The Trouble With Unions
Thinking through the Democrats' biggest dilemma, by Robert M. Kaus

Say It Ain't So, Bjorn
The rotten world of professional tennis, by Michael Mewshaw.

Rest in Pieces
Lots of folks want your body (after you're done with it).

The High Art of Movie Credits
Finding the drama in the tiny type.

Can Sociobiology Be Saved?
The latest thinking about genes and culture.

Two cures for the economy: "Public policy" versus "The Sensational"
Jonathan Penner.
place the time-honored, undirected, and relatively ineffectual indoctrination system that has always been practiced by families, schools, peer groups, governments, and the media?

In reality, any Edenic (Lumsden and Wilson) or Gothic (Marxist) scenarios pitting the forces of darkness and light against each other are science fiction of the dreariest kind. Even if rigorous sociobiologists can establish indisputable connections between our genetic and cultural heritages (which we earnestly hope they will labor to do, for the sake of knowledge and intellectual freedom), how much power will they have? Wasn’t Swift, in his A Modest Proposal, working almost as effectively as any sociobiologist could on our genetically programmed, culturally reinforced sense of right, wrong, and disgust? Propaganda has always played more or less effectively on just those deeply ingrained feelings of group superiority, distrust of strangers, and terror of the unknown that sociobiology posits.

Sociobiology is rapidly unraveling many of the mysteries of animal societies. In doing so, it will give us invaluable insights into why we humans organize ourselves as we do, act as we do, perhaps even think as we do. To the extent that this sort of armchair speculation, bolstered by anthropological anecdote and mathematical calculation of probabilities, can encourage new ways of looking at our own evolution and the genetic constraints on our behavior, Lumsden and Wilson have done a service in making their theories accessible to the thinking public in Promethean Fire.

But in proposing any sort of eugenic fallout from sociobiology, they are opening themselves to the same hysterical criticism from Marxists, creationists, and other anthropocentrics that almost overwhelmed Wilson’s original formulation of his brave new synthesis. It is a sad truth that until scientists are able to present their ideas clearly to well-educated and receptive minds, valuable theories like sociobiology will inevitably fall prey to our disproportionate fears and feed our unrealistic hopes.

Rest in Pieces
by David Owen

Life was a feast. Now, how to dispose of the leftovers?

My wife recently told me she intends to donate her body to science. I found the proposition ghoulish, even though it would relieve me (I intend to survive her) of the expense of disposal. I said that I was determined to have a more traditional send-off: a waterproof, silk-lined, air-conditioned casket priced in the sports car range, several acres of freshly cut flowers, a procession of aggrieved schoolchildren winding slowly through some public square, a tape-recorded compilation of my final reflections, and, local ordinances permitting, an eternal flame. But after a bit of research, I have come around to her point of view.

Two powerful human emotions—the fear of death and the love of bargains—inexorably conflict in any serious consideration of what to do with an expired loved one, all the more so if the loved one is oneself. Most people secretly believe that thinking about death is the single surest method of shortening life expectancy.

On the other hand, the appeal of the bargain intensifies when a third (though essentially unheard-of) emotion—the desire to do good for its own sake—is injected into the discussion. If, after one is entirely through with it, one’s body can be put to some humane or scientific use, enabling life to be preserved or knowledge to be advanced, can one in good conscience refuse? And yet, the mortal coil recoils.

No freezing in the winter. No scorching in the summer. Such are the advantages of booking space in an aboveground burial condominium, according to a flyer I received not long ago. Printed across the bottom of the page was this disclaimer: “We sincerely regret if this letter should reach any home where
there is illness or sorrow, as this certainly was not intended." In other words, if this information has arrived at one of the rare moments in your life when it would actually be of immediate use, please ignore it.

That the funeral business is filled with smoothies, crooks, and con men has been well known since at least 1963, when Jessica Mitford published her classic exposé, The American Way of Death. Mitford's book is required reading for all mortals. Fit-A-Fut and Ko-Zee, she revealed, were the trade names of two styles of "burial footwear," the latter model described by its manufacturer as having "soft, cushioned soles and warm, luxurious slipper comfort, but true shoe smartness."
The same company also sold special postmortem "pantees" and "vestees," enabling funeral directors to gouge a few extra dollars out of any family that could be dissuaded from burying a loved one in her own underwear.

