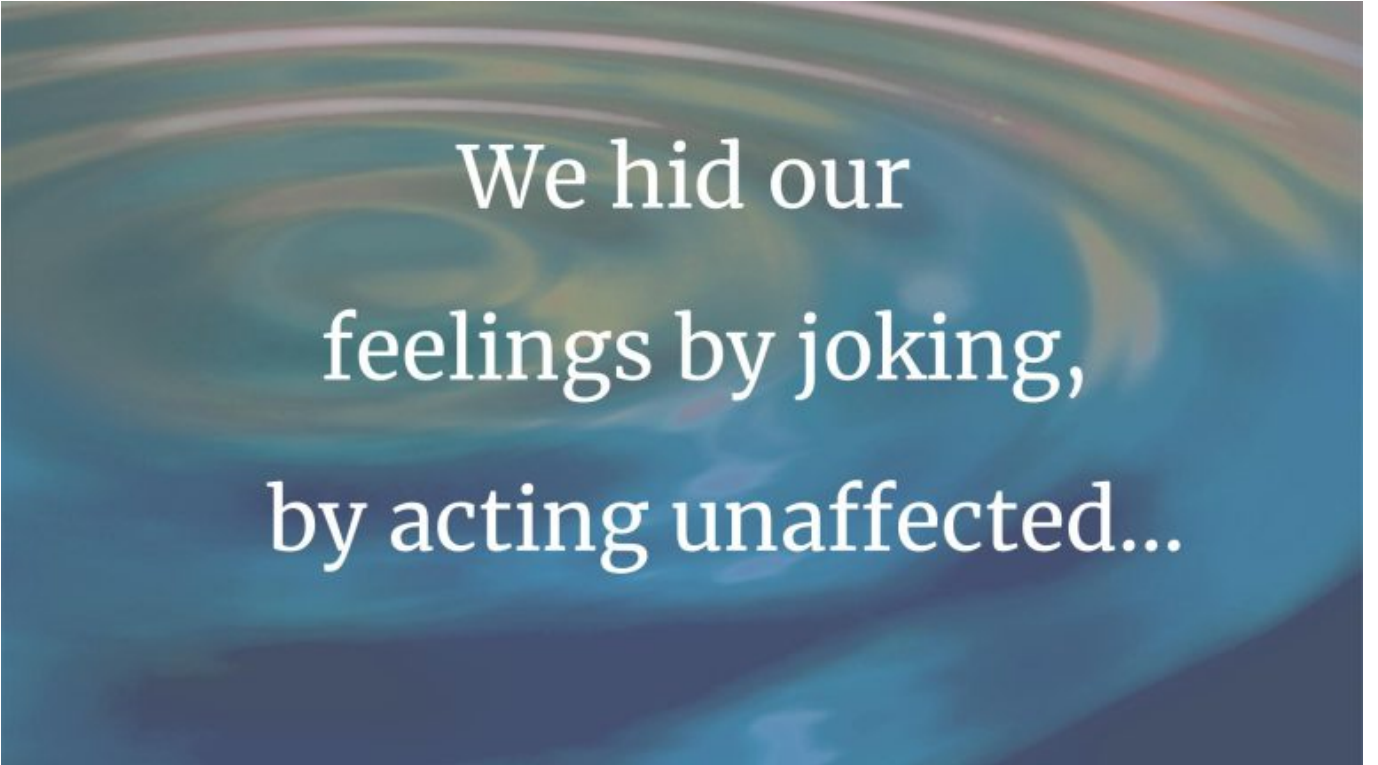


# Letter From the Dead

Category: Stories

written by Ann F. Beach | August 30, 2024



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by acting unaffected...

Gross Anatomy class is a rite of passage, and has been so for a few hundred years. Generations of first-year medical students have spent months dissecting cadavers and painstakingly learning the intricacies of human anatomy.

I well remember my first day of class—the overpowering smell of formaldehyde and the unnerving sight of a roomful of twenty-five dead people lying supine, their faces and genitals covered, on metal tables.

Assigned by the alphabet, four students to a cadaver, my peers and I (Fabert, Ferris, Flamm and Fleming—my maiden name) stood gingerly next to our cadaver, careful not to get too close. We shifted uneasily. Touching our cadaver (a woman) for the first time, even with gloves on, was disquieting.

Making the first incision was difficult, to say the least. We hid our feelings by joking, by acting unaffected, by pretending to be callous—and then, worst of all, with time, by truly becoming callous.

Our first job was to flip our cadavers over, face down, and dissect the skin off the back, exposing the large back muscles. Not very hard to do, but since we didn't know how to dissect, we needed to start somewhere easy.

