

PROLOGUE

The cry builds. At first it is pitiful. A creak and a crackle. Tentative, tremulous, just testing how it will be received.

The doubt quickly flees. The whimper becomes a bleat, the catch hardening as the cry distils into a note of pure anguish. ‘Shh . . .’ her mother pleads, reaching into the cot and holding the baby at arm’s length. The sound buttresses the space between them. ‘It’s OK, baby. Mummy’s here now. Mummy’s going to make it OK.’

The child stares at her. Eleven weeks old; in the fierce grip of inconsolable colic; her eyes two beads that glower, incredulous and intense. *Don’t be ridiculous*, these eyes say. *I am livid and I’m livid with you*. Her face folds in on itself and her Babygro dampens as if the rage that is turning her body into a white-hot furnace is so intense it must escape.

‘Shh, shh. It’s OK,’ the mother repeats. She is suddenly wary. Sweat licks the child’s brow and her fontanelle pulses like some alien life form just beneath the surface of her skin. Evidence of her pumping heart, of the blood which courses through her veins and could burst through this translucent spot, as delicate as a bird’s egg, so fragile the mother daren’t

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touch it in case it ruptures. The beat continues, insistent, unrelenting. Like this baby's uncontrollable rage.

The cry cranks up a gear and she draws the baby close. But the child writhes against her, fists balled, torso arching backwards in anger or pain.

'It's OK.' Who is she trying to convince? Not this baby, who has been crying for the past eight weeks. And not herself because every time she thinks she's found a fresh solution – a Hoover sucking at the carpets; an untuned radio hissing white noise – the rules of this particularly cruel game shift and she has to think again.

'Shh, shh.' Her eyes well with self-pity and frustration and an exhaustion so entrenched she is sometimes knocked off balance. *Please be quiet, just for a minute. Be quiet. Just SHUT UP!* she wants to say.

The wails seem to mock her. *A terrible mother. Not even your first. You're meant to know how to comfort your baby. What will next door think?*

'OK. OK!' She is shouting now. The baby squirms. She is pressing too tightly: frightened, she releases her grip. And as she does her baby's lungs expand so that she erupts in a blast of fury that turns her tiny body rigid, fierce energy pulsing from the tips of her toes all the way along the length of her spine.

'OK, OK.' Like an addict desperate for a fix, she will do anything now for silence, and so she stumbles to the bathroom; strips down to her bra and pants. Then she flings a heap of clothes into the washing machine, switches

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it on and, huddling in the darkness, pulls her daughter close.

The machine starts up: a rhythmic swish as the drum fills with water then turns, noisy and repetitive. White noise that is the most potent balm. The cries catch, falter, stop, as the swish and the slosh and the dull clunk of the spinning clothes fill the damp, dark room.

She risks glancing down. Two eyes stare back. *Please don't cry, please don't cry*, the plea is automatic. The baby's bottom lip quivers and the uneasy quiet is broken with a bleat. Great gulps of rage soon drown out the heavy lullaby. *Please be quiet. Just be quiet. Be quiet, won't you? Just be quiet, for God's sake!*

It's no good. The walls push in; the heat bears down and the noise – the terrible crying that has been going on for three hours – engulfs her. Her eyes burn and she feels like joining in. She cannot cope with this: she *cannot* cope. She does not know how much more she can bear.

They say you should leave your baby when you feel like this. Put her down, close the door, and walk away. Remain elsewhere until you feel calmer. But then the crying will continue; the baby quivering more with anger than a cause that can be fixed, like a wet nappy or pain. Doesn't it make sense to hold her tight, to plead, to bargain, perhaps to shout? To try to shake a little sense into her? No, not that: she knows she mustn't hurt her baby – though if she could shock her into silence, if she could stifle that noise again . . .

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At moments like this, her mind fills with toxic thoughts. *You're a bad mother. She'd be better off without you.* And then, insidiously, the more shameful ones that she tries to shake away.

Thoughts she can barely acknowledge, let alone express, about the desire – just for a moment – for this child to be silent always.

LIZ

Friday 19 January, 2018, 11.30 p.m.

One

It is definitely the short straw of hospital medicine. A&E in a trauma centre on a Friday night in late January; almost midnight, and the waiting areas are rammed. Patients glazed with boredom slump on every available chair, a queue is waiting to be triaged and we're nearing the mayhem that descends when the drunks and the lads whose fights have turned a bit nasty roll in, lairy, disruptive, laughing in the face of reason. If the abuse turns physical – walls punched, a nurse shoved, a Sri Lankan doctor spat at – security will have to be called.

A cold January means that the hospital is already busy: filled to ninety-nine per cent capacity. A&E is on the brink of turning away ambulances: almost on red alert. Many patients don't need to be here: not least those who couldn't get – or didn't *think* to get – a GP's appointment and who now realise that a long and uncomfortable weekend stretches

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ahead of them unless they hotfoot it to A&E in the belief that doing so will make their virus swiftly better. They're the ones who are the most vocal about the long wait, who hover by the nurses' station ready to harangue them. The properly sick don't have the energy to complain.

