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LITTLE HANDS CLAPPING

Dan Rhodes



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1

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PART ONE

I

At night, indeed at any time, but most of all at night, when the narrow street is lit only by the occasional lamp, there is little to distinguish the museum from the other buildings in the old part of the city. It is painted white, and rises three stories before tapering into a roof, where small windows jut from the immaculate tiles. It is set apart from its neighbours by the brass plate beside the door, which gives, in four languages, its name and the hours when its contents can be viewed. Only by standing close and squinting into the darkness is it possible to read the lettering, and as the first warm day of the year nears its end, nobody is taking the time to squint into the darkness. A small party of tourists passes by without paying the place any attention. They turn a corner, their voices fade, and the street is quiet until the next group comes

along, young locals this time, their after-work drink having turned into a meal and several more drinks, their conversation reverberating from the high buildings as they head to somebody's apartment for a final glass.

The museum's lights are off, but that is not to say that the place is unoccupied. Behind one of the small windows sleeps an old man in a nightshirt and nightcap, their whiteness incandescent as it cuts through the dark. Partly covered by a single white sheet, and oblivious to the bursts of activity from the street below, he lies on a narrow bed. The skin of his face, a faint grey against the cotton that encases him, is a mosaic of oblongs, triangles and shapes without names. His mouth is open, his eyes are closed and the rattle of his breath fills the room. The old man is the museum's only resident, but this night he is not alone. The visitors are supposed to leave by five o'clock, but one had stayed on, huddling behind a large wooden display board as the door was bolted shut, and building up the courage to do what they had been meaning to do for so long. There are no sobs to be heard, and no wails. The visitor feels calm, and ready at last.

When this business is over and the story is out, or as much of the story as will ever be out, such interlopers will be described as having been drawn to the place *like moths to a flame*. While they are being counted and identified, articles will be written; some

sober and balanced, others gleefully bug-eyed. None will capture the essence of the old man or even get a real grip on the events that had taken place under this roof. Nor will they convey any more than the haziest sense of the lives of these supposed moths, at least not what will often be referred to as their *inner lives* – the details beyond their education, employment history and haphazard lists of their likes and dislikes. With so little known about the thoughts and feelings from which they were built, these people will be presented to the world as having amounted to little more than a curriculum vitae, or a lonely hearts advertisement.

The more ambitious reporters will attempt to write something reflective, but frustrated by the incalculable blank spaces they will find their prose leaning towards the overwrought as they try, without much success, to make their way beneath the surface of the story. Their interviews with acknowledged experts will add nothing of interest to the copy, and references to Othello and Ophelia, Haemon and Antigone and the works of Émile Durkheim and David Hume will make them appear not so much learned as desperate. It is the tabloid writers who will be happiest, seasoning the facts with amateur psychological profiling, coarse conjecture and simple, alliterative blasts of moral condemnation as they pull together lurid account after lurid account.

Not wanting to know much beyond the basics,

LITTLE HANDS CLAPPING

most people will only read around the edges of these articles. Looking at the photographs they will begin, but no more, to imagine what must have been happening behind the eyes that sometimes stare back at them, and sometimes scowl, but more often than not smile.

At no stage will an editor allow an article to reach the press unless somewhere the people such as the one huddling behind the large display board are described as having been *like moths to a flame*. But if this place is a flame, it is a cold one. Even on a night like this the warmth has not penetrated the thick walls, and a wintry chill still pervades the building.

The last drunk of the night passes in the street, singing a song from generations ago, learned in childhood and never forgotten:

*Frieda, oh Frieda,
Will you still be mine
When I am back from the war
With a patch on my eye?*

It is supposed to be sung as a duet, but the drunk takes the woman's part too, a squawking, quavering parody of the female voice as she tells him that yes, of course she will still love him even though he has lost an eye.