Twenty years later, the death industry is unchanged in almost every particular except cost. Mitford found that the average funeral bill, according to industry figures, was $708. When I visited a local mortuary to price a simple burial for a fictitious ailing aunt, the director rattled off a list of probable charges that added up to more than $5,000, flowers and cemetery plot extra. His estimate included $110 for hauling her body two blocks to his establishment and $80 for carrying it back out to the curb. Pallbearing is estimated to price a simple burial for family members can't lay a hand on a coffin without getting a waiver from the local. ("If they drop the casket, pal," a Teamsters spokesman told me, "you're gonna be in trouble.")

Hairdresser, $35. Allowing "Auntie" (as he once referred to her) to repose in his "chapel" for one day—something he told me was mandatory, despite the fact that I said I didn't want a memorial service and that no relatives would be dropping by—would be $400.

The largest single charge we discussed was for the casket. He used the word "minimum" as an adjective to describe virtually any model I expressed an interest in that cost less than $1,500. The single wooden coffin in his showroom was "very" minimum ($1,100). The whole genius of the funeral business is in making you believe you're buying a refrigerator or a sofa or even a car instead of a box that will be lowered into the ground and covered with dirt. Since there are no real criteria, other than price, for preferring one such box to another, you end up doing things like sticking your hands inside a few models and choosing the one with the firmest bedsprings. "Women seem to like the color coordination," my charon said in reference to a 20-gauge steel model (I think it was called the Brittany) with a baby-blue interior. Since the women he was talking about are dead, that word "seem" is positively eerie.

Cremation is becoming a fairly popular choice among people who think of themselves as smart shoppers. The funeral industry has responded to this trend by subtly discouraging its customers from considering cremation and by making sure that cremation is very nearly as expensive as burial in a box. A pamphlet called "Considerations Concerning Cremation," published by the National Funeral Directors Association, Inc., and distributed by morticians, pretends to be evenhanded but is actually intended to horrify its readers. "Operating at an extremely high temperature [a cremation oven] reduces the body to a few pounds of bone fragments and ashes in less than two hours. . . . Most of the cremated remains are then placed in an urn or casket and carefully identified." This last sentence is the funeral director's equivalent of "Most newborn babies are then sent home with their proper mothers." Earth burial, in contrast, is "a gradual process of reduction to basic elements."

If the funeral business dislikes cremation, it positively abhors the donation of bodies to medical schools, because in such cases the opportunities for profiteering are dramatically reduced—though not, to be sure, eliminated. There is virtually nothing you can do, short of being disintegrated by Martians in the middle of the ocean, to keep a funeral director from claiming a piece of the action when you die. Once again, a pamphlet tells the story: ". . . essential to avoid the possibility of disappointment. . . . more bodies available than the maximum required . . . rejection is permitted by state law. . . . you can expect your funeral director to be of assistance. . . ."

One almost wishes one could die tomorrow, the sooner to savor the pleasure of taking one's business elsewhere.

E RNEST W. APRIL, associate professor of anatomy at Columbia University's College of Physicians & Surgeons, is the man in charge of superintending Columbia's supply of cadavers. Dr. April shares his office with Rufus, a huge red dog who wandered into his yard one day and doesn't like to be left alone. Also in Dr. April's office are some skulls, an old-fashioned radio, a human skeleton, a spine, a paperback book with a picture of a skull on it, some more skulls, a few microscopes, some big bones on a shelf, and a small plastic bone on the floor (for Rufus).

"Most medical students look forward to receiving their cadaver," Dr. April told me. "Once they have their cadaver they are, from their point of view, in medical school. It's something tangible. There's anticipation, trepidation. In the first laboratory exercise, the students basically come up and meet the cadaver, almost as if it were a patient."

As at all medical schools, Columbia's cadavers are donated. Prospective benefactors eighteen years of age and older fill out anatomical bequeathal forms and return them to the university. Hours, days, weeks, months, or years pass. "When the Time Comes," as one brochure puts it, the donor's survivors call the medical school's department of anatomy. "Within the greater metropolitan area," the brochure says, "arrangements for re-
Do Not Read This!

Inscribed on a wall at the Office of the Chief Medical Examiner of New York, better known as the morgue, are the words TACEANT COLLOQUIA EFFUGIAT RISUS HC LOCUS EST UT MORS GAUDET SUCEREREA VITAE. I make this out as, "If you have any sense at all, you won't go downstairs and look at the bodies." But my Latin is weak and my curiosity is strong and I went down anyway. I pressed into an autopsy room through a tiny window in the door and came to the conclusion that death is a condition suffered by many young black men, a few old white men, and no women at all. After I had seen much more than enough, my guide took me upstairs to the true object of my visit: Room 601, the morgue museum. In planning the disposal of your body, don't overlook this little-known option.

