

THE GIRL IN THE WOODS

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Excerpt 1

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From Sylvia Critchlow's notebooks

The point at which I'm going to start this account is that which was, for me, the first sign of something unusual going on. This was September, 1944.

Being the village doctor I've had the misfortune to experience a depth of involvement in and an understanding of this awful business that few others have gained. That I was more involved than most was true even at the start – I was one of the first people to begin playing a role in this dark chapter, other than the first victim himself and his family.

That victim's name was Peter Matthews. He was 16, a pleasant lad whose family I knew quite well. They lived in the village, right next door to the Hare and Hounds. His father was stationed in Burma, though not in the front line.

Peter was bright and did well at school. At least that had been the case. Peter had changed. He had become dull-witted, unfocused, distracted. His behaviour had deteriorated, becoming erratic and, at times, irrational.

His mother and grandmother first brought him to visit me, I see from my records, on September 21st.

I remember them walking into my office so clearly, because the first thing the boy said was, "Why is it misty in here?"

I'm not sure why, but I felt in that moment (as an instinct, not anything scientific) that I had just witnessed the first indication of something profoundly outlandish about to unfold. As it turns out I've never had a more accurate hunch in my life.

It wasn't just the peculiar things Peter was saying. It was the expression in his eyes. 'Faraway look' doesn't even begin to cover it. He looked utterly lost. His face was a desolate territory. It was the most disconcerting thing. That clever, amiable boy I had known was gone.

I welcomed them all in, and motioned them to sit, pulling in a third chair from an adjoining room, which the boy then bumped into before managing to sit down in it.

"We're very worried about Peter," his mother began without any preamble. "He's not himself. He's behaving very strangely. Very restless. He can't sit still. Can't concentrate. Talks...well, gibberish, at times." She cast her eye over her son as he sat next to her, fidgeting in his chair, his eyes roaming but not seeming to focus on anything that was in front of him. "He's very difficult to get through to," Mrs Matthews went on. "He takes no notice of us, he's disobedient, wandering off, always wanting to be out of the house. He's doing so badly at school, and they keep sending him home, or he just walks out and wanders off."

"How long has he been like this?" I asked.

"Not long. About a fortnight. We were hoping it was just a little phase he was going through but..."

"And before that. Any sign that things weren't right?" I asked.

"No. He was just his normal self, well, you know Peter – a lovely boy, cheerful," Mrs Matthews said, her mother nodding in grave agreement next to her.

"Go now?" Peter muttered distractedly.

"No, we're talking to Dr Critchlow aren't we?" his mother replied. "Just sit quietly."

“So two weeks ago, all fine, and all this has happened in that short time?” I asked, surprised by the apparent swiftness of change in the boy.

“Yes Doctor.”

“Did anything happen that might have triggered the change?”

At this enquiry, Mrs Matthews and her mother exchanged a grimly significant look, then fell into what I could only interpret as embarrassed silence.

“It’s better if you tell me everything,” I prompted with what I hoped was a reassuring smile. It wasn’t easy to muster – I must admit the boy and his demeanour were making me very uneasy.

“Yes, but...” Mrs Matthews began, then looked at her mother again, saying, “Do you think it would be better if...”

Her mother understood and nodded. Leaning forward, she called, “Peter, do you want to go and get some fresh air?”

The boy didn’t respond, moving his head to and fro, his eyes fixed on nothing. It took her another two attempts, with increasing volume, to get his attention. I looked on, perturbed. I’d never seen anything quite like this before.

Peter agreed to leave the office and I watched him exit behind his grandmother, bumping clumsily into the doorframe as he went.

Once the door was closed I said, “So Mrs Matthews, what’s been going on with young Peter?”

That look of shame was back on her face, her eyes downcast. “Well, he’s... The trigger, as you say, for all this was...He’s been carrying on with a girl.”

“A girl?” I echoed, surprised. Surely there was more to this than teenage lovesickness.

“Yes...This young floozy. He met her out walking. Came home all full of the joys of spring. It was quite touching at first but then all this started.”

“Anyone I might know?”

“She’s not from around here. She arrived about a month ago. She’s got a funny accent, American or Irish or something.”

“You’ve met her?”

“No. Not many people have seen her, she never comes into the village. At first I thought Peter might even be making her up, but one or two other local boys have seen her as well. One of his friends told me she’s a real beauty and a couple of years older than them, and they’re all in love with her, but she’s chosen Peter.”

“Perhaps her family’s on the register. We could get them in for a chat if they’re willing,” I said opening a filing draw in my desk. “What’s her name?”

