something. It had some give to it. Placed on the cutting table, it flattened out on the bottom making a sort of pedestal, it came taut elsewhere making it look like an oval or an egg, and stood up-right. This is how Dr. Tate set it on the cutting board, then she stepped back to let her associates take a closer look and do cursory examinations.

With no other ideas as what to do next, with no suggestions from all in the room as to what they were dealing with, and with more questions than answers looming over her, Dr. Tate proceeded as if everything was status quo. So, gripping a small fold of the sack towards the apex of the sack with a pair of ridged forceps, she took a fresh scalpel and carefully tried to cut into the sack tissue.

“Set up another,” Dr. Tate asked of one of her technicians. The spot on the sack where the scalpel had been pressed against was only slightly scored by the super sharp, sterile scalpel blade –and the blade had gone completely dull. Subsequent tries resulted only in slightly deeper scoring of the sack's area Dr. Tate was pressing the blade against, but there was no intrusion into the sack. She was just not cutting through the sack tissue.

“Bad batch of blades?” someone in the room suggested.

“Thank you,” was all Dr. Tate said –addressing her tech, who had a stack of sterile blades lined-up, ready to replace the scalpels that Dr. Tate was going through. One after another, she scored the sack then traded the now spent blade for a fresh one.

Eight blades later, clear, pungent, ammonia-like fluid oozed out of a pin-prick opening. Three more blades helped enlarge the opening, which was furthered enlarged with scissors. Some of the clear fluid from the sack was siphoned into a couple of test tubes; the rest was washed away, down the drain, to collect in a biohazard holding tank. *Holding tank, maybe*, thought Dr. Tate.

With the sack now cut open, spread apart, the ...thing inside challenged all their collective knowledge and education. Only sighs, grunts, and shrugs of bafflement came from all in attendance. All could see the thing there, real and solid, but none could accept the possibility that it presented. This was not a natural disease invading some body tissue or organ. No tumor or natural degenerative process. This was not a foreign object that forcefully entered the body, breaching the body's barriers. No projectile here. No wound track to expose, follow, or document. This was beyond the normal, expected, and accepted.

The sack lay open, its contents looking back at them. It was real. Averting eye contact would not make it any less real. Looking for text messages to reply to did not null and void the sack and its content. There was a thing there, asking to be investigated. More of those bizarre string-like fibers extended from the walls of the sack like tentacles reaching for a life-sustaining prey, tangled into thicker single threads that connected to the strange, extraordinary yet vapid in appearance entity at what appeared to be a head. And there was a head. There was a body. Those were leg-like appendages. Arms? Well, there were arm like things extending from the body. Not two, like would seem normal, but no less arm-like for their odd number.

Dr. Tate manipulated the entity, rinsing it with a soft, soaking stream of water. Avoiding overextending the threads, she palpated the entity's body; legs, arms, torso, and head. She noted the apparent similarities with what was familiar. Not five toes nor five fingers, but extensions, odd in number, sure, but that attached to the ends of the appendages, like fingers and toes. There was something reminiscent of eyes (or AN eye) on the upper part of the entity –the head, as seen from a human's perspective. But the oddities outnumbered the similarities.

A technician standing just beyond the double doors that separated the autopsy suite from the body intake area said he thought he saw or felt a flash just as people in the room dropped or staggered.

"It was like a second of an outer-body experience," the technician tried to explain. "I was here, but for a moment everything seemed unreal; like being in a dream."

For some in the autopsy suite, they had no memory of the incident at all.

"One moment I was standing, doing..." many said afterwards, filing in their activity at that particular moment. "Then I was on the floor."

Dr. Tate remembers holding the entity's body, turning it over to look at its back. The next memory is that of being on the floor, scalpel next to her, feeling a mild pain on her buttocks and head. A small cut on her arm, roughly 2 cm long, clean but deep, just beyond the edge of the cut-resistant, Kevlar gloves, was oozing crimson blood. She had a dream-like feeling that something belonged in the time in between that before and after, but she couldn't bring that up as a cognitive memory. Nothing of the time she knew that had passed came to mind as real. Between the physical pain, the headache, and that strange sensation of having lost some time without knowing how, she was uncomfortable and disoriented.

'Good thing the scalpel was fresh,' Dr. Tate thoughts as she treated her cut. There was nothing worse than getting cut with a scalpel covered in someone else's blood.

