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Bryson City Tales

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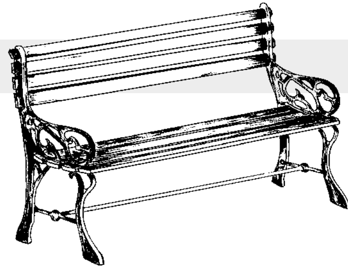
chapter one



The Murder

They didn't tell me about this in medical school. And they sure didn't prepare me for this in my family medicine residency. Of course, like all well-trained family physicians, I knew how to provide for the majority of the medical needs of my patients in hospitals and nursing homes. Naturally I had been taught the basics of how to practice medicine in the office setting. But I was quickly discovering that physicians who headed into the rural counties of the Smoky Mountains in the third quarter of the twentieth century needed to know much more than these basics.

I don't remember any school or residency lessons on the peculiar calls I would receive from national park rangers telling of a medical emergency in the Great Smoky Mountains National Park. "Wilderness medicine," at least when I first started practice, was not in my black bag.

I don't remember any preparation for the unique medical emergencies faced by the Swain County Rescue Squad. Search-and-rescue medicine wasn't in my repertoire either, nor were the

river rescues I would be involved with on the county's four rivers—the Tuckaseigee, the Nantahala, the Oconaluftee, and the Little Tennessee. And I know for certain that I had no training in caring for animals or livestock—but, sure enough, those calls were also to come to a family physician in the Smoky Mountains.

Although my formal education had not prepared me for these types of medicine, when the need arose to learn and practice them, I felt up to the challenge. Although I was often perplexed by some of the unique aspects of practicing medicine in a rural—and, I first thought, somewhat backward—community, I didn't find the demands particularly distressing. My first murder case, however, was a different story.

I had just moved a month before, with my wife, Barb, and our nearly-three-year-old daughter, Kate, from my residency in family medicine at the Duke University Medical Center in Durham, North Carolina, to Swain County, in the heart of the Great Smoky Mountains. The county had only 8,000 residents, but occupied over 550 square miles. However, the federal government owned 86 percent of the land—and much of it was wilderness. Over 40 percent of the Great Smoky Mountains National Park is contained within the borders of Swain County, which is also home to the eastern band of the Cherokee Indians, to one of the more southern sections of the Appalachian Trail, and to the beginning of the Blue Ridge Parkway.

The doctors in the county seat—the small town of Bryson City, North Carolina—rotated the on-call assignment. When we were on call, we were responsible for a twenty-four-hour period of time, from 7:00 A.M. to 7:00 A.M. We were on call for all of the patients in Swain County General Hospital's forty beds, the Mountain View Manor Nursing Home, the Bryson City and Swain County jails, and the hospital emergency room. We also provided surgical backup for the physicians in nearby Robbinsville, which had no hospital, and for the physicians at the Cherokee Indian Hospital, located about ten miles away in Cherokee, which had a hospital but no surgeons. While on call, we were also required to serve as the county coroner.

Since pathology-trained coroners lived only in the larger towns, the nonpathologist physicians in the rural villages often became certified as coroners. We were not expected to do autopsies—only pathologists were trained to perform these—but we were expected to provide all of the nonautopsy responsibilities required of a medical examiner.

Having obtained my training and certification as a coroner while still in my family medicine residency, I knew the basics of determining the time and cause of death, gathering medical evidence, and filling out the copious triplicate forms from the state. Not sure that I was adequately prepared, but proud to be the holder of a fancy state-provided certificate of competence anyway, I thought I was ready to begin practice in Bryson City—ready to join my colleagues as an inexperienced family physician as well as a neophyte medical examiner. It was not long after our arrival that I was required to put my new forensic skills to work.

I had finished a fairly busy evening in the emergency room—my first night on call in my first week of private practice in this tiny Smoky Mountain town—and, after seeing what I thought would be the evening's last patient, I crossed the street to our home, hoping for a quiet night and some much-needed sleep. Sometime between sleep and sunrise, the shrill ring of the phone snatched me from my slumber.

"Dr. Larimore," barked an official voice. "This is Deputy Rogers of the Swain County Sheriff's Department. We're at the site of an apparent homicide and need the coroner up here. I've been notified that you are the coroner on call. Is that correct, sir?"

"Ten-four," I replied, in my most official coroner-type voice.

"Then, sir, we need you up at the Watkins place. Stat, sir."

"Ten-four." Boy, did I ever feel official and important as I placed the phone in its cradle.

I rolled over to inform Barb of the advent of my first coroner's case. She didn't even wake up. Nevertheless, I sat upright on the edge of the bed, beginning to feel the adrenaline rush of my first big professional adventure, when I suddenly moaned to

myself and fell back into the bed. *Where in the world is the Watkins place?* I thought to myself. I hadn't a clue. But I knew who would—Millie the dispatcher.