“Um, well, now you come to mention it, I’m not sure he’s ever said a name.”

“Not to worry,” I said closing the drawer.

“According to Peter she doesn’t live with her parents. It’s just her and her brother and they live right out in the sticks somewhere. Peter’s friend says he reckons they might even be roughing it.”

I frowned. “Of no fixed abode sort of thing?”

“Yes.”

“I see. I didn’t know about this.”

“Not many people do. They keep to themselves. No-one’s even seen this brother of hers. And I think she’s sort of running wild, doing...well, whatever she pleases.” Mrs Matthews placed a particular emphasis on these last words and I caught her intimation.

“So you think she and Peter...”

She nodded, her cheeks flushing. “She’s led him astray,” she said, her voice almost a whisper.

I thought that if I knew anything about teenage boys he probably hadn’t needed much leading, but of course I didn’t say so. Instead I asked, “Are you quite sure about this, Mrs Matthews?”

She nodded slowly, with an expression of distaste. “He told me,” she said. “He was *proud* of it. I mean he could be making it up, but why brag about that to your own mother?” She looked as if she felt quite sick.

“Yes, well I think, unfortunately, we must assume he’s telling the truth if he -”

“She’s a little slut!” Mrs Matthews broke in quite unexpectedly. “It happened after just a couple of days of him meeting her! And that’s when all this business really started. That’s when he started to act peculiar. He became so obsessed with her he couldn’t think about anything else, constantly trying to go off and find her. It’s her fault!”

I nodded, wondering if it were possible that Peter had had some deep-seated psycho-sexual neurosis that being with the girl had triggered in him. I’m no psychologist however, and I knew this was already straying beyond areas I could offer an opinion on. I thought about a colleague at the hospital in Beckenham I might telephone. “It sounds as though we might need the help of a specialist on this,” I said. I avoided using any ‘psych’ words - they tend to create alarm and resistance in relatives, I find. But Mrs Matthews knew what I meant.

“You mean a head doctor,” she said.

“Yes, but it’s nothing to be alarmed about.”

“Oh dear, I don’t know, Doctor, there’s more to it than just his behaviour.”

“Oh?”

Mrs Matthews nodded then lowered her head and I thought she was about to cry. “We think...We think he’s going blind, and deaf.”

I thought about the way the boy had bumped into the chair and the doorframe, and the effort it had taken to get him to listen to his grandmother. At the time I had assumed this had been to do with the unsettling detachment he was displaying. “Right,” I said. “What have you observed?”

His mother went on, her voice unsteady: “He sometimes doesn’t seem to see what’s right in front of him. And he keeps seeing mist everywhere. It’s ever so peculiar. He keeps asking me where it’s coming from. Of course there’s never anything there.”

“I see,” I replied and fell silent. Mrs Matthews was, quite rightly, expecting rather more from me, but I felt so very uneasy. I kept seeing the look in the boy’s eyes.

“Could that be down to something wrong with his eyesight? The mist I mean,” she prompted.

I re-gathered myself. “Er, it could be - is it all the time?”

“It seems to come and go,” she answered.

“All right. And you think there might also be something wrong with his hearing.”

“Yes, well you saw how much trouble we had earlier. It’s often like that. But then other times he picks up on the tiniest noise in the distance.”

I made some notes but in truth I was completely perplexed and beginning to feel somewhat out of my depth. “All right,” I said. “Well I’d like to examine Peter

now, perhaps do a few simple tests. Would you send him in on his own please, if you don't mind?"

"Yes, of course," Mrs Matthews agreed then, as she stood up, asked, "Do you think you'll be able to help him, Doctor? He's getting worse by the day. I dread to think..." she left the sentence unfinished.

"We'll do our very best, Mrs Matthews," I said, the well-practiced phrase rolling easily off my tongue. "We need to get to the bottom of what's going on first. Please send him back in."

The unfortunate woman mumbled her assent and left my office. A few moments later the door opened again and she guided Peter carefully in. I got him sat back in a chair close to my desk then ushered his mother back out, closing the door behind her. Now, standing behind the boy, I picked up my heavy medical dictionary from a shelf and dropped it quite deliberately onto a metal trolley with my blood pressure cuff and some other things on it. Peter started slightly at the noise, but not as much as I might have expected and with a perceptible delay. It was very odd – it was as if the stimuli of the world were reaching him only through some sort of impediment.

"Peter," I said very quietly. There was a little shift in the angle of his head, but that could have been part of his general restless movements. I repeated his name a little louder. I got no definite response. "Peter!" I shouted. Barely a twitch. For some reason I felt he was hearing the words but just not registering them. That's not a very medical opinion, I chided myself and retrieved my otoscope from the trolley.

