Exhausting yourself, up all night again and again, splintering wits askew, leaving a trail you suspect will mean you'll never return home.

* Misbehaving on the dance floor, your lover shoves you hard and you end up in a stranger's arms across the room. This man, anointed, to become the next you'll undulate against.

* All new ideas are triumphant. It's stealing glasses from a shoddy bar down by the tracks where danger constantly descends. Or quitting your Midwestern college mid-semester to run off, full-tilt like a battered pinball machine to friendless, randomly selected Montreal.

* Possessed, you walk off arm-in-arm with a stranger into the liquefied fog, fascinated by his poised ramblings, urging teach me.

* Requiring rest. But you dare not close your eyes, too much concealed in invisible gases. Unable to admit there might be a problem. Too much to think about: who has fallen away now, how to inhabit your own unlikely, turbulent heart.

The Wills of Twenty Strangers

Anna Mirer

It is eleven o'clock at night, and I am stomping around with half a skull in my hand. “Where are all the goddamn pipe cleaners?” I ask the room. The situation is not really urgent enough to require profanity, but I am tired and miserable, and I am resorting to overstatement in the hope of making my tired and miserable colleagues laugh. My study partner and I are getting confused about the difference between two holes in the skull, called the inferior orbital fissure and the infraorbital foramen. They have similar names, but different functions. The characters, if you will, of the foramen and the fissure are quite distinct, and to demonstrate that, I need to push a pipe cleaner through each of them to represent the paths of different nerves.

There are five days left in the spring semester, and the anatomy lab is getting squalid. Printed lab guides and anatomy atlases with broken spines are strewn everywhere. The pipe cleaners have all disappeared; there is a shortage of forceps and probes; the dispensers are out of soap. The good model of the inner ear is missing, and is rumored to have been hidden by a crazed medical student. Skulls with the tops sawn off have been jumbled with the tops of different skulls. There is a Snickers wrapper on the floor, which means that someone first ate a candy bar in here, then littered. We have been stepping around the wrapper for two days. The maintenance staff does not like to come in this room, so the floors have not been cleaned since January, when these twenty cadavers in tanks were wheeled in. In that time much liquid has been spilled. The tanks are filled with a preservative solution that sloshes out, but there is also blood, fat, mucus, feces, and the nondescript juice that fills the crevices of an embalmed corpse.

Our last exam will cover structures of the head and neck. At this late stage in our studies, most of the body below that has already been cut away. Now the heads have been bisected to reveal the structures behind the nose. It turns out, strangely, that people still look like themselves, even with layers of their faces removed. We learned in neurobiology that there is a section of the cerebral cortex devoted entirely to recognizing faces. People with damage to that part of the brain may lose the ability to recognize others by sight, or to know their own image in a mirror. This is called prosopagnosia, or face
blindness. Here in the anatomy lab, faces are all that remain to remind us of human individuality.

Tonight I am studying with Rachel. Level-headed, serious, and gentle, she wants to be a surgeon, and she likes the tactile aspects of dissection. Rachel once let fall that her lab partners don’t like to use their hands as much as she does. This being as close as Rachel comes to complaining, I surmise that she has been stepping up to the “gross” jobs, of which there are many. We are searching for a muscle on the front side of the larynx, so we flip a bisected head backwards, and lay two halves of a face flat on the table. For a fraction of a second we take in the surreal vision, and Rachel cannot stifle a murmur. I glance at her, but I do not ask her if she is okay. With a bit of a pang, I press on, and in doing so, I signal to my friend that she is supposed to be tougher than that.

Rachel’s murmur, any murmur, is such a minor thing on the spectrum of medical student coping mechanisms. Among our colleagues, anatomy lab has evoked responses which range from mild guilt to deliberate callousness. Only one student actually abstained from dissecting; some of us suspected he had a religious objection that he didn’t care to make public to the naïve and frequently judgmental population that makes up a first-year class in medical school. Many, many cultures hold the integrity of human remains sacred. Medical culture initiates its healers through ritual disintegration.

The first day I came into the lab I was overwhelmed with sadness. I took one look at my cadaver’s face and felt a rush of love. It wasn’t like me; I’m not prone to strong emotions about the deaths of strangers. How illogical to feel bereft when I hadn’t lost anyone or anything; on the contrary I had acquired something, or someone. And I knew nothing about the character of the woman I didn’t lose. Before she donated her body, she could have been a miser, a philistine, a bigot, an abuser. Yet I felt the way I feel upon learning of the death of a friend. When I came home from the lab, I sat at my bathtub washing the smell of preservative off my arms and weeping. My husband came in to comfort me. “It was harder than I expected,” I told him, unnecessarily. “She was tiny.”

