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An unusual ending to an anatomy lesson

I work in Phnom Penh, in a community health project. Despite thinking that I am well adjusted to life in Asia sometimes my world view and my boundaries between “medicine” and “life” are seriously challenged. The health project is staffed by young, locally trained nurses with a few older medical assistants trained at border camps. As our patients are generally managed well, I tend to assume a greater basic knowledge of anatomy and other medical sciences than may be the case.

I recently decided—having reached an impasse in my explanations of the relation between blood pressure in heart, lung, and liver—that it would be helpful to have an anatomy lesson with a fresh specimen. Mrs Vee, our office cleaner (and midday cook), was therefore sent to purchase the relevant pieces of pig. She returned with an impressive proportion of the internal organs—oesophagus, trachea, thyroid, heart, lungs, liver, and a piece of diaphragm. I particularly pointed out the heart and its resemblance to the human form (the aortic valve can be directly transplanted).

Part way through the lesson, I became aware of a most offensive smell (to my nose). I assumed that the specimen must be decomposing in the heat, but I was reassured that it was just the smell of “prahok”—fermented fish paste, a staple of the local diet—wafting in from the kitchen.

We continued the lesson until well after midday. No one seemed anxious to go home, but I gradually realised that, rather than still being enthralled with my teaching, the class was waiting for something. “It is lunch time,” someone said.

“OK, we can go,” said I and, pointing to the specimen, asked, “Where shall we dispose of this?”

A pitying look was exchanged—how stupid could she be? “Mrs Vee will cook it,” Sok gently explained.

I was horrified. “But it has been sitting around all morning,” I protested.

“Meat does that in the market,” Sok pointed out.

“But we have been touching it.”

“We have been wearing gloves,” Sok replied, and then continued: “Oh, do you think we should give it to the poor people?”

“No,” I said horrified, “if anyone should eat it we must.”

So slices of the liver and heart were fried with ginger—and were, I have to admit, delicious. The slices of liver boiled and served with “prahok” were beyond my ability to eat. What happened to the lung was never clear, but I’m sure it nourished someone that evening.

Why was I so shocked? I am not a vegetarian and, having been raised on a farm, grew up eating offal. Was it the link with the human anatomy lessons of my youth that made me suddenly feel a kinship with this animal? Or is it that my medicine and “real life” are so far removed that I am uncomfortable when the gap closes? Perhaps the explanation is simpler: being well nourished and relatively affluent, I can afford the luxury of being particular about what I will and won’t eat.

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We welcome articles up to 600 words on topics such as *A memorable patient, A paper that changed my practice, My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. Please submit the article on <http://submit.bmj.com>. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for “Endpieces,” consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.