Driving north on State Road 3 into New Castle, I heard about the murder-suicide and smiled. A man, angry at his wife for leaving him, had shot her, and then blown his own head off while the children stood in the kitchen watching. I was working as a pre-med student at the local hospital, I was twenty-one years old, and I wanted to see blood. It was my third week in the Pathology lab. I had followed Dr. Shelly like a shadow, nodding my head and saying “Uh-hmm” at the appropriate times while Dr. van Kula told me stories about the old days. I used to sit on a black stool, carefully watching Barb screen pap smears; I stood over the small glass vials, staining slides with hematoxylin, but at that time I only heard stories about the thing that I really wanted to see.

“I remember one autopsy,” Barb would start, “the guy had been dead for two weeks when they found him. I even thought I might get sick.”

The stories never stopped. It was by far the most excitement that reached the Pathology Department, and my anxiety grew with each gruesome tale. Being an undaunted Quincy fan and having read many books by Dr. Michael Baden, I was well versed in the glories of forensic pathology. The time of death could be estimated from the body temperature or from the developmental stage of larvae deposited neatly in the corpses’ nostrils. Strangling could be proven from the explosion of tiny capillaries in the eyes. Baden described his most famous cases: the determination of John Belushi’s lethal dose, and the stunning von Bulow murder. Dr. Michael Baden had become a medical cowboy to me, outwitting both the enemy and his peers, always one step ahead and following the right trail. As I slid my time card into the digital clock, it was 6:55. Five minutes early- just as planned. I bobbed down the hall, bouncing on each foot. Suddenly, I had become Baden. I was ready. Murder-suicide- Bullshit! I’d find the real story. I’d know just where to look- check for lividity, blanching, rigor
mortis. Look at the eyes, and check for the hallmark bruises of a skull fracture. Dr. Shelly would be amazed, and I might even earn Dr. van Kula’s respect. No, I would earn his respect. No longer would I have to hear about autopsy stories; this would be my story, my day. Just who the hell was Quincy anyway?

I hadn’t gained a minute. Dr. Shelly was ready to pounce on me, and threw books and terms at me in amazing speed. Some books I had become familiar with and said so, but others, more technical, were also assigned.

“I’d like a three page report on gunshot wounds by 10:00,” she said. “We’re still waiting on the X-rays. We’ll start at 10:30.”

“Yes, ma’am,” I said, having lost some gusto.

“In the meantime, go to surgery and get some scrubs.”

“OK. Thanks, Dr. Shelly,” I said, as I was getting up to leave. When I had all the books secured in my arms she added as an afterthought:

“You may need some shoe covers.”

“Thanks,” I said again.

I took the books into the tissue lab and set them at the desk. Barb was smiling. She knew I wanted this, and waited until I passed to look up form the microscope.

“She put you to work early, huh?” she said. “This is a big one.”

“It’s about time,” I said. “I didn’t think I was gonna get to see one.”

“Shelly says we’re only doing her. The sheriff wants a bullet match.”

“They’re that sure he did it?” I asked, realizing what a feeling it would be when I found out the real story.

“Yep. Kids saw the whole thing.” Barb said, looking at her feet.

It was quiet for a moment, and then I turned my chair around and began to study the easy texts that Shelly had given me first, for review. Entrance wounds are small; exit wounds are big. Always check entrance wounds to see if the bullet was tumbling. That means that it hit something else first. Check entrance wound powder burns: small diameter burns for a close range shot; larger diameters for shots from further away. Know the bullet trajectory; find its path and reconstruct it. I moved on to the harder texts, toxicology tests to match powders, tissue burns from the bullet, and various descriptions of bullet
types and their signature wounds. I paraphrased most of the three pages, and spent a great deal of time staring at the black and white photos of gunshot wounds. Each location on the body had its own section: gunshot wounds to the head, to the chest, to the arms, to the back. Each photograph was digested by my eyes and filed somewhere in my head. I would be able to identify these things for Dr. Shelly, tell her how she was shot and at what distance. At 9:00 I closed my books and walked down the maze of hallways to the Surgery department. I followed the red, blue, and yellow direction arrows painted on the floor tiles, but never once felt my feet touch them.

