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DISSECTING THE PENNSYLVANIA ANATOMY ACT:
LAWS, BODIES, AND SCIENCE, 1880-1960

By

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DISSERTATION

Submitted to the University of New Hampshire
In Partial Fulfillment of
The Requirements for the Degree of

Doctor of Philosophy

in

History

May, 2007

Advisor

J. William Harris, Professor of History

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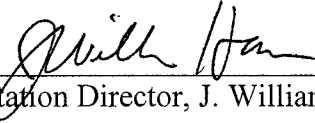
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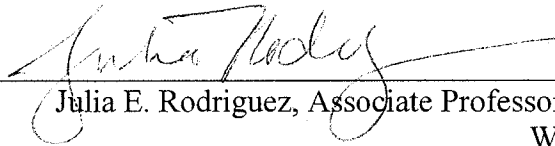
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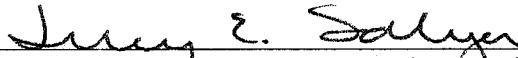
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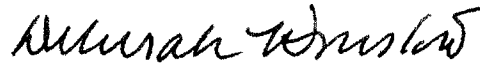
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DISSECTING THE PENNSYLVANIA ANATOMY ACT:

LAWS, BODIES, AND SCIENCE, 1880-1960

by

Venetia M. Guerrasio

University of New Hampshire, May, 2007

When the Pennsylvania Legislature passed a mandatory anatomy law in 1883, they were conceding to medicine and science the need for human dissection “material.” The legislature was also conceding authority, entrusting physicians and scientists to regulate the messy business of human dissection. In addition to providing bodies for dissection, the Pennsylvania Anatomy Act of 1883 created a modern, state-level bureaucratic entity run by medical experts empowered with self governance: the Anatomical Board of Pennsylvania. Scholars have paid scant attention to the post grave-robbing history of anatomy and dissection in the United States. When the state engaged in body procurement for medicine and science, who wound up on the dissection tables and in the specimen jars of anatomy laboratories? Specifically, whose bodies were used “for the promotion of medical science”?

Dissecting the Pennsylvania Anatomy Act takes a critical look at state-sanctioned body procurement under this anatomy law from its three constituent perspectives: the bureaucratic structure of the anatomical board—*laws*; the people who became cadavers—*bodies*; and, anatomists and their research—*science*. The Records of the Anatomical Board of the State of Pennsylvania document the administration, interpretation, and

implementation of the law, and provide the means to construct a social portrait of the individuals who became cadavers. A quantitative analysis of data on dissection subjects reveals that these people are not strangers to history: their lives have provided the topical building blocks to construct narratives of the modern United States.

Analysis of the Pennsylvania anatomy law illuminates an important beginning of the modern period of legal, medical, and scientific authority, alliance, and bureaucracy. The creation of anatomical boards provided the bureaucratic veneer necessary to modernize dissection. The Pennsylvania law succeeded because physicians found a way to routinize body procurement for “science” under the banner “for the public good.” In their effort to side-step public resistance to dissection, physicians and legislators designed laws that targeted powerless groups. Legalization did not end the inequality of dissection. On the contrary, legalization institutionalized the discrimination.

INTRODUCTION

DISSECTING THE PENNSYLVANIA ANATOMY ACT: LAWS, BODIES, AND SCIENCE, 1880-1960

Body donation for medical study is a relatively new phenomenon. As recently as the 1940s and 1950s, medical schools were still relying on the unclaimed bodies of indigents for dissection and research--bodies provided under State Anatomical Laws. This is the story of the first comprehensive mandatory anatomy law in the United States, the Pennsylvania Anatomy Act of 1883.¹ It is a story about physicians in business suits and the administrative system they created for the collection and distribution of human corpses for dissection. It is a story about the people who became medical school cadavers. It is a story about the power of law to conceal, under the weight of bureaucracy, what it sanctions.

We will sit in on Executive Committee Meetings of the Anatomical Board of the State of Pennsylvania while they make plans to maximize body "receipts." We will walk the halls of poorhouses and hospital wards where the people slated to become cadavers lived and died. We will stand next to anatomists in their laboratories as they transform dead human bodies into cadavers, "dissection material." We will also glimpse the future of dissection and medical research, the transition to body donation.

¹ Commonwealth of Pennsylvania, "No. 106. An Act For The Promotion Of Medical Science . . .," Laws of the General Assembly of the State of Pennsylvania (Harrisburg: Lane S. Hart, State Printer, 1883), 119-121.

The Records of the Anatomical Board of the State of Pennsylvania provide the documentary foundation for this analysis of the social, legal, cultural, and institutional significance of anatomy law.² *Dissecting the Pennsylvania Anatomy Act* takes a critical look at body procurement under this anatomy law from its three constituent perspectives: the bureaucratic structure of the anatomical board—*laws*; the people who became cadavers—*bodies*; and, anatomists and their research—*science*. Although this is a case study of the Pennsylvania law, the implications are national.³ The Pennsylvania law became the model for modern anatomy legislation in the twentieth century. Not only did the Association of American Anatomists recommend the Pennsylvania law, but the anatomical board was solicited for advice by anatomists throughout the United States when drafting new laws or seeking to improve existing ones. The board's advice was solicited well into the middle of the twentieth century.⁴

The practice of dissection in the United States, although never illegal, was, until the late nineteenth and early twentieth centuries, severely hampered by an insufficient legal source of cadavers. The history of grave-robbing has been well documented.⁵ The

² State Anatomical Board, RG-11, Pennsylvania State Archives.

³ One could argue that the implications are international. Many of the people who became cadavers were foreign born; perhaps many were not U.S. citizens. See Chapter V.

⁴ After 1908 it was called The American Association of Anatomists. Thomas Dwight, "Our Contribution to Civilization and to Science," Report of the Eighth Annual Meeting of the Association of American Anatomists, *Science* 3 (January 17, 1896): 75-77, 75; *Executive Committee Minute Books, 1921-1964*, SAB, RG-11, PSA.

⁵ See, for example: James O. Breeden, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," *The Virginia Magazine of History & Biography* 83 (1975): 321-45; Curt Dalton, *The Terrible Resurrection* (Dayton, Ohio 2002); David C. Humphrey, "Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915," *Bulletin of the New York Academy of Medicine* 49 (September 1973): 819-827; Martin Kaufman and Leslie L. Hanawalt, "Body Snatching in the Midwest," *Michigan History* 55 (Spring 1970): 23-40; Michael Sappol, *A Traffic of Dead Bodies. Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002); Suzanne M. Schultz, *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth Century America* (Jefferson, NC and London: MacFarland, 1992);

practice was so well known that, throughout the nineteenth century, the opening of medical schools signaled the emptying of local grave yards.⁶ Ultimately, the continuing threat of grave-robbing was the leverage used by the medical profession to secure passage of anatomy laws. Personal influence and lobbying became the strategies of the physicians seeking legal sources of dead bodies.⁷ Thus began the long and tangled association among state legislatures, the medical profession, and the bodies of paupers.

Early nineteenth-century anatomy acts were “permissive,” discretionary laws that *allowed* public officials to surrender to medical schools the unclaimed bodies of paupers who would otherwise be buried at the public expense. By mid-century, there were some mandatory provisions, but laws were still unenforceable and limited in scope. Anatomists wanted mandatory laws that would *require* officials to surrender the bodies of all paupers not claimed within twenty-four hours after death.⁸ The Pennsylvania law did this and more: it created a state agency, the Anatomical Board of the State of Pennsylvania, staffed with physicians and anatomists charged with implementing the mandatory anatomy law.

Mandatory anatomy laws were a transition between illegal grave-robbing and body donation. The Pennsylvania law was crafted by physicians who were seeking legal means to dead bodies for student dissection, surgical practice, teaching, and research. The

Frederick C. Waite, “Grave Robbing in New England,” Bulletin of the Medical Library Association 33 (1945): 272-294.

⁶Although not precise, based on enrollment figures and course requirements, Waite’s conservative estimate for mid 19th c. New England puts the number of empty graves “at a few thousand.” See, Waite, “Grave Robbing in New England,” 276; Frederick C. Waite, The Story of a Country Medical College: A History of the Clinical School of Medicine and the Vermont Medical College (Montpelier, Vermont: Vermont Historical Society, 1945).

⁷“Laws Respecting Dissection,” Boston Medical And Surgical Journal 2, 1829, 500-02.

⁸George B. Jenkins, “The Legal Status of Dissecting,” Anatomical Record 7 (1913): 387-399; E.M. Hartwell, “American Anatomy Acts,” Boston Medical and Surgical Journal 103 (1880): 361-363.

importance of dissection is not disputed here. By 1900, medical education reforms emphasized laboratory work for all students. No longer was dissection taught through didactic lectures and a hurried group dissection at the end. Science was emphasized in medical training, and students were expected to develop technical skills on cadavers.⁹ A large and reliable supply of corpses was necessary to meet rising enrollments and rising standards. In an era when dissection was still considered abhorrent and disgraceful, bodies had to be taken, one way or another. However, in their effort to side-step public resistance and animosity to dissection, physicians and legislators designed laws that targeted powerless groups. My criticism is in response to the anatomical board's merciless implementation of the anatomy act in its early decades.

The histories of dissection and anatomy legislation in the United States have been tethered to the nineteenth-century grave-robbing context. The first histories were written from the perspective of the medical profession. The profession's need for bodies to dissect was cause and justification for body-snatching during the "heroic era" in medicine, decades when grave-robbing medical students faced riotous "dissection mobs." Anatomy law was presented as little more than the coda to these cherished tales of derring-do.¹⁰ The history of grave-robbing has undergone extensive revision, most notably in Michael Sappol's comprehensive cultural analysis of anatomy and dissection

⁹ Kenneth M. Ludmerer, Learning To Heal: The Development of American Medical Education (New York: Basic Books, Inc. 1985) 63-71. Also, see Thomas N. Bonner, Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945 (New York: Oxford University Press, 1995).