The morgue museum is not one of New York's better-known attractions. Indeed, it is usually open only to medical students, police academy cadets, and other aspirants to professions that require a solid grounding in morbidity. I was just a humble tourist, but they let me in anyway.

The morgue museum is the Helmsley Palace of final resting places, an elite repository of the bizarre whose requirements for admission are strict but exactly opposite to those of the anatomical donation programs. If you leave a pretty corpse, you don't stand a chance of ending up here. But if you play your cards right—or wrong, I suppose—some extremely interesting part of you could conceivably be immortalized in an institution that, though it isn't the Louvre, is at any rate the most creative waste of taxpayers' money I've ever encountered. The museum's collection is not quite up to date, modern life being what it is, and families being hesitant to put their loved ones on display. But there is still plenty to look at, including:

- A scorched bathtub in which a great many people were incinerated by someone; empty cans of inflammable liquids; a helpful display identifying several hundred charred bone fragments belonging to the victims.
- The blocked esophagus of a young boy who defeated his brother in a contest to see which of them could swallow the largest unchewed piece of meat.
- Part of the skull of someone who committed suicide by stabbing himself in the head with a pair of scissors; the entry wound is clearly visible, along with evidence of several half-hearted attempts; the scissors.
- Some tattoos, in a jar.
- A photograph of a man who died of chest pains. An eight-pound heart that belonged to a man who used to complain of chest pains.
- A scalp. The face of an air-crash victim, literally blown off in the explosion. A book belonging to an air-crash victim, with the victim's nose bone embedded in it.
- A piece of skin with shark bites on it.
- Some charred fingertips.
- A window gage attached to a 700-volt transformer, used by an apartment dweller to protect his domain; the shoe of a burglar who tried to enter the window, was electrocuted, and hung upside down in the building's air shaft for several hours until he was discovered; photographs from his autopsy.
- A large photograph of a dead man slumped on a bed with a bullet wound in his head. On a windowsill above the bed is a sign that says, "STOP WORRYING! YOU'LL NEVER GET OUT OF THIS WORLD ALIVE!"

D. O.
students at all can specify on their bequeathal forms that their bodies are to be used only for research. “If a person donates his remains for biomedical education and research,” Dr. April says, “there’s a moral obligation on our part to utilize the body on this premises if at all possible, and only for that purpose. The only exception is that we occasionally do make material that has been dissected available to art students because, going back to the time of Leonardo da Vinci, Raphael, Titian, and Michelangelo, artists have had a real need to know and understand anatomy.” Subscribers to public television, among others, should find this prospect irresistible: a chance to benefit science and the arts.

When Columbia’s anatomy courses end, the cadavers are individually cremated and buried in a cemetery plot the university owns. All of this is done at the university’s expense. (In comparison with funeral home rates, the cost of picking up, embalming, storing, cremating, and burying each cadaver is estimated by medical school officials at about $400.) If the family desires, the uncremated remains can be returned at the end of the course, as long as the family asks beforehand and agrees to cover any extra costs.

NEARLY all medical schools operate donation programs much like Columbia’s. All you have to do is call up the anatomy department at the nearest medical school and ask what the procedure is. A group called the Associated Medical Schools of New York, based at Manhattan’s Bellevue Hospital, oversees donations to a dozen or so institutions around the state, including the New York College of Podiatric Medicine and the New York University School of Dentistry. You might think that a podiatry school and a dental school could happily share cadavers, but no school will take less than a whole body.

I sent away for donation information from dozens of medical schools and state anatomical boards. Studying the resulting avalanche of brochures has given me more than a week of intense reading pleasure, making me feel at times like a young girl poring over brides’ magazines in hopes of discovering the perfect honeymoon. Comparison-shopping for a place to send one’s corpse, like all consumer activities, quickly becomes a joy independent of its actual object. There are many factors to consider.

For example, I knew an elderly man who pledged his body to Harvard. When he died last year, his wife contacted a local funeral home to make the arrangements and was told that it would cost about $1,000 above and beyond the standard fee paid by Harvard. When the widow properly balked (all they had to do was drive the corpse fifty miles), the mortician supplied an eight-page letter justifying his charge. Among other problems, he wrote, was “the possibility that a body may be rejected by the Medical School.” This conjures up unwanted images of admissions committees, and obliquely suggests that if my friend had aimed a little lower in the first place, the problem might never have arisen.

