

Chapter 8. Meeting Fred



Anyone can stop a man's life, but no one his death; a thousand doors open on to it.
Seneca

Mornings were devoted to gross anatomy, held in a basement dissection room. White floor tiles swept halfway up the walls of the vast underground hall, starkly lit by bright overhead lights. The acrid formaldehyde smell emanating from cadavers rose overwhelmed—sweetness mixed with the smell of decay. Bodies in white coats in motion, pickled bodies lying prone, and articulated skeletons dangling from stands between the tables made for a macabre scene.

First-year students had twenty well-spaced dissecting tables at the front of the hall. Second-year students used the tables toward the back. Six students per cadaver formed a team, grouped by alphabet. My team members were all new to me, and I looked forward to working with them.

We sat around our cadaver. He was—or rather, had been—an elderly man, his body withered, shriveled skin. He lay naked on a glass-topped metal table, and in reverence, a white sheet covered his nude body. His head was wrapped in gauze to obscure his identity. His torso was exposed, while his legs were wrapped to maintain the moisture of the tissues. The colorless

body looked waxen and lacked the animation that evoked life and character. I christened him Fred.

On our first encounter with Fred, we were each lost in our thoughts. Seneca's essay "On the Shortness of Life" came to mind. Fred had once been a living, breathing person. I pondered life's transience, my fear of dying, the finality of death, and the reality of the cadaver lying in front of us. What had been his job, his lot? Had he striven and loved? Did he have a wife, lovers, or perhaps even children? Did he die alone, or was his family with him? Had they wept over his body? Had he been a soldier in WWII or a homeless bum? I saw no signs of surgical scars, no tattoos, and I wondered if he had died of a pulmonary embolus like my father. Was his death an agonizingly slow process? Did he put up a fight? Had he bargained with God, or did he go gentle into that good night?

My new colleagues, too, sat in silence, gaping at the corpse. We did not know each other well enough to share experiences of death or the dead. Memories of death passed fleetingly through my brain: hurrying through the morgue when I was three, holding Bakhita's hand as we went to play in the lush garden of the Greek Papaioannou Hospital; the view of a funeral cortege when I was four, a creeping horse-drawn carriage with the coffin visible through its etched-glass sides; and at five, hearing my grandmother's melancholic lullaby, "Tomorrow morning, if God wills/You'll awake once again." When I was eleven, I refused to view my father's body as he lay in his simple pine coffin. I was angry at his death and terrified that I too would die as punishment at fifty for what he saw as my failure to be a good son.

I stood up from the table, holding the dissection manual. My pulse raced, and my mouth was dry. I had never been in such proximity to a naked dead person. Jim, the anatomy technician, and his assistant, stopped at our table.

“Years ago, he signed papers donating his body to science,” he said. “He died about three years ago, almost four, at this hospital, and they brought the body here. We infused a formaldehyde solution into his veins and placed his body in a formaldehyde tank in the basement. We periodically rotated it to ensure uniform fixing of the tissues.”

We listened in silence. He scanned our faces, adding to reassure us, “In the twenty years I’ve worked here, no cadaver has ever been recognized.” He avoided using words like “pickled.” It was a dignified death, not a stolen corpse. I was thankful to Fred and wondered if, like him, I would have the courage to donate my body to science.

Staring at the naked chest, the wrapped arms and legs, the hollow abdomen, the circumcised penis shriveled between the top of his thighs, I learned my first medical lesson: disassociate emotion from fact. Suppress emotion. Bury feeling. Do not be sentimental nor register passion. Be numb to all stimuli.

“Think of him as a mannequin,” I said aloud to reassure and shield myself. Cautiously, I poked his skin. Unlike Magdalena’s, Kate’s, or Marie’s, whose flesh I had caressed and tasted, Fred’s was not warm or pleasantly moist. It was oily, cold, and tough, and it did not respond to my touch. Fred was indeed dead. And yet I sensed Fred’s soul hovering benevolently above us, allowing us to dismember him. He had sacrificed his body’s anatomical secrets so that we might learn. I took up the scalpel.