¹⁰ John B. Blake, "The Development of American Anatomy Acts," Journal of Medical Education 30 (1955): 431-439; Thomas Dwight, "Anatomy Laws Versus Body-Snatching," The Forum, 22 (1896): 493-502; Linden F. Edwards, "Resurrection Riots During the Heroic Age of Anatomy in America," Bulletin of the History of Medicine 25 (1951): 178-84; Jenkins, "Legal Status of Dissecting; A.W. Meyer, "Anatomy Acts of California: A Survey of Former and Present Laws," California and Western Medicine 33 No. 4 (October 1930): 703-07; Frederick C. Waite, "The Development of Anatomical Laws in the States of New England," New England Journal of Medicine 233 (December 1945): 716-726.

in nineteenth-century America, *A Traffic of Dead Bodies*.¹¹ Sappol analyzes the first wave of anatomy laws, focusing on the battle over New York's 1854 "Bone Bill," concluding that "as other states successively adopted anatomy acts, a new, legal system of cadaver provision slowly came into being. By 1900, the process was complete."¹²

Until now, the contexts for analysis of anatomy law have either been anatomists' rallying for better laws in the name of medicine, or as the last act in the history of nineteenth-century grave-robbing. Furthermore, historians have paid little attention to dissection itself under anatomy law, which usually appears as a taken-for-granted teaching method in the history of medicine.¹³ When dissection is mentioned, rarely is a legal supply of bodies mentioned and the cadaver is conspicuously absent.¹⁴ According to Sappol, towards the end of the century, as states passed anatomy laws, "Body-snatching scandals disappeared from the front pages. Anatomical dissection, so fiercely contested for much of the eighteenth and nineteenth centuries, was made invisible."¹⁵ Invisibility is exactly what the physicians, anatomists, and politicians wanted: to keep the legal body-procurement system out of the newspapers, invisible from public scrutiny.

¹¹ Sappol, *A Traffic Of Dead Bodies*; Schultz, *Body Snatching*.

¹² Sappol, *Traffic of Dead Bodies*, 134.

¹³ William G. Rothstein, *American Medical Schools and the Practice of Medicine* (New York: Oxford University Press, 1987), 105-6, 155-57.

¹⁴ Histories of the body in early modern Europe have placed the cadaver where it rightfully belongs—at the center of discussions about dissection. For example, see Andrea Carlino, *Books of the Body: Anatomical Ritual and Renaissance Learning*, trans. John Tedeschi and Anne C. Tedeschi (Chicago: University of Chicago Press, 1999); Giovanna Ferrari, "Public Anatomy Lessons and the Carnival of the Anatomy Theatre of Bologna," *Past and Present* n.117 (1987): 50-106; Katherine Park, "The Criminal and the Sainly Body: Autopsy and Dissection in Renaissance Italy," *Renaissance Quarterly* 47 (1) 1994, 1-33; Park, "The Life of the Corpse: Division and Dissection in Late Medieval Europe," *Journal of the History of Medicine and Allied Science* 50 (1) 1995, 111-32.

¹⁵ Sappol, *Traffic of Dead Bodies*, 5.

Scholars have paid scant attention to the rest of the story. What happened *after* the anatomy laws were passed? What did it mean to have the state engage in body procurement for medical science? It is understandable that the history of grave-robbing needed serious historical revision; by comparison, the modernization of body procurement and dissection under a state agency lacks what Sappol calls the “cultural poetics” of dissection--the nineteenth-century “romantic” culture of grave-robbing and secretive anatomical study.¹⁶ Perhaps also the sources to study the implementation and consequences of anatomy law may have posed conceptual problems. But, modern era anatomy laws are the beginning of a new narrative; they are not merely the end of the “grave-robbing era.” In particular, I argue that passage of comprehensive mandatory anatomy laws signals a beginning of the modern period of legal, medical, and scientific authority, alliance, and bureaucracy.¹⁷

Ruth Richardson’s extraordinary work on England’s 1832 Anatomy Bill, *Death Dissection and the Destitute* casts a long shadow of excellence on the topic. To date, it is the only monographic treatment of anatomy legislation. Richardson argues that England’s Anatomy Act provided the bodies of the poor for dissection as part of broader social reform movements in the era, and, thus, amounted to little more than a “criminalization of poverty,” an indication of “the intensity of social tension in the Reform era.”¹⁸ Thus,

¹⁶ Ibid. See chapter 3, 74-97.

¹⁷ There are many points of access for exploring these interconnections. For example, see, Amy L. Fairchild, *Science At The Borders: Immigrant Medical Inspection and the Shaping of the Modern Industrial Labor Force* (Baltimore: The Johns Hopkins University Press, 2003); Susan E. Lederer, *Subjected To Science: Human Experimentation in America Before the Second World War* (Baltimore: The Johns Hopkins University Press, 1995); Julia Rodriguez, *Civilizing Argentina: Science, Medicine, and the Modern State* (Chapel Hill: The University of North Carolina Press, 2006); Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982).

¹⁸ Ruth Richardson, *Death, Dissection and the Destitute* (Chicago: University of Chicago Press, 2000), 192.

part solution for grave-robbing and part threat to keep the poor from rioting, England's 1832 act provided bodies for dissection *and* functioned as social control over the poor.

Dissecting the Pennsylvania Anatomy Act tells a different story in a quite different place and time. Set in the late nineteenth- and early twentieth-century United States, modern American anatomy law was the culmination of decades of lobbying efforts by doctors, scientists, medical schools and universities, to secure a legal source of cadavers. Although the same “economic” categorization was made—unclaimed bodies to be buried at public expense—the political, social, professional, and cultural contexts were enormously different. Poverty, class, ethnicity and race are wrapped up in this story; however, evidence points to expediency and tradition as basic causes, not social control or punishment. Almshouse residents and charity hospital patients had long been “dissection material.” Disingenuous arguments supporting the use of “unclaimed bodies to be buried at the public expense” were crafted to increase the bottom line, not to punish almshouse inmates. Clearly there was an element of *quid pro quo*, in that as the beneficiaries of public assistance, the poor were appropriately making some restitution. Regardless of what was in the hearts of men and women of the late nineteenth century, arguments about the “worthy” versus the “unworthy” poor had disappeared from public debates.

Quintessentially American, the story of the Pennsylvania Anatomy Act is about physicians who gathered in monthly meetings to “manage” body procurement and distribution for dissection. Thus, *Dissecting the Pennsylvania Anatomy Act* argues that the anatomical board provided the bureaucratic veneer necessary to modernize dissection. The law succeeded because physicians found a way to routinize body procurement for

“science”--to clean up and conceal it within innocuous accounting ledgers. Although triggered to some extent by a specific grave-robbing scandal, the Pennsylvania anatomy law is a creature of the progressive era; the law “regulated” body procurement and dissection “for the public good,” and it launched modern anatomical legislation.¹⁹

Thus, modern anatomy law is linked to Progressive-era reform impulses that ceded control to experts.²⁰ Anatomy legislation was tied to rising public faith in scientific medicine while it served the professionalizing interests of physicians and scientists.²¹ Chapters I through IV trace the creation and implementation of the 1883 law. I analyze the “body bureaucracy” through the actions of the board and its field agents, the undertakers contracted to pick up and ship bodies to Philadelphia and Pittsburgh. I explore the bureaucratic nuts-and-bolts of the body business in these “law in action” stories that illuminate, among other things, the importance of what legal historians have called “street level bureaucrats,” actors who have discretion and influence over the enforcement of laws.²² Thus, through these administrative anatomical boards, physicians successfully grafted scientific medicine onto a limb of the bureaucratic state.

¹⁹ Chapter I discusses the scandal and the history of the law.

²⁰ William R. Brock, Investigation and Responsibility: Public Responsibility in the United States, 1865-1900 (Cambridge and London: Cambridge University Press, 1984); Louis Galambos, “The Emerging Organizational Synthesis in Modern American History,” Business History Review 44 (Autumn 1970), 279-90; Samuel P. Hays, The Response to Industrialism, 1885-1914 (Chicago: University of Chicago Press, 1957); Morton Keller, Affairs of State: Public Life in Late Nineteenth Century America (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 1977); Robert H. Wiebe, The Search For Order, 1877-1920 (New York: Hill and Wang, 1967).

²¹ James G. Burrow, Organized Medicine in the Progressive Era: The Move Toward Monopoly (Baltimore: Johns Hopkins University Press, 1977); Starr, Social Transformation.

²² Much of the recent scholarship in this area has been in immigration history and accident/tort law. For example, see Mae M. Ngai, Impossible Subjects: Illegal Aliens and the Making of Modern America (Princeton: Princeton University Press, 2004); Lucy E. Salyer, Laws Harsh As Tigers: Chinese Immigrants and the Shaping of Modern Immigration Law (Chapel Hill: The University of North Carolina Press, 1995); Barbara Young Welke, Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution, 1865-1920 (Cambridge: Cambridge University Press, 2001); Michael Willrich, City of Courts: Socializing

The Records of the Anatomical Board of the State of Pennsylvania document the bureaucratic structure of the first state anatomical board. The *Executive Committee Minute Books* (1921-1964) allow us to view the implementation of the law, illuminating how the board interpreted and administered this “model” anatomy act. Ledgers contain synopses of board correspondence, and on occasion, brief discussions outlining issues of particular concern to the board—such as upcoming legislative challenges to the anatomy act, or ongoing battles with Catholic priests. Although extant *Minute Books* start in 1921, their rich content compensates somewhat for the loss of early volumes. However, a transcribed *Letter Book* (1883-1918) contains, among other important letters, correspondence from the board’s attorney regarding interpretation of the law in the early and precedent-setting years. Taken together, these sources detail the anatomy board’s operating procedures and provide insight into the kinds of resistance the anatomy law provoked.

The people who became cadavers are (rightfully) placed at the center of *Dissecting the Pennsylvania Anatomy Act*, reflecting the role they played as individuals whose anonymity served the interests of medical and scientific researchers. *Cadaver Receiving Books* (1901-1965) are large, leather-bound ledgers in which monthly “receipts” were recorded. From the *Cadaver Receiving Books* for the years 1901-1925, I drew a systematic 5 per cent sample (1,109 cases) and created a Cadaver Data Bank.²³ A quantitative analysis of this data provides the demographic portrait of dissection subjects

Justice in Progressive Era Chicago (Cambridge: Cambridge University Press, 2003); John Fabian Witt, The Accidental Republic: Crippled Workingmen, Destitute Widows, and the Remaking of American Law (Cambridge: Harvard University Press, 2004).