Medical schools do reserve the right not to honor pledges. All schools turn down bodies that have been severely burned, for obvious reasons. Other requirements vary. Pennsylvania rejects bodies that are “recently operated on, autopsied, decomposed, obese, emaciated, amputated, infected, mutilated or otherwise unfit.” Contagious diseases are particularly worrisome; anatomists keep a careful watch for Jakob-Creutzfeldt disease, a slow-acting virus that kills not only the occasional medical student but also cannibals who dine on the brains of their victims. All schools, as far as I can tell, accept bodies from which the eyes and thin strips of skin have been removed for transplantation. Removal of major organs, however, is almost always unacceptable, which means that organ donors (see below) generally can’t also be cadaver donors. The state of Pennsylvania is more lenient in this regard. Most other schools want their cadavers intact, although the University of Kansas will accept bodies from which no more than “one extremity has been amputated.”

Stanford’s brochure is full of high sentence and King Jamesian resonances, the sort of prose selective colleges use to dishearten the boi polloi. One section lists five grounds for rejection, each beginning with the phrase “The Division of Human Anatomy will not accept . . .” One thing the Division of Human Anatomy will not stand for is “the body of a person who died during major surgery,” which sounds like the medical equivalent of refusing to cross a picket line. The section concludes, “In summary, the Division of Human Anatomy reserves the right to refuse any body which is, in the opinion of the Division, unfit for its use.”

CHANCES are, you have a long and healthy life to live. But a lot of other people don’t . . .” This strangely comforting thought comes from a pamphlet called “The Gift of Life,” published by a Cleveland outfit called Organ Recovery, Inc. Since there’s usually no way to tell whether your organs or your whole body will be more useful until When the Time Comes, the wisest course is to promise everything to everyone and leave it to the experts to sort things out later.

Organ donation has been given a lot of publicity in recent years. Drivers’ licenses in most states now have tiny organ-pledge forms on the back. These forms don’t have much legal meaning. At New York’s Columbia Presbyterian Hospital, for instance, no one will remove an organ (or cart away a cadaver to a medical school) unless the next of kin give their consent. You could die with an organ-donor card in every pocket, and another one passed on your forehead, and still no one would touch you if your current or separated but not divorced spouse, son or daughter twenty-one years of age or older, parent, brother or sister twenty-
one years of age or older, or guar-
dian, in that order, said no. Prince
Charles carries a donor card; but
if he dropped dead (God save the
King) at Presbyterian, someone
would have to get permission from
Lady Di before removing anything.
If you want to be an organ donor,
carrying a card is much less impor-
tant than making sure your relatives
know your wishes.

No matter how thorough you are
about clearing the way, however,
the chances are slim that your heart,
liver, kidneys, or lungs will ever be
transplanted into somebody else.
Only about one percent of all the
people who die are potential kidney
donors, for instance, and kidneys
are actually removed from only
one in five of these. The reason is
that a suitable organ donor is that
rarest of individuals, a person in
marvelous health who is also, some-
how, dead. Major organs for trans-
plantation have to be removed while
the donors’ hearts are still beating,
which means that all major-organ
donors are brain-dead hospital pa-
tients on artificial respiration. The
ideal donor is a young man who has
played a game of basketball, run a
few miles, and then had a safe
dropped on his head.

John M. Kiernan, organ recovery
coordinator at Columbia Presbyteri-
an, explains that Karen Ann Quinlan
is not a potential organ donor, be-
cause she is not dead. She is breath-
ing by herself and there is activity
in her brain. Every organ donor
must be pronounced utterly and
irretrievably deceased by two sep-
ate physicians who will not be
involved in the ultimate transplan-
tation. They are not goners; they
are gone. This requirement is meant
to reassure people who fear that
signing organ-donor cards is the
rough equivalent of putting out Ma-
fia contracts on their own lives. I
used to share these fears; now they
strike me as silly.

The bookshelves in Kiernan’s of-

cise hold volumes with titles like
Brain Death: A New Concept or
New Criteria? Nearby are a few test
tubes filled with darkish blood. Be-
hind his door is a big blue-and
white picnic cooler that he uses to
carry transplantable organs from
donors to recipients. Big blue-and
white picnic coolers seem to be the
industry standard for moving or-
gans, whether across town or across
the country. In a cover story on
liver transplants last year, Life mag-
azine published a picture of a man
hoisting a cooler called a Playmate
Plus into the back of a station wag-
on. The cooler contained a liver
packed in ice.