By my next visit to the lab, though, my dominant emotion was fear of screwing up. Grades (even of the pass-fail variety) have the unfortunate effect of promoting self-absorption, and performance anxiety can consume the impulse to reflect. I tended to project my insecurities onto the cadavers, imagining that with each missed test question I was letting them down. I would try to justify my presence by naming structures and reciting their functions, pouring my energy into diagrams and mnemonics and repetition. Alas, I am not very good at anatomy exams, so I was left hoping it was enough that having passed anatomy would allow me to do the things I am good at and the things I came here to do.

Obsessing over tests is a convenient, if unconscious, method of dissociating from the act of cutting into people’s bodies. But there are others. Most of my colleagues seemed to follow the grand tradition of objectification, striving to perceive the tissues in their hands as inhuman. Others relied on the equally time-honored strategy of gallows humor. One of my lab partners, a former nurse’s aide, prided herself on her strong stomach and did the lion’s share of our dissecting. By her own admission, she hasn’t got much of a filter, and she seemed at times to be daring us to object to her frankness. When we removed the brain she observed, “Mmm, the cerebellum looks just like hamburger.” At the time I considered protesting, but decided she didn’t deserve moralizing from me, so instead I responded, “More like turkey burger.” I immediately apologized to the group, but felt like my comment lingered for the rest of the day.

My other two lab partners were quite open about their discomfort. One usually tried to get out of the lab as quickly as possible. She sometimes seemed to retreat mentally, distracting herself by trimming fat off our cadaver’s organs. The other one occasionally got faint and needed to step out. Both would become agitated if the shroud covering our cadaver’s face began to slip off. They never saw her face until the day it had to be skinned. “She looks like such a nice lady,” the one prone to faintness observed sadly, as I was preparing to cut into the forehead. “She may have been,” I replied. “We know she did a very nice thing.”

The woman whose cadaver we were dissecting had, in fact, done something great for us: she had willed her body to the school through the Anatomical Gift program. It’s a comfort to me to know that all of the people whose bodies we were using in this way knew what would happen to their remains. We have no John Does in the anatomy department, and like many schools we honor the donors every year with a student-run memorial service to which the donors’ families are invited.

I was involved in planning the memorial in the beginning, but stepped down over creative differences. My notions of how to honor the dead involved too-candid descriptions of the bodies, and too-open discussion of
have been proud, but I am inventing. He may have wanted nothing more

what do you think he would have though," I ask her,

either at the slightest hint of sugarcoating, especially at memorial services, where grief is the point. But, as I am daily reminded, I’m not from around here. Even if it wasn’t my cup of tea, the service was still quite moving in the end.

Curiously, it seems that every year all of the donors have been white. That is remarkable even in a Midwestern state like this one, teeming with Caucasians. I have no idea why it is so, but it makes me wonder. What kinds of privilege might be invisibly woven into the decision to donate one’s body to science?

The skull I poked with pipe cleaners did not come from our cadaver, or from any other donor. It came from the remains of a person who died in India many decades ago, and who was probably extremely poor. Some people or some company made a living by hauling away the bodies of the destitute and burying them with a particular species of beetle that ate away flesh. Months later they dug up perfectly clean skeletons and sold them to Western medical schools. The schools are no longer allowed to buy skulls this way, so our professors remind us that the ones we have are irreplaceable. Treating them with care includes not resting them on top of cadavers, so that they will not be covered in juices. Despite the warnings, slime accrues, spiny prominences break off, teeth fall out. None of the skulls is completely intact; only an expert could look at one and imagine a face. Any connection to the memories that used to lie inside these bones was broken long ago.

Though Rachel and I can still find the vision of disoriented flesh uncanny, the moment passes and is quickly forgotten. We have a long list of structures to identify, and as the evening wears on I must fight the temptation to panic. We cannot find a useful example of the stylopharyngeus muscle on any of the cadavers dissected by students, so we move into the room with the prosections (a near-cute nickname for professional dissections, which are the work of trained anatomists).

