What price dissection? Dissection literally dissected

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Abstract

Hamlet: Has this fellow no feelings of his business, that he sings at grave-making?
Horatio: Custom hath made it in him a property of easiness.
(Hamlet Act V, scene i)

Hamlet is appalled by the gravedigger's insensitivity towards death and corpses. Horatio explains that the gravedigger is so accustomed to such things that he no longer shares Hamlet's seriousness. We contend that human dissection may make in medical students and doctors the "property of easiness" in dealing with death and the human body, and that this may have negative consequences for medics and patients. It is perhaps worth emphasising at the outset what this essay is NOT about. We do not wish to call into question the value of dissection in medical education; to charge dissection with being an inefficient or ineffective means of teaching and learning human anatomy is not our intent. Instead, we explore, through the medium of literature, experiences of dissection, and what kind of student and doctor may be encouraged or produced by the dissection room; what price might be paid for a practical, first-hand experience of human anatomy.

Keywords: Dissection; medical students; doctors; literature

Introduction

The practice of dissection in the anatomical education of many medical students provokes many wide ranging and conflicting responses, as reflected in prose and poetry. This essay uses literature to illustrate possible experiences and outcomes of dissection. We discover a desensitising progression from initial feelings of horror and disgust to coarsened neutrality in a student's response to dissection, described thus in his autobiography by Dannie Abse: "Our first disgust weakened to distaste, and our distaste was usurped by numbness, by an apathetic neutrality".

This essay follows this progression, through literature, from the first "disgust" and "distaste" upon entering the dissection room and encountering the cadavers within, to the "apathetic neutrality" engendered in students, and the consequences that such attitudes may have for students, doctors and their patients. We contend that such literary examination highlights dangers to the humanity of medical students and future doctors. Such hardening of medical students may irreparably sever them from their natural human response to death and human bodies, and replace it with a cold thirst for facts and observations from an inanimate "cadaver" object. This may encourage and teach students to relate to their future patients in the same cold light, as teaching material, to be used as required.

The dissection room

We begin by examining first impressions of human dissection, upon entering the dissecting room, the conditions of the dissection room have obviously altered beyond all recognition from the dirty, disease-ridden charnel-houses of times past, as is evident from the selection of extracts below.

Louis Hector Berlioz, the French composer, originally studied medicine in Paris, but abandoned the course to read music in 1823. When he first encountered the dissecting room, he was so repulsed and revolted that he fled. Reading his account, we can understand why:

"Robert asked me to accompany him to the Dissecting Room at the Hospital de la Pitie. When I entered that fearful charnel-house, littered with fragments of limbs, and saw the ghastly faces and cloven heads, the bloody cesspools in which we stood, with its reeking atmosphere, the swarms of sparrows fighting for scrapings and rats in the corners gnawing bleeding vertebrae, such a feeling of horror possessed me that I leapt out of the window as though Death and all his hideous crew were at my heels."

A gruesome place indeed! It is interesting to surmise how much this experience of dissection was responsible for pushing Berlioz towards music from medicine. In any case, no one would pretend that such lack of hygiene persists today, but the overall "feeling of horror" that took hold of Berlioz when faced with "ghastly faces and cloven heads" seems to be a common theme for later writers.

Robert Louis Stevenson was horrified by the real-life crimes of Burke and Hare, whose business was committing murders and grave-robberies, in order to supply the Edinburgh medical school with sufficient numbers of cadavers for anatomy teaching. Although not a medical man, Stevenson's impressions of the dissection room were implicit in his description of a disused theatre at the bottom of Dr Jekyll's garden in The Strange Case of Dr Jekyll and Mr Hyde, which is described thus:
“Across the yard which had once been a garden, to
the building which was indifferently known as the
laboratory or the dissecting rooms... It was the first
time that the lawyer had been received in that part
of his friend’s quarters; and he eyed the dingy, win-
dowless structure with curiosity, and gazed round
with a distasteful sense of strangeness as he crossed
the theatre, once crowded with eager students, and
now lying gaunt and silent.”

