Thoughts from Gross Anatomy

The day she visited the dissecting room
They had four men laid out, black as burnt turkey,
Already half unstrung. A vinegary fume
Of the death vats clung to them. . .
She could scarcely make out anything
In that rubble of skull plates and old leather.
A sallow piece of string held it together.

Sylvia Plath, *Two Views of a Cadaver Room*

The words sat so unremarkably on the page: "The cadaver should be transected between T12 and L1." Straightforward. Direct—like directions for heating a frozen dinner. I had been quite pressed for time that day, as anyone who recalls their first year of medical school will probably appreciate, so I had not read the dissection procedures before coming to lab. I could not believe that such a remarkable event would be presented so unassumingly. I turned to one of my anatomy partners and, pointing to the passage on the rather stained, well-worn page, inquired, "You don't think they actually mean. . . ."

She nodded gravely. "Yes. Cut her in half."

We had been dissecting for almost 8 weeks, having completed our exploration of the thorax and abdomen, and we had all grown quite comfortable with the experience of dissecting a fellow human being. Growing up with a grandfather, father, and four uncles who are physicians, a course in Human Anatomy was an experience I somehow always knew I would have—an experience I welcomed. "There's always some clown who just has to play jump-rope with a length of small bowel," my father had warned me. But in our 2 months of dissection, I had never seen my classmates exhibit anything but great respect for their cadavers. Indeed, how grateful we all were to these people for granting us such a profound gift, enabling an educational opportunity that would last us our entire careers. Yet as I looked about the lab at my classmates removing their saws and chisels from the drawers beneath the dissection tables, I felt that the entire dynamic of our first-year experience was about to change.

A classmate of mine approached from a table on the other side of the lab. She was visibly troubled. Putting her hand on my shoulder, she whispered, "Eric, I *cannot* do this. Think," she demanded, "think of the *sound* it's going to make." I did. I knew exactly what it would sound like: dissonance in the purest sense. I left the anatomy lab. I needed a moment alone to consider what I was about to do.

"Have you named her yet? Did you name your cadaver?" a friend had asked weeks earlier, after my first day of medical school. I had not anticipated how very curious all of my "civilian" friends would be about my anatomy course.

"Well, no," I replied, "I mean, I'm reasonably sure she already had a name, and it seems disrespectful to give her another."

"What was it like the first time you cut into her flesh?" another friend inquired.

"Disarming," I answered, reflecting on how much tougher the skin was than I had anticipated, how much work was required to make that first cut.

"Did you . . . did you actually hold her heart in your hands?" my 9-year-old cousin asked tentatively, "because that just seems . . . wrong."

For 8 weeks, dinner and phone conversations with all my "civilian" friends inevitably turned to anatomy. I often tried to change the subject, only to find myself confronted by "just how long is the small intestine?" or "what does cancer look like?" Anytime I met someone and told them I was a first-year medical student, their immediate response was, "What's Anatomy like?" Yet despite everyone's intense curiosity, I was amazed to see subtle changes in relationships with people I had known my whole life. My "civilian" friends and relatives began to treat me as someone who had seen something he was not supposed to see, something that was fundamentally forbidden.

Irving Stone, writing about Michelangelo's experiences in dissecting cadavers, offered that in performing the act, the artist was inherently changed with respect to his peers—transformed by "the happiness that arises out of knowledge, for now he knew about the most vital organ of the body, what it looked like, how it felt." A friend of mine summed it up quite eloquently: "You know what the difference is between doctors and everyone else? Doctors have seen what's on the other side of the bellybutton. So many of us spend our whole lives looking down at our bellybutton and thinking, What the heck is back there? Does it lead into my stomach? Is it connected to some sort of tube? Is there a tiny little knot tied in the back? We don't know! But you've seen what's back there. To have that demystified fundamentally changes you with respect to everyone else."

As I prepared myself to return to the anatomy lab, I contemplated whether sawing another human

being in half was a more profound demystification than I desired. Before starting medical school, I directed a documentary about the Cold War. During a tour of a government facility, I quite inadvertently wandered into a room filled with about a dozen nuclear warheads in various stages of disassembly. As I reentered the anatomy lab that day and was confronted with 30 transected bodies, I was so vividly reminded of that room filled with "transected" nuclear warheads. As striking and incongruous as the analogy may seem, it was the only other time I had been directly confronted by entities once so powerful, so significant, so functional, now rendered so profoundly impotent.

The act of human dissection may very well be the one event that distinguishes physicians from nonphysicians in a very real way. It is an experience that is remembered with varying degrees of fondness, and with emotions ranging from fascination to disgust. Indeed, the entire process is intensified by the trepidation we students experience in examining and then utterly dismantling our very first patient. Dissection of a fellow human being is not simply the solution to the great mystery of what lies behind the bellybutton, but it is an act so taboo that it is criminalized outside the medical context. There are some things in medicine for which one can never prepare—things to which one can never fundamentally grow accustomed: the birth of an anencephalic infant, overseeing the autopsy of a patient with whom one had been conversing only hours previously, and, perhaps, cutting a fellow human being in half. As I grasped the saw that day, I pondered what a strange and wondrous profession I was about to enter.

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