Dissecting Grafts

The Anthropology of the Medical Uses of the Human Body:

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In 1866, six Inuits were taken to the United States for the purpose of serving as specimens to American scientists at the Natural History Museum. Shortly after their arrival in New York, four of them had died. One of the survivors returned to the Arctic, while the sixth, Minik, now alone, fought to make possible the return of the remains of his dead companions to their village. Since the latter were being exhibited, as was then often the case (and happens even today in many museums), in order to offer visitors examples of the Inuk people, Minik protested in vain. In 1909 he returned to Greenland when the scientists denied that the remains of his friends still existed. Several years later, still pursuing the issue, he went back to the United States to take up the fight against the bureaucracy for the repatriation of the bodies. He died in the United States in 1918. It was only in 1993 that he won out and that the remains of the four were returned to the Arctic homeland.[1]

Let us remember recent events in our societies—the desecrations of Jewish cemeteries and of human remains in the last few years. There is also the indignation over the discovery that the medical faculties at Tübingen and Heidelberg universities in Germany continued to use the bodies of Nazi victims for their anatomy courses, and in particular, organs that had been conserved in form of "preparations." The Israeli ministry for cultural affairs demanded of German chancellor Helmut Kohl that the remains of victims be transferred to Israel.[2] Let us think also of the debates that were provoked by the use of corpses for ballistic trials in court cases some years ago in France or in order to simulate car accidents in Germany at the end of 1993. These examples, to

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which others could be added, show that Western societies continue to be divided over the status of human remains. The removal of organs regularly raises awkward dilemmas for families confronted with the need to give their consent to the donation of organs taken from the corpse of a relative. Donor campaigns run into the silent, though active resistance of one part of the population, while another part enthusiastically supports this practice. The debate is far from being over; the questions that are being raised are formidable.

Does death dissociate man from his body, turning the latter into a nothingness, into the useless cover of a vacated chair, into matter doomed to decay? Is the dead body anything more than a perishable and ridiculous memory or does it remain the person that it was? Does it merit our indifference in which case organ removals or medical uses of human remains (such as, for example, dissections) would barely arouse dissent? Or, if the corpse remains the person that it was, does it deserve the same respect that it had commanded when it was alive? In this case and in the absence of an explicit consensus, is organ removal not a violation of its memory? These are the ethical and cultural stakes in the debate concerning organ removals. The status of the dead body calls for the legitimation of the usages to which it can be subjected. The debate on this subject does not go back to the first organ transplantations; the question runs like a red thread through the entire history of medicine. It was in the fifteenth century that anatomists began to cut open the human body to explore its internal organization. In Greek etymology, "anatomy" refers to the act of cutting, of dismembering, of dividing. Historically, anatomy consists in the methodical procedure to open up and to dissect the human body. Man or woman, who still have had a face a moment ago, becomes an indifferent shell whose meticulous dissection produces knowledge that is indifferent to their individuality. Research views it as a bodily machine. With the flesh alive, the stomach opens up to the tangle of the intestines, the skull sawed open, the limbs cut off; what is ultimately left of the person are pools of blood on the operating table and buckets with organic matter. Similarly the curiosity cabinets multiplied toward the end of the sixteenth century where parts of

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the human body were exhibited, with preparations of veins and nerves, with skulls and skeletons, with fetuses, tumors etc. Later, in the eighteenth century and above all in the nineteenth, many museums opened up that showed prepared remains to fascinated visitors, and organs that had been ravaged by illness. There were innumerable bottles showing thousands of different ailments and infirmities, all the excrescences of the human body that autopsies and dissections had yielded.