²³ A number from 1 to 20 was selected randomly, and starting on that number, entered every 20th body. The Data Bank was created in SPSS.

for Chapter V, answering the “who” question in its broadest parameters and allowing a comparison of dissection subjects with segments of the Pennsylvania population. I weave the demographic portraits of dissection subjects, no longer invisible or “anonymous,” into a wealth of social histories and contemporary sociological studies to historicize the lives of those who became anatomical specimens. Indeed, as shown in Chapter VI, the people who became cadavers are not strangers to history; their “stories” have provided the topical building blocks to construct narratives of the modern United States.²⁴

I have also examined published primary materials, journal articles, anatomy textbooks, and dissection manuals, as a way of exploring the consequences of anatomy law in the laboratory. Articles in professional journals, *The Anatomical Record* (1906 - 1928), *The American Journal of Anatomy* (1902 - 1925), *Science*, and *Proceedings of the Association of American Anatomists*, illuminate the impact of a legal and steady source of bodies on the medical profession. Although Bruno Latour argues that scientific literature obscures the experimental processes hidden in laboratories, I argue that the particular genre of articles analyzed here, “cadaver preservation and storage,” were written to teach particular experimental techniques.²⁵ While I make no claims for their complete transparency, these articles reveal what was done with/to the bodies. Thus, Chapter VII

²⁴ For example, Barbara Bates, *Bargaining for Life: A Social History of Tuberculosis, 1876-1938* (Philadelphia: University of Pennsylvania Press, 1992); Margaret Byington, *Homestead: The Households of a Mill Town* (New York: Charities Publication Committee, 1910); Gerald N. Grob, *The State and the Mentally Ill* (Durham, N.C.: The University of North Carolina Press, 1966); David M. Katzman, *Seven Days A Week Women and Domestic Service in Industrializing America* (New York: Oxford University Press, 1978); Eric H. Monkkonen ed., *Walking to Work: Tramps in America, 1790-1935* (Lincoln: University of Nebraska Press, 1984); David Nelson, *Managers and Workers: Origins of the Twentieth-Century Factory System in the United States, 1880-1920*, second edition (Madison: The University of Wisconsin Press, 1995); Nancy Tomes, *A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping* (Cambridge: Cambridge University Press, 1984).

²⁵ Bruno Latour, *Science In Action: How to Follow Scientists and Engineers Through Society* (Cambridge: Harvard University Press, 1987), see chapter 2, “Laboratories,” 63-100.

looks at one aspect of the medical and scientific culture that developed in post-anatomy law laboratories and advances the argument that cadavers were made, not procured. Time-consuming and problematic, “cadaver creation” and maintenance helped define anatomy laboratories in these years. When the modern scientific cadaver made its laboratory appearance, standing over it was the modern iconic “detached” scientist. Through these sources I answer the question, what became of the bodies the state provided for medical training and scientific research? The answer, alas, is not pretty.

This is not a study or evaluation of the “science” of anatomy. Rather, analysis centers on the relationship between the body and the anatomist. Anatomy law helped to change the meaning and function of the “cadaver” in the laboratory.²⁶ The dissection-anatomy narrative changed from “men over dissected bodies” to “men over biological material” to “men over microscopes looking at tissues.”²⁷ The further a human body was removed from the researcher, the more “scientific” the study. Anatomists in these years were seeking “the advancement of anatomical science,” and, thus, abstraction was critical to their scientific identity.²⁸

Analysis of the cultural shift to body donation is briefly sketched in the Epilogue. This short examination of the growing public interest in donating one’s body “to science” makes an intriguing coda to the story of mandatory legal body procurement. Modern

²⁶ According to Michael Sappol the cadaver disappeared from the modern laboratory. I discuss the modern laboratory and the modern cadaver from a different perspective in Chapter VII. See, Sappol, Traffic of Dead Bodies, 92.

²⁷ There were women anatomists in the late nineteenth century, and more entered the field in the twentieth century. However, using “he/she” to characterize the anatomist or the anatomy narrative in these years would be misleading and inappropriate.

²⁸ John E. Pauly, ed. “American Association of Anatomists: A Sketch of Its Origins, Aims, & Meetings,” in The American Association of Anatomists, 1888-1987 (Baltimore & London: Williams & Wilkins, 1987), 7.

anatomy laws only “worked”—from the board’s perspective in providing enough bodies for student training and professional research--for a relatively short period of time; in Pennsylvania, approximately fifty years. The pages that follow offer the first comprehensive analysis of those decades.

CHAPTER I

DISSECTING BUREAUCRACY:

THE ANATOMICAL BOARD OF THE STATE OF PENNSYLVANIA

What is this bill? It is no less than a proposition that all the paupers who may die in this Commonwealth ... shall be delivered over to some medical society for dissection.¹
Senator Lowry, 1883

I think that perhaps in order to keep the doctors honest, we ought to be willing to lay aside our prejudices ... and perhaps give them the privileges which this bill contemplates.²
Senator A.W. Hayes, 1883

When the Pennsylvania Legislature passed Senate bill No. 117 on June 2nd, 1883, they were conceding to medicine and science the need for human dissection “material.” They were also conceding authority, entrusting physicians and scientists to regulate the messy business of human dissection. For in addition to providing bodies for dissection, the Pennsylvania Anatomy Act of 1883, “An Act for the promotion of medical science...,” created a modern, state-level bureaucratic entity run by medical experts empowered with self governance.³ Like its weaker predecessor, the Armstrong Act of 1867, the 1883 act was drafted and lobbied for by the College of Physicians of

¹ The Legislative Record Containing the Debates and Proceedings of the Legislature of Pennsylvania for the Session of 1883 (Harrisburg, 1883), June 2, 1883, 3358.

² *Ibid.*, 3359.

³ William R. Brock, Investigation and Responsibility: Public Responsibility in the United States, 1865-1900 (Cambridge and London: Cambridge University Press, 1984); William J. Novak, “The Legal Origins of the Modern American State,” in Looking Back At Law’s Century eds. Austin Sarat, Bryant Garth and Robert A. Kagan (Ithaca and London: Cornell University Press, 2002), 249-283.

Philadelphia, an old and prestigious medical association.⁴ The new anatomy act mandated that “dead human bodies required to be buried at the public expense” be surrendered to a newly created medical board for distribution within the state—a board drawn largely from the College’s membership roster.⁵ Despite eloquent opposition expressed in the Senate debate, the bill passed both houses and the Governor signed it into law. In bold terms, foxes were now in charge of the hen house.

The Pennsylvania Anatomy Act of 1883 helped to usher in a modern era in which the state formally sanctioned the interests and objectives of medicine and science as being also in the public interest.⁶ This sanction was granted in Pennsylvania for control of bodies but only after a passionate senate minority made themselves heard. Opposition focused on the law’s inherent inequality, for, with anatomy law, “public interest” required the state to consign some of its residents to the category of “dissection subjects”—a fate, and a practice, viewed widely as loathsome and degrading. The medical profession argued a seemingly straightforward solution for the problem: allocate for

⁴ For a history of the College, see, Whitfield J. Bell, Jr., The College of Physicians of Philadelphia: A Bicentennial History (Canton, MA: Science History Publications, 1987).

⁵ Commonwealth of Pennsylvania, “No. 106. An Act For the promotion of Medical Science...,” Laws of the General Assembly of the State of Pennsylvania, (Harrisburg: Lane S. Hart, State Printer, 1883), 119-121.

⁶ Government endorsement or alliance with a particular medical therapeutic in the 19th century was not a foregone conclusion. See for example, Paul Starr, The Social Transformation of American Medicine. The Rise of a Sovereign Profession and the Making of a Vast Industry (New York: Basic Books, 1982), chapter 3; and, although the government, both federal and state, had funded a number of scientific projects from the late 18th century, anatomy law was fundamentally different in type and kind. See, for example, James Willard Hurst, Law and Social Order in the United States (Ithaca and London: Cornell University Press, 1977), 167-178. Hurst’s examples of government’s historical role in sponsoring science and research focuses on geographic, geologic, industrial, and botanical endeavors, as well as federal funding for the National Academy of Sciences and the Smithsonian Institution; for another work that deals with issues of law and science, see Arthur F. McEvoy, The Fisherman’s Problem: Ecology and Law in the California Fisheries, 1850-1990 (Cambridge & New York: Cambridge University Press, 1986).

dissection the bodies of dead persons unclaimed by relatives. In essence, bodies that would otherwise be buried by public funds should be used for the public good.

The College of Physicians drafted this new anatomy act in response to a grave-robbing scandal, a scandal that involved one of their own. Ironically, at a moment when the profession had proved to be least honorable and least trustworthy regarding body procurement, they pushed for and were rewarded with greater control. How did a majority of the Pennsylvania Legislature come to accept this proposition? And, what did the people think? The senate debate provides some answers for the first question and newspaper coverage of the scandal suggests answers for the second. Institutionalizing body-procurement through a state-level administrative board was the mechanism essential for passing a strong anatomy law. Bureaucratic regulation “modernized” body procurement and dissection. Physicians would control the body supply, records would be kept of bodies, and officials could keep a watchful eye over the process. No longer would bodies be “resurrected” from their graves; now they would be transferred from one official ledger to another. Dissection had entered the board room.

Although anatomy law has received scholarly attention, the significance of state anatomical boards has been overlooked.⁷ Traditionally the history of anatomy law has been told as a progression of state acts in which the laws are cast as landmarks in “enlightened progress.”⁸ More recently scholars have examined anatomy legislation with

⁷ By 1913, thirteen states had, or were establishing, anatomical boards based on the Pennsylvania model. See, George B. Jenkins, “The Legal Status of Dissecting,” Anatomical Record 7 (1913): 87-399, 389.

⁸ John B. Blake, “The Development of American Anatomy Acts,” Journal of Medical Education 30 (1955): 431-439; Linden F. Edwards, “Resurrection Riots During the Heroic Age of Anatomy in America,” Bulletin of the History of Medicine 25 (1951): 178-84; E.M. Hartwell, “American Anatomy Acts,” Boston Medical and Surgical Journal v. 103 No. 16 (1880): 361-363; A.W. Meyer, “Anatomy Acts of California: A Survey of Former and Present Laws,” California and Western Medicine 33 No. 4 (October 1930): 703-07;

a more critical eye. Michael Sappol's cultural history of anatomy and dissection in nineteenth-century America analyzes the "contested bioethics" of anatomy legislation; however, there has not been an examination of the creation or administration of the bureaucracies that put legislation into practice.⁹ In all previous works the historical narrative ends with the passage of anatomy laws, when, in a sense, dissection is codified. Anatomy law has served as an historical end cap to grave-robbing, as the solution to a problem, such that the significance of anatomical boards, as the institutionalized bureaucratic extensions of state medical associations, and the role they played interpreting, implementing, and enforcing the law, has remained unexamined.

Anatomical boards belong to what historian James Burrow has called "the process by which [organized medicine] secured ... power at the crucial state level."¹⁰ Writing about the profession's "alliance with the law" in the first decades of the twentieth century, and concentrating on the profession's national efforts to secure power at the state level, Burrow concludes that "the formulation, enactment, strengthening, and protection of medical legislation became the principal goals of the AMA [American Medical Association] and its constituent organizations during the Progressive Era."¹¹ The anatomy law of Pennsylvania is an early example of the medical profession's political inroads at

Frederick C. Waite, "The Development of Anatomical Laws in the States of New England," New England Journal of Medicine 233 (December 1945): 716-726.