Even when no longer in use, the dissection room
unsettles the lawyer, Mr Utterton, provoking in him
a mixture of ghoulish “curiosity” and “distasteful ...
strangeness”. The interior is dingy, and window-
less, and we are reminded of Miss Havisham’s
sanctuary in Charles Dickens’s Great Expectations,
with the same sense of musty decay and death, and
the “unholiness” of a place which admits no outside
light, and thus shuts itself off from the natural,
everyday world. The lawyer imagines the “eager
students” that used to throng there, and the picture
conjured thus suggests that Stevenson’s opinions of
these students was less than favourable—we can see
them, grotesque, gawping and straining in their own
(uncheked) taste for the gruesome sights of
dissection. Alternatively, the youthful, eager stu-
dents may serve as a juxtaposition to the now
empty, lifeless building, and the work to which it
was once devoted. More recently, with technical
advances and improved hygiene and preservation
practices, the dissection room has appeared far
removed from these dingy, filthy hovels, but the
same “distasteful strangeness” continues to be felt
by many on their first encounter. Lesley Isenberg,
who studied medicine at the then Welsh National
School of Medicine in the early 1970s, recalls: “The
DR (Dissection Room)—a vast and sinister green-
house growing waxen bodies in rows—was the
object of my recurrent nightmares”.

Isenberg seems to have been quite affected by her
own horror. The dissection room has moved on
from the nineteenth century, though it still
impresses the imagination of Isenberg as sinister
and the stuff that nightmares are made of. The
dissection room has acquired a faceless abbreviation,
“DR”, as a possible mask and code-jargon to hide
its nature from the outside world, and retain it for
the exclusive use of the students who work there.
The room itself is no longer windowless, dark, and
dingy, but a “vast... greenhouse”—large and light,
but still cut off from the outside world. The analogy
also suggests that it is a warm, still place, thick with
its own atmosphere. The cadavers are likened to a
crop of plants, growing to be “harvested” by
successive hordes of students, before the next crop
is sown. The cadavers also lose any sense of their
individuality, and are treated as repeatable units of
“wax”.

In his poem Carnal Knowledge, Dannie Abse, a
chest physician and a writer, who studied at King’s
College, London, during the second world war
describes his first sight of the dissection room thus:
“... You, young, whistled again,
entered King’s, climbed the stone-murky steps
to the high and brilliant Dissecting Room
where nameless others, naked on the slabs,
reclined in disgraceful silences—twenty
amazing sculptures waiting to be vandalized.”

The first half of that extract builds a picture of the
carefree youth ascending from the “stone-murky”
everyday London (much like the windowless thea-
tre depicted by Stevenson above) on high, as if to
heaven, “to the high and brilliant Dissecting
Room”, the capital letters lending extra importance
and presence to this destined destination. Abse’s
dissection room is not an old-fashioned dark build-
ing at the bottom of the garden, either, but shines
brightly like some “brilliant” jewel. Such an expec-
tation is obliterated in the second half of the extract;
the youth is suddenly confronted with the brick wall
of a stark, grotesque, hellish reality. The frighten-
ingly anonymous “others” are not neatly filed away
as “cadavers”, but animated in the way they
“reclined in disgraceful silences”, whilst the cold-
ness and hardness of the room are conveyed in
the use of the word “slabs”. The cadavers that were so
humanised with their “reclined” postures are now
revealed as cold, inanimate, statuesque “sculp-
tures”, and yet they are helpless—“naked”—and
unable to do anything but “wait to be vandalized”.
The conflicting descriptions of human others, naked,
helpless and reclining, and “nameless” sculptures on slabs is an inkling of the conflicts to
come in the rest of the poem which we shall explore
later.

Stevenson’s “distasteful strangeness” is implicit
in another non-medical writer’s experience. In Two
Views of a Cadaver Room and later in The Bell Jar,
Sylvia Plath, the American writer, seems distinctly
untouched by her layperson’s experience of the dis-
section room.

“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;
The white-smocked boys started working.”

Plath seems to be mildly, dispassionately disgusted
by the cadavers, “black as burnt turkey/ Already
half unstrung”. The analogy here likens the cadaver
to the crisp, plucked mutilation of a cooked turkey,
and perhaps deliberately forces juxtaposing im-
agery of turkey dinners at Christmas or Thanksgiv-
ing celebrations to emphasise the cold deadness of
this place. The unsavoury atmosphere suggested by
the “burnt” turkey is compounded by the descrip-
tion of the sour smell as “a vinegary fume/ Of the
death vats”. The students are described as “boys”,
inmature, playful, naughty boys, which juxtaposes
with the more “adult” phrase, “started working”,
perhaps with the intention of deliberately under-
mining Plath’s superficial assertion that the stu-
dents were actually “working”. The phrase also
adds to the juxtaposing image of a celebratory tur-
key dinner, with the boys round the table saying
grace before ravenously tucking in.

