

## The Skull On My Desk

By Allison Rosenbaum

My anatomy professor told us that school would be mailing us skulls for free. My stomach dropped; I thought they would be sending us human skulls. I imagined the skull on my desk, turning it in my hands to find and name the foramina, tracking the paths of the nerves and arteries. I felt like maybe I ought to ask my boyfriend if he was okay with me bringing it into our apartment. There was something haunted about the idea.

The skulls are plastic, of course. I named mine Sheldon because he reminds me of an eggshell, and I like resting him on my shoulder or head. I like popping off the top of his head to get a posterior view of the different cranial fossa, and I like the satisfying snap of closing him. I like making his mouth move by depressing the mandible, and strumming the spring that keeps his mouth closed to hear him resonate. I don't like his teeth, they look and feel too much like mine.

Then sometimes I feel sick and guilty for the Halloweenish pleasure he gives me. It occurred to me at one point that Sheldon could just as easily have been a female skull, and then I pressed on my own face to feel the hardness behind the skin, trying to reconcile that feeling with the empty orbits of the skull on my desk. In a different life, there was language for this, there was Yorick, there were thousands of musings on death and worm's meat. Now, there are pathways to memorize.

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I remember sitting outside of my thesis advisor's office in 2017, feeling my heartbeat pulsing in my limbs. I was there to drop my English thesis, which was supposed to be about war trauma and literature following World War I. I had lost interest in the books, and I didn't enjoy the writing. I didn't know it then but I was closing a door on a different, literary life that I had always half-imagined for myself. There were a few things going on that affected my interest and ability to sit in the library and write: one of my brothers wasn't doing well, someone I had been seeing had cheated on me, and I was in a little personal rut. It seems funny to me now that these facts, big and small, helped drop my thesis and alter my course.

I cried with my advisor during that meeting, as I had during several others. We talked about the recent death of her mom, my mom's recent surgery, her children, my friends. She asked toward the end of the meeting if I had thought about what I wanted to do after graduating, and I told her that part of me was interested in medicine. She looked at me and said, "I think you would be an excellent physician," and, spoken out loud, it felt like a possibility. There was a soaring feeling. It seemed to be the greatest compliment imaginable: you are compassionate, you have a capable mind, I would trust you to bring my children into this world, to guide me through to the end of my life.

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I started medical school in New York City in August 2020, in the middle of the pandemic, after a year-long pre-med postbaccalaureate program. The semester has been entirely virtual, and I have not met my classmates even though some of them live in the area. My new neighbors have never seen the bottom half of my face. Most of my hours are spent in front of the computer, under an onslaught of information, eyes straining. Our dog sits by me while I am in class, sometimes with her head on my feet.

The other hours I spend cooking with my boyfriend, or in front of the TV, in the dog park, running along the Hudson, or up to Fort Tryon Park. In our new home, there are instruments on the wall in the living room, our dog on the new red couch, and bread baking. We have been in our new neighborhood for five months, and so far I have loved it on late summer nights, when loud music came in through our window from the park, and in the recent snowfall, when silence and white blanketed everything. But though I cherish our new life here, most of my time is yielded to school.

My peers and teachers I know only flatly, virtually. During lecture I often leave my camera off. When I recently cut my hair, I was surprised and a little touched when some classmates sent me private messages telling me they liked it. I didn't realize anyone was keeping track of me. But then again, these are the things we know about each other: our haircuts, our bedroom walls. My anatomy group jokes about the day we can finally palpate each other, lay our hands on somebody else's joints, abdomen, neck.

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There is no anatomy lab this semester, that great rite of passage, through the flesh and into the world of medicine. Instead there is the plastic skull on my desk. Some of my classmates were unhappy about the decision to have an entirely virtual anatomy semester. I found instead that I was relieved; I am fine putting off this first encounter with death. The year has been overrun with death, and I am still chilled by the images that will never leave our collective consciousness: the refrigerator trucks, the ICU iPads, the daily death count on my phone. The clanging of pots and pans at 7pm, the constant sirens, the Empire State building a flashing distress signal, lighting up the night.

I wasn't there. I was in Boston in the spring, quarantining with my boyfriend while New York went through that hell, and I experienced it all vicariously. I was desperately attached to my phone, and to the trackers of new positive cases, hospitalizations, and deaths. I watched the states where people that I love reside turn orange, and then red on interactive maps. I called my childhood babysitter in Florida, begging her not to go to work. My boyfriend and I went out four times a day to walk the dog, and then scrubbed our hands raw when we came back inside. At some point in March, I got into medical school.

My grandparents got sick in April, in their Upper West Side apartment, and I sat on the chair in my boyfriend's living room in Somerville and cried, waiting for the crying to be done as it was happening. I was filled with the dread of death, and the dread that the next time I saw my family it would be under the worst of circumstances. Or that I wouldn't see them at all, and would be attending another funeral over Zoom. I tried to damp down the dread as it rose, staunch the tears as they came. My grandparents recovered. The spring became summer, I moved back home.

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To be starting medical school in the middle of this apocalypse, and then to spend my time tapping through Anki cards to memorize branches of the external carotid artery, pharmacokinetic equations, the urea cycle. To feel so far removed from the hospital and the people in it - I have a hard time reconciling it.