If your major organs don’t make it (because, say, you’ve lived a
long time and faded away slowly in
the comfort of your own bed),
there’s still hope for lesser service.
Almost anyone can give skin, eyes,
bones, often without hurting one’s
chances of getting into medical
school. Small strips of skin (whose
removal does not disfigure a cadav-
er) are used to make dressings for
burn victims. These dressings help
keep many people alive who might
die without them. Several parts of
the eye can be transplanted. There
are perhaps 50,000 people now
blind who would be able to see if
enough of us followed the example
of Henry Fonda and Arthur God-
dreyc and donated our corneas. Bone
transplants eliminate the need for
amputation in many cancer cases.
The National Temporal Bone Banks
Program of the Deafness Research
Foundation collects tiny inner-ear
bones and uses them in medical
research.

None of these programs will save
you burial costs the way donating
your whole body will. Nor can you
receive money for giving all or part
of yourself away. Paying for bodies
is widely held to be unseemly and
is, in fact, against the law. On the
other hand, physicians do not to my
knowledge refuse payment for per-
forming transplant operations. May-
be the law ought to be rewritten to
demonstrate, Dr. April pulled back
the yellow sheet on the table near-
est us, causing a momentary cessa-
tion of my heartbeat and revealing
the top of a skull, a set of dentures,
a long striated purplish thing, some
other things, I’m not sure what else.
But no arm, the object of his search.
Far across the room, a few students
were huddled over a dark form that
suggested nothing so much as the
week after Thanksgiving. My ini-
tial queasiness subsided and, with
a sort of overcompensating enthu-
siasm, I asked if I could bound

MAKING intelligent con-
sumer choices usually
entails trying out the
merchandise. In this
case, a test drive is out of the
question. But since I had never so much
as clapped eyes on an actual dead
person before, I asked Columbia’s Ernst April if he would give me a
tour of his anatomy classroom. He
agreed somewhat reluctantly, then
led me down precisely the sort of
test stairway you would expect to be led
down on your way to a room full
of bodies. The classroom, by con-
trast, was cool and airy and had a
high-priced view of the Hudson
River. Blue walls, green floor,
bright lights, a big blackboard, a
lighted panel for displaying X rays,
videotape monitors hanging from
the ceiling, lots of enormous sinks
for washing up.

Also, of course, the bodies. There
seemed to be about thirty of them,
each one lying on a metal table and
covered with a bright yellow plast-
ic sheet. The only noticeable odor
in the room was the odor of new
plastic, familiar to anyone who has
smelled a beach ball. Since the
course was drawing to an end, the
shapes beneath the sheets were dis-
concertingly smaller than expected:
as dissection progresses, students
tag the parts they’re finished with
and store them elsewhere. To dis-
figure, Dr. April pulled back
the yellow sheet on the table near-
est us, causing a momentary cessa-
tion of my heartbeat and revealing
the top of a skull, a set of dentures,
a long striated purplish thing, some
other things, I’m not sure what else.
But no arm, the object of his search.
Far across the room, a few students
were huddled on a dark form that
suggested nothing so much as the
week after Thanksgiving. My ini-
tial queasiness subsided and, with
a sort of overcompensating enthu-
siasm, I asked if I could bound
across the room for a closer look. Dr. April gently persuaded me to stay put. "This is late in the course," he said softly. "It's not particularly pleasant."

Unpleasant, yes; but is it disgusting or unbearable? Many people say they can't stand the thought of being dissected; much better, they say, to be fussled over by a funeral director and eased into a concrete vault, there to slumber intact until awakened by choirs of angels. But death is death, and every body, whether burned or buried. There just isn't really anything you can do to make being dead seem pleasant and appealing.

The trouble with death is that all the alternatives are bleak. It isn't really *dissection* that appalls; it's mortality. It may be gross to be dissected, but it's no less gross to be burned or buried. There just isn't anything you can do to make being dead seem pleasant and appealing. And barring some great medical breakthrough involving interferon, every single one of us is going to die. We should all swallow hard and face the facts and do what's best for the people who will follow us.

