

What I saw at the ABORTION

by Richard Selzer

The doctor observed, the man saw

I am a surgeon. Particularities of sick flesh is everyday news. Escaping blood, all the outpourings of disease—phlegm, pus, vomitus, even those occult meaty tumors that terrify—I see as blood, disease, phlegm, and so on. I touch them to destroy them. But I do not make symbols of them.

What I am saying is that I have seen and I am used to seeing. We are talking about a man who has a trade, who has practiced it long enough to see no news in any of it. Picture this man, then. A professional. In his forties. Three children. Lives in a university town—so, necessarily, well—enlightened? Enough, anyhow. Successful in his work, yes. No overriding religious posture. Nothing special, then, your routine fellow, trying to do his work and doing it well enough. Picture him, this professional, a sort of scientist, if you please, in possession of the standard admirable opinions, positions, convictions, and so on—on this and that matter—on *abortion*, for example.

All right.
Now listen.

It is the western wing of the fourth floor of a great university hospital. I am present because I asked to be present. I wanted to see what I had never seen. An abortion.

The patient is Jamaican. She lies on the table in that state of notable submissiveness I have always seen in patients. Now and then she smiles at one of the nurses as though acknowledging a secret.

A nurse draws down the sheet, lays bare the abdomen. The belly mounds gently in the twenty-fourth week of pregnancy. The chief surgeon paints it with a sponge soaked in red antiseptic. He does this three times, each time a fresh sponge. He covers the area with a sterile sheet, an aperture in its center. He is a kindly man who teaches as he works, who pauses to reassure the woman.

He begins.

A little pinprick, he says to the woman.

He inserts the point of a tiny needle at the midline of the lower portion of her abdomen, on the down-

slope. He infiltrates local anesthetic into the skin, where it forms a small white bubble.

The woman grimaces.

That is all you will feel, the doctor says. Except for a little pressure. But no more pain.

She smiles again. She seems to relax. She settles comfortably on the table. The worst is over.

The doctor selects a three-and-one-half-inch needle bearing a central stylet. He places the point at the site of the previous injection. He aims it straight up and down, perpendicular. Next he takes hold of her abdomen with his left hand, palming the womb, steadying it. He thrusts with his right hand. The needle sinks into the abdominal wall.

Oh, says the woman quietly.

But I guess it is not pain that she feels. It is more a recognition that the deed is being done.

Another thrust and he has speared the uterus.

We are in, he says.

He has felt the muscular wall of the organ gripping the shaft of his needle. A further slight pressure on the needle advances it a bit more. He takes his left hand from the woman's abdomen. He retracts the filament of the stylet from the barrel of the needle. A small geyser of pale yellow fluid erupts.

We are in the right place, says the doctor. Are you feeling any pain? he says.

She smiles, shakes her head. She gazes at the ceiling.

In the room we are six: two physicians, two nurses, the patient, and me.

The participants are busy, very attentive. I am not at all busy—but I am no less attentive. I want to see.

I see something!

It is unexpected, utterly unexpected, like a disturbance in the earth, a tumultuous jarring. I see something other than what I expected here. I see a movement—a small one. But I have seen it.

And then I see it again. And now I see that it is the hub of the needle in the woman's belly that has jerked. First to one side. Then to the other side. Once more it wobbles, is *tugged*, like a fishing line nibbled by a sunfish.

Again! And I know!

It is the *fetus* that worries thus. It is the fetus struggling against the needle. Struggling? How can that be? I think: *that cannot be*. I think: the fetus

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feels no pain, cannot feel fear, has no *motivation*. It is merely reflex.

I point to the needle.

It is a reflex, says the doctor.

By the end of the fifth month, the fetus weighs about one pound, is about twelve inches long. Hair is on the head. There are eyebrows, eyelashes. Pale pink nipples show on the chest. Nails are present, at the fingertips, at the toes.

At the beginning of the sixth month, the fetus can cry, can suck, can make a fist. He kicks, he punches. The mother can feel this, can *see* this. His eyelids, until now closed, can open. He may look up, down, sideways. His grip is very strong. He could support his weight by holding with one hand.

A reflex, the doctor says.

