

## ARTS & HUMANITIES

# The 2008 Anatomy Ceremony: Essays

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When asked to relate my experience of anatomy to the first-year medical and physician associate students at Yale before the start of their own first dissection, I found no better words to share than those of my classmates. Why speak with only one tongue, I said, when you can draw on 99 others? Anatomical dissection elicits what our course director, Lawrence Rizzolo, has called a “diversity of experience,” which, in turn, engenders a diversity of expressions. For Yale medical and physician associate students, this diversity is captured each year in a ceremony dedicated to those who donated their bodies for dissection. The service is an opportunity to offer thanks, but because only students and faculty are in attendance, it is also a place to share and address the complicated tensions that arise while examining, invading, and ultimately disassembling another’s body. It is our pleasure to present selected pieces from the ceremony to the *Yale Journal of Biology and Medicine* readership.

— Peter Gayed  
*Co-editor-in-chief, Yale Journal of Biology and Medicine and  
Chair of the 2008 Anatomy Ceremony Planning Committee*

## A KIND OF AFTERLIFE

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When people think of medical school, they think of anatomy. And when they think of anatomy, they picture the dissecting of cadavers — excuse me — donors.

My group’s donor was 100 years old. He died of cardiac arrest, and that’s all we know of the man. Of the body, we know more. We know the expression, how the lower jaw is frozen in a permanent divorce from the upper lip. We know the thinness, how one pinprick can pierce through the skin and muscle into the innermost recesses, releasing a gurgle of bodily fluids. We know where his ribs articulate, what vertebrae they connect to, what direction the muscle fibers shoot, what his nerves innervate, where his arteries flow, where his heart sits. But, what was his name? Why did he donate his body to us? Does he have a family? We’ll never learn the answers to these questions.

In our History of Medicine lecture, the instructor showed us slides of the past. Exhibit A: medical students in the 1900s. While the pictures are from different medical schools, the

layout is universal: eight medical students circled around an anatomy table, posing with a supine cadaver. They sent this to family and friends as a holiday postcard. Can you imagine? “Merry Christmas. Love, XOX. P.S. Here’s a picture with me and you-know-who. Isn’t he a handsome fella?”

A lot of the cadaver tables were inscribed with variations of, “He lived for others, but he died for us.” But some students thought too much and wrote instead, “Such the vultures live” or “Rest in pieces.” And then, of course, there’s the picture of Mr. Cadaver with a cigar in his mouth playing poker with his medical student buddies.

Is that irreverence for the dead? Maybe. I know my 21st century politically correct and proud classmates definitely murmured and shook their head in disdain. But what’s more striking is this need for personalization among medical students in the past century. They were not simply satisfied with a body. They wanted to add a fedora. A cigar. A deck of cards. They wanted a man, but that being impossible, they invented a character.

It’s funny to picture such an afterlife. You live well, you die, you’re transported to a lab. Then, it’s time to hang out with us. Oh, baby. Your skin is peeled, your ribs are cut with a saw, your chest plate is removed, your organs are poked around with minute attention, your genitalia are incised for closer inspection. And if it were prior to the 1960s, we would all be taking a picture together — before or after you’re completely dissembled.

I doubt that our donor knew the details. If he did, would he be so willing to give himself unto us? Has he ever heard a rib cracking? It’s a terrifyingly crisp sound. Terrifying, because as much as we acknowledge that our being is both physical and mental, to hear that casual crunch of metal into bone is to forgo all misconception, all hope that the soul might be mist and the heart an organ of fire. It is an irrevocable admission that we’re meat.

You would wonder who would do this to themselves. In the ancient times, it was the prisoner, tied and bound against his will for a vivisection. In the past two centuries, it was the freshly buried, snatched gingerly out the grave and hurried through the underground tunnel into the medical school. Nowadays, donations are strictly voluntary, and so our bodies are no longer restricted to the discriminated minority groups or low socioeconomic strata. “Men, women, young, old, Hollywood celebrities, lawyers, police officers, teachers, anyone,” our professor had enumerated. Noticeably absent, however, were the physicians and surgeons. Perhaps their invasion of other bodies made them more guarded about their own? Had they seen too much?

I’ve asked myself the same question: Knowing what I know now, would I donate my body after I die? Even with religion out of the picture, this is no trivial question. Many take the attitude, “Hey, when you’re dead, you’re dead. What do you care?” But it’s my body. This is my wall against the world. This is my heart that beats in hidden recesses. This place where you’re cutting into me, that is where boys steal kisses, where I scrub extra hard with soap, where my mother places her hand when I’m down, where I fell at age six riding a bicycle for the first time and almost cracked a bone. But for all you know, it is just a clavicle.

There are stories in which the donor has made his wishes clear, but the family changed their minds, or perhaps they were never comfortable with the decision in the first place. To think that somewhere out there, their beloved is lying under the scrutinizing eye of strangers — it is more than maddening, and they can’t sleep at night. They want it back. Whatever it is, whatever there is left. Almost always, the wishes are respected. The one exception is if the dissection is in progress. You’re allowed to have the body back, but not before the remains have been cremated.

To lie on a metal table, naked and open like a classroom, is not to be ordained with sainthood. It is to give up all that you have left. It is to trust that your predecessors will not waste your gift. And if our donors have thought this through before dying, that is no small feat.

I’m grateful for the volumes my donor taught, he who has never spoken to us. I’m grateful for the intimacy, whether willingly donated or not. Finally, I’m grateful for the selflessness, for if everyone was as possessive as I was, medical science would never advance like it does.