The history of anatomy continuously evolved in its encounter with cultural sensibilities. Over the centuries the search for "material" for dissection led to the violation of graves in order to lay hands on recently buried corpses, the theft of human remains from hospitals, and the official organ removal from those bodies that no-one claimed, the purchase of the executed from the executioner, and the nocturnal expeditions to take those who had been hanged from the gallows. Later, in order to supply miserly anatomy schools, notably in the United Kingdom, the massive deaths of paupers and vagrants make it possible for the "resurrectionists" regularly to deliver corpses to the anatomist's knife.[3] For better or worse of its history, Western medicine has left the sacredness of human remains behind it; it has denied the humanity of the corpse in order to turn it into a lifeless bark, dead wood indifferent to a human form. It sees the dead body like refuse, a coat left behind by man as he falls victim to death. As for the doctors, neither outrage nor violation reaches this living flesh, from which his breath has escaped, anymore. The practice of dissection reinforces the distinction between man, on the one hand, and his body, on the other, as the simple vehicle of his rapport with the world, essential for his life, but stripped of any value after a death that renders it useless. When dismemberment becomes possible, it means that man be discarded, that the corpse becomes a simple remainder that can be used in all sorts of ways.

It is a view of the world that stands in radical opposition to those of other social milieus, and popular feelings in particular, where the corpse is perceived as the enduring manifestation of man, and a dismemberment that deprives him of his humanity, is considered an abomination. The ordinary population has frequently rebelled against the anatomists, and brawls in cemeteries

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and around gibbets have been numerous. Over the decades the gallows of Tyburn became a battle ground between physicians who tried, quite legally, to take possession of the corpse after execution, on the one hand, and the crowd that fought to secure a decent burial for the executed and certainly to prevent the mutilation of the body on the other.[4] In the United Kingdom and in North America riots regularly broke out after the discovery of pillaged graves, when the crowds assaulted the medical schools and beat up the doctors and their students. They called for an end to a violation of the buried and to dissections that offended them. Frequently these confrontations caused deaths and injuries. Between the eighteenth and the middle of the nineteenth century, when medical demography developed, many people lived in the fear that relatives or they themselves might be subjected to dissection. Cemeteries were guarded by armed men, charged with securing the most recent graves, but also older sites with skeletons that were susceptible to attract a physician's wish to enlarge his anatomy collection. The clashes sometimes led to fatalities among the guards or the resurrectionist. One constructed heavy metal cages and iron fixtures; one piled up big boulders to protect the graves. Walls were raised. Heavily padlocked caves were also constructed for temporarily keeping the dead bodies while they were decaying.

Medicine has used up innumerable corpses for dissections, anatomy lessons, autopsies, science museums, etc. It has triggered a major anthropological rift by claiming, in its encounter with culture and contemporary sensibilities, to turn the decay of man into a simple object that, if methodically dissected, can produce knowledge. Once in decay the corpse ceases to be human and changes into a "nice example of the human machine," simple matter destined to disintegrate. With the removal and transplantation of organs, the use of the dead human body for medical purposes reached a new stage and opened up a second rift. For the second time in the history of medicine, the status of the human corpse became the object of intense debate and of practices that caused a division between medical discourse and that of parts of society, forcing either side to take up a difficult position. Between the physician and the patient to receive a transplant another person now inserts himself in a problematic way, someone who was still

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alive and in good health at the time of the prescription, but whose death is awaited in order to make the transplantation possible. The questioning of organ removals continued to be haunted by the fact that the matter to be transplanted was of human origin.

The organs were removed from brain-dead individuals after a fatal accident, a suicide, or an aneurysm. By maintaining the life-support system the removal of a variety of organs was facilitated, but it meant cutting the flesh and mutilating a human being who still showed all signs of life and who, to make matters worse, still had command of his life a few hours earlier. The notion of brain death, identifying the destruction of the brain with a person's death is based on a dualism between the body and the soul and the privileged position that the latter is accorded. In our Occidental societies, humanity is enshrined in the soul. A more secular view associates the soul with the brain. The concept of brain death returns to a purely biological view of man that obscures his actual existence; for it is not the brain that thinks, lives, or arouses affection, but the person. In this logic, the death of the brain is also the death of the soul, and hence that of the individual, since it does not remain alive in its "corpse." The exclusive identification of man with the superior functions of conscience, with thought, raises insoluble questions and leads to a very limited view of what is human. In showing love or tenderness, we do not stroke someone else's brain, but his or her body; it is the eyes that fascinate us, the mystery of a face. Far from being a chimera produced in a laboratory, the body, and not just the brain, is the unique space of man's appearance.