So, we have seen many examples of different
writers’ first impressions of the dissecting room, but
through them run many recurring themes of horror, distaste and disgust. The essay now moves to examine the dissection experience in more detail—encounters with cadavers.

Dissecting the cadavers
In Two Views of a Cadaver Room, Plath goes on to describe her companion’s cadaver in more detail:

“The head of his cadaver had caved in, and she could scarcely make out anything in that rubble of skull plates and old leather. A sallow piece of string held it together.”

The analogy here is that of a ruined building perhaps, whose former structure and architecture is indiscernible in the rubble. And, like the cadaver, the ruin is all that remains of a structure that once contained all manner of life and activity. Plath's indifference may stem from her “snapshot”, objective and external view, rather than involvement in, and perhaps “culpability” for, the entire process.

Plath’s dispassionate tone is very like Abse’s “apatheic neutrality”, described in the introduction; such attitudes are implicit in another doctor’s memoirs. Isenberg recalls how she and her colleagues “cheerfully chopped through vital structures, perforating a visscus or two whilst identifying incorrectly our gentleman’s internal organs.” The view of dissection here is of indifferent, ignorant ineptitude, with students blindly and ineffectually hacking away at their cadavers.

Abse’s “apatheic neutrality” is also implicit in the opening lines of the second part of his Carnal Knowledge.

“You, corpse, I pried into your bloodless meat without the morbid curiosity of Vesalius, did not care that the great Galen was wrong, Avicenna mistaken, that they had described the approximate structure of pigs and monkeys rather than the human body.”

The student doesn’t care for his subject, or the history of dissection. Dissection is no righteous act of appreciating nature or God’s work, but seems to be a necessary chore. The constant references to dissection’s past underlines the alienation from his subject that the student feels, and presents dissection as an ancient, dead science, which has all been done before. This is reinforced later in the stanza. The student “pries” into the corpse’s “bloodless meat”. This gives the image of the student as illegitimate voyeur, and the corpse as a cold chunk of meat, reducing it to the status of a dead animal carcass.

Abse continues and expands upon this voyeuristic theme when he continues:

“... With scalpel I dug deep into your stale formaldehyde unaware of Pope Boniface's decree but, as instructed, violated you”

Pope Boniface VIII condemned the practice that had grown up around the crusades of cutting up the bodies of those who died outside their homeland, so that the heart and bones could be brought home for burial. This second part of Carnal Knowledge reads almost like an apology by the student to the cadaver for his dissection, but Abse throws in the disclaimer, “as instructed”. This also suggests that the student performs dissection against his will, because of a decree by medicine teachers as dogmatic as Pope Boniface's, but to the opposite effect. The formaldehyde is “stale” and “deep”, and an integral part of the cadaver for Abse. Such a description emphasises both the decay from person to corpse and Abse’s picture of dissection itself as an old, decayed stale practice, with nothing new or exciting to add to his education. This “stale formaldehyde” cannot be escaped and permeates every place in the student’s life, hanging stubbornly around him and within him; a constant and unpleasant reminder of his cadaver, even “in the kisses of [his] girlfriends”.

Abse continues to confront the loss of identity of the cadaver and the conflict in the student’s relation to it—as dead person or object?

“You, anonymous. Who were you sir? Your thin mouth could not reply; ‘Absent, sir,’ or utter with inquisitionary rage. Your neck exposed, muscles, nerves, vessels, a mere coloured plate in some anatomy book; your right hand, too, dissected, never belonged, it seemed, to somebody once shockingly alive; never held, surely, another hand in greeting or tenderness, never clenched a fist in anger, never took up a pen to sign an authentic name.”

Abse’s own cadaver, like the nineteen “others”, reclines in mute, disgraceful silence, unable to communicate its humanity to Abse. The student is confronted by the emptiness of exposing all the structures of the neck, and cannot believe that the dissected hand could ever have been a real hand on a live person, and used in expressions of emotion and the finely dextrous movements of signing a name.

