

The Anatomy Lesson

text and embroidery by Marijs Boulogne

Introduction of the dramatical situation to the reader:

A table, a projection screen, an embroidered dummy of a fullgrown embryo.

The endoscope operator investigates the embroidered placenta and umbilical cord

The pathologist studies those endoscopic details on the screen behind them.

These smiling and friendly characters in surgical aprons with latex gloves greet the audience as audience enters the space.

The endoscope operator: (greet the audience) Good evening.

The pathologist (To the audience) :

Good evening. Take a seat. Welcome!

Relax.

This is no theatre show because everything we say here is true.

Schade dat is nicht so gut Deutsch spreche, darum ist diese Klasse auf English.

Aber ich verstehe gut Deutsch, so if you have questions, I am very happy to hear them, in whatever language.

During this lesson, feel free to move around or to stand closer to the table for a while, to get a closer look. Or to interrupt me with a question or with a toilet break, the toilets will stay open during the night.

If this is clear, we can start.

(The pathologist moves to the small table, where the placenta is being investigated by the endoscope operator.)

The pathologist: My dear audience, do you know what this is?

This is the placenta.

The Mutterkuchen, but maybe we could call it the faterkuchen

Because after the dance of the sperm's DNA with the egg's DNA, this placenta is growing *on the other half of the chromosomes that were not chosen to make the baby*

This placenta is big, much bigger than normal, much flatter,

With this size, it could have lived for more than a month longer than usual.

Look at the length of the umbilical cord, this placenta is older than 10 months.

That's why it looks so very flat. It is used utterly.

No stains from an illness.

These brown spots just appear after a couple of days, out in the air.

But it seems it completed all the work really well.

She or He, made a baby.

(The pathologist moves to the autopsy table, topshot projection from this table on screen, image mixing by a technician from behind audience)

The pathologist:

Congratulations, it's a girl.

She is beautiful, but she doesn't breathe.

The situation is always that we know nothing for sure.

So... we start by describing what we can see in front of us,

We describe all the forms and colours.

(The endoscopist comes back in with the scope from the other side of the table, frog perspective)

The pathologist (continues):

Her fingers are thin, white and frail.

The skin on her fingers is mummified and dry, from the thumb to the wrist.

She must have been lying for a few days, with her hands more raised than her body.

Her hands are half open.

Her left leg is grey, today

clearer but greyer,

but softer and lighter

The other leg is more stiff,

and looks a bit like blue with pink marble

This drawing here, can you see it?

This is called marmorisation

These are no illnesses or bruises,

These are only dark blue bacteria that now walk through the empty streets of her veins.

This is a normal coloration, all this happens, when you are not breathing.

Also the tiny toes are marmorized.

Her genital looks normal, only this white froth has sorted

Pure and sterile looking, amniotic fluid, coming from the bladder

So we can see how clean it still was there, just before birth.

What rests of the umbilical cord is red, and what is left is dry, but without inflammation. Otherwise it could be a proof of a separate existence. Taking a closer look, we see that the edges of the cord are torn, as if it was bitten through, but not in a medical context, which could be dangerous for strange bacteria to run quickly through the umbilical cord, even though the umbilical cord has many valves that quickly close up when it is hurt, it is a very sensitive organ, such a cord is loaded with the most exquisite sensor cells, and especially the girl's cord's they are to be found in abundance, but of course not with an endoscope.

(The endoscopist travels over the skin from very close, the pathologist gives her some time, but continues to speak.)

Always better to bind it off on both sides, before you cut it through with a sterile object, and let an expert do it, somebody who knows how sensitive cords are to the little girl attached to it.

This is the green ventral spot.

Always this green arrives here, the green coming from the leaking gall bladder, which is the first organ to break down and to become permeable.

But the green shade that sits on the right arm here looks very different

More like the color of mashed peas. And we should investigate this closer, cause maybe it is the pea soup which forensics call the meconium when it mixed with amniotic fluid, (directly to the audience) Do you know what meconium is? (in case of a no:)

Meconium is our first stool, or shit. It's a dark green or almost fluorescent green sticky substance, and in fact, it's the collection of all wasted hormones and dead cells, that were once needed during the original growth, but were later poisonous if they would enter the amniotic bag again. So the liver stored all those molecules safely into the closed circuit of the growing intestines. And normally, a couple of days after birth, this stool comes out in a nappy, with the baby bowel movements, the peristaltic movements that have started. But in a difficult birth, in a lack of oxygen, the intestines contract and the meconium comes free in the amniotic balloon, and maybe is swallowed by lungs in the airpipe, a catastrophe if the lungs have not opened up yet.

The endoscopist: But it is no meconium.