I wouldn't go near an A&E in a busy trauma centre on a Friday night unless my life depended on it. Nothing short of a cardiac arrest, a stroke, a fracture or a massive haemorrhage would force me through the automatic doors. So why am I here, breathing in the fetid fumes of others' illnesses; tramping the corridors; peering at the faces of the frustrated, and those with life-threatening conditions who wait, two, three, four hours – or sometimes more?

Well, I don't have a choice. This is my job. Senior registrar in paediatrics at St Joseph's, west London: a major acute general hospital and trauma centre at the cutting edge of clinical care. My career hasn't been meteoric: two babies and two six-month maternity leaves plus disappearing down a cul-de-sac of research mean I'm still not a consultant, unlike the men I studied with at med school. But I'm only a year off and then I'll have reached the giddy peaks of medicine's hierarchy. Twenty years of study and I'll finally be there.

I'm not a doctor who works full-time in A&E. I'm here because I've been called down from the children's ward to see a patient. But I'm the sort of doctor on which every hospital depends. Sufficiently senior to make crucial decisions; sufficiently junior to be based in the hospital during long

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nights and weekends on call. Dressed in periwinkle blue scrubs, what you see is what you get: someone pragmatic, no-nonsense, approachable, empathetic; occasionally a little blunt, according to my teacher husband, but a good person. (I work with sick children and deal with distressed parents, after all.) Physically unremarkable: five foot six, wiry dark brown hair scraped into a ponytail, a permanent crease between my hazel eyes. Negligible make-up, no jewellery except for a thin gold wedding band, worn and scratched. White hospital crocs: good for running. Easy to wash when splattered with blood.

I'm anonymous, dressed like this. Androgynous, too. No one's going to assess the size of my hips, a little wider than I'd like thanks to night shifts when I don't get a break until after ten and rely on vending machine chocolate or canteen chips. No teenage boy's going to spy my cleavage when I bend over to examine him on a hospital bed. I'm a doctor, this pyjama-type uniform says, as does the lanyard round my neck. *Hello. I'm Dr Trenchard. I'm here to do a job, and to do it well.*

Wearing scrubs, like any uniform, also bonds you with your colleagues. We're all in it together: an army working for a greater good we still believe in – the dysfunctional, fracturing, only-just-about-coping-because-of-the-goodwill-and-professionalism-of-its-staff, free-at-the-point-of-need NHS. And if that sounds sentimental or sanctimonious, I'm neither of those things. It's just that when it's your daughter's tenth birthday and you

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can't put her to bed because it's impossible to swap a Friday night shift, and she's said, piling on the guilt in a way that only your firstborn can: 'It's all right, Mummy. I understand that you need to work.' When *this* is the background to your fourth late shift in a row, and you're exhausted and would really like to be in bed, curled around the husband you only grunt at during the week. When that's what you're missing and your reality's very different: when you know your colleagues are racing to a crash call – hearts pumping as they run, shoes squeaking on the shiny floor, curtains whooshing around a bed; that fierce concentration as they crack ribs or apply paddles to shock a patient back into life . . . When, more prosaically, you haven't had time for a wee . . . Well, you have to cling onto some belief in what you're doing; you have to believe there's a point in being committed to this sort of career. Because otherwise? You'd give up medicine, or emigrate to Australia, New Zealand or Canada, where the weather, hours and pay are all far, far better.

Oh, don't get me wrong. I love my job. I believe what I'm doing is important. (What could be *more* worthwhile than making sick children better?) It's stimulating; and, coming from my background – I'm the child of a single parent who ran a seaside café – I'm immensely proud to have got here at all. But this shift comes at the end of a string of nights preceded by an academic course last weekend and I'm shattered: my brain so befuddled I feel as if I'm seriously jetlagged. Adrenalin will carry me through the next few

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hours. It always does. But I need to focus. Just ten more hours: that's all I need to get through.

I'm thinking all of this as I trot along the shiny corridor from the children's ward to A&E, my mood not enhanced by the art on the walls: a mixture of seascapes and abstracts in bright primary colours that are supposed to soothe patients and distract them from the unpalatable fact that they have to be here. I pass the oncology and radiology departments; and think of the lives being fractured, the hopes and dreams evaporating; for some, the lives ending; then shove the thought aside.

I'm on my way to see a patient. Ten months old: fractious, irritable. She's vomited, according to A&E, though she hasn't a fever. She may be no more ill than Sam, my eight-year-old who's just had a chest infection, though it's odd to bring in a child who's not genuinely poorly at this time of night. The junior isn't happy to discharge and asked me to come down. My heart tips at the thought of a complicated case.

Because I could do without another terrifyingly sick child right now. My shift started with a crash call to the delivery suite to resuscitate a newborn: a full term plus thirteen days overdue baby; blue, with a slow heartbeat, and a cord pulled tight around his neck. I got him back: stimulation, a few breaths – but there was that long moment when you fear that it could all go horribly wrong and the mother who has managed to carry her baby beyond term might end up mourning the child she has dreamed of. As every obstetrician knows, birth is the most dangerous day of your life.