As the cadaver loses its “Divine proportions”, so the student progressively denies its (former) humanity, until, for the student, the cadaver loses all relation to a physical human being (like Plath’s “caved in” cadaver) and becomes a “Thing”. Unlike Plath, this transition more obviously preys on Abse’s mind, perhaps because he feels responsible for the whole process of dissection, dismemberment and decapitation, whereas Plath’s position in relation to the cadaver, as a casual lay observer, is quite different, as described above. Abse continues:

“You, dead man, Thing, each day, each week, each month, you slowly decreasing Thing, you residue, mere trunk of a man’s body, you, X, legless, armless, headless Thing that I dissected so casually.

Then went downstairs to drink wartime coffee.”

The use of a capital “T” in “Thing” emphasises the importance of the cadaver in the mind of the student, but only as an alien entity. Abse seems to
be reproaching himself for treating his cadaver “so casually” in the final two lines of this extract. The drinking of “wartime coffee”, a commonplace break-time in a normal working day, is made to seem so incongruous, following as it does the grotesque image of a “legless, armless, headless Thing”, that it serves to underline how casually the acclimatized student now treats dissection—as manual labour. Also, the very fact that this is “wartime coffee”, a bitter, foul-tasting kind of coffee-substitute drunk owing to wartime shortages of the genuine article, adds to the omnipresent stale reek and taste of formaldehyde, and is, like the cadaver, a flawed approximation of the real thing.

Abse finds no reconciliation for his internal conflict over the cadaver’s identity in the memorial service in the third part of the poem. Abse is not invited, but still rails at the empty hypocrisy which he sees entrenched in the ceremony.

“Other students accepted, joined in the fake chant—
organ solemnity, cobwebbed theatre.
And that’s all it would have been,
organ solemnity, cobwebbed theatre.

Other students accepted, joined in the fake chant—
organ solemnity, cobwebbed theatre.”

Abse seems angered by what he sees as a shallow preoccupation at recognising the humanity of the cadavers. Perhaps this is the “easy way out” for dissectors too scared to face up to the challenge of individually coming to terms with this conflict, the “fake chanting” and “organ solemnity” acting more to comfort the medical students, by allowing them to slip into easy, conformist ritual, than to recognise and thank the people who donated bodies. This “ceremony propitious and routine”, an obligation forgotten soon enough had not the strict priest with premeditated rage called out the Register of the Twenty Dead—each non-cephalic carcass gloatingly identified with a local habitation and a name till one by one, made culpable, the students cried.”

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Huyler seems to have problems coming to terms with the lung cancer. This is presumably the cause of death, strongly hinted at by the beginning of the paragraph, “when we reached it”. The cancer is located, it seems, not only in the apex of the lung, but also at the apex of this man’s life; the summit, the cut-off point. This phrase alternatively gives the impression of getting to the core, the nub of the problem, the reason for the man’s death, almost the cadaver’s raison d’être. Huyler appears unable to get to grips with this “murderous” entity, because it seems so insubstantial—“like sand ... fog or gravel”. It is a “foreign ... frightening” enigma, the secrets of its “strong” killer-powers shrouded in a lethal, indeterminate grey fog.

Also “strong and frightening” seems to be the impression made on Huyler’s mind by the inescapable fact of this cadaver’s (former) humanity. As with Abse in Carnal Knowledge, he finds it harder and harder to reconcile himself to this fact as the cadaver is “reduced ... to pieces”. Like Plath’s “caved in” cadaver, and Abse’s “Divine proportions [lost]”, the fantasy of the cadaver’s former life is progressively more difficult to construct without its humanoid structure to act as a doll for the student’s imagination to dress and play with. Huyler deals with this conflict by controlling and suppressing his feelings for the cadaver as a dead person, choosing most of the time to hide his feelings. In a conscious effort to keep his mind occupied away from these disquieting considerations, he throws himself into the pure, factual science of anatomy.

“Our cadaver was sixty-two years old, and after a while, we had gotten used to it, we cut around his tattoos and saved them, like a little pile of photographs which we left by his intact head. Mother.