The charge nurse ushered me through the doctors' lounge and into the room where the scrubs were kept. They were light green and stacked in piles according to size. I grabbed an X-large shirt and pants and the nurse left me alone to dress. The scrubs were worn and comfortable. They hung from me as an old coat would hang from a scarecrow, transforming me from the all-white look of a student into the hurried, scrubbed look of a doctor. I stuffed my white pants and shirt into a locker, folded a pair of shoe covers into my only pocket, and found my way back out of the department. I felt good; I looked good, and knew it. The people I passed looked at me with submission, strangers said "Hello" as they offered sheepish grins, and single women gave me seductive smiles. I was a doctor, or so they thought, and at no other point in the last twenty-one years had I so desperately wanted to be one.

I knew I had time to spare, so the X-ray department seemed like a good place to spend it. There were girls there looking for rich husbands, and women far beyond my age looking for bragging rights on the young future doctors. The pre-meds all knew this, and each one loved it. Right or wrong, we spent a lot of time there flirting with the technicians, absorbing every trace of desire that they let escape as if it were some incredible redeeming potion. I strolled through the waiting room, fully conscious of the stares and whispers of old women as they tried in vain to identify this new young doctor.

"Whoa, look at Dr. Rose," Heather squealed. "Did you come over to doctor us?"

Heather and Angie looked at one another laughing. "He looks like a doctor, doesn't he?" remarked Angie.

"Uh-hmm." Before Heather could get these words out, I felt her fingers close tightly, and pinch the bottom of my ass.
“Shit! You are completely nuts!” I screamed.

By this time they were both cracking up, leaning against the thick plastic handrail that ran along the hospital walls, then doubled over covering their faces. When Heather settled down, she asked, “Oh, I bet you’re doing that autopsy today.”

“Yep, 10:30. Dr. Shelly’s still waiting on the films.”

“Tina and I just finished them. They’re in the processor. My god is she big. It took both of us and two policemen to position her on the film,” said Heather, holding her short arms far apart to add dramatic effect.

We made our way into the processing room and Angie pulled the 8x10 X-ray films from the plastic tray at the bottom of the large, brown Kodak processors. She walked to the horizontal row of square fluorescent reading lamps, and snapped the pictures under the lock one by one. We stood close to them, staring, pulling even closer, then backing away. The ribs and vertebrae were white, and we could vaguely see the shadows of her skin and organs. One bullet shone brightly within her lumbar vertebrae, and another hung precariously just under the skin of her right breast. The last bullet appeared to be sitting directly inside the curve of her aorta.

“Got her in the boobie, baby!” Heather said, pulling the films down.

“Guess the one through her aorta got her, huh?” Angie followed.

“Guess so,” I mumbled, already working out where the entrance wounds were, and from which direction she had been shot.

“I’m takin’ these films to Shelly. You comin’ Rose?”

“Yeah, right behind ya, “ I said, and followed Heather back to Dr. Shelly’s office.

I stopped in the tissue lab to pick up my report, and Barb was already suited up. She even had her shoe covers on and a large plastic apron tied around her to protect her scrubs. She filled a small brown tray with stainless steel tools: scalpels, scissors, a long butcher knife, and a small circular handsaw. I pulled the report from under my stack of books and made my way into Shelly’s office. She already had the films up on her reading lamps and, without even turning to me, said, “So which one was fatal?”

I was flustered and afraid of embarrassing myself, so I gave Angie’s answer, although I could hear Dr. Baden and
Quincy echoing in my ear that there was more to this death than the obvious let-on.

"The one in her aorta," I finally answered.

"In the aorta? Does that look like it's in the aorta to you?" Dr. Shelly looked at me with a strange mixture of amusement and pity. "Actually, it's sitting outside the chest wall. Probably held up by a rib or it would have gone through. That one killed her though- not bad."

She motioned me to sit down as I handed her the report. She thumbed through it slowly, reading every line, examining it as a cat might examine a mouse. When she finished, she said, "Good, I expect you to help me now."

Ha! Help! I couldn't believe it. I was going to run the show. She'd see. I was ready, primed, and my muscles were tensed. I was saddled up and ready to ride.

"What else are we looking for here besides a bullet match?"

"I don't know," I answered, once again stumped, and silently cursing myself for my own stupidity.

"Cancer, pregnancy, HIV, any sign of active disease. The husband may have killed her for a number of reasons, and a plausible one might be that they both planned it. It's imperative to check her hands for powder burns- she might have killed herself, or even shot at him first. The police report says that he shot her in the back three times, and then shot himself once in the head. Are you ready?"