⁹ Michael Sappol, A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth Century America (Princeton: Princeton University Press, 2002), chapter 4, 98-135.

¹⁰ James G. Burrow, Organized Medicine in the Progressive Era: The Move Toward Monopoly (Baltimore: Johns Hopkins University Press, 1977), iv.

¹¹ *Ibid.*, 53.

the state level, well before the AMA's campaign.¹² It illuminates the consolidation of institutional power in these "progressive" years of widespread bureaucratic organization; an intersection hidden in history where the powerful triumvirate of law, medicine, and science, defined the greater social good.¹³

The first anatomy legislation dates back to 1831 in Massachusetts, but the Pennsylvania act of 1883 was the first *comprehensive* anatomy legislation in the United States and soon became a model for other states.¹⁴ From the first, anatomy acts were designed with dual objectives: to provide a legitimate source of bodies for dissection and

¹² In terms of legal history, anatomy law is best understood within the context of what Lawrence Friedman describes as "Administrative Law and Regulation of Business," Chapter V in *A History of American Law* (New York: Simon & Schuster, Inc., 1985), 439-441; Although William J. Novak argues for a "deeply rooted American tradition of police and regulatory governance" evident throughout the 19th century, anatomy laws earlier in the century were weak and ineffective precisely because of the localism Novak cites. See, *The People's Welfare: Law and Regulation in Nineteenth-Century America* (Chapel Hill and London: The University of North Carolina Press, 1996), 235-237.). See also works on the growth of the administrative state, particularly those which deal with immigration law enforcement. Stephen Skowronek, *Building a New American State: The Expansion of National Administrative Capacities, 1877-1920* (Cambridge: Cambridge University Press, 1982); Lucy E. Salyer, *Laws Harsh As Tigers: Chinese Immigrants and the Shaping of Modern Immigration Law* (Chapel Hill & London: The University of North Carolina Press, 1995); Erika Lee, *At America's Gates: Chinese Immigration During the Exclusion Era, 1882-1943* (Chapel Hill & London: The University of North Carolina Press, 2005); Mae N. Ngai, *Impossible Subjects: Illegal Aliens and the Making of Modern America* (Princeton, NJ: Princeton University Press, 2004).

¹³ Looking at "progressive" historiography, this alliance is best understood within the context of professional, managerial, and organizational developments—the cult of experts—rather than the social reform movements of the era. See, Margo J. Anderson, *The American Census: A Social History* (New Haven: Yale University Press, 1988); William R. Brock, *Investigation and Responsibility: Public Responsibility in the United States, 1865-1900* (Cambridge and London: Cambridge University Press, 1984); Burrow, *Organized Medicine in the Progressive Era*; Louis Galambos, "The Emerging Organizational Synthesis in Modern American History," *Business History Review* 44 (Autumn 1970), 279-90; Samuel P. Hays, *The Response to Industrialism, 1885-1914* (Chicago: University of Chicago Press, 1957); Morton Keller, *Affairs of State: Public Life in Late Nineteenth Century America* (Cambridge, Massachusetts: The Belknap Press of Harvard University Press, 1977); Robert H. Wiebe, *The Search For Order, 1877-1920* (New York: Hill and Wang, 1967).

¹⁴ By 1883 there was a hodge-podge of anatomy laws in at least 9 states. Pennsylvania appears to be the first state to put together the best provisions into one act, hence my "comprehensive" designation. See, for example, George B. Jenkins, "The Legal Status of Dissecting," *Anatomical Record* 7 (1913): 387-399; E.M. Hartwell, "American Anatomy Acts," *Boston Medical and Surgical Journal* v. 103 No. 16 (1880): 361-363. The law's impact as the "granddaddy" law continued into the twentieth century. In the 1920s, physicians in Colorado, California, and Missouri solicited advice from the board in drafting their own legislation. *Executive Committee Minute Books, 1921-1964, November 1923*. Anatomical Board of the State of Pennsylvania, RG-11, Pennsylvania State Archives.

research, and to end the widespread and much publicized practice of grave-robbing. The 1883 act accomplished these goals and more: it was one of the first state-wide mandatory acts, and it created an administrative body of physicians and anatomists to receive and distribute unclaimed human bodies.¹⁵ These two features--a mandatory law enforced by an anatomical board--made the Pennsylvania law so popular with anatomists that it was promulgated in 1896 by the Association of American Anatomists as the solution to anatomists' difficulties in "procuring and using anatomical material."¹⁶

In his Presidential Address to the annual meeting of anatomists that year, Thomas Dwight of Harvard Medical School outlined the features desired in a "good anatomy act," features characteristic of the Pennsylvania law.¹⁷ The association's "Report of the Committee on the Collection and Preservation of Anatomical Material" concluded, that "the law of the State of Pennsylvania is the best ... it includes ... all the provisions necessary to compel compliance on the part of public officers."¹⁸ The ability to "compel compliance" was the key. A decade later Franklin P. Mall of Johns Hopkins University, who had been laboring under an anatomy law in Maryland he described as a "broad compromise," concluded that "it is necessary to have the good-will of the Health

¹⁵ Ohio's Anatomy Law of 1881 was state-wide; however, it did not have the power of an administrative body to enforce the law. Furthermore, bodies were delivered "on the written application of the professor of anatomy." See, Linden F. Edwards, "The Ohio Anatomy Law of 1881, Part III," Ohio State Medical Journal 47 (1951): 143-46, 144.

¹⁶ Thomas Dwight, "Our Contribution to Civilization and to Science," Report of the Eighth Annual Meeting of the Association of American Anatomists, Science 3 (January 17, 1896): 75-77, 75. In 1908 the association changed its name to "The American Association of Anatomists."

¹⁷ Dwight, "Our Contribution," 76.

¹⁸ J. Ewing Mears, J.D. Bryant, Thomas Dwight, "Report of the Committee on the Collection and Preservation of Anatomical Material," Report of the Eighth Annual Meeting of the Association of American Anatomists, Science 3 (January 17, 1896): 77-84, 82.

Commissioner and a strong Anatomical Board.”¹⁹ Not surprisingly, association members left the 1896 annual meeting with copies of the Pennsylvania law and the injunction to “use their influence with the authorities in the respective places of residence to increase the quantity of anatomical material.”²⁰

Anatomy law provides a rich context for exploring the medical profession’s rising authority in progressive-era America, and the Anatomical Board of the State of Pennsylvania provides an ideal case study in the institutionalization of that power. The role played by medical associations as drafters and lobbyists of anatomy legislation has been documented, but the continuing role played by physicians who assumed control of legal body-procurement through state boards has not.²¹ Anatomy acts reflect the profession’s strategy of regulation through legislation in this period, but anatomical boards especially reflect statutory *self*-regulation.²² “Physician, police thyself!” was preferable to outside interference, particularly regarding the controversies surrounding human dissection.

Grave-robbing was more than common knowledge; it was a common fear throughout the nineteenth century, such that anatomy law was marketed to the public—

¹⁹ Franklin P. Mall, “Anatomical Material—Its Collection and Its Preservation at the Johns Hopkins Anatomical Laboratory,” Bulletin of the Johns Hopkins Hospital 16 No. 167 (1905): 38-42, 38.

²⁰ Dwight, “Our Contribution,” 84.

²¹ For example, Massachusetts Medical Society, Ohio State Medical Society, New York Academy of Medicine, and College of Physicians of Philadelphia. See, Blake, “Development of American Anatomy Acts,” 434-35; Edwards, “Ohio Anatomy Law of 1881,” Part II, Ohio State Medical Journal 47 (January 1951): 49-52, 52; Sappol, A Traffic of Dead Bodies, 117-122, 127-132; Waite, “Anatomical Laws in New England,” 720-21. For a discussion of the formation and role of medical associations in the 19th century, see, William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1972), chapter 4.

²² Burrow, Organized Medicine, 60-70. Self-regulation was a common first step in business. See, Robert H. Wiebe, Businessmen and Reform: A Study of the Progressive Movement (Cambridge: Harvard University Press, 1962).

and the legislatures--as a remedy. Thus, most of the progressive-era legislation came in response to a body-snatching scandal. As was the case in Pennsylvania, the profession was able to capitalize on public fear, disgust, and outrage by crafting legislation purported to end all grave-robbing. And, the profession was able to do this when public culture was keenly receptive to claims of expertise based on science and specialization. The rising tide of faith in management by experts lifted all professional boats.²³

The first anatomy laws were broad compromise measures, and they neither prevented grave-robbing nor provided enough bodies for dissection—the two being inextricably linked. And, like other state regulatory measures, they developed unevenly.²⁴ Both the Massachusetts act of 1831 and the New York act of 1854, the two earliest, permanent acts, suffered from significant weaknesses. The Massachusetts act had no enforcement capability, was discretionary not mandatory, and applied only to Boston.²⁵ While the New York act was mandatory, it applied only to cities over 30,000 and suffered from poor enforcement.²⁶ Despite these problems, the Massachusetts act was significant for identifying a new cadaver supply, “bodies ... required to be buried at the

²³ For a discussion of these values within the medical profession, see, Charles E. Rosenberg, The Care Of Strangers: The Rise of America's Hospital System (New York: Basic Books, 1987), 327-336.

²⁴ Waite, “Anatomical Laws in New England,” 721. Uneven development goes hand-in-hand with grave robbing. Blake, “American Anatomy Acts,” 435.

²⁵ Another weakness was its escape clause allowing practically anyone to request burial at public expense! Commonwealth of Massachusetts, “An Act more effectually to protect the Sepulchres of the Dead, and to legalize the Study of Anatomy in certain cases,” Laws of the Commonwealth of Massachusetts, Passed by the General Court (Boston: Dutton and Wentworth, Printers to the State, 1831):574-76. Much of the lobbying for the anatomy act was covered in the Boston Medical and Surgical Journal: See, v. II No. 6, March 24, 1829, 92-95; v. II Sept. 1829, 500-02. The Massachusetts Medical Society tackled community resistance directly in their published argument for the act, Address to the Community on the Necessity of Legalizing the Study of Anatomy (Boston: Perkins & Marvin, 1829).