A red rose, and a woman’s silhouette. The United States Navy.”

The cadaver’s age is almost given as though the man is still alive, with no qualifying “at the time of death”, “when he died”, etc. Huyler and his colleague save the most obviously individual, human aspects of their cadaver, his tattoos, as nostalgic mementoes, as though to remind themselves of the cadaver’s human history, to enable the cadaver to retain a tangible link to his life. Alternatively, the students may feel obliged, like the students at Abse’s memorial service, to create and indulge in an idealised fantasy of their cadaver’s history. These keepsakes are laid at the cadaver’s head, almost as though offered in silent communion with the cadaver, or as token gifts given in thanks or as “payment” for their Abse-esque “violation” of the cadaver’s body. Huyler continues:

“When we reached it, the cancer in his lung felt like sand under the blade. I felt it in my hands long after the lesson was over. Foreign, gray like fog or gravel, there in the apex. It was strong and frightening, because even as we reduced him to pieces I knew that he was real, that he had stories to tell, that he had looked out at the sea from the decks of ships. I could feel it when I chose to. Mostly I chose not to. Mostly it was anatomy.”

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So, we have seen many different literary experiences of dissecting a human body, with a common theme of internal conflicts which students attempt to resolve or cope with by avoidance of feelings to
arrive at Abse’s “apathetic neutrality” towards death and the human body. We now come to the crux of this essay; having seen what progressive effects dissection may have on students, we examine the possible consequences of such effects for the character of medical students and doctors and glimpse the price to pay for dissection.

Students and doctors

In his Student’s Guide to Anatomy in 1961, David Sinclair goes to great lengths to emphasise the potential benefits of dissection to the character and intellectual development of students and doctors.

“The study of anatomy develops qualities which are essential to everyone who has to deal with patients, and many of these qualities are not called upon to the same extent by any other discipline in the professional curriculum. As an anatomy student you are required to be thorough and methodical; you have to be neat and precise with your fingers, and you have to learn to pay attention to detail. Your memory, by being continually called upon, extends its range and power. It is in the anatomy department that you learn the vital lesson of observing instead of passively looking, and it is also here that you slowly and painfully acquire the habit of exactness of speech, of saying what you mean and meaning what you say. You learn how to frame a precise, logical, and orderly description of what you have observed, instead of floundering about at random in a sea of words. In consequence you have to think logically and consecutively rather than in the woolly-minded manner which you may bring with you to the anatomy department. You have to learn to express yourself in public and to think on your feet instead of merely accepting what you hear or read.”

Even Sinclair, however, recognises the danger of only producing one “well-educated man”, (in the days before political correctness!) per “dozen who are merely well-informed ... the ones who have seized on the load of technical information and piled it up in a great heap ... which effectually smothers the tender shoots of understanding and wisdom.” Sinclair recognises that “there are so many ‘facts’ and so little argument in topographical anatomy that many students make no attempt to understand the subject and resign themselves to the appalling device of memorizing lists.”

Other authors have expanded on these educational dangers. Ellia Berstock, an Irish general practitioner who studied in Dublin in the 1930s, sees dissection as partly to blame for what he describes as a poverty of intellectual development in medicine compared with arts students.

“No vibrant discussion can take place about the vagus nerve or its origin, its branches, or what muscles it enervates. One cannot have an opinion about it as, say, a student studying English Literature may have about a poem by Shelley. The functions of the stomach or the thymus gland were already formulated. We just had to learn and remember. Indeed there were few why’s and wherefore’s about any subject throughout the whole medical student curriculum — and this to my mind is one of the main causes of the medical profession’s mediocrity. All one needs to be successful as a medical student is a good memory and an aptitude to pick out the essentials and a capacity to build around them in order to pass examinations.”

Berstock protests at what he sees as an intellectual vacuity at the heart of medical courses which emphasise dissection, with rote learning and encouragement of cramming for examinations, with little or no nurturing of opinions, debate, or ideas.

Berlioz, the composer who, we recall, abandoned his original studies, in medicine, to develop musical romanticism, was scathing about the emptiness of his former course and colleagues:

“Become a doctor! Study anatomy! dissect! ... For sake the empyrean for the dreary realities of earth! the immortal angels of poetry and love and their inspired songs for filthy hospitals, dreadful medical students.”