I said that I was, and she yanked the X-ray films from her reading lamps. We met Barb in the hallway and walked toward the morgue. It was located in a small room near the back entrance to the hospital; the first door on the left for easy hearse access. One large refrigerated locker sat against the left wall. It was stainless steel and had large handles located in the middle of its two doors. On the right wall were some cabinets and a large sink. At the center of the room was a large white table lined in stainless steel that tapered to a drain in the middle. The corpse lay atop metal buckles that held her above the sink and allowed the blood to flow into the drain correctly. There were two policemen leaning against the locker. One was in plain clothes and carried note pad and pen. The other wore a two-tone brown polyester uniform; a Canon AE1 35-millimeter camera hung around his neck from a multi-colored cloth strap. The coroner, a tall man with an enormous stomach, stood at the
head of the table in a dark suit and tie. He ran the largest funeral home in the county, and looked tired and bored this morning. I took my place next to him and became overwhelmed by the smell of fresh lilies.

"Hi guys," Shelly said, in her I'm-really-not-this-stuffy voice that she reserved for strangers.

They all said "Hello" and resumed talking about baseball, corn, and county fairs. I stood among them for a few moments, until Shelly finally introduced me as a "young doctor-to-be." I liked the title and felt my shoulders straighten a little under the soft green scrubs. Doctor-to-be. Wait till they see me, I thought: my hands opening the bullet trajectories, my eyes carefully studying the wounds, checking and re-checking. Then, finally, I'd find something—anything—that they'd overlooked and point it out modestly, all the time realizing my own sheer genius.

"OK, let's get started," Shelly said, approaching the corpse with a long, sterile scalpel. I finally began to study the dead woman. Heather had been right, she was big. Not big, but enormous. Large rolls of cold fat fell over the sides of the autopsy table, and it was hard to distinguish where one of her legs ended and the other began. Her face was round and chubby, and her hair was a dirty blonde that just began to show some gray. There was dried blood under each nostril, and a small streak of it running from the left side of her mouth. One eye was completely closed, while the other lingered partially open as though she had just awakened and stumbled out into the kitchen.

Shelly's blade cut a deep Y starting at both shoulders, meeting at the sternum, and extending down to the fringes of her pubic hair. She retraced this cut a few more times and peeled back each half of skin. Large yellow fat globules clung to every crevice of her torso. I could see her rib cage held together with large red muscles, and below that, her abdomen, masked mainly by the large tortuous intestines.

"We'll start with the chest first," Shelly said. "Barb, hand me the snips."

Barb handed Dr. Shelly a small silver tool that resembled a pair of wire cutters, and Shelly began to work the ends around the bottom right rib. The next sound I heard was that of bone crunching. It sounded like a hollow twig breaking, and I saw that the rib had splintered under the snips. I turned away and
looked at the coroner, then the policemen, but they were oblivious, seeming not to even notice.

"Damn!" Shelly said. "These things are dull. Steve, do you want to see if you can get these for me?"

"Sure," I said, trying to sound eager.

I moved to her side of the table, getting another whiff of the lilies as I passed the coroner. She placed the bloody snips into my gloved hand, and I focused my attention on the next rib. I tried not to look at the corpse's face as I clamped on the next rib and squeezed the handles down hard. The blades were dull, and I tightened my grip as I twisted the rib back and forth, finally hearing the horrible crunch and splinter, and the deep hollow sound as I broke through. I began to sweat and lost my concentration. I felt as if I were torturing a neighbor's cat, feeling afraid I would get caught. Things felt wrong. I was no longer Dr. Baden, no longer the medical cowboy. The chambers to my guns were vacant, and a strong wind had blown the ten gallon hat from my head, putting it to rest in the dust. I was playing with a dead human the way a boy might play with a dead dog along the highway: poking, prodding, all the time afraid that the dog might spark back to life and catch him in the act. I regained control of myself and finished cutting the rest of her ribs, but I never shook the fear that my mother might soon open the door and rebuke us all for our behavior.

When the chest plate was removed and set upon the corpse's knees, the police photographer went to work on the heart. He moved around the three different angles while Shelly held the heart and used a silver probe to show the point at which the aorta had been severed. She placed a small plastic ruler next to the wound while still more photos were shot. The policeman then took a few pictures of the bullet that had lodged ventrally in her chest before Shelly extracted it, and dropped it into a small Ziploc baggie. Dr. Shelly cut all around the heart, slicing the vena cava, aorta, and both pulmonary vessels. She shook the heart over the sink until all the blood had drained and then dropped it into a large metal pan that hung from a round white scale. Barb recorded the weight, and Shelly rattled off the height and width of the heart just as she began to make long, thin slices through it. She stopped after each one and held it in her hands, feeling for anything unusual.