The pathologist: no peasoup. Let's continue.

(The pathologist forgets to check her chest, and checks instead the neck out)

The pathologist: Here on the neck, there are little red parallel lines, but they are aspecific.

Maybe the umbilical cord was turning round but if I hold her head a while in this position, those lines appear as well.

So we can not know with certainty, what the cause was of these red lines.

Her mouth is open, her tongue is blue.

(The pathologist goes to drink some water and looks to the screen)

Is there a dark green tinge on the tongue of meconium,

Further down the cavity of the mouth, everything looks pink and very clean.

No rests of milk.

I can see her beautiful little ears, and everything looks very perfect.

(Topshot during while the endoscopist moves the rolling table again to the first position at the head of the table. The pathologist, lifts the embryo to expose the back of the head and the back.)

And above the forehead begins a big red spot, that runs via the fontanelles to the back.

This is what we call an elvers bite, just an aspecific temporary redness of the neonate,

As if the elver has bitten, like this.

But it is only a high concentration of blood vessels that would later spontaneously distribute themselves.

The back of her head is swollen here, there where she came out head first, a distinctive mark of a difficult birth.

Her back is covered with many darker shades

Spots where fluids from all the organs pass through the skin, but leave their colour behind. A pink spot for the lungs. Beige of the spleen. Yellow of the liver.

Only not where was a pressure of her own weight, not on the bum and not on her wings. There her skin is silver and ribbed.

This opening on the side here doesn't look like a wound, but something has entered, what is it, if we can find it.

(The pathologist finds a caterpillar and pulls it out with a tweezer. The pathologist continues, as the endoscopist focusses on the caterpillar.)

It is a caterpillar.

And I prefer not to see this butterfly, yet I know it will be beautiful.

The endocopist: What are those greyish spots there on her chest?

The pathologist: Here are some strange marks indeed. Here, here, here, here and here.

Maybe these are real bruises, from a high pressure of the fingertips of the mother, pulling during self-delivery.

But if these are bruises they evidence circulation, and breathing,

So we would than legally state that she was living for a moment.

To know more, we should take a look to what lies deeper, inside her, to see if she has lived at all, or not.

(Topshot, the endoscopist zooms in)

Scalpel.

We make an incision from in the middle of the chest to pubis. And left and right towards the neck.

Here there is a small evidence of blood, on the ribs and the sternum. But not enough as unjury.

We will look further inside and especially to the lungs. This largest organ looks fine, this thymus has no spots.

With a lack of oxygen we would find these, but also in a sudden infant death syndrome. All this little dots, and nobody knows why.

And here are the lungs, curled in like tongues.

(The endoscopist is ready to investigate the lungs from inside.)

This right lung is so dark, too dark, but the left lung looks good and pink, and we can go to see from really close up the alveolar ducts, to see if they opened up for the first breath.

And there they are, but they didn't open although they look perfect, as if this lung could breath, but it didn't.

And there is the heart, pink is the muscle, and look the purple coronary arteries, how they still shine.

A heart will stay fresh for the longest time.

These white spots, first I thought they mark a heart attack, but when we see from really close, we see that these are the so called 'milky spots', just little islands of stranded white cells, maybe they were a sort of protection against illness?

Today the intestines are blue. Not empty, but filled with gasses, and without any doubt, the meconium.

And here is the liver, my favorite organ, with more than 500 vital functions, that rests on all her workers.

And now we will liberate the liver, from all her worries, all the ways to intestines, to stomach and spleen, from all her neurons, arteries, and portal veins, from her own original umbilical cord.

Her cortex has a good colour.

We can only see these white plaques of dying, and also these red flowers.

It looks like this liver could still handle everything, the liver is the only organ that can regenerate in almost any other sort of body cell.

The stomach is blue and shrunk, it now devours itself, like digestive organs do.

And the pancreas is very thirsty, dried up with a honey colored crust. And for the rest, is normal in consistence.

The little green gallbladder looks enormous now, but everything changed colour evenly, we can not see any sign of disease.

Look! Kidneys are still lobulated from the original growth as a foetus, because they never filtered an impurity, instead they were making pure amniotic liquid, sending it down to the white bladder here, and out through the peehole, in the amniotic balloon, 9 months long.

(The endoscopist makes a close up of the ovary)

The pathologist: I want to see her eggs, so let's go through this ovary.

Because if all was good, she has laid them already while she was still so small herself, all those perfect little mirrors of herself, copies of her DNA, all in one cel.

And even every moment for each to ripen, she has told the eggs all to know.

And look, there they are, ready and perfect, and they could always come open,

Therefore they are angels, because over all these, we can not be unhappy, they could be born.