*Frieda, oh Frieda,
Will you still be mine
When I am back from the war
With my left arm torn off to the shoulder?*

The shrieking Frieda tells him again that she will still love him, at which point he reveals yet another body part lost on the battlefield. Just as Frieda is telling him she will still love him in spite of his right foot having been amputated after becoming gangrenous in a mantrap, the drunk takes a turning and the words become indistinct. Everybody who has heard him knows the song, and how it finishes: the soldier continues to break news to Frieda about further losses of body parts until there is almost nothing left for her to love, and she tells him that she will still be his, no matter what. It is a simple song of true love – perhaps that is why it has remained so popular and why, even when sung by a drunk late at night, no reports are made of his antisocial behaviour.

The moth, huddling in the darkness, knows it to be a lie. But it is too late for anger. *Let them believe that if they want to. After all, they are only taking comfort, and who can blame them? For me, though, it is too late for comfort.* The voice fades, and fades, and soon it is gone altogether.

At ten past three the old man jolts awake at the sharp smack of wood on wood from one of the rooms below.

He sits up and listens for any further disturbance, but none occurs. He sets his alarm for five, then lies back and closes his eyes. He knows the sound, and that it can be dealt with later on. His mouth falls open, and once again his breathing fills the room, beginning as a light wheeze then escalating into a rattle, the inhalations and exhalations at a pitch so indistinguishable that it seems like a single undulating drone.

A fat house spider crawls across the sheet, clear against the bright white. It steps onto the sleeve of his night-shirt, where it lingers for a while before scuttling up to his neck. The moment the first of the eight dark brown legs touches the old man's cold skin he wakes once again. He does not move, but the rattle stops dead and his breathing becomes soft and shallow. The spider sprints to his cheek, where it remains still for a moment before moving towards his open mouth. It stops again, as if considering its next move, and then, with an agility bordering on grace, it darts into the chasm.

The old man's mouth shuts and the spider races around, trying to make its way out, but there is no escape from the thin, grey tongue that pushes it first into his cheek and then between his back teeth. After some final desperate flailing, the spider is crunched into a gritty paste and the tongue moves around the old man's teeth, collecting stray pieces.

His breathing slows, and he swallows the final traces. Soon the rattle returns. In and out, in and out. It all sounds the same.

II

At five o'clock the room filled with a furious beep. The old man extended a thin, grey arm and slid the alarm clock's switch to *off*. He rose to his feet, picked up a plastic torch and walked downstairs to find the source of the noise that had woken him in the night. It had come from one of the usual places, Room Eight, a small exhibition space at the back of the building. A flash of light showed him all he needed to see, and he went down to the desk by the main entrance. He picked up the telephone, and dialled.

'Yes?' came a man's voice after two rings, sprightly for so early in the morning.

'This is the museum.'

'Oh dear,' said the voice. 'Not bad news, I hope?'

'Yes. Bad news.'

'How awful.' There was a sigh. 'Could you tell me,

purely for medical reasons, if the prospective patient is male or female?’

‘Female.’

‘The poor lady.’ He sighed again. ‘I shall arrive at your back door in thirteen minutes.’

The old man used these thirteen minutes to return to his rooms and change from his nightshirt and nightcap into pressed black trousers, a black jacket, a brilliant white shirt and a black tie. His shoes shone a perfect black. He wore the same outfit every day, and he would often be mistaken for an undertaker. He almost never left the building, but when he did he found he was treated with misdirected deference, which suited him because nobody ever knew quite what to say, and he was able to avoid the vapid conversation that he found such a distasteful part of everyday life.

He stood beside the fire exit door to the rear of the building. There had never been a fire, and apart from the occasional delivery of a bulky exhibit it was used only for these visits from the doctor. The old man followed the seconds on his watch, and the knock came precisely on time. He opened the door and the doctor entered, his profession signalled by the black port-manteau in his hand and the stethoscope around his neck. He looked healthy, and his hair was thick for a man in middle age, though the dark brown was flecked with strands of white. He gave his usual sympathetic smile.

‘I fear, Herr Schmidt,’ he said, ‘that once again we are too late.’

They walked upstairs to the scene of the incident. At the doorway the old man switched on the light and stood aside for the doctor to pass before following him in. A chair, the source of the noise that had woken him, had been kicked aside and lay upended on the floor. The woman’s body hung absolutely still, her feet several inches above the floorboards. The pipe to which she had attached the rope remained in place.