I hear him. But I saw something. I saw *something* in that mass of cells *understand* that it must bob and butt. And I see it again! I have an impulse to shove to the table—it is just a step—seize that needle, pull it out.

We are not six, I think. I think we are *seven*.

Something strangles *there*. An effort, its effort, binds me to it.

I do not shove to the table. I take no little step. It would be . . . well, madness. Everyone here wants the needle where it is. Six do. No, *five* do.

I close my eyes. I see the inside of the uterus. It is bathed in ruby gloom. I see the creature curled upon itself. Its knees are flexed. Its head is bent upon its chest. It is in fluid and gently rocks to the rhythm of the distant heartbeat.

It resembles . . . a sleeping infant.

Its place is entered by something. It is sudden. A point coming. A needle!

A spike of *daylight* pierces the chamber. Now the light is extinguished. The needle comes closer in the pool. The point grazes the thigh, and I stir. Perhaps I wake from dozing. The light is there again. I twist and straighten. My arms and legs *push*. My hand finds the shaft—grabs! I *grab*. I bend the needle this way and that. The point probes, touches on my belly. My mouth opens. Could I cry out? All is a commotion and a churning. There is a presence in the pool. An activity! The pool colors, reddens, darkens.

I open my eyes to see the doctor feeding a small plastic tube through the barrel of the needle into the uterus. Drops of pink fluid overrun the rim and spill onto the sheet. He withdraws the needle from around the plastic tubing. Now only the little tube protrudes from the woman's body. A nurse hands the physician a syringe loaded with a colorless liquid. He attaches it to the end of the tubing and injects it.

Prostaglandin, he says.

Ah, well, prostaglandin—a substance found normally in the body. When given in concentrated dosage, it throws the uterus into vigorous contraction. In eight to twelve hours, the woman will expel the fetus.

The doctor detaches the syringe but does not remove the tubing.

In case we must do it over, he says.

He takes away the sheet. He places gauze pads over the tubing. Over all this he applies adhesive tape.

I know. We cannot feed the great numbers. There is no more room. I know, I know. It is woman's right to re-

fuse the risk, to decline the pain of childbirth. And an unwanted child is a very great burden. An unwanted child is a burden to himself. I know.

And yet . . . there is the flick of that needle. I *saw* it. I saw . . . I *felt*—in that room, a pace away, life prodded, life fending off. I saw life avulsed—swept by flood, blackening—then *out*.

There, says the doctor. It's all over. It wasn't too bad, was it? he says to the woman.

She smiles. It is all over. Oh, yes.

And who would care to imagine that from a moist and dark commencement six months before there would ripen the cluster and globule, the sprout and pouch of man?

And who would care to imagine that trapped within the laked pearl and a dowry of yolk would lie the earliest stuff of dream and memory?

It is a persona carried here as well as person, I think. I think it is a signed piece, engraved with a hieroglyph of human genes.

I did not think this until I saw. The flick. The fending off.

We leave the room, the three of us, the doctors.

"Routine procedure," the chief surgeon says.

"All right," I say.

"Scrub nurse says first time you've seen one, Dick. First look at a purge," the surgeon says.

"That's right," I say. "First look."

"Oh, well," he says, "I guess you've seen everything else."

"Pretty much," I say.

"I'm not prying. Doctor," he says, "but was there something on your mind? I'd be delighted to field any questions. . . ."

...There is the flick
of that needle. I saw it...
in that room, a pace away,
life prodded,
life fending off.

"No," I say. "No, thanks. Just simple curiosity."

"Okay," he says, and we all shake hands, scrub, change, and go to our calls.

I know, I know. The thing is normally done at sixteen weeks. Well, I've since seen it performed at that stage, too. And seen . . . the flick. But I also know that in the sovereign state of my residence it is hospital policy to warrant the procedure at twenty-four weeks. And that in the great state that is adjacent, policy is enlarged to twenty-eight weeks.

Does this sound like argument? I hope not. I am not trying to argue. I am only saying I've *seen*. The flick. Whatever else may be said in abortion's defense, the vision of that other defense will not vanish from my eyes.

What I saw I saw as that: a *defense*, a motion *from*, an effort *away*. And it has happened that you cannot reason with me now. For what can language do against the truth of what I saw? #