



BLOODY MESS

Hey, Walt.

I recognized Rick’s voice on the other end of the line. Rick Pyeritz and I were both family physicians and had practiced together for four years. Before moving to Bryson City in 1981, we had been family medicine residents together at Duke University Medical Center.

“What’s up?” I asked him.

“I need some help, partner. I’m over in the ER sewing up a woman who stabbed herself several times. When the EMTs brought her in, she was hysterical, so I had to sedate her pretty heavily. Anyway, Don and Billy said she apparently murdered her husband in their home and then tried to do herself in. Since I’m going to be here awhile, would you be willing to go to the crime scene and do the medical examiner’s report?”

My heart began to beat a bit more quickly, as it always did when I received a call from the emergency room or a summons to the scene of a crime, and I suspected that the suspense of the unknown—of the surprises one might find waiting—would keep on giving me a sense of nervousness and trepidation every time a call came. Nevertheless, I tried to sound cool, calm, and collected. It’s a skill doctors are taught early in their training. “Be glad to help, Rick. Where’s the house?”

“It’s up a hollow just off Deep Creek. Don and Billy are taking the ambulance back over there. They say you can follow them.”

“Let me throw on some scrubs. Five minutes?”

“I’ll have them wait in their unit at the end of your driveway.”

“Sounds good, Rick.”

I hung up the phone and walked to our bedroom to put on my scrubs. I smiled as I looked at the bedroom furniture I had given to Barb, my wife, for our tenth wedding anniversary over a year earlier. Right out of medical school in Durham, North Carolina, we had moved to this quaint little house in this charming village with our then nearly three-year-old daughter, Kate. Bryson City is the county seat of Swain County, in the heart of the Great Smoky Mountains. The county is spread over 550 square miles, yet in 1985 it only had about 8,000 residents. Less than a thousand people lived in the town. The population was small because the federal government owned 86 percent of the land—and much of it was wilderness.

Since pathology-trained coroners lived only in the larger towns, the non-pathologist doctors in the rural areas often became certified as coroners. We were not expected to do autopsies—only pathologists were trained to perform these—but we were expected to perform all of the non-autopsy responsibilities required of a medical examiner.

Having obtained my training as a coroner while still in training at Duke, I knew the basics of determining the time and suspected cause of death, gathering medical evidence, and filling out the copious triplicate forms required by the state authorities. Not long after receiving the fancy certificate of competence from the state of North Carolina, I was required to put my new forensic skills to work. Through the subsequent years as a medical examiner, the work had become more routine, but never boring.

After putting on my scrubs, I left our house, which was located across the street from the Swain County General Hospital, and jumped into our aging Toyota Corolla. Billy was in the driver’s seat of the ambulance as I pulled up to the end of the driveway. He

smiled and waved as he gunned the accelerator and disappeared behind the hospital and down the backside of Hospital Hill.

I had no idea what awaited me at the murder scene, and I tried not to think about it as I followed the Swain County ambulance.



Because medical examiners were required to gather medical evidence for all deaths that occurred outside the hospital, during my first four years in practice I was called on as a coroner in dozens of cases. Nevertheless, I still found my stomach in knots whenever I approached the scene of a crime or unexpected death.

After observing the scene, determining the cause of death was usually straightforward, at least from a medical perspective. But every instance continued to remind me of the finality of death, helping me realize again that death almost always comes unexpectedly, without warning or opportunity for preparation. An even more troublesome aspect of my work as an ME, at least when exploring a murder scene, is that it was an unnerving reminder of people's inhumanity to people—of the intrinsic evil that can potentially bubble out of any person's heart, even in an idyllic town I had come to love and call home.

I followed the ambulance up the narrow dirt road into a small mountain hollow. It was a typical winter day in the Smokies—gray, overcast, damp, dreary, and cold. Most who visit the Smokies in the spring and fall revel in its temperate and lush glory. But most aren't aware of how stiflingly hot and steamy the summers can be—and virtually none know how dismal a Smoky Mountain winter can be. This day would prove to be far more dismal than most.

As we reached the end of the road, I saw several sheriff vehicles in a small field in front of a diminutive white farmhouse surrounded with bright yellow crime scene tape. After parking and hopping out of the cab, Billy walked over and extended his hand. "Howdy, Doc."

“Greetings, Billy.”

As Don walked up from behind the ambulance I nodded at him. “It’s a mess in thar, Doc,” Don explained.

“What happened?”

“On first look, it seems the woman stabbed her husband. She used a big ole butcher knife. Pretty much got him straight in the heart, at least judgin’ from all the blood on his chest and the floor. Then she turned the knife on herself.”

“Cut her wrists?” I asked, assuming a common method of suicide.

“Nope,” Billy responded. “First she cut her arm a couple of times, and then she tried to stab herself in the chest a couple a times. When we got here, she was out like a light. Don’t know if she fainted or was in shock. But her vitals were good. We got her stabilized and then transferred her up to the hospital.”

We began to walk to the house. “Was she awake?”