²⁶ Sappol, A Traffic of Dead Bodies, chapter four, 98-135; Suzanne M. Schultz, Body Snatching: The Robbing of Graves for the Education of Physicians (Jefferson, North Carolina and London: McFarland & Co. Inc., 1992), 78-89.

public expense,” within a new context, “for the promotion of anatomical science.”²⁷

Dissection had been until then an afterthought reserved for the most criminally or socially despicable individuals.²⁸ Thus, dissection was reserved for executed criminals, for suicides, and, in Massachusetts, for duelists. Anatomists complained, not only because the supply was so limited, but because they objected to dissection’s association with criminality and extraordinary punishment.²⁹

Weaknesses in anatomy legislation could not be overcome, until weaknesses in the medical profession itself were overcome. It is not until the latter decades of the nineteenth century, that “the growing cultural authority of medical science” gave the profession enough presence and political clout to push for more stringent laws.³⁰ These decades were the critical years in the rise of the medical profession, a rise attributable to a complex mixture of market forces, professional authority, standardization of medical education, the rise of “scientific medicine,” the creation of a national licensing board, and ultimately, “professional control.”³¹ By the end of the nineteenth century, “the public

²⁷ Waite, “Anatomical Laws in New England,” 721; Blake, “American Anatomy Acts,” 435. Connecticut, New Hampshire, and Michigan each passed and repealed anatomy laws in the first half of the 19th century. Conn. Law of 1833 repealed 1834; NH Law of 1834 repealed 1842; Michigan Law of 1844 repealed 1851. Massachusetts and NY were the only states that retained anatomy acts from the antebellum period. Comm. of MA, “An Act...,” 575.

²⁸ Stuart Banner, The Death Penalty: An American History (Cambridge, Massachusetts: Harvard University Press, 2002), 76-80.

²⁹ Waite, “Anatomical Laws in New England,” 718.

³⁰ Sappol, A Traffic of Dead Bodies, 316.

³¹ Blake, “American Anatomy Acts,” 436-7; Burrow, Organized Medicine; Robert E. Kohler, “Medical Reform and Biomedical Science: Biochemistry—A Case Study,” in The Therapeutic Revolution: Essays in the Social History of American Medicine eds. Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), 27-66; George Rosen, The Structure of American Medical Practice, 1875-1941 ed. Charles Rosenberg (Philadelphia: University of Pennsylvania Press, 1983); Rothstein, American Physicians in the Nineteenth Century; Starr, The Social Transformation of American Medicine, chapter 3, 79-144.

granted the legitimate complexity of medicine and the need for institutionalized professional authority.”³²

However, anatomy laws were state laws. Successful passage of anatomy legislation depended on prestigious and politically savvy *local* medical associations. As early as two years after its inception in 1787, the governor and legislature were calling on the College of Physicians of Philadelphia for advice.³³ Like other medical associations, these elite Philadelphia physicians accrued political experience through decades of public health work, often in response to epidemics.³⁴ Thus, College’s culture was such that members were political veterans by the time they crafted the state’s first anatomy act in 1867.

Dr. William S. Forbes’ 1898 *History of the Anatomy-Act of Pennsylvania* describes, perhaps a tad self-servingly, his role representing the College in drafting and securing passage of Pennsylvania’s anatomy acts: the Armstrong Act of 1867 and the Anatomy Act of 1883.³⁵ The Armstrong Act illustrates an important context for the development of anatomy laws: the story of physicians determined to have a “rational” system of cadaver procurement. Narratives such as those by Forbes emphasize the probity of physicians disgusted with grave-robbing, bristling with righteous indignation

³² Starr, *The Social Transformation of American Medicine*, 141.

³³ Rothstein, *American Physicians in the Nineteenth Century*, 66.

³⁴ The classic work on public health is John Duffy, *A History of Public Health in New York City, 1625-1866* (New York: Russell Sage Foundation, 1968). On the College’s response to epidemics, see, Bell, *College of Physicians*, chapter 2, for its roll in public health, see chapter 4.

³⁵ William S. Forbes, *History of the Anatomy - Act of Pennsylvania* (Philadelphia: The Philadelphia Medical Publishing Company, 1898): 13-14. Forbes was a prominent Philadelphia physician and demonstrator of anatomy at Jefferson Medical College. The act of 1867 is also referred to as the “Armstrong Act” but I have not discovered an explanation for this name.

over the ignorant and superstitious masses.³⁶ A second common context for the development of anatomy laws was exposure of an especially egregious body-snatching case, linked usually to a prominent medical college.³⁷ These narratives feature red-faced physicians who, despite culpability, still bristle with righteous indignation, this time over an unjust system that damns them either way. Pennsylvania, in keeping with its preeminence in medicine, passed an anatomy law in each circumstance. Forbes' *History* shows how the College interpreted and implemented the first, fairly vague, act and how they responded to a new grave-robbing scandal with a stronger, remedial anatomy act.

Forbes presented a resolution to the College of Physicians in 1867, "That a committee of three be appointed to present the views of this College to the Legislature ... urging passage of a law sanctioning the dissection of dead human bodies."³⁸ Forbes's recounting of the physicians' struggles to secure passage tells a story familiar in anatomy law narratives. The Forbes committee drafted an act which the House passed, but the Senate defeated. They then recruited the support of an influential senator/physician, Wilmer Worthington, "a doctor of medicine, and a gentleman whose high character and influence materially advanced our cause," to "read it in place, and ask its passage by the

³⁶ The Massachusetts act of 1831 is the classic in this genre; the Armstrong act is a close second.

³⁷ And once, a law was in response to the discovery of a prominent cadaver, i.e. the John Scott Harrison case. For the Harrison case, see, Linden F. Edwards, "The Famous Harrison Case and its Repercussions," Bulletin of the History of Medicine 31 (1957):162-71; Curt Dalton, The Terrible Resurrection (Dayton, Ohio, 2002); Schultz, Body Snatching. For Connecticut, see, Hannibal Hamlin, "The Dissection Riot of 1824 and the Connecticut Anatomical Law," Yale Journal of Biology and Medicine v. 7, No. 4 (1934-35): 275-289. For New York, see, Duffy, History of Public Health, 87-88 and Sappol, Traffic of Dead Bodies, 105-09. Although I disagree with his interpretation, for Pennsylvania see, Horace Montgomery, "A Body Snatcher Sponsors Pennsylvania's Anatomy Act," Journal of the History of Medicine v. 21 no. 4 (October 1966): 374-93.

³⁸ Forbes, History of the Anatomy - Act, 7.

Senate.”³⁹ The act went to committee and received “a negative report”; at Senator Worthington’s request, the act was recommitted and permission was granted for the College to send a committee to “explain their views” to the Senate. The College committee’s argument hinged on the double bind they faced: the necessity of teaching anatomy through dissection without a legal supply of cadavers, and the problem of physician liability if inadequately trained.⁴⁰ The committee of physician-lobbyists pleaded their case convincingly enough, and the act passed, though only after limiting its jurisdiction to Philadelphia and Allegheny County.⁴¹ Thus, the elite College of Physicians succeeded in getting an anatomy act passed with the senatorial support of a colleague.

Buried in Forbes’s account is the seamless fashioning of a prototypical anatomical board by College of Physician members. Despite the act’s limitations and compromises, it was as if the liberty bell rang again in Philadelphia, this time, however, summoning a congress of anatomists. “A voluntary association ... was formed in Philadelphia ... composed of the demonstrators ... of anatomy. By-laws were agreed upon and an equitable distribution of the unclaimed bodies was begun accordingly—the number assigned to each school being proportioned to that of its students.”⁴² Although the act stipulated proportional distribution, it did not spell out any administrative machinery. Calling themselves the Philadelphia Association of Anatomists and setting up shop in the

³⁹ Ibid., 11.

⁴⁰ Ibid., 12. For information about the rise of medical malpractice suits in the 19th century, see, James C. Mohr, Doctors and the Law: Medical Jurisprudence in Nineteenth-Century America (New York & Oxford: Oxford University Press, 1993).

⁴¹ The Armstrong Act, like other pre-Progressive era anatomy acts, suffered from significant jurisdictional and enforcement weaknesses: it was limited to big cities, was permissive not mandatory, and had several escape clauses. For example, a dying person could request burial and travelers were exempt.

⁴² Forbes, History, 16.

College's meeting room, members fleshed out the bare bones of their first anatomy act, freely adopting by-laws and instituting practices unhampered by government interference. Thus, a select group of Philadelphia physicians created an informal anatomical board and, for the next fifteen years, fought jurisdictional wars with coroners and public officers over their legal right to the unclaimed dead. They also continued to buy bodies surreptitiously on a strict "don't ask don't tell" policy.

Fifteen years and nine months after securing passage of the state's first anatomy law Dr. Forbes himself was arrested on charges of conspiracy to rob graves.⁴³ This grave-robbing scandal at the Lebanon Cemetery (an African American cemetery) was the especially egregious case which sent the College back to the Legislature. However, instead of attributing the 1883 act's creation to the scandal, Forbes's 1898 account focuses on the problems the Association encountered under the Armstrong Act. He segues between the two acts with the comment, "For some years the number of bodies ... was sufficient." It is doubtful whether demand could ever have been met under the provisions of the Armstrong Act, but, Forbes cites two reasons in particular for supply problems, problems the College would remedy in the act of 1883. First, officials did not cooperate. Physicians soon discovered "that ... the words, '*shall give permission ...*,' did not bind certain officials." According to Forbes, physicians were routinely given the run-around; told they could take bodies only to discover, "that these very bodies ... had already vanished."⁴⁴ Second, even if officials did cooperate with the law, anatomists

⁴³ "To Arrest the Doctors," Philadelphia Inquirer, December 15, 1882; "The Ghouls. How They Were Railroaded," Philadelphia Inquirer, December 16, 1882. My thanks to Montgomery's article, "A Body Snatcher Sponsors Pennsylvania's Anatomy Act," for citing relevant newspaper coverage. Schultz also discusses these events based on Forbes' History and newspaper coverage, but I disagree with her unequivocal pro-medical profession interpretation. See, Schultz, Body Snatching, 81-85.

⁴⁴ Forbes, History of the Anatomy - Act, 16-17.

needed more bodies than Philadelphia and Allegheny County could provide. Rising medical school enrollments, along with higher standards, meant that “a greater number of dead bodies was needed.”

Forbes singles out the Philadelphia coroner as the biggest obstacle to body procurement.⁴⁵ Citing an article from the *Medical News* of Philadelphia that reported the coroner’s interpretation of his role with respect to the unclaimed bodies “it is his duty to have them buried, and that after he has given the certificate of death his control over them ceases.”⁴⁶ Forbes points out that at this time the coroner “owned and conducted ... the Philadelphia School of Anatomy,” and in that capacity “he was a member of the Association of Anatomists having the *equitable* distribution of the unclaimed bodies.”⁴⁷ [Italics his.] Forbes’s insinuation is that the coroner’s dual positions presented a too-tempting conflict of interest, and, one wonders how many of the “vanished” bodies from the city morgue appeared on the dissection tables of the Philadelphia School of Anatomy.