There is no resolution to the contradiction between the body of the loved one that is being caressed and the notion of the body as the container of organs and an assembly of biological functions. The family that is approached about an organ removal has to cope with the ordeal of bereavement and to deal simultaneously with the responsibility for a decision that will not leave it unscathed. Once consent has been given, relatives are occasionally upset when they see the loved one for one last time. In their eyes, he or she is still alive. They can feel a warm body with their hands, just as it was in the preceding hours. The face appears as if it is about to smile; the chest moves rhythmically up and down; and the

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heart surely continues to beat. Brain death is a concept that belongs to medical culture; it runs completely counter to a sensibility that exists outside this knowledge. Using his criteria, the physician explains the unavoidability of death; but the family continues to see their loved one as living; its members do not always comprehend this and feel a strong sense of guilt for having given their consent. A mother, for example, continues to be haunted by the conditions under which organs are removed from her son's body. "I thought one would wait for death to occur," she said. In subsequent months she had the same nightmare in which her sense of guilt at having given her consent mixed with having lost her child: "Simon rode his bicycle on the porch. He asked his mother if he could come in now. Yes, surely, the latter replied ... But no, you do not have any kidneys." [5] The child's father also expressed his distress: "We have given away something that does not belong to us."

A man who has persuaded his wife to donate their child's organs after the latter's brutal death acknowledges his ambivalence that he would give his own if he were assured that the removal would not harm him. The same person who could not understand how organ removal could be refused ("we are no more than dust"), did not dare touch or burn the bąg that contained his son's sports equipment on the day of the accident. A Dutch survey of individuals who had given or refused to give their consent to an organ removal from a relative, showed that some regretted not to have agreed; but it also demonstrated remorse on the part of others that they had disposed of a loved one in this way. A woman, distressed by the memory, left the scene of the interview in tears after telling the interviewer with regard to her twenty-year-old son that she "could not bear the idea that they would cut up his body of which he had been so proud." [6] A French survey, undertaken by Sofres for the Vincent Guéry Foundation in 1991, revealed that 40 percent of those questioned thought that brain death was not the "true" death.

The notion of brain death is partial; it is also one-sided and abstract for people who are not part of a rational medical culture. In Japan the concept of brain death is not accepted as a criterion for determining the death of an individual. As two Canadian

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anthropologists have noted, "the term *kokoro*, meaning 'spirit,' has the same character as 'heart.' In this context it makes sense that the person is not declared dead until the heart of his humanity, the heart itself, has stopped to function." [7] For this reason, for religious reasons related to man's status after death, and finally because the Japanese tradition also conceives of a gift from an unknown person as a misfortune, organ removals from corpses are practically unknown. Thus and unlike in the United States and in Europe, the overwhelming majority of kidney transplants is undertaken from living donors and with their consent. The strong Japanese sensibilities on the subject of organ removals from dead bodies make that country open to the development of artificial organ technologies.

Even the resolute protagonists of organ removal mostly suspend their utilitarian view of the corpse and in some way compartmentalize its humanity. When they see the dead in the recovery room as a thing, they are prepared to differentiate between the various components of the body in order to affirm its overall humanity. Thus, if the families or the individual consent to the removal of different organs, they in contrast frequently oppose the removal of the eyes. One is reminded in this respect of the strong opposition of the parents of a young person who is the victim of a fatal accident. Even if favoring organ removal, they have nevertheless insisted that the surgeon leave the eyes of their son intact. The hospital of Amiens ignored this wish and removed the eye balls causing great distress to the parents who filed a complaint. In the period following this breach of confidence, organ donations in France slumped considerably. Even today cornea transplants are distinctly more rare than they were before this episode. A Strasbourg physician wrote in this connection: "While a family may authorize the removal of a kidney or the heart, refusal comes when the face, the physiognomy is to be touched. As regards the removal of the cornea, it is as if it were a sacrilegious disfigurement, while this question does not arise when an internal organ is to be removed."[8] In effect, the face is a sacred place of man, the center of his identity. All morality begins with the taking into account of another person's face. The instrumentalization of the body conflicts with the impossibility of considering

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it purely a thing. In the treatment of the eyes of the deceased, in his face, we discover the wish to avoid all actions that turn it into a pure object.[9] Even rationality clashes here with the sacred that makes a come-back.

