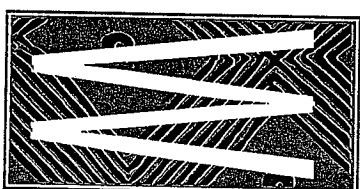





# Sarcophagus

BY RICHARD SELZER

ANTICIPATING: 1. Describe an experience you or someone close to you has had either with a doctor or with a hospital situation. Describe what brought you or the person to this need for medical care. Describe the doctors, nurses, and other health care specialists and how they treated you or the person. Describe the aftermath of this situation and the feelings and/or memories you have about it.

2. Describe a time when a job you were doing went terribly wrong. Describe the scene of this problem, what you were doing, what precisely went wrong and why, and the aftermath of this situation.



We are six who labor here in the night. No . . . . . seven! For the man horizontal upon the table strives as well. But we do not acknowledge his struggle. It is our own that preoccupies us.  I am the surgeon.  David is the anesthesiologist. You will see how kind, how soft he is. Each patient is, for him, a preparation respectfully controlled. Blood pressure, pulse, heartbeat, flow of urine, loss of blood, temperature, whatever is measurable, David measures. And he is a titrator, adding a little gas, drug, oxygen, fluid, blood in order to maintain the dynamic equilibrium that is the only state compatible with life. He is in the very center of the battle, yet he is one step removed; he has not known the patient before this time, nor will he deal with the next of kin. But for him, the occasion is no less momentous. 

Heriberto Paz is an assistant resident in surgery. He is delft, tiny, mercurial. I have known him for three years. One day he will be the best surgeon in Mexico.

Evelyn, the scrub nurse, is a young Irish woman. For seven years we have worked together. Shortly after her immigration, she led her young husband into my office to show me a lump on his neck. One year ago he died of

Hodgkin's disease. For the last two years of his life, he was paralyzed from the waist down. Evelyn has one child, a boy named Liam.

Brenda is a black woman of forty-five. She is the circulating nurse, who will conduct the affairs of this room, serving our table, adjusting the lights, counting the sponges, ministering to us from the unsterile world.

Roy is a medical student who is beginning his surgical clerkship.

He has been assigned to me for the next six weeks. This is his first day, his first operation.

David is inducing anesthesia. In cases where the stomach is not empty through fasting, the tube is passed into the windpipe while the patient is awake. Such an "awake" intubation is called crashing. It is done to avoid vomiting and the aspiration of stomach contents into the lungs while the muscles that control coughing are paralyzed.

We stand around the table. To receive a tube in the windpipe while fully awake is a terrifying thing.

"Open your mouth wide," David says to the man. The man's mouth opens slowly to its fullest, as though to shriek. But instead, he yawns. We smile down at him behind our masks.

"OK. Open again. Real wide."

David sprays the throat of the man with a local anesthetic. He does this three times. Then, into the man's mouth, David inserts a metal tongue depressor which bears a light at the tip. It is called a laryngoscope. It is to light up the throat, reveal the glottic chink through which the tube must be shoved. All this while, the man holds his mouth agape, submitting to the hard pressure of the laryngoscope. But suddenly, he cannot submit. The man on the table gags, struggles to free himself, to spit out the instrument. In his frenzy his lip is pinched by the metal blade.

There is little blood.

"Suction," says David.

Secretions at the back of the throat obscure the view. David suction them away with a plastic catheter.

"Open," commands David. More gagging. Another pass with the scope. Another thrust with the tube. Violent coughing informs us that the tube is in the right place. It has entered the windpipe. Quickly the balloon is inflated to snug it against the wall of the trachea. A bolus of Pentothal is injected into a

vein in the man's arm. It takes fifteen seconds for the drug to travel from his arm to his heart, then on to his brain. I count them. In fifteen seconds, the coughing stops, the man's body relaxes. He is asleep.

"All set?" I ask David.

"Go ahead," he nods.



long incision. You do not know how much room you will need.