Berlioz seems to view dissection as a process of “selling one’s soul”, of “forsaking” the “immortal” realm of “poetry and love”, for the “devil” of “dreary realities” and “filthy hospitals”. He deplors what he sees as anatomy’s rejection of all but the fallen, insignificant and unpleasant realities of the world, and its ensnaring, suffocating attraction to “dreadful medical students”. Berlioz might even appear to view people as “dreary realities”, made “of earth”. Such a view is echoed by Plath in The Bell Jar, when the “heroine” of the novel, Esther, conducts an imaginary argument with her medical student-boyfriend, Buddy.

“I remember the day he smiled at me and said, ‘Do you know what a poem is, Esther?’

‘No, what?’ I said.

‘A piece of dust.’ And he looked so proud of having thought of this... [He] was very scientific, so he could always prove things... Then just as he was smiling, I would say, ‘So are the cadavers you cut up. So are the people you think you are curing. They’re dust as dust as dust. I reckon a good poem lasts a whole lot longer than a hundred of those people put together’.”

To Buddy the medical student, a poem, which does not adhere to scientific principles of factual observation and proof, is as insignificant as a speck of dust. This also suggests an image of poetry as a blemish on the scientific lens-eye view of the world, misleading and obscuring clinical facts.

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Berlioz’s “dreadful medical students”, who thrive on dissection and anatomy, and reject art and love, are spread throughout literature. Buddy is one example. Plath describes him thus: “He was stupid. Oh, he’d managed to get good marks all right ... but he didn’t have one speck of intuition”.

This kind of “stupidity” is perhaps the “mediocrity” cited by Berstock, above: a medical student so conditioned by rote learning and “getting good marks” that he has lost all intuition. Or perhaps such minds are those that are nurtured and developed by dissection. Plath mocks Buddy’s gesture of: “buying us a bottle of Dubonnet, which he only did because he was trying to prove he could be aesthetic in spite of being a medical student”.13

The scientific nature, described glowingly by Sinclair, above, traps Buddy in the incongruous position of “trying to prove he could be aesthetic”, because this is the only reality, of proof and tangible action (buying wine) in which Buddy operates. Plath also implies that being aesthetic and being a medical student are two mutually exclusive roles, as though to say that anyone who has cut up cadavers, for instance, and having been blunted by such experiences necessarily cannot appreciate beauty.

Stevenson describes another “dreadful medical student” in much the same light. Fettes is a medical student in Edinburgh in the early nineteenth century, who becomes an assistant in the dissection room.

“Few lads could have been more insensible to the impressions of a life thus passed among the ensigns of mortality. His mind was closed against all general considerations. He was incapable of interest in the fate and fortunes of another, the slave of his own desires and low ambitions. Cold, light, and selfish in his regard for anyone but himself. He is a “cold, light, and selfish” creep, who none the less thrives in the practice of dissection. The message implied here perhaps is that Fettes’s successful studies in anatomy are a direct result of, rather than being in spite of, his personality. Stevenson appears to suggest that dissection attracts such personalities into medicine, and fosters and nurtures such characteristics.

Abse describes another student, “insensible ... to the ensigns of mortality”, although perhaps lacking in “that modicum of prudence”, playing a prank requiring a rather unusual prop...

“Tonker Davies had cut off a penis from one of the cadavers in the Anatomy Room, put it in his trouser pocket before going to a student dance and, eventually, when the last waltz was being played— ‘Any umbrellas, any umbrellas, don’t mind the rain’—Tonker had pulled it out of his trousers much to the consternation of his partner!”15

Here, the dehumanisation of the cadaver in the eyes of Tonker Davies is so complete, that he mutilates his cadaver’s genitalia, and uses what in life would presumably have been a very private part of the cadaver’s anatomy, not to learn or admire the aesthetics, but merely to scare a girl!

Another medical student in literature who utterly “forsakes ... poetry and love” for “dreary realities” is Bazarov, in the novel Fathers and Sons (1861), by Ivan Turgenev. Like Stevenson’s unsympathetic rendering of Fettes, Bazarov’s description might be a description of the optimum product of dissection, the champion of natural science and observation. Indeed, throughout the book, Bazarov displays many of the qualities that Sinclair lists in the extract from his Student’s Guide to Anatomy. Bazarov “says what he means and means what he says”, is always “logical” and ruthlessly rational, not afraid of expressing himself in public, and bases his whole philosophy on not “accepting what he reads or hears” at face value. None the less, the suitability of his temperament to his profession is very much more debatable, as the selection of extracts below indicate.

