2. What is Rios’s attitude toward immigration, both legal and illegal?

3. Even though Rios lives in the United States, he has elements of green left, as he says in the next-to-last paragraph. Do those elements serve as an argument against his blue-green dichotomy?

4. Characterize something or some person you know well in terms of colors, as Rios does, especially in paragraph 17.

The Knife

One holds the knife as one holds the bow of a cello or a tulip—by the stem. Not palmed nor gripped nor grasped, but lightly, with the tips of the fingers. The knife is not for pressing. It is for drawing across the field of skin. Like a slender fish, it waits at the ready; then, go! It darts, followed by a fine wake of red. The flesh parts, falling away to yellow globules of fat. Even now, after so many times, I still marvel at its power—cold, gleaming, silent. More, I am still struck with a kind of dread that it is I in whose hand the blade travels, that my hand is its vehicle, that yet again this terrible steel-bellied thing and I have conspired for the most unnatural purpose, the laying open of the body of a human being.

A stillness settles in my heart and is carried to my hand. It is the quietude of resolve layered over fear. And it is this resolve that lowers us, my knife and that is nothing like a caress; still, it is among the gentlest of acts. Then stroke ceps, until the wound blooms with strange flowers whose looped handles fall to the sides in steady array.

There is sound, the tight click of clamps fixing teeth into severed blood vessels, the snuffle and gargle of the suction machine clearing the field of way down and in; clamp, sponge, suture, tie, cut. And there is color. The green of the fat lies the fascia, the tough fibrous sheet encasing the muscles. It must be hold apart the wound. Hands move together, part, weave. We are fully en-Damascused.

Deeper still. The peritoneum, pink and gleaming and membranous, bulges into the wound. It is grasped with forceps, and opened. For the first time we can see into the cavity of the abdomen. Such a primitive place. One expects to find drawings of buffalo on the walls. The sense of trespassing is keener now, heightened by the world’s light illuminating the organs, their secret colors revealed—maroon and salmon and yellow. The vista is softly vulnerable at this moment, a kind of welcoming. An arc of the liver shines high and on the right, like a dark sun. It laps over the pink sweep of the stomach, from whose lower border the gauzy omentum is draped, and through which veil one sees, sinuous, slow as just-fed snakes, the indolent coils of the intestine.

You turn aside to wash your gloves. It is a ritual cleansing. One enters this temple doubly washed. Here is man as microcosm, representing in all his parts the earth, perhaps the universe.

I must confess that the priestliness of my profession has ever been impressed on me. In the beginning there are vows, taken with all solemnity. Then there is the endless harsh novitiate of training, much fatigue, much sacrifice. At last one emerges as celebrant, standing close to the truth lying curtailed in the Ark of the body. Not surplice and cassock but mask and gown are your regalia. You hold no chalice, but a knife. There is no wine, no wafer. There are only the facts of blood and flesh.

And if the surgeon is like a poet, then the scars you have made on countless bodies are like verses into the fashioning of which you have poured your soul. I think that if years later I were to see the trace from an old incision of mine, I should know it at once, as one recognizes his pet expressions.

But mostly you are a traveler in a dangerous country, advancing into the moist and jungly clift your hands have made. Eyes and ears are shuttered from the land you left behind; mind empties itself of all other thought. You are the root of groping fingers. It is a fine hour for the fingers, their sense of touch so enhanced. The blind must know this feeling. Oh, there is risk everywhere. One goes lightly. The spleen. No! No! Do not touch the spleen that lurks below the left leaf of the diaphragm, a manta ray in a coral cave, its bloody tongue protruding. One poke and it might rupture, exploding with sudden hemorrhage. The filmy omentum must not be torn, the intestine scraped or denuded. The hand finds the liver, palpates it, fingers running along its sharp lower edge, admiring. Here are the twin mounds of the kidneys, the apron of the omentum hanging in front of the intestinal coils. One lifts it aside and the fingers dip among the loops, searching, mapping territory, establishing boundaries. Deeper still, and the womb is touched, then held like a small muscular bottle—the womb and its curious appendages, the ovaries. How they do nestle in the cup of a man’s hand, their power all dormant. They are frailty itself.