This part of the operation is swift. Fat . . . muscle . . . fascia . . . the peritoneum is snapped open and a giant shining eggplant presents itself. It is the stomach, black from the blood it contains and that threatens to burst it. We must open that stomach, evacuate its contents, explore.

Silk sutures are placed in the wall of the stomach as guidelines

between which the incision will be made. They are like the pitons of a mountaineer. I cut again. No sooner is the cavity of the stomach achieved, then a columnar geyser of blood stands from the small opening I have made. Quickly, I slice open the whole front of the stomach. We scoop out handfuls of clot, great black gelatinous masses that shimmy from the drapes to rest against our own bellies as though, having been evicted from one body, they must find another in which to dwell. Now and then we step back to let them slither to the floor.

They are under our feet. We slip in them. " . . . , " I say. "He is bleeding all over North America." Now my hand is inside the stomach, feeling, pressing. There! A tumor spreads across the back wall of this stomach. A great hard craterous plain, the dreaded linitis plastica (leather bottle) that is not content with seizing one area, but infiltrates between the layers until the entire organ is stiff with cancer. It is that, of course, which is bleeding. I stuff wads of gauze against the tumor. I press my fist against the mass of cloth. The blood slows. I press harder. The bleeding stops.

A quick glance at Roy. His gown and gloves, even his mask, are sprinkled with blood. Now is he dipped; and I, his baptist.

David has opened a second line into the man's veins. He is pumping blood into both tubings.

"Where do we stand?" I ask him.

"Still behind. Three units." He checks the blood pressure.

"Low, but coming up," he says.

"Shall I wait 'til you catch up?"

"No. Go ahead. I'll keep pumping."

"I try to remove my fist from the stomach, but as soon as I do, there is a fresh river of blood.

"More light," I say. "I need more light."

Brenda stands on a platform behind me. She adjusts the lamps.

"More light," I say, like a man going blind.

"That's it," she says. "There is no more light."

"We'll go around from the outside," I say. Herberto nods agreement.

"Free up the greater curvature first, then the lesser, lift the stomach up and get some control from behind."

I must work with one hand. The other continues as the compressor. It is the tiredest hand of my life. One hand, then, inside the stomach, while the other creeps behind. Between them . . . a ridge of tumor. The left hand fumbles, gropes toward its mate. They swim together. I lift the stomach forward to find that *nothing* separates my hands from each other. The wall of the stomach has been eaten through by the tumor. One finger enters a large tubular structure. It is the aorta. The incision in the stomach has released the tamponade of blood and brought us to this rocky place.

"Curved aortic clamp."

A blind grab with the clamp high up at the diaphragm. The bleeding slackens, dwindles. I release the pressure warily. A moment later there is a great bang of blood. The clamp has bitten through a cancerous aorta.

"Zero silk on a big Mayo needle."

I throw the heavy sutures, one after the other, into the pool of blood, hoping to snag with my needle some bit of tissue to close over the rent in the aorta, to hold back the blood. There is no tissue. Each time, the needle pulls through the crumble of tumor. I stop. I repack the stomach. Now there is a buttress of packing both outside and inside the stomach. The bleeding is controlled. We wait. Slowly, something is gathering here, organizing. What had been vague and shapeless before is now declaring itself. All at once, I know what it is. There is nothing to do.

For what tool shall I ask? With what device fight off this bleeding? A knife? There is nothing here to cut. Clamps? Where place the jaws of a hemostat? A scissors? Forceps? Nothing. The instrument does not exist that knows such deep red jugglery. Not all my clever picks, my rasp . . . A miner's lamp, I think, to cast a brave glow.

David has been pumping blood steadily.

"He is stable at the moment," he says. "Where do we go from here?"  
 o place. He's going to die. The minute I take away my pres-  
 sure, he'll bleed to death."

I try to think of possibilities, alternatives. I cannot; there are none. Minutes pass. We listen to the cardiac monitor, the gassy piston of the anesthesia machine.