The glory of donating to science is not in the visual or the short-term. Our healthcare system still sucks, HIV is still without a cure, and no one individual will immediately benefit from this donor's contribution. Hopefully, however, down the road, one less patient will have to suffer because we were allowed the privilege of practicing first on our donor. It's questionable whether this is quite the afterlife this man visualized, but I hope it's an acceptable one.

## UNTITLED

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Anatomy lab was a fascinating and surreal experience, but above all, a humbling one. What did we do to deserve this gift? How could so many people trust us with their bodies? I'm not sure we deserved to dissect our donors, but it was liberating to know that we had their permission anyway.

How much can you tell about a person from just their body? I think very little, despite the fact that there's nothing left to hide. Our donor was a thin, lightly bearded man with gray hair, whom we nicknamed "Sarge" because of the matching heart tattoos emblazoned on his shoulders, which, I suppose, reminded us of the tattoos somebody would get in the military. Only after several months did we decipher the name "Rachel" tattooed across each heart, because the letters had faded and blurred so much over time. Who was Rachel, I wondered? Had she faded away like the tattoo? I wanted to believe that Sarge was as pure a person as the love expressed in his tattoos, but how could he be? Did we all want to believe that about our donors? Does everyone look that innocent when they die?

From the first lab onward, my group was in awe of how much Sarge resembled the paintings in Netter's *Atlas of Anatomy*. We were told that he had died of something related to his heart, but even that looked deceptively good to us.

It was thrilling to see and touch his vital organs, especially his heart and brain, and nerves, a few of which were as thick as ropes, which really fascinated me. It was stunning to finally see the body as the incredibly sophisticated system that it is, perfectly proportioned and beautifully connected. Like the notion of infinity, the mechanisms by which our nerves and vessels and glands know exactly where to go and what to connect with is still impossible for me to conceptualize.

From the beginning, I was compelled to share my enthusiasm for the dissection with nearly everyone I knew. Almost everybody would listen for a minute or so, depending on the details of my description, but then grimace and interrupt me, saying, "All right, that's enough." At first I would continue, asking them, "But isn't it amazing, to be able to see the inside of a person not much different from yourself? To see what the heart looks like, and the brain, and so forth? To see how it really is?" However, almost everyone told me, "Well, I can't imagine doing that," or "I could never do something like that," not so subtly hoping for a change of subject. Why was it so uncomfortable to think about? Was it too morbid? Was the idea of donating a body too difficult to accept? Was it too real? These moments reminded me of just how fortunate I was to be studying what I love, but they also made me feel a bit like a mad scientist, toiling away on some forbidden experiment.

As humbling as anatomy lab was, I do feel pride in having completed it. It was certainly the most intense learning experience I have ever had, and our excellent anatomy professors deserve much credit for balancing the intensity with reasonable expectations and good humor.

Thanks again to Sarge, table 11, the extremely dedicated Crelin Society, the laboratory staff, and all the rest of my class for their enthusiasm, curiosity, and openness. It was a privilege to share this experience with all of you.

## WABI-SABI, ANOTHER WORD FOR BEAUTY

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Leonard Koren wrote that “the closer things get to nonexistence, the more exquisite and evocative they become.” Wabi-sabi is the word that expresses this. It is a Japanese term that describes the intrinsic beauty of something that ages naturally. It is the aesthetic of imperfection, austerity, affirmation, and melancholy. It is the beauty of the weathered, the tarnished, the scarred, the intimate. It is the appreciation for the ephemeral, the tentative, the evanescent.

Wabi-Sabi, another word for beauty.

A word that illuminates the surprising loveliness of our donor. The elegance found in her hands, her face, her body. Wabi-sabi, another word for beauty, a word for her beauty.

## HANDS

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For many years now, first-year medical and physician associate students at Yale have concluded their anatomy course with a Service of Gratitude. The students reflect on the experience of dissecting a human body and give thanks to the donors who, when they were alive, made such an awesome gift of their remains. Much of the artwork, prose, and poetry from these services are displayed in the hallway of the anatomy lab. As I review that work, I am struck by how often “hands” are a central theme. But why should I have been surprised? We use our hands to caress our lovers and children, to greet friends and strangers, to express ourselves when words fail. Consider the slow passing of my mother.

Mom had Alzheimer’s disease. In some ways, the most horrible stage of the disease was when Mom still knew what it was to be healthy and realized the insidious creep of her memory loss. Even as she fought to retain her independence, she was fearful and anxious of her failing abilities. Eventually, she came to appreciate the value of her move to an assisted-living community for Alzheimer’s patients. Day by day, the disease took its toll, and Mom was moved to the assisted-living’s nursing home. At first, she was aware enough to resent the move and its further restrictions, but her social interactions and joy of living were enhanced in this more restricted, structured environment. Little death by little death, Mom’s ability to communicate became more and more restricted to the use of her hands.

Emotions are the last to die. Mom adopted an almost Buddha-like nature. With no memory of a past or concept of a future, she truly lived in the moment. She would marvel at the beauty of a flower or a cloud in the sky, as if she were seeing them for the very first time. Though her words made little sense, the tone of her voice with the motion of her hands made communication possible. One time, we were walking in a spacious, glass-walled room that looked out on a garden. She motioned that she wanted to sit on the couch. Once settled, she spoke the longest coherent sequence she had uttered in some time: “Look! We have the trees, the sun, the flowers! This is what it means to sit!” And so we sat, holding hands.

In time, Mom developed pneumonia and fell into a sleep from which she would not wake. On her last day, I sat alone with her and praised her life as a mother, how she had touched so many lives, how she had touched mine. I said she need not do more. With love and sadness, I gave her permission to die. All the while, holding hands.