I hadn't yet met Millie face-to-face, but already I felt I knew her after only a short time in town. Every doctor knew Millie, and she knew everything about every doctor—where they would be and what they would be doing at almost any time of any day. Equally important to me was that Millie knew where everyone's "place" was.

So I phoned dispatch. She answered quickly and barked, almost with a snarl, "Swain County Dispatch. What you want?"

"Millie, this is Dr. Larimore."

There was a long pause, then a condescending, "Yes, I know."

I'd heard the older doctors refer to Millie's "always courteous" and "helpful" demeanor. *What was up with the dispatcher tonight?* I wondered.

"Millie, where is the Watkins place?"

A big sigh was followed by a clipped statement of the obvious: "Son, it's the scene of a crime tonight."

Now I was feeling myself getting a bit impatient. "Right . . . Millie, I need to get up there."

There was another long pause, then another condescending, "Yes, I know."

I was quiet for a moment, then, almost pleading—in fact, begging—I said, "Millie, I need to know how to *get* there!"

Millie sighed again and—almost reluctantly, it seemed—gave me directions to the Watkins place.

A fifteen-minute drive from our home—smack-dab on the top of Hospital Hill—down winding mountain roads brought the on-call coroner to the scene of the crime. It wasn't hard to find, with police and sheriff cars—their red lights blazing in the cool mountain air—gathered around a small frame house, bathing it in the whitewash of headlights. The border of the lawn—a small picket fence—was already surrounded with yellow crime-scene tape.

I parked outside the ring of official vehicles and quickly walked up to the house. It looked so small, so innocent, and so all-American. Deputy Rogers met me at the tape to lift it up and issue a warning: "Doc, it's pretty gruesome in there."

Obviously, I thought, *you don't understand that I am a trained professional.* As would soon become painfully clear, I didn't have a clue what I was about to walk into.

The sheriff met me at the door and shook my hand. This was our first meeting. A tall, bulky man, he looked more like an NFL linebacker than my preconceived idea of a small-county sheriff.

"Pleased to meet you, son. This your first case?"

"Yes, sir. It sure is."

He motioned to the yard, and we walked out several feet to speak in confidence. He reached into his shirt pocket to pull out a pack of cigarettes. Partially shaking out a couple, he offered me one.

"No thanks, Sheriff."

He put one to his lips, lit it, and took a long drag.

"Son, it isn't pretty in there. There was a woman and her daughter a visitin' the man who owns the home. I'm not sure why. They was in the bedroom sittin' on the bed. Apparently there was another man that come up to visit. He wasn't expected or welcome. Apparently the entire crew had been drinkin' a bit."

I was to come to learn that "drinkin' a bit" meant they were soused.

He went on. "Anyways, an argument commenced and apparently the fella that lived here grabbed a loaded shotgun out of his closet. The two fellas began to tussle a bit. The gun went off. So did the head of one of the fellas."

He paused for a moment, for effect and for another long drag. For the first time he looked at me, eyeball-to-eyeball.

"Son, all I need you to certify is that this fella is dead and the cause of death. Then we'll ship the body over to the morgue in Sylva. The pathologist will do the autopsy tomorrow."

"No problem, Sheriff."

He crushed out the half-smoked cigarette and then turned to return to the house. I followed.

We entered a living room that couldn't have been more than ten by fourteen feet. There was barely room for a small TV, a small sofa and chair, and a small table. To the left, a doorway led to a small kitchen. To the right was a doorway to a small bedroom—maybe eight by ten feet in size. Most of the space was occupied by a twin bed. Just to the side of the bed was a body. The boot-clad feet were lying together, the toes pointing up. The blue jeans and the plaid shirt looked quietly peaceful. However, there was nothing above the shirt. In fact, the shirt *ended at the wall*—almost as though the head were stuck in a hole in the wall.

The wall. It was then that I noticed that the walls were an unusual color and texture. The nausea and near-wretch overwhelmed me as the shock of what I was seeing registered in my mind. Plastered on the walls and the ceiling and the bed and the floor were thousands of globs of brain and skull and scalp and hair. Only a small section of the bed was clean.

The sheriff, as though reading my thoughts, commented, "The girls were sittin' on the bed. They was covered with brains and blood when we got here. The clean spot on the bed was where they was sittin'. One of my lady detectives has taken them over to the safe house in Sylva. They'll be seein' the victim's advocate right away."

A combination of shakes, cold sweats, and the sure feeling of an approaching faint now replaced the rush of nausea. I backed out of the bedroom and sat on the sofa in the living room.