There is a hush in the room. Speech stops. The hands of the others, assistants and nurses, are still. Only the voice of the patient’s respiration remains. It is the rhythm of a quiet sea, the sound of waiting. Then you speak, slowly, the terse entries of a Himalayan climber reporting back.

"The stomach is okay. Greater curvature clean. No sign of ulcer. Pylorus,"

1. The opening from the stomach to the duodenum, which is the first part of the small intestine.
The Knife

I said no love is made here, but love happens. I have stood aside with lowered gaze while a priest, wearing the purple scarf of office, administers the Rites to the man I shall operate upon. I try not to listen to those terrible last questions, the answers, but hear, with scorching clarity, the words that formalize the expectation of death. For a moment my resolve falters before the resignation, the attentiveness, of the other two. I am like an executioner who hears the cleric comforting the prisoner. For the moment I am excluded from the centrality of the event, a mere technician standing by. But it is only for the moment.

The priest leaves, and we are ready. Let it begin.

Later, I am repairing the strangulated hernia of an old man. Because of his age and frailty, I am using local anesthesia. He is awake. His name is Abe Kaufman, and he is a Russian Jew. A nurse sits by his head, murmurings to him. She wipes his forehead. I know her very well. Her name is Alexandra, and she is the daughter of Ukrainian peasants. She has a flat steppe of a face and slanting eyes. Nurse and patient are speaking of blintzes, borscht, piroshki—Russian food that they both love. I listen, and think that it may have been her grandfather who raised the shetel where the old man lived long ago, and in his high boots and his blouse and his fury this grandfather pulled Abe by his side curls to the ground and stomped his face and kicked his groin. Perhaps it was that ancient kick that caused the hernia I am fixing. I listen to them whispering behind the screen at the head of the table. I listen with breath held before the prism of history.

"Tovarisch," she says, her head bent close to his.

"He smiles up at her, and forgets that his body is being laid open.

"You are an angel," the old man says.

One can count on absurdity. There, in the midst of our solemnities, appears, small and black and crawling, an insect: The Ant of the Absurd. The belly is open; one has seen and felt the catastrophe within. It seems the patient is already vaporizing into angelhood in the heat escaping therefrom. One could warm one's hands in that fever. All at once that ant is there, emerging from beneath one of the sterile towels that border the operating field. For a moment one does not really see it, or else denies the sight, so impossible it is, marching precisely, heading briskly toward the open wound.

Drawn from its linen lair, where it snuggled in the steam of the great sterilizer, and survived, it comes. Closer and closer, it hurries toward the incision. Ant, art thou in the grip of some fatal irrevocable? Wouldst hurdle over these scarlet cliffs into the very boil of the guts? Art mad for the reek we handle? Or is in some secret act of fornication engaged?

The alarm is sounded. An ant! An ant! And we are unnerved. Our fear of defilement is near to frenzy. It is not the mere physical contamination that we
The Knife

3. French doctor and philosopher (1875-1965) noted for his humanitarian work in Africa, have a fantastical quality.

4. Jorge Luis Borges (1899-1986), Argentinean writer of poems and short stories that
upon which the blade is slid, then snapped into place. Without the blade, the handle has a blind, decapitated look. It is helpless as a trussed mantic. But slide on the blade, click it home, and the knife springs instantly to life. It is headed now, edge, leaping to mount the fingers for the gallop to its feast.

Now is the moment from which you have turned aside, from which you have averted your gaze, yet toward which you have been hastened. Now the scalpel sings along the flesh again, its brute run unimpeded by germs or other frictions. It is a slick slide home, a barracuda spurt, a rip of embedded talon. One listens, and almost hears the whine—nasal, high, delivered through that gleaming metallic snout. The flesh splits with its own kind of moan. It is like the penetration of rape.