Despite their best efforts, the table next to us did a terrible job, halfway destroying some long back muscles in the process. I still remember, it was the quadratus lumborum that was frayed and chopped up by their inexperienced

efforts. We solemnly renamed it the “quadratus lawnmorus,” since it looked like it had been run over by a lawnmower.

In long afternoon sessions, as the weeks and months went by, we learned how to delicately dissect, teasing out important structures and separating them from the surrounding skin, fat and muscle, so we could see and memorize the paths of nerves and arteries, the attachment points of muscles, the glistening geometry of bone and joints. It was all miraculous, really, until it became just a lot of hard work.

As the semester progressed, we thought less and less of our cadavers as people and more and more of them as just cadavers—not human beings, but test material to be learned, like the Krebs cycle or the structure of a cell.

And it seemed that every time my team and I dissected a new body part on our cadaver, she would have a rare variation—a blood vessel, nerve or tendon that branched differently from those of 99 percent of humans—so we’d have to learn the normal configuration on someone else’s cadaver. Annoying.

When we dissected her right knee, we found nothing recognizable: The patella was irregular and misshapen, the joint almost obliterated. Terrible arthritis. When we used the electric saw to open skulls, hers was almost impossible to cut through, it was so thick.

Finally, we were able to remove the top of the skull, revealing an amazingly thick, bony right inner skull. We stared, puzzled.

Our instructor leaned in, had a look and pronounced, “Calcified subdural hematoma. She must have had one hell of a head injury.” The small and large intestines revealed lots of scarring from some long-ago abdominal surgery.

Our cadaver couldn’t have known how she would die, but we did. When it came time to dissect the heart, her pericardium was full of hardened dried blood. She’d had an aortic root rupture, with her pericardium quickly filling with blood and compressing the heart, and a quick death. Painless, I hoped.

At long last, we finished dissecting our cadavers. It was the end of the semester, and the final day of Gross Anatomy. The cadavers would be cremated; we would attend a ceremony thanking them for the gift of their bodies, and the ashes would be returned to their families. For now, we were just glad that the final exam was over, and that, going forward, we wouldn’t smell like formaldehyde after our long afternoon sessions.

Dr. McCreight, the shy, self-effacing Southern gentleman assistant in the lab, silently appeared next to our cadaver. Ken, Darren, Bruce and I were wrapping up the remains in wet gauze and heavy canvas, as we did each evening when dissection was finished.

“I have something for you,” said Dr. McCreight. “Please come to my office.”

We looked at each other, wide-eyed. Were we in trouble? Nobody ever got called to Dr. McCreight’s office. Wordlessly, we followed him and sank into the old vinyl chairs in his cluttered nook of an office. Slowly and

precisely, he picked up an envelope from the center of his desk, handing it to me.

"It's a letter from your cadaver," he said. "She wrote it for the students who would dissect her. Now seems like the right time for you to have it."

I held the blue onionskin paper, reading the precise, beautiful penmanship.

"Dear young doctors," it began. As I read aloud, the smelly cadaver—the source of so many hours of study, frustration and late-night work—instantly became a person.

She had grown up in eastern North Carolina, studied to be a teacher and had a long and fulfilling career at NC School for the Blind. Never married, she had spent her teacher's salary traveling. She listed the ailments she thought we might find as we dissected her. She described the exciting trip to New York City when she was in her twenties, and the terrible taxicab accident that left her in a coma for several months. She recovered slowly but completely. (*Aha! The calcified hematoma in her skull!*)

She'd always limped on her right knee, the one injured in the accident. As she aged, she developed terrible arthritis and in her later years walked with a cane. Now we understood the terribly distorted knee joint. She'd had appendicitis, and a long, complicated hospitalization, which explained the intestinal scarring we'd found.

She told us she was proud of us (she didn't even know us!) and hoped she had been helpful to us.

The letter burned my fingers. I could hardly hold it, thinking: *If she only knew how much we had joked about her, had been frustrated by her and, by the end of the class, had taken her for granted.*

Dr. McCreight was right to wait until the end of the class to give us the letter. Had we read it at the beginning, I don't think we could have dissected her. She would have been too much of a person—too real, too grandmotherly. As it was, it was all we could do to wrap her up one final time and say goodbye.

It's been many years since Gross Anatomy, and I've had plenty of time to reflect on the class, and on her gift to us.

My will includes written instructions for my body to be donated to the medical school I attended. I've filled out all the paperwork. They may or may not want it; I've had so many joints replaced, the students will have a tough time learning shoulder, hip and knee anatomy from my remains. But perhaps I can still be useful.

And I will write a letter to the students. Believe me, I know what I'll be putting them through!