The grafting of organs is not in any way an easier experience for the person who is ill: the feeling of an acute identity crisis stays with him continuously. Apart from heavy medication and the strict regime that is imposed on him in the fight against infections and the rejection of the organ, the transplant patient often experiences the received organ as a poisoned gift. Contrary to the mechanical view of the human body, he is not indifferent to the fact of something being taken from the body of one person in order to cure another person's illness. An intervention of this kind turns the patient's sense of identity upside down, at first because he becomes indebted to someone who has the upper hand in the transplantation procedure. In human societies a gift calls for reciprocity that guarantees the same dignity to the partners in the exchange.[10] To receive something implies to reciprocate, in one form or another, be it gratitude or love. The person who receives and refuses to reciprocate gains a bad reputation. The gift "obliges" the person who naively accepts it. Accepting a present is perilous in that it symbolically amounts to a debt toward the donor. The material impossibility to reciprocate, even for a reason that is independent of one's wish to do so, triggers a sense of guilt that one is unable to fulfill the moral implications of a gift; it engenders a feeling of perennial indebtedness that persists for the rest of the recipient's life in the form of a reproof or an overwhelming desire to unload (gratitude, for example). As Mauss has reminded us, in the ancient Germanic languages, "gift" means both "present" and "poison."[11] Greek etymology reflects the same ambivalence. The unconscious of a language reminds us that the gift, once accepted, links donor and recipient like a charm whose effect the recipient can only undo through a counter-gift of equal symbolic value.

The parallel with the "gift" of an organ is even more troubling since certain societies assume that the objects of an exchange have a soul. As Mauss puts it: "The thing that is received is not inert. Even if abandoned by the donor, it is still a thing of his. Through it

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he has taken a hold over the beneficiary, like the owner of a thing has a hold over the thief."[12] Among the Maori, the *hau*, the spirit of a thing, accompanies the latter and urges the recipient, at the risk of putting his life in danger, to pay the donor back. The power of *hau* constantly reminds the recipient of the need to make certain himself that an exchange takes place in order to regain his freedom of conscience. In transplants the symbolic restitution to the "donor" of *hau* that relate to his existence is made impossible by the death of the person from whom the organ has been removed. It is a death that the recipient finds all the more difficult to forget since it is the first step to his own recovery. He owes his life to the death of another person, one of whose organs now lives in his own body. The debt is infinite. It cannot be repaid symbolically since the donor has disappeared.[13] M.R. Corniglion, referring to the autopsy that will be performed after his death on account of his exceptional heart-transplant situation, indirectly revealed the force of this sense of indebtedness that stripped away part of himself: "I know that I'll end up in the morgue. There I am: condemned to having my intestines taken out, to being eviscerated, cut up, with my organs analyzed one by one. What then is left of me? What do I still have at my disposal? Intellectually I can no longer be my own master. ... Morally I feel the need to give all."[14] We must live with the crushing weight of this debt without being able to conjure up a charm. The other-worldliness of mutual help that is at the heart of medical discourse and of donor associations covers up poorly the tyranny of the gift. To be completely indebted to another person runs the serious risk of giving the recipient the feeling that he is nothing anymore.

The sense that the transplanted organ is still filled with the "donor's" individuality encourages an irrational asking after the identity of this phantom whose death offered the recipient a strange deliverance. There is the young man who had a transplant two years earlier following a kidney disease that imposed upon him a long-term dependence on regular dialysis. When he was asked after the operation what he was thinking, he immediately referred to the "kidney" that had been taken from the corpse of a young man killed in a road accident: "One cannot forget this. ... It is strange ... One knows that it was not an intentional death.