Still avoiding mention of the scandal or his indictment, Forbes describes a meeting of the Association, held at the College of Physicians in December 1882, “for the purpose of revising and extending the Act of 1867.” It should be noted that this meeting was held on December 28th—weeks after the Lebanon grave-robbing story broke and while Forbes was still under indictment. Forbes proudly takes credit for the new act, writing, “I moved that the words ‘give permission’ be stricken out and that the word *deliver* be inserted, so that the act would read, ‘That Coroners (and other mentioned

⁴⁵ Coroners continued to be major obstacles for the board, well into the twentieth century. These jurisdictional problems will be discussed in chapter four, Power Struggles.

⁴⁶ *Medical News*, Philadelphia, December 23, 1822, quoted in Forbes, *History*, 17.

⁴⁷ Forbes, *History*, 17.

officials) shall deliver such body or bodies’.” Apparently this was too much for the coroner, who “arose in his seat and objected.” Forbes countered the coroner’s objections “that if the words ‘shall deliver’ were not inserted, experience taught us the law would not be worth the paper upon which it was printed.” Coyly, Forbes informs his readers, “the words ‘shall deliver’ are now in the law, and form its chief binding quality.”⁴⁸

In his account of the act, Forbes does eventually get around to his indictment, or, more precisely, his acquittal. He reproduces in full an editorial from the *Germantown Telegraph* entitled “Medical Science Vindicated.” It was the editor’s view that Forbes received a “full and fair trial.” Evidence had been presented about the number of students enrolled annually at Jefferson Medical College in Philadelphia (six hundred) and noted that “each one of these students shall ... dissect entirely one human body.” Forbes was in charge of the anatomy department at Jefferson and he “had of course received the bodies ... and kept a record of them.” He was, however, the editorial continued, “careful not to know from what source they were obtained.” And, although many bodies were received under the legal provisions of the law, “it appeared that a number of bodies of colored persons had been taken from Lebanon Cemetery---from trenches or deep pits in which dozens of dead bodies were buried in common.” The editor manages to present this in a positive light, since “but for that regular relief [the trenches] would soon have been overflowing.” The editorial concludes by informing readers of “a bill now pending in the Legislature, *which it is to be hoped will pass*, making it lawful to supply medical institutions with bodies for dissection from ... public sources.”⁴⁹ [Italics added.]

⁴⁸ Ibid., 17-18.

⁴⁹ “Medical Science Vindicated,” *Germantown Telegraph*, Wednesday, March 21, 1883, quoted in Forbes, *History*, 18.

Forbes quotes another favorable editorial, this one from the *Philadelphia Inquirer*. Entitled “Unreasoning Clamor Condemned,” the editorial’s point was that, even though Forbes’s trial “was begun under the pressure of a great and unreasoning public clamor,” the case was adjudicated with “the highest principles of law and justice.”⁵⁰ The editor conveniently ignored the central role played by the press in creating this “unreasoning public clamor.” The Lebanon Cemetery scandal was the result of a sting operation conducted by several reporters from the *Philadelphia Press* with the help of a Pinkerton agent.⁵¹ The *Inquirer* had followed with relentless coverage of events, splattering gory details across the front page. One of the indicted, Frank McNamee, whose role in the events was “to do the hauling,” made an astute comment about the arrests having been made prematurely, outside the cemetery. According to McNamee, “they should have waited until the bodies were delivered at Jefferson Medical College, then there would have been a sensation.”⁵² In the end it was the “resurrection men,” the grave-robbers, who were convicted; Forbes and Jefferson Medical College were cleared in court as well as exonerated by the press. Apparently, in 1882 ignorance was an excuse under the law.

Clearly sensationalism sold papers and motivated, in part, the extensive press coverage of the cemetery scandal.⁵³ In this case the coverage also provided the context

⁵⁰ “Unreasoning Clamor Condemned,” *Philadelphia Inquirer*, quoted in Forbes, *Ibid*.

⁵¹ *Ibid*. The Pinkerton agent was hired by the newspaper. Montgomery covers the scandal in, “A Body Snatcher Sponsors Pennsylvania’s Anatomy Act.”

⁵² “Captured Body Snatchers,” *Reading Daily Eagle*, December 6, 1882. In another piece it was reported that after naming Dr. Forbes and two other Jefferson Med Physicians, “McNamee said he was made to believe he was doing no wrong.” *Reading Daily Eagle*, Dec. 14, 1882.

⁵³ The *Philadelphia Inquirer* does not conform to the “defining characteristics” of yellow journalism. They had a conservative appearance, but did not shy away from covering the sensational aspects of this case. See, W. Joseph Campbell, *Yellow Journalism: Puncturing the Myths, Defining the Legacies* (Westport,

from which a stronger anatomy law, governed by physicians---the Anatomical Board of the State of Pennsylvania--arose. Within a five month time span, papers that covered the Lebanon Cemetery story also reported the conviction of a “notorious resurrectionist” in Washington, D.C.; a situation in Greensboro, North Carolina concerning “supposed grave robbers”; a report about two body-snatching medical students at the Virginia Medical College; and, several reports about the Tewksbury Massachusetts Almshouse scandal, “Tanning the Skins of Dead Paupers.”⁵⁴ While the city was disrupted by a significant scandal of its own, readers were reminded of the ubiquity of grave-robbing and other related abuses in near-by states.

Of perhaps more direct relevance was an especially gruesome story, “Corpses Eaten By Hounds,” about a long-neglected “free cemetery for colored people” in Harrisburg. A woman living near the cemetery reported that “dogs had what seemed to be the back-bone of a child.” During the investigation, reporters talked to locals who reported many instances of dogs “prowling and scratching in the graveyard.” Neglect was so complete that “bodies were seldom interred over 12 inches.”⁵⁵ Against accounts of “Corpses Eaten By Hounds” and overflowing trenches at Lebanon Cemetery, dissection, it might be argued, was a kinder disposition for the remains of poor people than the grim realities of these cemeteries. The Harrisburg account is subtitled “Another Shameful

Connecticut & London: Praeger, 2001); Frank Luther Mott, American Journalism: A History, 1690-1960, 3d ed. (New York: Macmillan, 1962).

⁵⁴ “Resurrectionist Convicted,” Philadelphia Inquirer, March 21, 1883; “Supposed Grave Robbers,” Reading Daily Eagle, December 17, 1882; “Body Snatching, Two Medical Students in Richmond, Va. Arrested,” Philadelphia Inquirer, Dec. 14, 1882; “A Horrible Story---Tanning the Skins of Dead Paupers,” Philadelphia Inquirer, April 4, 1883. Coverage continued: April 10, 11, &12, 1883.

⁵⁵ “Corpses Eaten By Hounds,” Reading Daily Eagle, December 9, 1882.

Cemetery Exposure,” and it concludes with the barely comforting remark that “the nuisance ... will probably be abated, and further burials prohibited.”⁵⁶

On one level, the Lebanon Cemetery scandal and other “cemetery exposure” stories represent local muckraking; journalists, ostensibly calling for reform, ferreting out abuses and writing stories to shock and sell papers. These stories appeared just as the College of Physicians was pushing through the legislature their new and improved anatomy act; the College was able to garner enough support, in part, *because* the profession was caught red handed. Even in the earlier “grave-robbing” era, newspapers were often complicit in networks of body-snatchers.

The history of grave robbing has been well documented.⁵⁷ It is clear that, at least earlier in the nineteenth century, networks of local citizens aided and abetted physicians’ illegal efforts to secure bodies for dissection. Physicians did not act alone--former students, town physicians, druggists, shop keepers, local merchants, sheriffs, a railroad president, and newspaper editors—have all been cited as complicit in grave robbing.⁵⁸ A typical local web of conspiracy and support began by securing “knowledge of a

⁵⁶ Ibid.

⁵⁷See, for example: James O. Breeden, “Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia,” The Virginia Magazine of History & Biography 83 (1975): 321-45; Sam L. Clark, “Medical Education from the Ground Up or Our Late Resurrection Men,” Journal of Medical Education 37 (December 1962): 1291-96; Linden F. Edwards, “Body Snatching in Ohio During the Nineteenth Century,” Ohio State Archaeological and Historical Quarterly 59 (1950): 329-51; J.L. Eliot, “A Discussion of ‘A History of Bodysnatching by Frank Baker, M.D.’,” Washington Medical Annals 15 (1916): 247-53; David C. Humphrey, “Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915,” Bulletin of the New York Academy of Medicine 49 (September 1973): 819-827; Martin Kaufman and Leslie L. Hanawalt, “Body Snatching in the Midwest,” Michigan History 55 (Spring 1970): 23-40; Michael Sappol, A Traffic of Dead Bodies; Schultz, Body Snatching; Frederick C. Waite, “Grave Robbing in New England,” Bulletin of the Medical Library Association 33 (1945): 272-294; Frederick C. Waite, The Story of a Country Medical College: A History of the Clinical School of Medicine and the Vermont Medical College, Woodstock Vermont: 1827-1856 (Montpelier: Vermont Historical Society, 1945), 70-73, 90-93.

⁵⁸ Waite, “Grave Robbing in New England,” 280-84. For the role played by the Virginia Central Railroad, see, Breeden, “Body Snatchers and Anatomy Professors,” 338.

prospective burial,” usually from a former student of the medical school, now, presumably a local physician who identified his deceased patients. Details were sent, “often in code ... to some intermediary, such as the druggist in the town of the medical college.” The intermediary would notify an individual at the medical college. If the disinterment was discovered and a constable came looking for the body, it was the sheriff’s turn to send *his* coded message warning the college “of impending search.” While the sheriff delayed the constable, the school concealed the body.⁵⁹

Newspaper editors, according to medical historian Frederick Waite, had the important job of keeping the public in the dark. Based on his examination of “country newspapers of New England,” when there were notices of disturbed graves, there was often an “editorial comment that probably the body went to the medical colleges of Boston or New York, although a medical college was in operation only a few miles distant.” Waite’s extensive research in records of bodies recovered from medical colleges revealed that “in every case [bodies were recovered] from the institution nearest the site of disinterment.” Thus he concludes, “Editors supported the medical facilities in the endeavor to persuade the community that any local grave robbing was for the benefit of some distant institution.”⁶⁰

Waite found evidence that his local conspiracy model extended into the progressive era. Writing in the 1930s and 1940s, Waite had the opportunity to interview a former anatomy professor who reported that, in the 1880s and 1890s, “he had an

⁵⁹ Waite, “Grave Robbing in New England,” 284. And sometimes editors editorialized in support of dissection even prior to anatomy laws. See, Joseph G. Ryan, “Wrestling with the Angel: The Struggle of Roman Catholic Clergy, Physicians, and Believers with the Rise of Medical Practice, 1807-1940,” (Ph.D. diss., American University, 1997): 99.