Which is why you would think that doctors, who spend their entire lives swallowing hard and facing facts, would be the eagerest anatomical donors of all. But they are not. Of all the people I interviewed for this article—including several heads of anatomical donation programs, a number of medical students, physicians, even the chief medical examiner of New York—only one of them, Ernest W. April, had pledged any part of his body to scientific study or transplantation. And April is a Ph.D., not an M.D. "I don't know of any medical student who is going to give his body," a medical student told me.

**DO DOCTORS KNOW SOMETHING?** Does it, maybe, hurt? Of course not. Every profession lives in secret horror of its own methods. Most reporters I know can't stand the idea of being interviewed. But society is death, and every body, whether burned or buried. There just isn't really anything you can do to make being dead seem pleasant and appealing.

Unpleasant, yes; but is it disgusting or unbearable? Many people say they can't stand the thought of being dissected; much better, they say, to be fussled over by a funeral director and eased into a concrete vault, there to slumber intact until awakened by choirs of angels. But death is death, and every body, whether burned or buried. There just isn't really anything you can do to make being dead seem pleasant and appealing.

The trouble with death is that all the alternatives are bleak. It isn't really *dissection* that appalls; it's mortality. It may be gross to be dissected, but it's no less gross to be burned or buried. There just isn't anything you can do to make being dead seem pleasant and appealing. And barring some great medical breakthrough involving interferon, every single one of us is going to die. We should all swallow hard and face the facts and do what's best for the people who will follow us.

Which is why you would think that doctors, who spend their entire lives swallowing hard and facing facts, would be the eagerest anatomical donors of all. But they are not. Of all the people I interviewed for this article—including several heads of anatomical donation programs, a number of medical students, physicians, even the chief medical examiner of New York—only one of them, Ernest W. April, had pledged any part of his body to scientific study or transplantation. And April is a Ph.D., not an M.D. "I don't know of any medical student who is going to give his body," a medical student told me.

**DO DOCTORS KNOW SOMETHING?** Does it, maybe, hurt? Of course not. Every profession lives in secret horror of its own methods. Most reporters I know can't stand the idea of being interviewed. But society would crumble if we weren't occasionally better than those who believe themselves to be our betters.

Morbid humor at their expense is one thing future cadavers worry about. Medical schools are aware of this and take great pains to keep jokes to a minimum. Still, a certain amount of horsing around is inevitable. Michael Meyers, the man who played Ali McGraw's brother in *Goodbye, Columbus* and went on to become a physician, described some dissection hijinks in a book called *Goodbye Columbus, Hello Medicine.* "By the second week of gross anatomy," Meyers wrote, "it was interesting to notice which members of the class really rolled up their sleeves and dug in (no pun intended—although one group of students did nickname their cadaver 'Ernest,' so they could always say that they were 'digging in Ernest') and so on and so on. This is a level of comedy that I do not, to be perfectly frank, find intimidating. And a cadaver donor who wanted to have the last laugh could arrange to have an obscene or hilarious message ('Socialized Medicine'? tattooed across his chest. Beat them to the punchline. Humorous tattoos don't seem to be grounds for rejection, even at Stanford.

As for dissection itself, it's about what you would expect. "You work through the text," says a young woman just beginning her residency, "and by Halloween you've gotten to the hands. Well, we had a girl in our group who wanted to be a surgeon, and she did the most amazing thing. She dissected off the skin in one piece. It was like a glove. It was beautiful. And then there was mine. It looked like someone had been cracking walnuts. Little flecks, you know? And then this graduate student comes up and says, 'Have you found the recurrent branch of the medial nerve?' And I start looking through my pile..."

A first dissection, like a sexual initiation, is likely to be a botched job: long on theory and good intentions, short on practical know-how. Results improve with practice, but early impressions linger. No wonder medical students don't like the idea of being dissected. For many of them, anatomy class is their first real experience of death. Maybe it's a good thing if physicians develop, right from the beginning, an overpowering abhorrence of cadavers. We are all better served if our physicians devote their energies to keeping us from turning into the things they hated to dissect in medical school. Anatomy classes, in a sense, trick grade-grubbing premeds into developing something like a reverence for human life.

Donating one's body is an act of courage, but it's not a martyrdom. Medical students may not immediately comprehend the magnitude of the gift, but so what? I confess I sort of like the idea of one day inhabiting the nightmares of some as yet (I hope) unborn medical student. And if my contribution means that my neighborhood mortician will go to bed hungry, shuffling off to his drafty garret in the Fit-A-Fut coffin shoes I decided not to buy, then so much the better. Dying well is the best revenge.