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Sometimes one asks oneself if his parents know that their son's kidney is still alive. … Have they given their consent?" When his mother explains that she would have liked to know the family of this young man, the son exclaims at once: "Better not. I am the recipient. To know more—no! To know nothing about it is better. He is dead; but this is not what has caused his death! I have not taken it from him!" The tenacious wish to ignore in order not to increase a debt that is already terrible, a sense of guilt that leads him to stress that no-one can reproach him that he has caused the death of that young man. Yet, two years after the operation his insistence on this fact, and the wish that the victim's parents were aware of the transplant are very telling about his difficulty to come to terms with the new organ, even if it freed him from the constraints of dialysis. He recalls that his own wrecked kidneys were "thrown away." In his eyes, the transplanted organ is "like a machine that makes dialysis unnecessary. It is almost artificial, and yet it is someone else's." The organ that is more or less snatched from another person, remains an alien element and establishes the tribute of a debt that feeds the labor of guilt, even if in the course of the conversation it also ultimately evokes his "deliverance." [15]

The integration of the transplant into the self induces an inner crisis that is more or less acute and lasting depending on the individual, his previous history, the psychological conditions of the operation, the quality of the family support, and the hospital environment. This transplantation represents an intromission that affects the self as well as the organism. The medical discourse that revolves around the latter is belied by the personal identity crisis that the recipient experiences. The transplant opens the door to a possible infection by imaginary ideas about the unknown donor of the organ and of life. The foreign organ creates a breach between the reality and the image of the body; the confines of the self become dissolved and are being assaulted by fantasy. The transplant recipient feels an alien presence inside himself, the persistent trace of another person. Part of himself has slipped away. We hear statements like: "I feel someone else's presence in my body that is stronger than me, as if one half of my body has escaped from me." "One no longer knows too well who one is." "I have the feeling that I have changed my body." The injection of

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another person into the self, and in a definitive way, induces the notion of being infused with qualities that the person is assumed to have had whose death made the organ transplant possible.

Having been part of another person, the organ gives rise to fantasies concerning the identity of the "donor" and the absorption of features of that stranger who has become an unwelcome guest for the rest of the recipient's life. The soul of the "donor" (his *hau*) is assumed to have accompanied the organ;[16] it pervades the recipient for better or worse. A woman's kidney causes a man to fear that he will lose his virility; a woman receiving a man's kidney worries that her femininity will undergo change. A young organ recipient is alarmed that the advanced age of the person from whom the organ was removed might do harm to his future life. An elderly person is delighted to receive the heart or kidney of a young one, but worries that the heart might, for instance, "run away" and demand a vitality of him that does no longer "fit his age." Or conversely, he would like to "profit" from his new heart. Some parents or recipients cross-check the lists of fatal accidents in the days or hours before the transplant operation in an attempt to trace the possible "donor." They indulge in researching his character and his profession. Stories are constructed on meager evidence ("he was twenty years old;" "he was a truck driver;" "he was returning from his vacation.") that has escaped the physicians. One worries that the deceased had a drinking problem or lived a profligate life. One takes courage from his moral qualities, his physical strength ("he was a sportsman.") or his youth; one is scared or happy to receive together with the organ part of his presumed personality. Thus the organic boundaries are largely overwhelmed by the imaginary radiance of the graft. [17]

The removal of his own organ in order to replace it with that of another person does not merely open up a wound in the flesh, but also deeply affects the patient's values and existence. This mixing of life and death where all symbolic boundaries are being abolished turns all representations upside-down and puts the sick person into a position of extreme transgression to which are added the feeling of having inside himself the flesh of another person and of losing the boundaries of his own identity. The graft is constrained by an inverted form of mourning, i.e., the need to recon-

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struct one's own existence by internalizing the loss of a part of oneself and the difficult process of accepting another person's organ. Personal projects and resolutions—like "I'll help others in return." "When I die I shall also donate my organ."—represent forms of resisting the pressures of the debt. Periods of emotional ups and downs occur. With the passage of time internalization takes place; the organ adapts to the image of the body, even if the sudden memory of the donor returns at times and if the dream at night still awakens his ghost. The patient recovers part of his taste for life enhanced by the knowledge that he would probably have died had he not gone through this.[18] However, this journey does not exclude the persistent feeling of indebtedness and of a disquieting oddness; nor does it remove a vague sense of distress of transgressing the symbolic line that divides life from death. The daily need for, and regime of, immune-suppressants with their not insignificant side-effects to prevent organ rejection constantly reminds him how precarious is the link with that other person and with death. The need for constant medical supervision, an existence that is dependent on medication do not allow him to forget this.