When we first follow Bazarov, he is engaged in an early morning expedition to his friend’s house to find subjects for dissection.

“In a few minutes Bazarov had explored all the little paths in the garden, inspected the cattle-yard and the stables, come upon two farm-boys with whom he immediately made friends and set off with them to a small swamp about a mile from the house to look for frogs.

“What do you want frogs for, mister?” one of the boys asked him.

“I’ll tell you,” answered Bazarov, who possessed a special faculty for winning the confidence of the lower orders, though he never pandered to them and indeed was very offhand with them. “I shall cut the frog open to see what goes on inside him, and then, since you and I are much the same as frogs except that we walk about on our hind legs, I shall know what’s going on inside us too.”16

Here, Bazarov is portrayed as a totally rational enquirer into the mechanics of frogs, who regards people in much the same, coldly scientific light, as “much the same as frogs”. He seems interested only in what he can “see going on inside” people, and is thus firmly rooted in Berlioz’s “dreary realities”. This world-view is constantly repeated by Bazarov throughout the book. He states that, “a decent chemist is twenty times more useful than any poet”; the only art he recognises is materialistic, “useful” art: “the art of making money or of advertising pills for piles”.21 He scoffs at love and romance because they have no basis in anatomy:

“And what are these mysterious relations between a man and a woman?... You study the anatomy of the...
 eye; and where does that enigmatic look you talk of come in? That’s all romantic rot, mouldy aesthetics.” 22

Bazarov is reiterating the fact that the only realities he acknowledges are those that can be studied, and pre-empts Plath’s Buddy, using similar metaphors of rot and mould to convey the same sense of outmoded, decayed aesthetics as Buddy’s “dust”. He rejects people’s feelings because they are irrelevant to his factual mind.

Bazarov positively glories in those same “realities” that Berlioz found unbearably “dreary” with a neat aphorism which, mantra-like, might sum up much of Bazarov’s world-view: “Nature is not a temple, but a workshop, and man’s the workman in it.” 23

Bazarov does not worship nature, or glory in it. He views his work as a doctor as manual labour, which although refreshingly egalitarian perhaps, is reminiscent of the “casual” everyday normality that suffuses Abse’s dissection as he loses touch with his cadaver’s humanity in Carnal Knowledge.

Bazarov’s attitudes towards art and medicine are explicit in his flirtation with Madame Odintsov, of whom Bazarov has already remarked: “What a magnificent body! Shouldn’t I like to see it on the dissecting-table!” 24

Bazarov is rebuked by his friend for being so callous in his blatant yet honest objectification of Odintsov. This joke reinforces Bazarov’s view of people as merely the sum of their parts. In his later conversation with her, Bazarov expands on his view of humanity, which is obviously strongly influenced by his experience of dissection.

“‘And so you have no feeling whatsoever for art?’ she said, leaning her elbow on the table, a movement which brought her face closer to Bazarov. ‘How can you get on without it?’

‘Why, what is it needed for, may I ask?’

‘Well, at least to help one to know and understand people.’

Bazarov smiled.

‘In the first place, experience of life does that, and in the second, I assure you the study of separate individuals is not worth the trouble it involves. All men are similar, in soul as well as in body. Each of us has a brain, spleen, heart and lungs of similar construction; and the so-called moral qualities are the same in all of us—the slight variations are of no importance. It is enough to have one human specimen in order to judge the others. People are like trees in a forest: no botanist would dream of studying each individual birch-tree.” 25

Thus we see that dissection has taught Bazarov that “the study of separate individuals is not worth the trouble it involves. “All men are similar” because they are “of similar construction”. Bazarov uses a “specimen” human, a term more often associated with zoological enquiry, “to judge the others”. Thus Bazarov seems to view people as only repeatable biological units, and also feels in a position to judge all people because of his superior knowledge of the structure of their insides. He ends by likening people to trees in a forest, reinforcing his view of people as being no more than repeated biological units. Their conversation continues:

“‘The trees in a forest,’ she repeated. ‘According to you, then, there is no difference between a stupid and an intelligent person, or between a good and a bad one?’