Conclusion after the internal autopsy of the belly:

All was there, and all was healthy.

Let's go back to the swelling on the back of her head , if maybe she had a bleeding from being stuck.

(The endoscopist leads the scope through the back of the head)

The pathologist: Maybe the birth was too difficult, perhaps if she grew for so long and too big? In the end we have to look for something with no colour at all.

Dermis, skull, fontanel, dura mater, hard but thin, like scale of egg, pia mater, vessels of blood brain barrier, still intact, nothing black or broken.

These are hemispheres, grey and white, and nearly without wrinkles.

There is no right way, we pass where we want, through a tender egg white, and all is secret.

(The endoscopist switches the scope off, and screen turns black, no topshot for the moment. The pathologist starts to put all the organs back into the baby. The endoscopist brings the scope towards the new position, and undresses from the operation suit and plastic hospital shoes)

The pathologist:

Don't move. Don't breath.

And now I will close her body with invisible stitches.

(Pathologist brings together the two parts and holds them together for a while)

She is cold.

(The pathologist looks up, towards the endoscopist has come back with a box of woollen crocheted decompositions which she will start to put on the baby as in a time frame of a few days passing by. And meanwhile, the pathologist goes to change outfits)

The endoscopist, toward the baby: Don't be cold.

Don't move.

Don't. No coldness is needed, any more.

I will give you a green shirt, to give warmth. Like this, I give her warm.

(The pathologist joins the endoscopist again and together they continue)

Socks are on, and a hat, a coat, trousers and a dress,

And gloves for your little fingers.

There you go, all the clothes are on.

Is it warm? Can we feel it?

Yes, it is warm.

But is it beautiful?

Yes.

Pathologist: Yes, because everything colours in the latest last fashion, and it is so incredible we can not do anything other than watch.

(A golden crocheted crown is put on baby's head)

And in the end there is a golden crown.

Because nothing is lost, if you do not let it get lost.

Let's play, I want to play.

Let's go outside to play. (Light change)

(The endoscopist and the pathologist perform a national geographic story with little woolen caterpillars.)

The endoscopist: Where is the softest spot? Look here is the place where it is soft, here on the purple, mmm.

The pathologist: Tasty. Hey. Let's hide together in one cocoon.

The endoscopist: Oh yes.

The pathologist: Hide where you want, you are free, but for now, don't move.

before the music starts, wait with dancing,

Who is hungry?

Are you? Are you?

The endoscopist: don't be hungry.

The pathologist (puts long woolen threads out) This is the milk and this is the honey, and you can choose where it comes out.

Here , Here?

And just sink weak roots when you know the way in the ground;

(many snails arrive on the happy spots, the colourful woolen landscape on and around the baby, one snail is followed as if by a go pro camera on his back)

What is the right way? Where do we go? And how would we find it?

I always want to take the right way, because I think that then I will arrive somewhere where it is good. However, when I ask, what is the right way? Everybody answers: a little to the left. A little to the right.

The endoscopist: After two centimeters, again right.

The pathologist: Everybody answers.

But how can everybody be so sure, about the right way, when they haven't arrived themselves for good in the joyful spots. In the joyful places.

Because somewhere there is a spot, where it is always good, a place without regrets or suffering, where happiness never transforms into sadness, just because she lasted too long.

The joyful spots. All come here. The joyful spots!

The endoscopist: Don't be scared of your weak roots.

The pathologist: Don't be scared of our lips on you.

The endoscopist: You are so beautiful it hurts, can we be as perfect as you?

Yes, we can.

The pathologist: For you are laid a thousand eggs,

The endoscopist: We the snails will hold your legs, and hands so you don't move

I'll give you a thousand kisses.

The pathologist: And me, two thousand.

And favorite snail says: now you have us like your thousand fathers and all our love is for you.

And everybody in the joyful spots prefers the heart.

The heart is the strongest and lives the longest here.

Don't be angry, on such a tough heart, cause everything that can not go, it can only stay, if it can transform into something else.

(The endoscopist and the pathologist start whistling, it becomes darker and the Elver-scissors start flying over the field with the little body full of wool and colors)

The pathologist: Feastmeal! Feastmeal! Feastmeal! Feastmeal! Feastmeal, Feastmeal! Feastmeal!

The pathologist, as a bird: I love all what I see. But I don't see much. It's a dark sauce.

The endoscopist: Hear the birds sing for you. Now you can dance ! Dance!

(Pathologist is whistling)

The endoscopist: And butterflies come out. Now!

The pathologist: Why this soon?

The endoscopist: Because I say so, full of desire.

(Butterflies come out and flutter in the air. Fade out)