One detective, a burly, beefy guy, had to leave for the ER to stitch up his forehead. He'd struck the edge of a stainless steel sink as he went down. "I didn't pass out," he could be heard saying as he was assisted out of the building by paramedics. A member of CSI Jones' team, who, unfortunately for her, was lifting a heavy tool case when the "flash" occurred, also went to the ER to have a possible fractured arm attended. Most others in the room only had to deal with feeling (or truly being) dirty from finding themselves on the autopsy room floor. One technician dropped while prepping the body. He had been aspirating pooling blood from within the cavity of the body. Down he went, along with the suctioning hose, which, now hanging down, below the level of the suctioning valve, spilled out whatever liquid was caught in its length.

The commotion in the room came to a frozen still when Dr. Tate's loud "oh, oh" filled the room's din.

"We have a situation," she told the room. She was staring at the vacant cutting table. The forceps were there. The scissors sat on the side of the cutting table. The cutting knife sat off to the right side. The assorted specimen jars were tucked between the board and the back-splash. The scalpel was back on the table from the floor. The opaque sack tissue was also there. But nowhere in sight was the entity. The little body was gone. Only loosened threads of fiber remained behind, broken off from there puppet master, lying broken and dead in a shallow puddle of a sticky, gooey glob of some kind of gelatinous substance.

"It is eating through the board," uttered one of the CSI. He was speaking of that gooey glob. It was eating away at the sack –and the board underneath it. On closer inspection, the gelatinous substance was moving; lightly bubbling. As they watched, the remaining solid material of the entity dissolved into the goo. Gone.

I didn't even take a proper specimen, thought Dr. Tate. Her mind was drifting; swirling in an uncommon disorientation. It was unsettling. It was out of character. She didn't like it. She needed rest.

She wanted to step away; to hide away; to leave all this behind. Luckily, there was little more to do with the autopsy. The last piece of the puzzle was a glob of goo. Dr. Tate took a swab of it, set a small glob of it into a paraffin cassette, and placed the rest that she could slop up into a plastic specimen container.

Some paper work followed. Dr. Tate prepared the standard form autopsy report. Cause and manner of death would be listed as Pending until toxicological tests and microscopic investigations could be finalized, but from her point of view, there was no doubt as to the cause –multiple gun shot wounds– and as to the manner –homicide. All else was superfluous. She discussed this with Abby (CSI Jones) later that night.

“She died from the GSWs,” Dr. Tate told Abby. “That other finding,” she would not label it with any one definitive term. “Though rather fascinating, should not interfere with my forensic duties.” She wanted to say more, she wanted to speculate; her mind swirled with ideas, but anything she touched beyond the clear cut, forensic facts of the case, just brought up unanswerable questions.

And passing weeks brought no answers. Toxicology came back negative. Nothing. Slides of the collected specimen were strange, to be sure, but could not provide anything more than deeper question. An anomalous, unclassifiable tissue was all that could be said for the foreign tissue. There was a hint of muscle, nerve, and bone cells seen through the microscope, but other than stating that these were not natural-occurring, human cells, Dr. Tate could say no more. It was an unknown goo. Period.

More cases came and went. Routine things. Things that had a clear beginning and end. Overdoses - suicide or accident. ASCVD –overindulgence or an inherited, genetic disorder. Homicide by guns shot wounds or stabbings. Domestic or random, senseless violence. People died from blunt injuries brought on by 3 ton modern, “smart” chariots crashing into each other. And the memory and hoopla of the entity and exposed-brain deaths faded.

Dr. Tate’s headache did not fade. Since that “flash” in the autopsy room she felt off. A CT Scan weeks later showed nothing. There was no trauma from the fall and the bump. Yet the headache was there, constantly, hiding behind her eyes, like a predator waiting for that right moment to strike. She never suffered migraines before, but this was what she heard it felt like -a nagging pain that kept her off-balance. And this is how she functioned from there on. It caused her stress. It disrupted her relationship with Abby. It strained the rapport with her associates and subordinates. But she adjusted, little by little, until all seemed normal again. More or less.

“You’re looking better,” Abby murmured. Dr. Tate was back in her company. They were again sharing their lives; drawing strength, love, and mirth from each other.

“I feel better,” Dr. Tate replied, following through with a hug and a soft kiss.

“For a while there, you were possessed.”

“Yeah, I felt... I felt like I was losing control. It was like I was turning bipolar or something; there was my normal self and some idea of me, with a new, foreign agenda. And I couldn’t stop it. It was like looking in through an unbreakable glass at my own world, going on without me, with me screaming, pounding on that glass, trying to set things right; trying to get someone’s attention.”

After a silent pause, Dr. Tate took Abby’s hands, softly holding them in hers, and whispered; “I’m sorry.”

“It’s all good,” Abby replied. “This is good.”

THE END



Diminutive Presence