Our teachers are brilliant and they are also often quite beautiful. One quoted the bible, the death of Rachel, when teaching us about pre-eclampsia. *And it happened, as her life ran out, for she was dying, that she called his name, Benjamin. And Rachel died and was buried on the road to Bethlehem.* Another taught the pharyngotympanic tube by talking us through the murder of King Hamlet by his brother, Claudius. Poison in the ear. We have discussed medical ethics, the cruelty of terms like non-compliance, and sex toy safety. We have even analyzed poetry.

And yet. There are the hundreds of images I have looked through in anatomy class, with flesh, muscle, bone resected in order to reveal a nerve. These are mostly drawings, but we also have a manual of these structures photographed in cadavers. This will be our guide next semester, when we go into the lab. But I thought this was the stuff of snuff - why should I be trusted with these images?

Next semester I will encounter my first cadaver, which has been referred to as our first patient. It might feel like an induction of sorts, into this field that I have chosen. It might feel like nothing at all. I expect it will feel like an academic exercise in the moment, and then it will wake me up at night, mourning.

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There are a collection of moments that have brought me to my edge in the middle of the mundane. I sometimes have to close my laptop.

There was the pathology exam I took, in which every question seemed to begin with a variation of: "A 75 year old man is found dead in his apartment by his super." My job was to look at his cardiac cells and determine, based on their color, when he had his heart attack. The slides are sometimes beautiful, and it can feel like unraveling a mystery to see the neutrophils and know that it has been two or three days since the myocardial infarction. But then I remember that my grandfather died this way when he was 55, when my mom was younger than I am now, and she can still hardly speak about him without crying.

There was the mom who answered the phone when I called to do a psychosocial screening for her adolescent son. She mentioned that the family had bedbugs in their apartment, and I wrote it down in my note. Last winter, I found bites on my body that burned and kept me awake at night. I likely brought the bed bugs home from the Emergency Department where I was volunteering. I cried in front of the exterminator, cried on the phone with my building manager, cried the entire night and into the next day as I packed up my apartment, blow-dried my books, and washed every item of clothing I owned. After, I didn't sleep well. I have been wary of new beds, all bugs, and the slightest tingle on my skin ever since. On the phone I told the mother that I was very sorry to hear that.

There are the videos of surgeries that we watch as part of our anatomy curriculum. I am brought back to the weeks leading up to my mom's surgery, more than three years ago. Before she went under, I Googled "open partial nephrectomy" to see what they would do to

her. The woman being operated on in the video was naked, her legs strapped down on top of each other, one arm held in traction, breasts like two dead things, all of her exposed. All I could see then was my mom, my mom, my mom - scared, suspended thing. When they started opening skin, I could no longer watch. Now, I needed to watch, to identify the arteries and muscles.

There was the lecture on chromosomal abnormalities for my genetics class. I was watching the recording at almost double speed as the lecturer discussed Trisomy 21, Trisomy 18, and Trisomy 13. The latter two are almost always fatal shortly after birth. There were pictures of babies on my slides with the characteristic features of each syndrome: rocker-bottom feet, polydactyly, cleft lip. The photos were grainy, and some were in black-and-white. The babies were naked, tiny, and utterly anonymous. I realized that they probably all had died. I stopped the lecture almost violently, forcing silence into the room for the first time in hours. I looked at these children. I didn't know when these pictures were taken, where the babies were buried, if they were loved. I didn't know their names, I didn't know anything. I sat with that emptiness for a moment, and then I closed my laptop and cried.

I have cried frequently during this education, and least of all from stress. Tears are the great release of my days, a necessary pathway for all of my emotions. I have been this way my entire life. I am quick to cry from happiness or sadness and the entire range between, can warn others when it is going to happen, and can announce afterwards that I feel better. Like magic - I feel better. I haven't yet learned in school why that is. I don't think this is a sustainable model.

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When I go into Zoom interviews with standardized patients, I sweat, and then afterwards I am buzzing, jubilant. When a person unfolds their story, gives it to you as though you are worthy of their trust - it is that soaring feeling. But afterward, I also sometimes cry.

I recently interviewed an older man who had lost his wife three months prior. He didn't want to see his children or his grandchildren, and he spent his time replaying his marriage and all of his small failures. By the time the interview was done, my throat was tightening. After, I thought about the man, who was not real but was maybe based on a real person, and his wife, and the store they ran together. And then I thought about the actor, an older man in his bedroom, playing out grief into the screen so that medical students could learn to be empathetic. Where did he have to dig to play this part, what was he putting himself through? What brought him to this job? And what did he think of me - both as the fake doctor, and as a person? All of these layers of fabrication, and then the final virtual layer on top. The number of times I had looked at my own face on the screen instead of his, or spoke as he spoke because of the lag.

The interview ended, my feedback was positive, I shut my laptop. I pictured each layer of artifice collapsing until there was just me and the man left, only as ourselves, sitting in our apartments somewhere in the same city.

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I have always felt that the most meaningful things in life had to be painful, and also that I had to make meaning of my life. When I was under-confident as a young teenager I had

a mantra: *my body is just a tool through which I can do good for others*. This was obviously problematic, but the sentiment has stayed with me. I loved the books and history that I studied in college, but it all felt like pleasure, and I had this sense that in order to be satisfied I needed to put myself through the ringer. Now, there is pleasure still, but there is so much sorrow sewn into all I am learning. And there is so much I have to learn.

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