The breasts of women are cut off, arms and legs sliced to the bone to make ready for the saw, eyes freed from sockets, intestines lopped. The hand of the surgeon rebels. Tension boils through his pores, like sweat. The flesh of the patient retaliates with hemorrhage, and the blood chases the knife wherever it is withdrawn.

Within the belly a tumor squats, toadish, fungoid. A gray mother and her brood. The only thing it does not do is croak. It too is hacked from its bed at the carnivore knife lips the blood, turning it in it in a kind of ecstasy of plenty, a glutony after the long fast. It is just for this that the knife was created, tempered, heated, its violence beaten into paper-thin force.

At last a little thread is passed into the wound and tied. The monstrous is over. On the table, the knife lies spent, on its side, the bloody meal smear-

And waits.

QUESTIONS

1. This essay seems very revealing, but of what? What does Selzer want us to know? (He doesn't seem to reason with us or to persuade us of anything by means of well-reasoned argument.)

2. At one point, Selzer switches from straight exposition to second-person address employing ‘you’ (paragraph 36). What impact does this switch have on you as reader? What rationale can you give for this switch?

3. Selzer assumes his readers know about surgery from personal experience. Is this a correct assumption? Imagine how a person who has never had surgery might respond: one familiar or unfamiliar with surgery.

From The Informed Heart: Autonomy in a Mass Age (1960), a book combining an account of Bettelheim's experience in German concentration camps during World War II and a critique of European Jews for going "like sheep to the slaughter." This book and its predecessor, Individual and Mass Behavior in Extreme Situations (1943), a psychological study of inmate behavior in concentration camps, have generated much controversy over the accuracy of Bettelheim's facts, observations, and analysis.

BRUNO BETTELHEIM A Victim

ANY STUDENTS of discrimination are aware that the victim often reacts in ways as undesirable as the act of the aggressor. Less attention is paid to this because it is easier to excuse a defendant than an offender, and because they assume that once the aggression stops the victim's reactions will stop too. But I doubt if this is of real service to the persecuted. His main interest is that the persecution cease. But that is less apt to happen if he lacks a real understanding of the phenomenon of persecution, in which victim and persecutor are inseparably interlocked.

Let me illustrate with the following example: in the winter of 1938 a Polish Jew murdered the German attaché in Paris, vom Rath. The Gestapo used the event to step up anti-Semitic actions, and in the camp new hardships were inflicted on Jewish prisoners. One of these was an order barring them from the medical clinic unless the need for treatment had originated in a work accident.

Nearly all prisoners suffered from frostbite which often led to gangrene and then amputation. Whether or not a Jewish prisoner was admitted to the clinic to prevent such a fate depended on the whim of an SS private. Reaching the clinic entrance, the prisoner explained the nature of his ailment to the SS man, who then decided if he should get treatment or not.

I too suffered from frostbite. At first I was discouraged from trying to get medical care by the fate of Jewish prisoners whose attempts had ended up in no treatment, only abuse. Finally things got worse and I was afraid that waiting longer would mean amputation. So I decided to make the effort.

When I got to the clinic, there were many prisoners lined up as usual, a score of them Jews suffering from severe frostbite. The main topic of discussion was one's chances of being admitted to the clinic. Most Jews had planned their procedure in detail. Some thought it best to stress their service in the German army during World War I: wounds received or decorations won. Others planned to stress the severity of their frostbite. A few decided it was best to tell some "tall story," such as that an SS officer had ordered them to report at the clinic.

Most of them seemed convinced that the SS man on duty would not see through their schemes. Eventually they asked me about my plans. Having no definite ones, I said I would go by the way the SS man dealt with other Jewish prisoners who had frostbite like me, and proceed accordingly. I doubted how