⁶⁰ *Ibid.*, Waite, 283.

arrangement under which he received twice in each session a shipment of twelve bodies of southern Negroes. They came in barrels marked “turpentine” and [were] consigned to a local hardware store that dealt in painting materials.”⁶¹ Waite’s local conspiracy model is just that, a local model. His research involved small, country medical colleges in rural New England. His evidence suggests that there was a social network of local leaders in these communities that “agreed” on the need for bodies at the school. They supported or looked away from disinterment because the nearby school was an enterprise which, among other things, enhanced their local economy. One can well imagine that inclusion in this social tier signaled exclusion from disinterment. However, by the late nineteenth century, when medical schools were located in large cities and presided over much larger student bodies, grave-robbing had become a big business involving “hub” cities, railroad payoffs, and career “resurrectionists.” The late nineteenth century also witnessed the crystallization of a more pronounced class structure, a structure that sharpened the line between those who could be dissected and those who could not.

Obviously Forbes would not include unfavorable editorials in his *History of the Anatomy-Act of Pennsylvania*; however, one of the Senators vehemently opposed to the 1883 act questioned why there was no negative press about the bill. According to Senator Laird, if “the bodies of all who were worth over one hundred thousand dollars [were to be delivered for dissection] there would be a great cry raised from one end of the Commonwealth to the other.” However, when the bodies of poor people are to be dissected, “there is not one voice of the press raised, [in opposition] that I have heard, in

⁶¹ Ibid., 284.

all the land.”⁶² The *Philadelphia Inquirer*, which had covered the Lebanon Cemetery scandal and celebrated Forbes’ acquittal, said nothing about the bill until March 1st, when it was practically *fait accompli*. Then a slim paragraph buried in a column on the previous day’s senate proceedings repeated: “Senate bill for the appointment of a board of medical scientists to distribute the bodies of unclaimed dead among the different medical colleges and schools of the State entitled to receive was discussed on third reading. Pending any final action the hour of adjournment arrived and the Senate adjourned.”⁶³

The next day, in the same column, the paper mentions some minor points raised by the opposition. On March 8th, in the same column, it reported that “The Senate bill to create a board of medical scientists to distribute ... was passed finally and sent to the House—Yeas, 28; nays, 7.” On June 4th, the “Senate bill for the promotion of medical science ... was called up.” The reporter, without directly quoting wrote that “Mr. Lowry made a speech against the measure, speaking of the hunting up and boiling and dissecting of the bodies of poor unfortunates. He said that if the process could include the doctors he might be inclined to vote for the bill.” After listing Senators who participated in the debate the reporter informed his readers that “the medical fraternity point[ed] out the necessity of having subjects for the schools. The bill passed –Yeas, 123; nays, 29.” The bill was mentioned for the last time the next day, June 5th. It is the lead paragraph in the “Legislature” column and receives its briefest mention: “The Senate concurred in the

⁶² The Legislative Record, March 1, 1883, 669.

⁶³ “State Legislature,” Philadelphia Inquirer, March 1, 1883.

House amendments to the Senate bill for distributing the bodies of the unclaimed dead to the different medical colleges and schools of the State.”⁶⁴ And that was that.

What can be inferred from newspaper coverage, and lack of coverage, of these causally related events? In the *Philadelphia Inquirer's* coverage of the Lebanon Cemetery scandal, it is clear which “side” it supported.⁶⁵ The story first connects the incident to dissection generally: “from [the grave] to the dissecting room there is often a direct road”; “that the bodies were intended for the Jefferson Medical College there can be no doubt.”⁶⁶ Attention is immediately diverted, however, to the “wretched ghouls” and the “ghastly scene” in the graveyard—that is from the reason for the crime--to the negligence of the cemetery’s board of trustees, to the “excited colored people” seeking permission to examine graves, to the resurrectionists’ confessions, and to the moneys paid them for services rendered. Thus, the public knew all about the deplorable conditions at the cemetery and the going rate for bodies--the details furthest removed from Dr. Forbes and Jefferson Medical College.

Class bias creeps into the *Inquirer's* coverage of the indicted grave robbers. In reporting McNamee’s confession they write that “It is understood that the confession implicates certain doctors; but coming from a man in McNamee’s position, the community will hardly attach much weight to statements of that kind.”⁶⁷ Further disclosures over the next few days revealed that graves in Lebanon Cemetery had been robbed for nine years—meaning that, six years after the Armstrong Act, arrangements

⁶⁴ *Philadelphia Inquirer*, March 2 & 8; June 4 & 5, 1883.

⁶⁵ See *Philadelphia Inquirer*, December 6, 7, 8, 9, 14, 15, 16 & 18, 1882.

⁶⁶ *Ibid.*, Dec. 6, 1882.

⁶⁷ *Ibid.*, Dec. 14, 1882.

had been made by the demonstrator of anatomy at Jefferson Medical College (who preceded Forbes) to make up the shortfall of legal bodies with those from the African American cemetery. But instead of making explicit these connections, the paper stays focused on “the ghouls.” The conspiracy involved the cemetery superintendent and his brother, who, for nine years, would “shift” bodies to a shallow pit in a distant part of the cemetery as soon as mourners left the presumed grave site; hence, the overflowing pits and trenches alluded to in the editorial.⁶⁸ The *Inquirer’s* editor, in his rush to “vindicate medical science” and Forbes, left the impression that the overflowing trenches of Lebanon Cemetery were somehow to blame for the events, rather than making it clear that shallow graves and pits were part of a plan instituted to make light and fast the wholesale robbery of graves for the College.⁶⁹

McNamee’s testimony should have been damning; however, there was no evidence aside from his statements to prove that Forbes knew of their work and intended them to rob graves for his anatomy lab—it was Forbes’s word against McNamee’s word. According to McNamee, three years prior, Forbes’s assistant, Dr. Benham, had hired him to “haul a body from the County Prison.” After a few of these legal hauls, Dr. Benham sent him to Lebanon Cemetery at night, telling him “there is a body down there for you to bring up to college.” Certainly McNamee must have known something was up, because Benham accompanied him on this occasion, and, after leaving him at the gate, returned informing him that “We can’t get it to-night; there is some mistake about it.” A few nights later McNamee returned to the cemetery with a medical student, admitting that

⁶⁸ “Digging Up Coffins,” *Philadelphia Inquirer*, December 7, 1882.

⁶⁹ “Captured Body Snatchers,” *Reading Daily Eagle*, December 6, 1882; “Digging Up Coffins,” *The Philadelphia Inquirer*, Thursday, December 7, 1882.

“we got two dead bodies there and hauled these back to the college.” McNamee was not compensated for his part and Dr. Benham told him to see Dr. Forbes for payment. From then on he dealt directly with Forbes.

McNamee maintained that “Dr. Forbes knew where we got the bodies from; he told me about it before I knew anything about it.” McNamee also testified that he had “asked [Forbes] at one time if there was anything wrong about this ... if I could be put in prison.” He said Forbes assured him that “the worst thing that could be done was to discharge those men down in the burying ground”; McNamee was safe, according to Forbes, because, “you do nothing but the hauling.” McNamee clung to Forbes’s words like a mantra, repeating over and over again in every account that his only part was “*to do the hauling.*” Furthermore, according to McNamee, Forbes “said there were two judges, Allison and Ludlow, connected with the college, that he, Forbes, ‘wouldn’t and they wouldn’t do you any wrong’.”⁷⁰ Forbes’s name was listed as a witness on the back of the grand jury indictment against McNamee and the other men who kept his dissection lab stocked.⁷¹

Readers of the *Reading Daily Eagle* also heard from Frank McNamee that he “was only hired to do the hauling” and that he was “made to believe he was doing no wrong.”⁷² The *Eagle*’s reporting was, however, noticeably more sensational than the *Inquirer*’s. When the present scandal failed to yield new revelations, they sought out grisly details from the past. They included an interview with a former janitor of

⁷⁰ “The Ghouls,” Philadelphia Inquirer, December 16, 1882. Where would Frank McNamee have gotten the names of two judges and why did not the press point this out?

⁷¹ “The Resurrectionists,” Philadelphia Inquirer, December 14, 1882.

⁷² “The Graveyard Ghouls,” Reading Daily Eagle, December 7, 1882; “A Grave Robber’s Confession,” Reading Daily Eagle, December 14, 1882.

Jefferson's anatomical room, James Burrell, who "revealed the manner in which the bodies were received and handled." Janitors had long been responsible for receiving, handling, and in many cases, preparing bodies for dissection.⁷³ This is the only discussion of the dissection room found in these two papers that covered the story so thoroughly. Burrell reported that he "helped to receive dead bodies brought there by the prisoners; that he put them into a pickling vat; that he helped Dr. Forbes and Dr. Hewson to inject them; that he hoisted the 'stiffs' out of the pickling vat up into the dissecting room, and that finally he got so sick of the terrible stench that he had to quit." He also reported that he "was threatened not to say anything."⁷⁴

Thus, these newspapers focused on the grave-robbing incident, on the poor conditions at the cemetery, on the disreputable African American superintendent and his brother. The story was reported as a scandal originating at the cemetery, not at a medical college. That it was a money-making scheme, not a dissection-enabling venture. The only abuses catalogued, week after week, were those committed at the hands of the resurrection men, not the dissectors. The events were constructed as stemming from the greed of the "ghouls," suggesting that they were somehow responsible for the demand by their willingness to supply. This inverse logic had been circulating for years in arguments for anatomy legislation and served to keep attention focused on grave-robbers, not the doctors. In an 1879 issue of *The Penn Monthly*, Dr. Thomas Sozinsky assured his readers that although "it is possible that medical students do occasionally resort to grave-robbing

⁷³ For example, see, Dalton, Terrible Resurrection; Edwards, "The Famous Harrison Case."