If the majority of organ recipients end up more or less assuming that their situation is equivocal, others are deeply affected by the insertion of a foreign organ and the intolerable weight of the debt. The psycho-pathological complications that follow transplants are known: depression, depersonalization, apathy, despair that sometimes leads to suicide. The recipient is exposed to a crushing narcissistic identification with the unknown donor and tries to mobilize his defenses against this intrusive and obsessive process. He views the transplant as a process by which his own self is dissolved and he is taken possession of by someone else. R. M. Eisendrath has studied the personal history of eleven patients who died a few weeks after the transplant operation for reasons that appeared to be purely medical (organ rejection, infection etc.). All those eleven patient went through a difficult period in relation to their illness and their families. Eisendrath developed the hypothesis that the organ rejections and death expressed an impossibility to carry on with life at this price.[19] Organ rejections are sometimes no doubt the organic manifestation of a more deep-seated refusal, unleashing preconscious and unconscious forces in the patient.

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The more or less serious personality problems that sometimes follow an organ transplant demonstrate the tricks that the symbolic nevertheless imposes on an operation that medical discourse views as purely mechanical: the replacement of a failing piece in the bodily machine with reliable one. Existentially, the heart is not a pump, the kidneys are not a purifying station; nor are the lungs just flaps. If it were not so, man would indeed be a mechanism composed of interchangeable pieces, and organ transplants would not raise any psychological or ethical questions, before or after; just as no one has any moral objections to changing the cogs of a broken clock. However, the giving of blood, sperm or even milk, and more so the donation of an organ are not mechanical replacements for personal shortcomings. They imply an alteration of the personality, the resolution of a bereavement, and a subtle kind of imaginary implantation of another person's gift. The physical part that is put into the recipient's body is not something indifferent; it is charged with values and with fantasies; it is someone else's fragment, and raises the question of the limits of identity, of the boundaries between self and other, between death and life in oneself and in another person. Long before being a medical matter, the existential success of an organ transplant is conditioned by the symbolic relation that is established with the recipient. Man is a being that depends on connections, symbols, and the imaginary, rather than a purely rational one. And the organ transplant is probably one of the most troubling and difficult human experiences to have, even though one regains one's health and autonomy.

In the Western scholarly tradition since the end of the Renaissance, the body has been subtly differentiated from the person and reduced to a special kind of mechanism. It is generally presented as being different from the person that is embodied in, and assimilated into, this machine. In this perspective, medicine is a science of the body that has fallen prey to an illness rather than of a sick person. But to deprive man of his flesh and to treat it as if it were something mechanical, drains the body of feeling and of value. If the symbolic retreats from the body, there remains nothing but an assembly of cogs, a construction of technical functions.[20] To turn the body or its parts into something disposable, to turn human flesh and thus man himself into a material that can be

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injected into the substance of other persons, has serious consequences from an anthropological point of view. Through its intimate link with itself or its next of kin, the body is not a sophisticated machine; it is not a thing that is stripped of value and dignity in the interest of simply being something useful and practical. The body is the flesh that is linked with the outside world, indistinguishable from the person to whom it gives a face. No human society has ever perceived the body as a worthless cadaver after death. No less is it a remains that is available for the curiosity and fantasies of the living. Funeral rituals protect the body and allow it to take leave from the group, staking out its path toward the other world. And the corpse is always the object of great care. Laws protect it against all violations. To consider a person as a corpse and not as a human being is a formidable decision to make, particularly when the last step consists in transforming the body into a thing.

