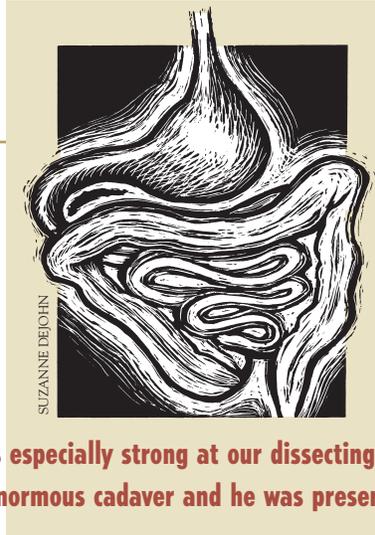


Eau de Formaldehyde No. 5

By Julie Suzumi Young



The odor was especially strong at our dissecting table because we had an enormous cadaver and he was preserved very well.

I used to wake up to the odor of my little brother burping two inches from my face as I napped on the couch. He took great pleasure in reciting the Japanese alphabet in wet, throaty gags as I yelled at him to stop. In college, I once inadvertently grabbed a handful of live maggots from a sack of potatoes as I was about to make some hash browns for my roommates. Later, I worked in an aging county hospital where the smell of urine, Clorox, and mold permeated the puky yellow walls.

First day of anatomy lab in medical school? *No big deal*, I recall thinking. I had spent my whole life smelling, touching, and seeing nasty things. I figured that by contrast, the anatomy lab would be pristine and predictable—almost pleasant.

Ten minutes before I headed to lab, I sent an e-mail to a physician friend, writing, “I’m off to anatomy lab!” and joked as a sign-off, “I will not pass out. I will not pass out. I will not . . .”

I passed out. Well, not exactly, but my startled labmates thought that I had.

Thankfully, it wasn’t particularly dramatic. No flailing of arms or twitching on the floor for all to see. I had fainted before, so I knew it was coming. This time was much less traumatic than the first time around—in front of 200 of my junior-high classmates as we posed for a panorama picture. Yet I was stunned that I had reacted so strongly, especially since I had previously dealt with aplomb with similarly objectionable sights and smells.

Sizzling sound: The first half of lab was uneventful—at least in terms of my own personal health. But, at some point, I suddenly realized that I was hearing a sizzling sound in my head, like frying eggs. Everything went blank. I couldn’t hear anything.

One of my lab partners said something incomprehensible. I announced, “I’m going to pass out now” as my knees buckled under me. I woozily slid onto the floor and curled into a ball—my arms hugging my knees—while I silently prayed that I wouldn’t topple sideways and *really* make a spectacle of myself. I sat there in a baffled stupor for a few minutes.

Then the late Dr. William Mosenthal, one of the long-time anatomy masters, came by and patted me on the shoulder. “You’ll be all right,” he said, in a soothing, Obi-Wan Kenobi way. I really believed him. I felt as if the Great Physician had touched me. Still, his touch wasn’t enough to prevent me from leaving the lab every 20

minutes for the rest of the period to get a breath of fresh air in the adjacent “bone room.”

My only explanation for the near-syncopal episode was that the odor was especially strong at our dissecting table because we had an enormous cadaver. And he was preserved very well, so the fumes were exceptionally pungent. In addition, since I had yet to discover that there were step stools available for shorter students, my chest was right at the level of the

table. As a result, I got powerful whiffs of Formaldehyde No. 5 throughout the dissection—and it was more odoriferous than even a little brother belching directly into my nostrils.

Incident: After the lab, I wrote my physician friend again, sheepishly confessing that I had almost fainted. He wrote, “Pretty cool story to tell the rest of your life. But at least you didn’t barf. You realize that that incident has propelled you to a notoriety amongst your classmates that few students ever achieve. I’m sure it will endear you to everyone, since it showed your humanity and normalcy before it gets transmogrified into the thing that physicians are.”

I was hoping to leave a better legacy than to be the only student out of 70 who lost it. But I liked the idea that perhaps some classmates would see my moment of weakness as a sign of humanity and compassion, not frailty. More importantly, I’m glad that I had a chance to say goodbye to my old, normal self—the one who got grossed out boning a chicken—before I morphed into being a doctor.

In the beginning, my cadaver’s size annoyed me. His body’s large surface area emitted more fumes than I would have liked. However, my initial dread turned to fondness after several days of meeting regularly with our cadaver.

Robust physique: And in the end, his size turned out to be a huge plus. This 83-year-old man had wonderfully large muscles—including the best neck muscles of anyone in that room. Dead or alive. Our dissection group was quite proud of him. He must have worked out a lot to have such a robust-looking physique.

After our group moved on to another cadaver, I missed dissecting the body of this gentleman. One day, I even went over to take a look at his shoulder muscles. They were beautiful.

Fast-forward to the spring of 2005: In rereading this essay, I realize that I have become the classic victim of my own self-fulfilling prophecy. Now that I’m going into psychiatry, and have a greater appreciation for the power of the mind, I’ll be more careful about making any mortifying predictions about myself.

And in case anyone is wondering, my “little” brother is now a clinical pharmacist in his mid-thirties. He has a wife and a baby daughter. And he inflicts on both of them his unique style of teasing that he never quite outgrew. ■

The “Student Notebook” essay covers the activities or opinions of students and trainees. Julie Suzumi Young is a member of the DMS Class of 2005 and is entering a residency in psychiatry at the University of California at Davis. This is adapted from an essay she wrote as an assignment for a first-year course called “On Doctoring.” Students were instructed to reflect on their experiences in anatomy lab. See page 13 in this issue for more on Young’s experiences during medical school—as well as her plans afterward.