‘Oh yes, there is: it’s like the difference between the sick and the healthy. The lungs of the consumptive are not in the same condition as yours and mine, though they are constructed on the same lines. We know more or less what causes physical ailments; and moral diseases are caused by the wrong sort of education, by all the rubbish people’s heads are stuffed with from childhood onwards, in short by the disordered state of society. Reform society and there will be no diseases.’

... ‘And you suppose,’ said Anna Sergeyevna, ‘that when society is reformed there will no longer be any stupid or wicked people?’

‘At any rate, in a properly organized society it won’t matter a jot whether a man is stupid or clever, bad or good.” 26

‘Yes, I see. They will all have identical spleens’. 27

Such views extend to a reaction against individualism and an instinct to control individual people by treating them as a group, as a “society”, with the effect of trampling on a person’s individuality and making all people similar.

We have seen that, although presenting opportunities and potential benefits to students and doctors, dissection also poses many dangers, both of an intellectual nature, and perhaps more importantly, to the humanity of students and doctors and their relations with other people, some of who will become their patients. We have seen that dissection may contribute to the encouragement and development of many character traits that we may not wish to see in ourselves as medics, or—as patients ourselves—in our own doctors.

Conclusion

We have seen that the experience of dissection elicits many strong, unpleasant and uncomfortable responses in students and laypeople. We have seen the transition in student responses to dissection from horror and disgust to a hardened numbness, described by Abse in the introduction, as a way of coping with the internal conflicts that dissectors have experienced. Such a progression may well be universal, as Abse recalls in his autobiography: “This progression of feelings arriving at non-feeling was true, I think, for even the most sensitive student.” 28

We have shown that such coping mechanisms, relying upon denial of the humanity of a cadaver and the student’s feelings about dissection, can develop or encourage more general dehumanisa-
tion in students and doctors, as personified by Bazarov, Buddy and Fettes. Abse shows the potential danger to the student doctor's relationship with patients of this response learned in the dissection room.

The medical student soon forgets that the body he is dissecting was once alive. It becomes a model. Later I was to learn, during my clinical years, the live patient in the same way would often become a "case." We agree that by teaching students to deal with cadavers as objects, and to repress the feelings and emotions aroused by the conflict in the cadaver's identity in relation to themselves, we may do irreparable harm to the way that students later relate to their patients. Such attitudes among medical students were satirised as long ago as 1837 by Charles Dickens in *The Pickwick Papers*.

"'Been detained at Bartholomew's,' replied Hopkins.

'Anything new?'

'No, nothing particular. Rather a good accident brought into the casualty ward.'

'Do you mean that the patient is in a fair way to recover?' inquired Mr Pickwick.

'No,' replied Hopkins carelessly. 'No, I should rather say he wouldn't. There must be a splendid operation, though, to-morrow—magnificent sight if Slasher does it.'

Here we see the end result of such dehumanisation of medical students, and the application of the objectification strategy learnt in the dissection room to live, vulnerable patients. Hopkins defines a "fair case" not as the layman, Mr Pickwick would, where the prognosis for the patient was good, but where the operation is "splendid"—interesting, technically complex, even thrilling—and where he will have the chance to watch the renowned Mr Slasher operate. Is Hopkins the kind of person we want to be? Is he the kind of doctor we would wish to treat us?

This essay has shown, through literature, some experiences of dissection, and found some common themes running through the different accounts, which seem to lend weight to Abse's "progression from feelings to non-feelings". This being so, we have argued that such dehumanisation may have unwanted consequences for the character and intellect of medical students and doctors, consequences which represent a price perhaps too heavy to pay for the perceived benefits of dissection.

**Acknowledgements**

This paper was originally delivered as a seminar by the author as part of a special study module (SSM) in medicine and literature. We would like to thank Dr Kerry Hood and the tutors and tutees of the SSM in Medicine and literature at the Department of General Practice, UWCM, for their support and contributions to the writing of this paper.

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What price dissection? Dissection literally dissected

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Med Humanities 2001 27: 2-9
doi: 10.1136/mh.27.1.2

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