"More light!" I say. "Fix the light."

The light seems dim, aquarial, a dilute beam slanting through a green sea. At such a fathom the fingers are clumsy. There is pressure. It is cold.

"Dave," I say, "stop the transfusion." I hear my voice coming as from a great distance. "Stop it," I say again.

David and I look at each other, standing among the drenched rags, the smeared equipment.

"I can't," he says.

"Then I will," I say, and with my free hand I reach across the boundary that separates the sterile field from the outside world, and I close the clamp on the intravenous tubing. It is the act of an outlaw, someone who does not know right from wrong. But I know. I know that this is right to do.

"The oxygen," I say. "Turn it off."

"You want it turned off, you do it," he says.

"Hold this," I say to Heriberto, and I give over the packing to him. I step back from the table, and go to the gas tanks.

"This one?" I have to ask him.

"Yes," David nods.

I turn it off. We stand there, waiting, listening to the beeping of the electrocardiograph. It remains even, regular, relentless. Minutes go by, and the sound continues. The man will not die. At last, the intervals on the screen grow longer, the shape of the curve changes, the rhythm grows wild, furious. The line droops, flattens. The man is dead.

It is silent in the room. Now we are no longer a team, each with his circumscribed duties to perform. It is Evelyn who speaks first.

"It is a blessing," she says. I think of her husband's endless dying.

"No," says Brenda. "Better for the family if they have a few days . . . to get used to the idea of it."

"But, look at all the pain he's been spared."

"Still, for the ones that are left, it's better to have a little time."

I listen to the two women murmuring, debating without rancor, speaking in hushed tones of the newly dead as women have done for thousands of years.

"May I have the name of the operation?" It is Brenda, picking up her duties. She is ready with pen and paper.

"Exploratory laparotomy. Attempt to suture malignant oorto-gastric fistula."

"Is he pronounced?"

"What time is it?"

"Eleven-twenty."

"Shall I put that down?"

"Yes."

"Sew him up," I say to Heriberto. "I'll talk to the family."

To Roy I say, "You come with me."

Roy's face is speckled with blood. He seems to me a child with the measles. What, in God's name, is he doing here?

From the doorway, I hear the voices of the others, resuming.

"Stitch," says Heriberto.

Roy and I go to change our bloody scrub suits. We put on long white coats. In the elevator, we do not speak. For the duration of the ride to the floor where the family is waiting, I am reasonable. I understand that in its cellular wisdom, the body of this man had sought out the murderous function of my scalpel, and stretched itself upon the table to receive the final stabbing. For this little time, I know that it is not a murder committed but a mercy bestowed. Tonight's knife is no assassin, but the kind scythe of time.

We enter the solarium. The family rises in unison. There are so many! How ruthless the eyes of the next of kin.

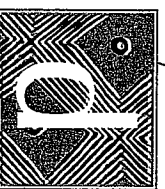
"I am terribly sorry . . .," I begin. Their faces tighten, take guard.

"There was nothing we could do."

I tell them of the lesion, tell of how it began somewhere at the back of the stomach, how, long ago, no one knows why, a cell lost the rhythm of the body, fell out of step, sprang, furious, into rebellion. I tell of how the cell divided and begat two of its kind, which begat four more and so on, until there was a whole race of lunatic cells, which is called cancer.

I tell of how the cancer spread until it had replaced the whole back of the stomach, invading, chewing until it had broken into the main artery of the body. Then it was, I tell them, that the great artery poured its blood into the stomach. I tell of how I could not stop the bleeding, how my clamps bit through the crumbling tissue, how my stitches would not hold, how there was nothing to be done. All of this I tell.

A woman speaks. She has not heard my words, only caught the tone of my voice.



o you mean he is dead?"

Should I say "passed away" instead of "died"? No. I cannot.

"Yes." I tell her, "he is dead."