The anatomist or the advocate of organ transplants juxtaposes the physics of the organic elements to the metaphysics of the corpse's humanity. However, in doing so he effects a choice of values, and he defends unknowingly another kind of metaphysics that associates human remains with nothing, with waste. At the beginning of the organ transplant stands a decision to turn the body into a thing, to dehumanize it from the moment that death has struck. In these circumstances, the moral obstacle has been removed; the corpse is treated as if it were stripped of value, except for a utilitarian one, made up of organic and recoverable components. Organs are thus perceived as parts of a human structure that are detachable and mutually interchangeable. Yet this decision does not have the clarity of a revealed truth, and the satisfaction derived from elevating oneself over prejudices is merely another prejudice consisting in the imposition of a choice between values on an absolute truth. Assuming that after death the body is no more than an indifferent object or, conversely, that it remains human does not lead us anywhere. The answer to it is uniquely grounded in cultural arguments, in a world view, in a universe of values; it depends on representations of death, of the corpse; it implies a social definition of a person. Neither position authorizes us to respond firmly and without polemics to the anthropological status of the corpse. Today's organ removal or autopsy, yester-

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day's anatomy lesson, provoke either horror or a militant enthusiasm. A feeling of violation creates a sense of guilt not to have known how to prevent a mutilation of the body of the loved one or, conversely, a feeling of regret not to have been able to "give" the one or the other of one's organs. The difficulty that the campaigns in favor of organ transplants face, indicate the extent of social resistance to the view of the human body as an empty vessel, a simple reservoir of organs. The personal problems that the recipients experience entangle them with their debt and their dependence on the medical profession. They remind us of the complexity of the situation, i.e., that it is impossible to erase the humanity of the graft.

The banalization of transplants introduces into our societies (still protected against the commercialization of the human body which begins to penetrate certain countries of the Third World) a debate which is uncorrected and serious in its consequences for group morale. This debate cannot avoid making value judgments and to put forward world views. Moral reasons face each other on both sides. The status of the corpse, especially that of a loved one, evokes for each individual a very intimate sense of the sacred. It makes all argument impossible. Everybody responds with his conscience to the dilemma. However, our societies are also vexed by those anthropological ruptures that are no longer integrated into mentalities.

In Western cultures, the human body is grounded in the enclosure of the flesh within itself and the intrinsic and unique humanity of this material that delineates its face and its shape. The body establishes the boundaries of a person's identity. Interference with that symbolic order effaces the limits of identity above and below, of the self and others, of the living or the dead. If man exists only through corporal shapes that put him into the world, all modification of its forms implicate another definition of his humanity. The boundaries of the body shape outlines the moral and significant order of the world. Thus to think about the body is just another way of thinking about the world and one's social connections, since a flaw in the configuration of the body is a flaw in the cohesion of the world.[21]