"This is called loafing," Shelly said to me.

"You cut through each organ like a loaf of bread, looking
for any abnormalities.” Barb saved one slice from the heart in a large metal bowl, and put the rest into a clear plastic bag. One by one, all the other organs were loafed, and each time a small section was saved in the bowl for cellular analysis. Dr. Shelly didn’t find anything unusual, but she never stopped instructing me. She explained how each organ functioned and how the tissue design played a part in it. I pulled on the short, thick muscles of the heart, and she explained that the small, round nodes in the lungs were “histos.” These developed as a result of the disease called histoplasmosis, which nearly everyone in the Midwest would catch at one time or another from pigeon guana. When she opened the gall bladder, her face lit up and she said, “Ah, what beautiful stones. Barb, save these for the students.”

She dumped them in my hand. They looked like large kernels of seed corn suspended in dark green bile. As I placed them in a plastic urine sample vial, she was halfway through the chemical formation of gallstones, losing me quickly with her catalog of knowledge. I was overwhelmed by the information, frightened by the sight, and when she opened the intestines, I became a little sick from the strong smell of vomit and excrement that seemed to draw the scent of fresh flowers out of the coroner’s suit. Like a cowboy wearied from saddle sores, I was humbled to see the reality of forensic pathology. I knew that my swashbuckling autopsy voyage was not going to take place. The body was not just the victim of a crime that needed to be solved, but there was something more that continually brought my eyes to her face. I couldn’t get over the fact that this was, or had once been, a person.

“Damn, it’s not in there,” Shelly said, as she dropped a small dorsal portion of the spine into a large, vacant space where the intestines once lay.

“Maybe it’s more ventral. Steve, could you hold her shoulders up for me?” Before I knew it, both of my gloved hands were pulling hard on the cold shoulders, trying with everything to hold the corpse up.

“A little more,” Shelly said.

After a heavy tug, the large dissected flaps of fatty skin that used to be her breasts slid from the table into my lap. Shelly hadn’t seemed to notice, but I thought I heard the policeman laughing.

“Feel at L4. Can you feel my fingers?”
“Yeah,” I said, running my fingers along the spine. “Damn. Still nothing there. I’m gonna go a little deeper.”

I looked back again at my lap. I could feel the blood dripping from her open chest onto my shoe cover. It felt like rain dripping from a gutter in a summer thunderstorm. It made a smart splatter with each drop on my covered sneaker.

“Am I through? Am I through?” Shelly was shouting. I looked up in time to see her white gloved finger wriggling through the hollow abdomen.

“You’re through,” I said in a weak voice.

“Shit! Still nothing. The God-damned X-ray shows it at L4. We’ll have to go lower.”

The circular handsaw whirred to life, and I once again smelled the gritty bone-burned air that reminded me of a dentist’s office. A few moments later, Shelly succeeded. The bullet had melted into the smooth curves of one vertebrae. She held it up proudly before placing it into yet another Ziploc baggie that the plain-clothes officer handed her. The policeman looked tired, and disappeared quickly after collecting the last slug. Barb handed Shelly a large curved needle tied to a thick white string. Dr. Shelly began stitching up the Y incision nonchalantly. The stitches were horribly uneven and looked gross and macabre. For an instant, Shelly looked like Victor Frankenstein laboring over the monster, toying with life and death, performing unspeakably grotesque deeds under the cover of a dark room. The boundaries had become blurred. Life and death no longer seemed as distinct as before, but were now meshed in a long intricate tapestry. I felt that I had tampered with some natural law; crossed some hidden line not meant to be crossed. The face of the corpse was with me for days, always asking me, “Why?” Why had I decimated her body, sliced through her spleen and uterus, collected her gallstones in a plastic urine container? I had no easy answers for that image of a face, and none for myself. Questions of an afterlife came upon me like waves, pelting me harder each time I was left alone with them.

My cowboy outlaw days were over. I could no longer gallop headlong into the unknown, brim pulled low, spurs pinching the black animal beneath me. My pistols would no longer be cocked back hard, ready to jolt forward. The wind had blown the dust from my eyes; the sun shone down hard
that afternoon. The realities of autopsy glimmered clearly for me then, and distinct images radiated brilliantly before my eyes: the dead victim’s face in a horrible crime; a woman, a daughter, and a mother.