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Then a child with an immunosuppressant condition and a virus was brought in by ambulance, and just after he'd been admitted, I had to deal with a three-year-old with croup. The mother's anxiety made the situation far worse, her panic at his seal-like whooping exacerbating the condition until it became dangerous, the poor boy gasping for breath as she distracted our attention. Often parents are the most difficult part of this job.

So I've had enough drama tonight, I think, as I squeak along the corridor and take in the chaos of paediatric A&E, filled with hot, disgruntled parents and exhausted children. A boy in football kit looks nauseous as he leans against his father in a possible case of concussion. A waxen-faced girl peers at a blood-soaked dressing, while her mother explains she was chopping fruit when the knife slipped. From the main A&E, where the aisles are clogged with trolleys, there's the sound of drunken, tuneless singing: 'Why are we waiting' half-shouted increasingly belligerently.

I check with the sister in charge, and glance at the patient's notes: Betsey Curtis. My heart ricochets. Betsey? Jess's Betsey? The baby of a friend I know well? Jess was in my antenatal group when I was pregnant with Rosa and she with Kit. Together we navigated early motherhood and stayed close when we had our second babies, though we've drifted apart since Jess's third. Perhaps it's inevitable: I've long since left the trenches of early babyhood, and work, family life and my suddenly vulnerable mother are all-consuming. Still, I've only seen her a handful of times

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since she's had this baby and I've let things slip. She didn't send Rosa a birthday card and I only noticed because she's usually so good at remembering. Far better than me, who sometimes forgets her son, Kit's, a week later. Of course it doesn't matter – but I had wondered, in a distracted, half-conscious way as I scooped up the cards this morning, if she was irritated with me.

And now she's brought in Betsey. I look at the notes again: 'Non-mobile, irritable, drowsy, tearful, has vomited ...' they say.

'Ronan, is this the patient you were concerned about?' I double-check with the junior doctor.

He nods, relieved at deferring responsibility.

'I'm not sure what's wrong,' he says. 'No obvious temperature but her mother was concerned enough to bring her in. Wondered if you'd keep her in for observation for twenty-four hours?'

I soften. He's been a doctor for less than eighteen months. I've felt that uncertainty, that embarrassment of asking a senior colleague.

'Of course – but let's have a look at her first.'

I pull the curtains aside.

'Hello, Jess,' I say.

'Oh, thank God it's you.' My friend's face softens as I enter the bay, tension easing from her forehead. 'I didn't think we should come but Ed was adamant. It's so unlike him to worry, it panicked me into bringing her in.'

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I look up sharply. *Panicked*'s a strong word from an experienced mother of three.

'Poor you and poor Betsey.' Examining a patient I know is really not ideal, but with no other paediatric registrar around, there's no other option. 'Let's see what's wrong with her.'

Jess's baby is lying on the bed, tiny legs splayed against the paper towel coating its blue plastic surface; large eyes, watchful, her face a tear-streaked, crumpled red. I'd forgotten how pretty she is. Almost doll-like, with thick dark hair framing a heart-shaped face, a cupid's bow of a mouth and those vast blue eyes peering at me. A thumb hangs from the corner of her mouth and her other fist clutches a dirty toy rabbit. It's the toy I bought her when she was born: the same make as Sam's, an unashamedly tasteful, French, velveteen rabbit. Her bottom lip wobbles but then the thumb sucking resumes and she manages to soothe herself. She is heavy-lidded. Looks utterly exhausted.

'Hello, Betsey,' I say, bending down to speak on her level. Then I straighten and turn to Jess, whose hand rests lightly on her little girl. It still surprises me that someone this beautiful could be my friend. She's one of those rare, effortlessly striking women, with copper, pre-Raphaelite curls and slate grey eyes, now red-rimmed and apprehensive – perfectly natural, since no one wants their baby to be this sick. She has fine bones, and slim fingers garlanded with rings that she twists when nervous. A tiny gold star nestles in the dip of her neck. Her glamour is incongruous in this world of

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specimen containers, rolls of bandages and stainless steel trolleys. I think of the shadows under my eyes, the rogue grey hair kinking at my forehead I found this morning. I look a good five or six years older than her, though we're the same age.

'Can you run through what you think is wrong?'

'She isn't herself. Grizzly, clingy, listless and she was sick. Ed freaked out when that happened.'

'Is he here, now?'

'No, he's at home, with Frankie and Kit.'

I imagine her boys lost to the depths of sleep; her husband unable to settle; and Jess's loneliness as she sits in A&E with a poorly baby who can't tell her what the problem is.

She gives me a quick, tense smile, and pulls a charcoal cardigan around her. Her top slips, revealing a black bra strap, sleek against her blanched almond of a shoulder, her improbably smooth skin. The top of her ribs and her clavicle are exposed and I realise she is noticeably thinner than when I last saw her just over a month ago at the school nativity. Under the glare of the fluorescent strip lights, she seems more vulnerable; less assured. And very different to the woman I first met ten years ago, who buzzed with excitement at the thought of having her first child.