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Notes

1. *Liberation*, August, 26, 1993.
2. With regard to the striking passion of Nazi anatomists in the death camps and the occupied territories during the Third Reich and their obsession with the collection of organs and bones demonstrating the "degeneracy" of other peoples, one dreads to think of all those other bodies that remain without burial today.
3. J.M. Ball, *The Sack-'em up men! An Account of the Rise and Fall of the Modern Resurrectionist* (Edinburgh, 1928). A.G. Mitchell, "Anatomical and Resurrectionist Activities in Northern Scotland," in: *Journal of the History of Medicine*, 4, 1949; A.F. Guttmacher, "Bootlegging Bodies," in: *Bulletin of the Society for Medical History*, 4, 1935; D. Le Breton, *La chair à vif. Usages médicaux et mondains du corps humain* (Paris, 1993), Ch. 3.
4. P. Linebaugh, "The Tyburn Riot against the Surgeons," in: D. Hay et al., *Albion's Fatal Tree* (London, 1975), 65-117.
5. M. Rufo and M. Burki, "Les parents donneurs d'organe. Etude préliminaire," *Neuropsychiatrie de l'enfance*, 38, 1990, 309.
6. T. Tymstra et al., "Experiences of Bereaved Relatives Who Granted or Refused Permission for Organ Donation," in: *Family Practice*, 9, 1992, 141. See also F. Fulton et al., *The Cadaver Donor and the Gift of Life: The Social and Psychological Impact of Organ Transplantation* (New York, 1977), 338-76.
7. M. Lock and C. Honde, "Reaching Consensus about Death. Heart Transplants and Cultural Identity in Japan," manuscript, 5. On the larger debate see *Cahiers du LASA*, 15/16, 1993.
8. *Dernières Nouvelles d'Alsace*, February 26, 1994.
9. For this reason, medical students cover up the face of the corpse they dissect in their anatomy courses. The removal of man's-humanity is in fact always achieved by the disappearance of his face. See D. Le Breton, *Des visages. Essai d'anthropologie* (Paris, 1992).
10. See M. Mauss, "L'essai sur le don," in: *Sociologie et anthropologie* (Paris, 1950).
11. Idem, "Gift, gift," in: idem, *Cohésion sociale et division de la sociologie. Oeuvres* (Paris, 1969), Vol. III., 46ff.
12. Idem, "Essai" (n. 10), 159.
13. The numerous associations of transplant patients or advocates allow, over and above the medical care, to offload indirectly the stifling sense of gratitude that they feel and with which they nevertheless have to continue to live. Through devoted service to others who are waiting for the transplantation or are recovering, through the militancy of the "gift" of the organs, the unbounded debt hopes to achieve gratification; it becomes a form of life.
14. M.R. Corniglion, *Vaincre la mort. Un chirugien greffé du coeur témoigne* (Paris, 1986), 59 and 155.
15. M. Carton and P. Defert, "De l'émodialyse à la greffe," in: *Lieux de l'enfance*, 9-10, 1987, 329f. Even more traumatic is an organ transplantation when the donor is a living relative, as happens with kidney transplants. To the crushing sense of debt is added a guilt feeling that the other person has been mutilated and that he or she might in turn fall ill. The sacrifice is inscribed in the face and the sides of the person to whom one owes one's life thanks to his or her voluntary mutilation. Jean Bernard ("Greffe et transplantations d'organes," in: *Réadaption*, 372,

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1990, 13) quotes a girl who was cured from leucemia thanks to bone-marrow taken from her brother. She declared: "If I see it correctly, I am a chimera, and my heart pumps my brother's blood through my body." See also G. Raimbault, "Morceaux de corps en transit," in: *Terrain*, 18, 1992, 15-25.

16. In the collective imagination organs are endowed with particular moral or physical qualities: the kidneys refer to reproductive powers, to strength; the heart to intelligence, intuition, and affectivity; the liver primarily to courage and to anger; the lungs to rhythm, to breathing etc.
17. The family of the donor informs itself about the recipient, or it is regularly informed about the state of the removed organs. The survival of the organ in the recipient's body gives it a sense of the continued existence of their loved one. The organic part changes with the metonymy of the recipient. The consent of the donors' families, based on the argument that the body is nothing, is suddenly transformed into its opposite: the transplanted heart, the kidney mark the symbolic survival of the person that once held it. The associations with the donor combine the rational argument that the body is useless after death with the notion of "prolonging the life of the donor" thanks to the fact that his organs have been transplanted. These are irreconcilable arguments.
18. J.-C. Crombez and P. Lefebvre, "La fantasmatique des greffés rénaux," in: *Revue française de psychanalyse*, 37, 1973, 95-107. Many cases of sexual problems among the recipients, but sometimes also among the donors have also been observed. H.L. Muslin ("On Acquiring a Kidney," in: *American Journal of Psychiatry*, 127, 1971, 1185-88) describes three phases relating to the integration of the new kidney into the self-image: at first there is a period of self-estrangement, of disquieting distance; then follows a period of partial incorporation; finally there is the incorporation phase. See also D. Le Breton, *La chair à vif* (n. 3), Ch. 6.
19. R.M. Eisendrath, "The Role of Grief and Fear in the Death of Kidney Transplant Patients," *American Journal of Psychiatry*, 126, 1969, 381-87; D. Silbertin-Blanc and S. de Lattre, "Crises psychotiques après greffe rénale," in: *Revue de médécine psychosomatique*, 3, 1985, 11-21; P. Castenuovo-Tedesco, "Organ Transplant, Body Image, Psychosis," in: *Psychoanalytical Quarterly*, 42, 1973, 349-63.
20. On this topic see D. Le Breton, *Anthropologie du corps et modernité* (Paris, 1990).
21. Idem, *La chair à vif* (n. 3).

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