With my teammate, Jonathan Marrow, reading the anatomy instruction manual and the others watching, all the while I imagined my future as a surgeon, I made the first cut—a midline incision from the xiphoid notch at the top of the chest to the sternum above the stomach. The skin parted, revealing globules of bloodless yellow fat. This cut elevated my sense of being, my essence of control over a wound that would have inflicted pain—a sensation of self-empathy and

empowerment. Yet it felt strange, for it was the first and only cut I made on a dead person.

Surgeons deal with the living.

We started the first term with the chest and arms and moved to his abdomen and pelvis in the second term. We covered the intricacies of the head and neck in the third, and during the last term, we were to dissect Fred's legs and feet.

There was no escaping the smell of formaldehyde; it invaded our nostrils and hair, clung to our hands, permeated our clothes, and sank into our anatomy books. Each person and each group came to terms with the dead differently. Some students smoked to mask the formaldehyde smell. One group had to uncover the face and head to see the person. Another used the ear or the belly button as an ashtray—in contempt of death, they said, not the person. Jim quietly disdained such behavior, prohibiting the practice. I too disapproved. It smacked of an insult to the sanctity of life. Yet I never came to terms with death.

At the table, I read the dissection manual aloud as Jonathan dissected Fred's chest, his arms, hands, and skinny fingers—the other four students looked on. The intricate structure of the hand muscles fascinated me. In the chest, we observed the intercostal muscles, the diaphragm, the pleura—the lining of the lungs—blood vessels, heart chambers, and nerves. During the second term, I watched Jonathan dissect the abdomen—my favorite domain. I hoped that one day, I'd be operating in this realm; I eagerly touched the liver, stomach, guts, and the appendix, bringing to mind my own emergency appendectomy at age eleven, when I awoke from anesthesia to see a saline-filled glass bottle on the counter beside my bed containing my gangrenous appendix. I had marveled at it in my post-operative misery. How wonderful it would be, I had thought, to help sick people become better. The more anatomy that I learned, the greater my conviction that I wanted to be a surgeon grew.

Fred's abdominal organs were matted together, fixed by formaldehyde. Jim came over to assist in removing the inflexible knotted guts to permit us to view the kidneys at the back of the abdomen. When Jonathan could not find the bladder, we borrowed a huge syringe and filled it with water. I held Fred's penis while Jonathan placed the tip of the syringe into its opening. He blasted the water in to fill the bladder. Water copiously sprayed us as we attempted to dodge it, laughing at our failed attempt, realizing that the bladder was, of course, formaldehyde-fixed and would not expand. We never located it. We examined the testicles in their "wrinkled retainer," as the scrotum was termed. I furtively felt my own for comparison. I never took the opportunity to see the pelvic anatomy of the female cadaver on the next table. Was I not curious to view part of life's origins, the uterus, fallopian tubes, and ovaries? I might have been a little gun-shy from my recent scare. The figures in the book sufficed—in addition to the knowledge acquired with a friend as we lay on the floor of his bedroom in Cairo with an anatomy book during my odd puberty years.

From time to time, members of our dissecting table who were not leaning toward surgery in their future would drift into the dissecting hall to catch up on Jonathan's progress. For their benefit, Jonathan gave elegant, enlightened, and convincing summaries—mini-seminars to bring us up to speed, the most memorable being "The Bones of the Penis." We stood around him, listening in awe to the revelations, as he pontificated the articulation of the six bones that produced an erection—"Hence the boner," he said, looking around at us in earnest. After a cliffhanging pause, he emphasized, "It's bound to appear in the examination." The fidelity of his conviction was creditable. How had I missed reading this in anatomy? We looked about our huddled group, and for a brief moment, we believed him before laughter broke out among us.

Once a week, we had a *viva voce*—an oral exam—given by an anatomy demonstrator to ensure we kept pace with the increasing workload and memorizing of the body's anatomy. Completing our daily dissections, we respectfully covered Fred. Jim removed the superfluous tissues for cremation, and I thanked Fred for his courage to impart the wisdom of his body to me.