Her question and my answer unleashes their anguish. Roy and I stand among the welter of bodies that tangle, grapple, rock, split apart to form new couplings. Their keening is exuberant, wild. It is more than I can stand. All at once, a young man slams his fist into the wall with great force.

"Son of a . . . !" he cries.

"Stop that!" I tell him sharply. Then, more softly, "Please try to control yourself."

The other men crowd about him, patting, puffing, grunting. They are all fat, with huge underslung bellies. Like their father's. A young woman in a nun's habit hugs each of the women in turn.

"Damn!" says one of the men.

The nun hears, turns away her face. Later, I see the man apologizing to her.

The women, too, are fat. One of them has a great pile of yellowish hair that has been sprayed and rendered motionless. All at once, she begins to whine. A single note, coming louder and louder. I ask a nurse to bring tranquilizer pills. She does, and I hand them out, one to each, as though they were the waters of communion. They urge the pills upon each other.

"Go on, Theresa, take it. Make her take one."

Roy and I are busy with cups of water. Gradually it grows quiet. One of the men speaks.

"What's the next step?"

"Do you have an undertaker in mind?"

They look at each other, shrug. Someone mentions a name. The rest nod

"Give the undertaker a call. Let him know. He'll take care of everything." I turn to leave.

"Just a minute," one of the men calls. "Thanks, Doc. You did what you could."

"Yes," I say.

Once again in the operating room. Blood is everywhere. There is a wild smell, as though a fox had come and gone. The others, clotted about the table, work on. They are silent, ravaged.

"How did the family take it?"

"They were good, good."

Heriberto has finished reefing up the abdomen. The drapes are peeled back. The man on the table seems more than just dead. He seems to have gone beyond that, into a state where expression is possible—reproach and scorn. I study him. His baldness had advanced beyond the halfway mark. The remaining strands of hair had been gallantly dyed. They are, even now, neatly combed and crenellated. A stripe of black moustache rides his upper lip. Once, he had been spruce!

We all help lift the man from the table to the stretcher.

"On three," says David. "One . . . two . . . three."

And we heft him over, using the sheet as a sling. My hand brushes his shoulder. It is cool. I shudder as though he were infested with lice. He has become something that I do not want to touch.

More questions from the women.

"Is a priest coming?"

"Does the family want to view him?"

"Yes. No. Don't bother me with these things."

"Come on," I say to Roy. We go to the locker room and sit together on a bench. We light cigarettes.

"Well?" I ask him.

"When you were scooping out the clots, I thought I was going to swoon."

I pause over the word. It is too quaint, too genteel for this time. I feel, at that moment, a great affection for him.

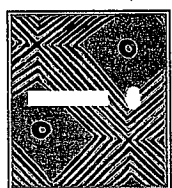
"But you fought it."

"Yes. I forced it back down. But, almost . . ."

"Good," I say. Who knows what I mean by it? I want him to know that I count it for something.

"And you?" he asks me. The students are not shy these days.

It was terrible, his refusal to die."



I want him to say that it was right to call it quits, that I did the best I could. But he says nothing. We take off our scrub suits and go to the shower. There are two stalls opposite each other.

They are curtained. But we do not draw the curtains. We need to see each other's healthy bodies. I watch Roy turn his face directly upward into the blinding fall of water. His mouth is open to receive it. As though it were milk flowing from the breasts of God. For me, too, the water is like a well in a wilderness.

In the locker room, we dress in silence.

"Well, goodnight."

Awkwardly our words come out in unison.

"In the morning . . ."

"Yes, yes, later."

"Goodnight."

I watch him leave through the elevator door.

For the third time I go to that operating room. The others have long since finished and left. It is empty, dark. I turn on the great lamps above the table that stands in the center of the room. The pediments of the table and the floor have been scrubbed clean. There is no sign of the struggle. I close my eyes and see again the great pale body of the man, like a white bullock, bled. The line of stitches on his abdomen is a hieroglyph. Already, the events of this night are hidden from me by these strange untranslatable markings.