"Peter, I'm going to look inside your ears," I informed him.

He didn't respond in any way.

Moving in front of him I showed him the otoscope. "Have you seen one of these before?" I said.

He looked at it and nodded. That seemed a fairly normal response.

"I'm going to use it to look inside your ear. Quite painless but it might feel a bit cold."

He gave the slightest nod of agreement. I moved to his side, tipped his head slightly and inserted the instrument.

As I did so, he said, "*She* felt cold."

I was brought up short by this but tried not to react. Endeavouring to sound casual, I asked. "Oh, who did?"

"The girl," he replied.

"Which girl is this?"

"You know," he said. "You know."

"Do I? What's her name?"

"She ain't got no name."

"Everyone's got a name, Peter," I said.

"She felt cold, when I put my prick inside her," he informed me matter-of-factly.

It took quite an act of will not to betray my shock at such a frank admission from this boy, who had been so polite and well mannered before (even though I was quite sure *that* Peter was lost, perhaps for good). But I knew from having seen psychiatric colleagues at work that one must not react but ask questions that will encourage the patient to open up.

“I see,” I said, internally thrashing about for what to say next. Eventually I came out with, “And when you were...with her, how did you feel?”

Peter thought for a moment. “It was like walking through heaven,” he said.

In its own way, this poetic little phrase took me aback as much as his coarse confession had. I floundered again, peering into his inner ear, which looked perfectly healthy. I stood up, walked round to his other side and applied the instrument again. “You didn’t feel frightened or guilty or anything like that?”

“Timothy Nash is frightened of her,” he muttered. “I’m not.”

“Oh, and why is Timothy Nash frightened of her?” I asked, putting a face to this name after a moment’s brain wracking.

“He says she’s a devil.”

A chill ran down my back and I had to remind myself that all this was the speech of someone probably deranged. “And what does he mean by that?” I asked.

“A devil what puts curses on boys and men.”

This last phrase, though disturbing, was like a flash of light. I removed the otoscope from his other, perfectly healthy ear and stood up straight. “And do you think she’s put a curse on you, Peter?” I asked, sounding as off-hand as I could manage.

He sighed. “Oh yes,” he said, as if I was an imbecile for even asking. The boy turned to me. What happened next I’ll never forget.

He smiled at me. It was a smile to stop the blood in your veins. It was the bestial teeth-baring of an animal, or a rictus grin. It didn’t touch the eyes, eyes that offered an appalling glimpse of some bleak inner waste. Sometimes I still see that smile when I close my eyes and try (usually in vain) to sleep.

But the worst thing was what he said to me as he smiled. With that unearthly look on his face, that cruelly still possessed some of the almost angelic qualities of the little boy I had watched growing up for so many years, Peter Matthews told me, “She *has* cursed me. But I like it.”

This is a delusion, I told myself. A hysteria. This is the heart of the matter! I felt a sort of elation at having, as it were, cracked the case, but the brightness of that revelation was far over-shadowed by the colossal dread I now felt growing inside me at the boy’s words. Come on, you’re a physician! I told myself. What use are you if you succumb to the same hysteria as the patient?

But something deep within me, something older than medicine or science I suppose, was answering to what I was hearing in a way I found very hard to deny. You see the dreadful intuition was there right from the start. How long it was before I really started to listen to it, to believe in it, I’m not sure; perhaps writing all this down will crystallize that moment, perhaps it won’t. But the instinctual feeling was there from this very first consultation.

And my next question perhaps betrayed the pre-eminence of that primitive sense: “Has she cursed anyone else?”

He looked away and didn’t answer, his hands folding and unfolding restlessly in his lap.

He doesn’t know, I surmised. Then I corrected myself: no! there is no curse to know about. But hysteria can spread, so that *was* a valid question. “Peter,” I prompted him.

He looked about himself distractedly and said, “Where’s all this mist coming from? Is the window open?”

“No, Peter. The window is shut tight,” I replied.

“I can’t see it,” he muttered.

I persisted with more questioning about the girl and the curse, but it was as if to him I was now whispering at the end of a long corridor, and I felt I probably wasn’t going to get any more coherent exchanges with him.

I carried out some other tests: pulled down the sight chart, asked him to read from the page of a book, checked reflexes, examined his eyes as best I could. When I asked him to follow a finger with his eyes, I noticed my finger was trembling.

It was all rather inconclusive, and I suppose I rushed things a bit because, quite honestly, I just wanted the boy out of my office as soon as possible.