‘Oh dear,’ sighed the doctor, his voice low as he assessed the familiar sight. ‘Still,’ he said, a trace of lightness returning to his tone, ‘what’s done is done. Let us begin.’

The old man left the room, and returned with a step-ladder. Quite used to the procedure, neither of them felt the need to speak. The doctor reached into his portmanteau for a folding serrated knife, which he handed to the old man, the taller of the two, who stepped up and started sawing through the rope at the point where the knot met the pipe. As fibres snowed down, the doctor delivered his post mortem.

‘Interesting,’ he said. ‘Slow strangulation. Evidently she did not allow herself an adequate drop.’ He picked up the chair she had kicked away, and nodded as his hypothesis was confirmed: her heels were not much lower than the seat. ‘Just as I thought,’ he said. ‘She should have jumped from that table.’ He pointed. ‘It’s higher.’

The woman's head was level with his. He took it in his hands and moved it from side to side. 'The neck doesn't appear to be broken,' he said, 'and judging by these fingernail marks on the throat it would seem that the unfortunate lady remained conscious for some time, trying quite desperately to save herself.' The old man stopped sawing for a moment to look at the scratches. He looked at her hands too. Her fingers were streaked with dry blood, and marked with burns from the rope. The doctor carried on. 'She would have fought for some time, maybe for as long as half an hour, realising all the time the terrible mistake she had made.' He sighed. 'What a shame that nobody heard a thing, that this poor creature could not have been rescued from her wrong turning.'

Neither of them had known this to happen before: whenever a visitor had chosen this manner of exit the doctor had found no evidence of a struggle. The well-executed incidents had resulted in a broken neck and instant death, and the less well-planned ones, with their insufficient drops or incorrectly positioned nooses, had apparently caused the person to black out as they fell, and they would hang, insensible, until the end.

His post mortem complete, the doctor stood aside as the final strands gave way and the body thumped to the floor. He removed the noose from the woman's neck, and pushed her tongue back into her mouth. 'Let's be absolutely sure,' he said, and listened for a while with his stethoscope before shaking his head.

They stood together, looking down at her. She had been around thirty, and was dressed in jeans and a thin, green jacket. The old man had seen her arrive, but he had not seen her leave. He paid as little attention as possible to the museum's visitors, but he had noticed a hunted look about her eyes, and had not been surprised to see her again. He said nothing.

'We must do this quickly,' said the doctor. 'After all, I am a busy general practitioner and I have not yet eaten my breakfast and, as any doctor will tell you, breakfast is the most important meal of the day.'

The old man felt no need to say anything, and assumed his established role in the removal of the body, leaning over to grab it by the wrists. The doctor lifted the ankles, and they made their way down to the back door. When they got there the doctor dropped his end, pushed the bar and peered into the alley. There was nobody around, so he darted out and opened the rear door of his large saloon car, which he had backed up close to the building. He raced back inside. 'Now,' he whispered. Together they hauled the body into the car. The doctor slammed it shut, and hurried round to the driver's seat. Without a word he got in and drove away.

The old man pulled the fire exit door closed and made his way up to Room Eight. He put the steps back in their cupboard, and the chair in its place in the corner, checking it for damage as he did. None was noticeable. He pulled a handkerchief from his pocket and wiped the seat. Very occasionally he would

sit there, and he didn't want any muck from the woman's shoes ending up on his trousers.

Crouching, his knees stiff, he used his hands to wipe the sawn fibres into a pile, and wrapped them in the handkerchief. He picked up both lengths of rope, and had a final look around. He noticed her handbag was on the floor behind the display board. He picked it up, then went upstairs and dropped the pieces of rope into the kitchen bin. It had all been quite straightforward; he and the doctor had known these incidents to be a lot messier than this one. The cuffs of his brilliant white shirt remained spotless as he measured a fresh length from the coil of rope he kept under the sink, cut it, and tied an immaculate noose to replace the one the woman had taken from the display in the *Popular Methods* room. He wondered how long it would be before he was to find himself cutting yet another length of rope. A moment later he stopped wondering. It meant so little to him. It would happen when it happened.