

Autopsy Room

“You’re gonna love this,” one of the fourth-year medical students declared as he turned to our group of first-years. It was our second month of medical school and we were still struggling to adjust to the workload. The Clinical Correlation group promised us a taste of clinical medicine amidst the drudgery of biochem and anatomy.

Our CC student leaders had obtained permission for a tour of the New York City Medical Examiner’s office. All suspicious deaths—murders, suicides—were investigated there. There was also a museum that wasn’t open to the public, but our CC guides knew the back channels.

Chattering nervously, we congregated on the steps of the ME’s office. The security guard checked our ID cards, as well as our letter of entry. We followed him through the metal detector, down the hallway, up the service elevator, where we were deposited in front of a doorway labeled “Evidence Room.”

The first thing I noticed was an ancient bathtub with chipped enamel and regal lion’s paws. The battered typewritten label affixed inside indicated that at the turn of the century, a serial killer had drowned several prostitutes in this tub. Next to it was a metal pail with a roller; this was where he had crushed their bones.

Inside a glass case mounted on the wall, a faded newspaper clipping told of a worker at a canning factory who had lost the tip of his finger in an accident. In the same display was the can of Krasdale potatoes in which the fingertip had been found—four years later.

Another shelf displayed half-melted, mangled eyeglasses from a plane crash.

A whole row was devoted to surgical mishaps. An organ I did not recognize was preserved in formaldehyde, the surgical clamp that had been unintentionally left in the body still attached to it. Remnants of botched deliveries and abortions floated in fluid-filled glass jars.

Further along was a display of suicide notes, some in graceful 19th-century cursive, others most likely typed on old Underwoods.

After touring the Evidence Room we stood, recuperating, in the hallway. Our CC leaders were not fazed. “We’re not done yet,” one said. “Now we’re going to the basement.”

We stared at our feet as the service elevator lurched downward. Our first stop was the morgue. The cavernous walk-in refrigerator was icy and silent. Nine naked corpses lay on shelves, their wizened bodies covered with skin that glowed ghastly green. These were the unclaimed bodies, mostly elderly men from the streets. The ones that were never identified, never claimed, went to our anatomy lab.

From there we were herded into the autopsy room. The general cacophony stood in stark contrast to the silence of the

morgue. The autopsy room was long and rectangular with seven tables. Six were surrounded by groups of pathology residents performing autopsies. The residents wore long rubber gloves and industrial-strength aprons. The sound of their voices and their clanking instruments echoed in the room.

The only body I had ever opened was my cadaver in anatomy lab, which was preserved in formaldehyde and completely dried out; I’d never seen blood. In the autopsy room there was blood everywhere. Residents were handling different organs, weighing them, measuring them, taking samples, and then replacing them in the open corpses. Blood streamed down the troughs that surrounded each table.

It was disgusting, but I wasn’t nauseated. These bodies didn’t look like people anymore. This place felt like a slaughterhouse.

Then I spied the last table, the only one without a sea of activity around it. Lying on the metal table was a young boy, who didn’t look older than 12. He was wearing new Nikes, and one leg of his jeans was rolled up to the knee. His bright red basketball jersey was pushed up, revealing his smooth, brown chest. He looked as if he was sleeping.

I tiptoed closer. Was he really dead? There was not a mark on his body. Every part was in its place. His clothes were crisp and clean. There was no blood, no dirt, no sign of struggle. His expression was calm, his face without blemish. His skin was plump. He was just a beautiful boy, sleeping.

I wanted to rouse him, to tell him to get out of this house of death, quick, before the rubber-aproned doctors got to him. There is still time, I wanted to say. Get out while you can!

I leaned over his slender, adolescent chest. I peered closer. There, just over his left nipple, was a barely perceptible hole. Smaller than the tip of my little finger. A tiny bullet hole.

I stared at that hole. That ignominious hole. That hole that stole this boy’s life. I wanted to rewind the tape, to give him the chance to dodge six inches to the right.

Someone pulled on my arm. Time to go.

For months after my visit to the Medical Examiner’s office, I had nightmares. They weren’t about bloody autopsies or mangled fetuses. I dreamt only about the boy, the one who’d had the misfortune to fall asleep in the autopsy room.

At night, he would creep into my bed. On the street, I could feel his breath on the back of my neck. In the library, while I battled the Krebs cycle and the 12 cranial nerves, he would slip silently into the pages of my book. His body was so perfect, so untouched.

Except for that barely perceptible hole.

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We welcome contributions to A Piece of My Mind. Manuscripts should be sent to Roxanne K. Young, *The Journal of the American Medical Association*, 515 N State St, Chicago, IL 60610.