“Not at first,” Don explained. “I got the bleeding stopped with compression dressings. Her heart and lungs seemed fine, so I think her chest wounds are superficial. I got an IV started, and then we put her in the unit, and Billy aimed our nose toward the hospital. Once we were underway, I used some smelling salts on her, and she woke up real quick like.”

“Were you able to talk to her?”

“Nope. She was hysterical—absolutely hysterical. Seemed real scared and tried to fight me. I had to restrain her for the entire trip to the hospital. Then when we got there, Dr. Pyeritz had to give her a real strong IV sedative to calm her down. When we left the ER, she was deep asleep, and he was sewin’ her up.”

“Just doesn’t make sense to me,” I commented.

“What doesn’t?” asked Billy, as we ducked under the crime scene tape.

“Folks usually don’t stab their chest to commit suicide. Did she leave a note?”

“Don’t know, Doc. We just stabilized her and transported her as soon as we could.”

We walked up the steps to the porch as the sheriff walked out the front door to greet me. “It’s a strange one, Doc,” he said as we shook hands. “The neighbor man told one of our deputies that this here family had the ideal marriage. Good churchgoin’ folks. Never a cross word, at least publicly. But you never know what goes on behind closed doors, do you?”

“What’ve you put together so far, Sheriff?”

“Apparently the woman was gettin’ dinner ready. Her husband came in the back door, and they musta had a bit of a scuffle. There’s some broke plates on the floor, and the kitchen table was pushed over a bit. Anyway, she got him in the chest with a big knife she was usin’ to cut vegetables. Looks like he died on the spot. Then she tried to stab herself. Had cuts on her forearm and her chest. Her left hand was all bloody. The butcher knife was by her side, even though she was fainted out on the floor. That’s where we found her—still out cold.”

“How’d you all get notified?”

“We think she musta’ called 911 before she fainted.”

“What makes you say that?”

“Millie down at dispatch said a call came in, but there was no voice on the other end of the line. Then she heard a muffled sound, and the phone went dead. There’s some bloody finger marks on the phone. The phone was hangin’ off the counter right beside her.”

“This does sound like a strange one!” I remarked to no one in particular.

“Yep, it shore ’nuff is,” the sheriff answered. “We’ve got the state crime scene van on the way from Asheville.”

“Sounds good. Let’s go take a look.”

As I walked through the small dining room, I could see the kitchen table. It looked like it had been set for dinner, except that the glasses and silverware were haphazardly strewn across its surface.

I entered the kitchen, and I could see a middle-aged man sitting in a slumped position against the cabinet below and to the

right of the sink. Two deputies walked in from the back porch as I set down my crime scene bag and pulled out a pair of disposable latex gloves. My eyes slowly swept across the scene, gathering whatever facts the site was willing to tell me.

The man had a huge bloodstain on the center of his muscle shirt, and a pool of coagulated blood was on the floor beside him. The blood loss explained why his face was pale and not the cyanotic blue usually seen in a fresh corpse. There was a cut in the shirt that was two or three inches long—oriented diagonally from his left shoulder toward the lower part of the chest bone. A large amount of blood had flowed down his shirt and soaked the left side of his denim jeans before pooling on the floor at his left side. I suspected the pathologist would find a punctured lung and heart—as well as a chest cavity full of blood.

I walked over to the body and squatted down. I felt along his right wrist. The radial artery had, as I expected, no pulse. I noticed several lacerations on the top of his left forearm. “Looks like he tried to defend himself. See the cuts here on his arm?”

The sheriff and deputies nodded.

I raised the left arm and found it to be fairly supple. “No rigor mortis yet.”

My eyes were then drawn to the man’s left shoulder, where I saw what appeared to be two cuts or puncture wounds—filled with coagulated blood. I looked behind the shoulder and saw that the wounds had bled down the back of his shirt, which explained the streaked bloodstain on the cabinet just above him. “He’d been stabbed up here before he collapsed,” I commented, mostly to myself.

I looked to my left and saw more bloodstains and streaks on the floor by the sink. “That where you found her?” I asked.

“Yep,” Billy answered. “We figure she intended to cut her wrists and then panicked and stabbed herself in the heart. When that didn’t work, she called 911, got Millie, and then fainted. We found her right there—just below the phone.”

I could see the phone receiver hanging from its cord, dangling about halfway down the cabinet. The phone base was on the kitchen cabinet.

“We unplugged the phone from the wall, Doc,” Deputy Rogers explained. “It was making an awful racket.”

I nodded and looked carefully at the receiver. I could see a faint bloody thumbprint on the inside. I peered around the other side to see three faint and slightly smeared fingerprints on the top.

“Look here, Sheriff.”

“Whatcha see, Doc?”

“It looks like someone tried to wipe the blood off this phone, doesn’t it?”

The sheriff walked over and stooped down to look at the receiver. “You know, Doc, I think you’re right.”

I was getting more confused by the minute. I stood and backed up just to observe the entire scene at once. My intuition was telling me things were not exactly as they appeared. I had learned that crime scenes *could* speak to you—but you had to learn to look very carefully, and listen even more carefully to the soft whispers of the scene itself. My instincts were telling me that this crime scene was trying to scream a message to me. But what? What was it?