The sheriff followed me into the living room. "Don't feel bad, son," he said, trying to comfort me. "I felt the same way the first time I seen a murder like this."

"Oh, I feel just fine," I moaned. "I'm just sitting here to reconstruct the events of the crime." The sheriff was experienced and kind enough to allow my delusion to remain intact. He patted me on the back as he turned to walk out of the house. "Deputy Rogers is here to help you with anything you need," he said.

After a few minutes the nausea and weakness passed. "Deputy, let's go to work."

Alongside the investigating detective I supervised the examination of the room, the collection of evidence, and the police photographer. We then moved the body away from the wall. It was still warm and soft—no evidence of stiffness, no coldness. This killing was fresh.

The neck seemed normal but was only connected to a small piece of the back and base of the skull. The inside of the skull—what little was left—was strangely beautiful, glistening white, still moist and warm. There was nothing left of the head. The shock and nausea had receded, and now my training and limited experience took over as I, almost mechanically, finished the evidence collection.

As soon as I had all the information I needed, I jumped into my car and headed away from the scene. I fought to focus my mind on the medical data and to shut out my emotional reactions to the horror. So often in residency we had to stuff our emotions deep into our subconscious—there to lie hidden, not talked about, not explored, not released.

I thought, *This isn't the medical center—this is a little town—now my home. These folks—the victim and the survivors—I don't know them, but in a sense they are my new neighbors.* I thought of the woman and her daughter. *Who are they? Will they be OK? Will they—can they—ever recover from witnessing such a horrible tragedy? Will* I *ever recover?*

My mind was a swirling cacophony of emotions. Suddenly I felt a strange sensation on my cheeks—my own tears. I pulled off the road, turned off the engine, and lay my forehead on the steering wheel. Three years of residency—of learning to be a doctor—with all of its anxiety and failure and repressed emotion erupted out of its repose like the deep waters of a dam that had just burst. I sobbed and sobbed. After a bit, I collected myself and blew my nose. I found myself wondering, *Who am I crying for? Myself, or for this senseless tragedy? Maybe both,* I thought.

I heard a noise and turned to see the hearse, followed by Deputy Rogers in his squad car, drive by me and down the hill—probably heading toward Moody Funeral Home. After the cars drove by, my eyes were drawn to what appeared to be, in the half-moon's light, a football field—and beyond it, a cemetery. *What an unusual combination,* I thought. In a sense, one represented my past. Then I felt goose bumps on my arms as I realized that the other represented my future. I was between the two. *What would be said,* I wondered, *when life ended for me? What would my tombstone say?*

I had no idea what my future in this small town might hold. I again bowed my head onto the steering wheel. *Father in heaven,* I prayed silently, haltingly, and confusedly. I continued, *Thank you for the skills and training you have given me. Guide my use of them, and grant me your wisdom. I don't want my life to end like this man's did tonight. I want my life to mean something. I ask you to use me. I ask for your peace.*

I felt suddenly refreshed—strangely peaceful. I smiled at the cemetery. *Not just yet*, I said silently to the rolling knoll of tombstones. *Not just yet!*

I started the car and headed back toward Hospital Hill. When I arrived at the house, I walked around back and sat down on the wrought-iron bench just outside our back door. The view was stunning—looking up the Deep Creek Valley and into the Great Smoky Mountains National Park. I filled my lungs with the crisp fall mountain air.

I thought about my decision to move to the Smoky Mountains to practice medicine. *What were you thinking when you accepted a position in this little town? Was it these mountains?* The second thoughts and self-doubt that plague every young physician flooded my mind. *Am I just a do-gooder? Am I trying to be some sort of Brother Teresa? Was I wrong to bring my pregnant wife and young child to these rural mountains? Some of the local doctors don't really want me here anyway. Should I just leave? Have I made the worst mistake of my life?*

There were no answers that night. But as I sat there looking out over the mountains—which had been viewed by several generations of Smoky Mountain physicians before me—a fragile sense of peace came over me. *No,* I thought. *This is where I'm supposed to be. At least for now.*

The wind was picking up, and I began to feel chilled. I got up off the bench to go inside. I scrubbed my hands and face and then crawled into bed. As I wrapped my trembling arms around my sleeping wife, Barb didn't stir. After four years of medical school and three years of residency, she was used to me leaving at night, sometimes several times a night, to respond to emergencies at the hospital. She slept well that night. I did not.

Here I was in a warm and safe home, with a precious daughter and incredible wife. I was in an amazing profession in a stunningly beautiful location. But the self-doubts had come crawling into the house with me. *Was this all a mistake?* I thought again. *One big mistake?*