Anyway, I felt I had got to the bottom of things. This business of the curse was the key. The outward symptoms I believed to be all psychological, although I was still considering referring Peter for thorough sight and hearing tests to rule out any physical problems.

I called his mother back in and sent Peter out to wait with his grandmother.

“Mrs Matthews,” I began when she had sat down, “has Peter said much to you about what the girl might have done to him.”

“What do you mean?” she asked.

“Did he talk about a curse or anything like that.”

“A curse?” She frowned deeply. “Well, I know there’s been some silly talk about the girl in that way, but of course I just ignored it.”

I paused to find the right words then said, “Unfortunately, I think Peter may have taken it all rather seriously. I think he really believes that he has been cursed. He told me as much.”

The lines around Mrs Matthews’ eyes multiplied again and she looked affronted. “Peter doesn’t believe in such things, he’s a clever boy, he’d know it was just talk.”

“You’d be surprised what people can believe in a vulnerable state of mind - sensible, clear thinking people. It’s called hysteria. There have been cases I’ve heard of where people start to believe quite irrational things about other people, particularly strangers, and particularly at times of trouble. These things can take hold, even in this day and age.”

My attempted explanation only riled Peter’s mother still further. “What, do you think we’re simple country types here? Anyone who’s not from London is backward, is that what you think?”

This wasn’t the first time I’d come across this attitude about my coming from London. The difficulties of being a woman doctor, even at a time when women’s roles in society were transforming at a pace hitherto unseen, I have always expected and learnt to deal with. But this anti-London bias I had never anticipated and can’t understand in a community that is an easy drive from the capital. It serves to show how isolated the parish is in many ways, ways beyond its geography.

“I can assure you I meant nothing of the kind!” I said firmly. “I have only Peter’s best interests at heart, as do you, and comments of that sort are not very helpful, are they now?”

She looked sheepish and apologised. My authority reasserted, I went on: “I’m not saying that, in his right mind, Peter would believe such nonsense for a

moment! But I'm afraid he is delusional, in a state of hysteria and I'm quite sure this idea of a curse is at the root of it."

Mrs Matthews was nodding but her eyes were full of doubt. Deferential she might be, but skeptical too.

"I'm going to ask an expert in this sort of thing to see Peter," I went on regardless. "Now I don't want you to be frightened by this. No-one is saying Peter is mad, and there is no shame in being seen by a doctor of this type. He's one of the best I know of and he'll be able to investigate the whole thing. All he will do is talk to Peter, find out what's wrong and possibly prescribe some medicine for him. Quite straightforward."

"I'm not sure we'd be able to afford him," Mrs Matthews said.

"Well now, we'll come to that," I reassured her. "The hospital falls under the LCC, and even though Eversley doesn't, we're close enough that sometimes we can get special dispensation. I'll look into it but anyway I would urge you to find a way to have Peter seen. Are there other relatives who might be able to help out with the fees if need be?"

"Perhaps," she said touching her brow fretfully. "But what about his eyes and ears?"

"I could find nothing medically wrong with him," I informed her. "I'm sorry to say this to you Mrs Matthews, but I think it's all in his mind."

She shook her head and muttered her disagreement.

"You said yourself, sometimes he hears the faintest sound and other times you can barely rouse him," I pointed out. "Deafness and blindness don't come and go in that way, however, I *will* refer him for further tests to rule out a physical problem. You may not have to pay, depending on your contributions. And a visit to the local optician would be a good idea."

Peter's mother looked a little happier at that.

"Try not to worry," I said – another automatic phrase that came easily. I wondered if I would be able to take my own advice: the oppression I had felt before had lifted now the boy was out of the room but the shadow of his words had retreated only slightly.

"There are some forms to fill in," I went on, opening a desk drawer, then looking up suddenly – there was a commotion out in the waiting room. We exchanged an alarmed look then hurriedly went to the door.

In the waiting room, Peter's grandmother was hobbling towards the surgery door and yelling his name. He was nowhere to be seen – after a struggle he'd got away from her and gone off to find his girl.

Luckily, he didn't get far on that occasion, the impairment to his senses hindering him so much that he was easily apprehended by a couple of the men of the village, who found him feeling his way along a fence on Bower Lane.

The boy complied and was led back home, but Mrs Matthews told me despondently that, come the small hours, he'd probably make a bid again; she and her mother had taken to keeping vigil through the nighttime hours.

Once we had him safely back at their house, I returned to the surgery where I had patients waiting, and tried to shake off the feeling that something dark was waiting around every corner.