We open up the tank full of heads. Some still have all their hair, many have broken noses, a few still have eyes over which the lids do not close. Rachel shows me one specimen, identifiable by its color, that has been here since the 1960s. The man it once belonged to must have been born in the nineteenth century. “What do you think he would have thought,” I ask her, “if he could have known that forty years after his death, medical students would still be learning from his preserved head?” I like to think he would have been proud, but I am inventing. He may have wanted nothing more

from his donation than to save his family funeral expenses. Perhaps he was so sure of the finality of death that the fate of his remains wouldn’t even have interested him.

I find it easy to imagine stories for him, because I can see his nose and mouth and eyelids. It is harder to construct a biography from the contents of the next tank, the tank full of female pelvises. We used these specimens to study structures like the labia majora and the clitoris. Occasionally when my mind wandered I would think these are what someone used to make love, and perhaps to bring people into the world. In the beginning I covered our cadaver’s genitals with a shroud whenever possible. A friend pointed out that I was using the same draping technique we had been taught to preserve a patient’s modesty during a physical exam. Eventually, though, so much of the lower body had been cut away that it no longer felt like a meaningful gesture. I no longer felt I was looking at a naked body, only parts.

A student at a medical school in another state told me a story about a cadaver. When she took anatomy, her group dissected the body of a man who had died young. Young body donors are very unusual (among those at our school the average age at death is eighty), and this person seemed to have been in excellent health—athletic, strong, and apparently free of injury or disease. On the ankle was a tattoo of his own name. Curious about the man’s story, the student looked him up on the internet. She learned that he had been a serial rapist and murderer, who was executed by lethal injection. She would go on to dissect the rest of his body, including his penis, thinking all the while of how it had been used as a weapon.

I had been hoping to learn our donor’s name at the memorial service, but I didn’t recognize her among the photographs brought by the families. Although we were not to learn about her life, one of my lab partners eventually learned the contents of her death certificate from the school morticians. I was expecting the cause of death to be complications of an aortic aneurysm, since we could see the place in her chest where her largest artery ballooned out, and crunch the plaques in the vessel wall between our fingers. We knew from the fragility of her skeleton and the exaggerated curve of her backbone how severe her osteoporosis had been. Once when we were flipping the body over, I broke her scapula just by bracing against the turn. We also knew she had been feeble at the end, because her muscles were too atrophied to have been well used. Her stomach was empty, and so small that she could not have eaten normally in some time. According to her documentation, she died in her late seventies from dementia and advanced Parkinson’s disease.
Because of the woman’s progressive deterioration, on the day of the face dissection we couldn’t make out the muscles used for chewing or forming expressions. We called a professor over to help. “I don’t blame you for having trouble,” he said, probing and cutting through the unrecognizable mush below her cheekbone. “This is the body from hell.” I took his comment personally. She was old and sick and paralyzed, I wanted to snap. She’s not from hell, and she’s not in it either.

I prefer Rachel’s response, when I tell her about the face dissection. “I don’t want to die with mushy muscles,” she says. Neither do I. I think I might like to die of an epidural hematoma, caused by a falling geranium pot that cracks my skull while I am out for a stroll on my 108th birthday. I wouldn’t mind having my body donated afterwards, but I’d rather it be put to use testing automobile crashes or something—not for dissection.

After that first day in the lab, my feelings of love remained, but I never felt sad again. Eventually I found I didn’t need to dissociate, or to objectify my cadaver, because I was sure that my cadaver was not a person. It was an aspect of a person. I feel lucky to hold that conviction, because as long as I believe that to be true, I know the work we did in that room was not an unfortunate means to an end, but was itself the right thing to do. We began with a dead body, and over many months we transfigured it into memory, skill, strength, gratitude, and indistinct organic matter. No matter what we make of our lives next, we have done a good and appropriate thing to honor twenty people by respecting their wishes for their remains. They did not wish for a semblance of rest, and they did not wish to seem whole. They wished for us.

At the Memorial Service

*Amanda Newell*

My student stands in full color, a life-sized cardboard cutout, special ordered for the occasion.

We don’t dare approach him: stiff and awkward, like the only boy at prom without a date; lonely, like the hitchhiker you slow down for out of pity but don’t pick up. When everyone leaves, his mother loads him into her Suburban and drives him home. She carries him through the house, tucked under her arm. At night, she puts him to bed in his room, still painted black, beneath glow-in-the-dark stars. She doesn’t bother changing his sheets.

In the morning, just before the alarm goes off, she walks down the hall as if to wake him.