⁷⁴ "Graveyard Ghouls," Eagle, Dec. 7, 1882. "Pickling vat" was the actual term used in anatomy labs. See, New York Times, August 9, 1878, p. 3 and November 4, 1878, p. 1, cited in Kaufman and Hanawalt, "Body Snatching in the Midwest," 27. Dr. Hewson became the Anatomical Board's secretary and served in that capacity for over thirty years.

to get subjects for their own use; ... as a rule, the crime is committed by uncouth men for the sake of the cash." And, while some may turn to grave-robbing in desperation, "there is reason to believe that there are desperadoes who have been and are systematically pursuing body-snatching and dealing in bodies as a business."⁷⁵

Sozinsky peddles the usual sensational examples of grave-robbing and murder for bodies in Great Britain, until "the right remedy for body-snatching was accepted at last," England's anatomy bill, the Warburton Act of 1832.⁷⁶ "The time has come," according to Sozinsky, "for liberal legislation in favor of dissection in every state in the Union." In his concluding remarks, Sozinsky raised a specter that eventually took flight in the Senate debates over the 1883 act, commenting that "it matters not what obstacles are in the way of the practice of dissection, *it will go on.*"⁷⁷ [Italics added.]

This thinly veiled "threat" surfaced in the debates when supporters of the anatomy law argued that, if the legislature did not *give* bodies, the medical profession would continue to *take* bodies. Senator Parcells, in connecting these dots, revealed the unpleasant picture: "Since the developments of the Forbes trial in Philadelphia ... the people of this Commonwealth ought to take a rather broad hint. Let us legalize this matter. Let us select a certain class; ... and let their bodies be taken for such purposes, and let all others be safe."⁷⁸ Some legislators were deeply offended by this "rather broad hint"; objecting that "the threats made by medical gentleman upon the floor of this House are very unseemly."

⁷⁵ Thomas Sozinsky, M.D. "Grave-Robbing and Dissection," The Penn Monthly 10 (March, 1879): 206-217, 208.

⁷⁶ *Ibid.*, 213. For a thorough analysis of England's anatomy law see, Ruth Richardson, Death, Dissection and the Destitute (London: Penguin, 1988).

⁷⁷ *Ibid.*, Sozinsky, 217.

⁷⁸ The Legislative Record, June 2, 1883, 3359.

Senator Sponsler admitted he had “been petitioned by the medical society of my county to vote for this bill.” He was, however, disinclined to do so. “They have voluntarily said that if we do not pass their bill the bodies of our wives and children ... will not be safe at the hands of the medical profession of the State of Pennsylvania.”⁷⁹

The threat, however “unseemly,” barely concealed the discrimination at the heart of the objections raised in the legislative debates of March and June 1883: the medical profession was requesting the legal right to take the bodies of poor people, ostensibly those without relatives or friends to mourn them, instead of continuing to get bodies illegally and (purportedly) indiscriminately. The legislature, and by extension the public, was thrust into an ethical “us or them” dilemma. Senator Laird commented, “I am not aware that ever before as sharp a line of distinction has been attempted in any government to mark the boundaries between the poor and the rich as is found in this bill.” Some expressed their deep concern and dismay in religious terms, that “the Savior of the world ... was the friend of the poor,” and reminding others that according to the Bible, “the son of man hath not where to lay his head.”⁸⁰

Some members questioned whether the state *could* enact a measure marked by such blatant discrimination. Senator Stewart, for one, denied “the right of this Legislature to pass any such law.”⁸¹ The charge was levied that it would undermine the republican ethos upon which the country was founded. To another Senator the act’s “most odious feature” was simply its legitimation: “we are placing this provision upon the Statute book

⁷⁹ Ibid.

⁸⁰ Legislative Record, March 1, 669.

⁸¹ Ibid., 670

where it may be read by this class of people.”⁸² Senator Lowry argued, in more eloquent and thoughtful terms than the *Inquirer*’s characterization of it, that he might support anatomy legislation “if it included all classes.”⁸³ His suggestion for fair body procurement was a mathematical formula, the bodies of “one out of every fifty, or one out of every one thousand people who die in the Commonwealth.” Lowry contended that in the bill as written, “They take very good care that no doctor shall be included.”⁸⁴ Thus, Senate opposition forthrightly exposed the gross inequality of the law, which, they maintained, “singles out the pauper class.”⁸⁵

Equally forthright were the arguments made in support of the bill, arguments that focused on the exigencies of medical schools. Senator Reyburn of Philadelphia introduced the bill for the Anatomical Association of Philadelphia, drafted, he said “with great care, and to meet what has been a great evil.”⁸⁶ Supporters did not shy away from the reality of medical culpability in the “traffic that outrages the feelings of every human being in the Commonwealth.”⁸⁷ But, in an odd twist, they used the Lebanon Cemetery scandal to argue not only the necessity of the law, but also its humanity. Senator Adams pointed out that “what has taken place so extensively in Philadelphia that one cemetery was nearly entirely robbed of its dead,” was a cemetery for “poor negroes.” The poor, he argued, were victimized by grave-robbers because it was assumed they “would not take

⁸² Legislative Record, June 2, 3360.

⁸³ The reporter mentioned Lowry’s objections to boiling bones and that doctors should be dissected.

⁸⁴ Legislative Record, June 2, 3359.

⁸⁵ *Ibid.*, 3360.

⁸⁶ Legislative Record, February 28, 1883, 657.

⁸⁷ *Ibid.*, 658.

the same remedy, or have the same protection, or push these parties to conviction.”

According to supporters, then, “this bill is intended to protect the dead of the poor by taking away the incentive to the robbery of graves.”⁸⁸

Supporters therefore addressed, head on, charges of discrimination in the bill’s provisions. As the bill’s chief sponsor, Senator Reyburn claimed that “humanity” was on the side of supporters, for it was they who had not forgotten “the thousands and thousands of sick and maimed and wounded people who must suffer” if there are not enough properly trained physicians.⁸⁹ The crux of their argument was that the ends--- better medical care for all---justified the means---dissection of some. Interestingly, several senators pointed to the record keeping provision in the act as “humane, for the trails of these bodies is kept after they are sent to the institutions [for dissection].”⁹⁰ The modern, bureaucratic procedure of detailed record-keeping, was placed in stark opposition to bodies taken illegally, for a body stolen from the grave “passes away and no man knows where it goes to.”⁹¹

Above and beyond the potential to identify dissection subjects at some future date, the record-keeping provision served a powerful psychological function: it legitimized the disturbing enterprise of dissection. Human dissection was taboo, with only those in training for the medical priesthood engaged in the practice, one they

⁸⁸ Ibid., 659.

⁸⁹ Ibid., March 1, 1883, 670.

⁹⁰ Ibid., 659. In the words of the Act of 1883: “Records shall also be kept, under its direction, of all bodies received and distributed by said board.”

⁹¹ Ibid., 658.

regarded as a significant rite-of-passage.⁹² Involving the state in dissection, even indirectly, required that it be de-sensationalized, some way to “normalize” an activity that was now outside the province of state government. The creation of a state-level anatomical board of physicians who kept records of their activities performed this normalizing function; the medical profession would have a way to “regulate” dissection that served their needs for dissection subjects and for control, while easing the discomfort of legislators. Thus, the anatomists had put dissection into terms that the legislators could understand—the language of a modern, regulatory bureaucracy.

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In asking how a majority of the Pennsylvania Legislature came to accept this proposition from the medical profession, one is tempted to answer, because they had to. No one denied the importance of dissection to medical education, although the opposition tried to side-step this point; no one denied that enrollments were rising and the provisions under the 1867 law were not adequate; no one denied that dissection was unpleasant and that a reliable source of bodies was necessary if grave-robbing were to end. This is not to say there was not denial on the Senate floor. Some denied that the act was discriminatory; some denied the reality that, in a market economy, medical care was unjust in practice, and that the “class” of people slated for dissection were unlike to receive an equal share in the benefits gained. Fear of dissection, shrouded in pragmatism, won.

⁹² Sappol’s *A Traffic of Dead Bodies* is an extended argument about the cultural power of anatomy and dissection. For interesting insight into how dissection is handled as a rite-of-passage for late 20th century medical students, see, Albert Howard Carter III, *First Cut: A Season in the Human Anatomy Lab* (New York: Picador USA, 1997). For relevant anthropological theories see for example, Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London: Routledge & Kegan Paul Ltd., 1966); Arnold Van Gennep, *The Rites of Passage* (Chicago: University of Chicago Press, 1960, 1909); Victor W. Turner, *The Ritual Process: Structure and Anti-Structure* (England: Routledge & Kegan Paul Ltd., 1969).

The late nineteenth century witnessed the rise of capitalist grave-robbers, men who were willing to steal any body to make a buck—even the body of Congressman John Scott Harrison, son of the late President, William Henry Harrison.⁹³ Anyone, it seemed, could wind up on a dissection table; even locally prominent citizens who assisted schools in finding “appropriate” cadavers. Senator Lowry’s mathematical formula would have democratized dissection, but legislators sought security for people like themselves, and so passed a law which guaranteed that only those from the lower social strata would be dissected. In this sense the legislature was willing to pass the anatomy law because grave-robbers had breached the class line.

The Pennsylvania Anatomy Act of 1883, and its creation of an anatomical board, is also a sign, and a result, of the rising power of the bureaucratic state in the late nineteenth-century United States. An administrative board of experts would police their profession and keep a paper trail to prove it, and everyone’s hands would thus be kept clean. Still, in its mandate for pauper bodies—though the word “pauper” was eventually stricken out by a conscience-ridden senator--the solution reflected an older impulse, a bargain struck like the one negotiated decades earlier in rural New England communities. This time however, written in black and white, the bargain was unmistakable, and no one could deny it.

⁹³ Harrison was robbed from his North Bend, Ohio, grave and his body was discovered under a trap door in the Medical College of Ohio in Cincinnati, 1878. See, Linden F. Edwards, “The Famous Harrison Case and its Repercussions,” *Bulletin of the History of Medicine* 31 (1957): 162-71. The Harrison Case was covered widely; see *New York Times*, May 29 to June 19, 1878.

CHAPTER II

“A CLUTCH ALMOST AS TERRIBLE AS ... DEATH ITSELF”:

THE BODY BUREAUCRACY

The said board shall have full power to establish rules and regulations for its
government.¹
Anatomy Act of 1883

I have arranged with ... the Adams Express Co., for transportation of boxes containing
corpses from Woodville and Dixmont, Pa., to Pittsburg, \$2.50, each, from Claremont and
Homestead to Pittsburg, \$2.00 each; from Pittsburg to Philadelphia, \$5.00, from
Woodville, Claremont, Dixmont, and Homestead to Philadelphia \$6.00---empty boxes to
be returned free.²
J. Ewing Mears, M.D. (1892)

I cannot recall any circumstance in which the public may be called on to bury a body at
public expense, which is lawfully claimed.³
J. Howard Gendell, Attorney (1902)

This chapter explores how the anatomical board interpreted and implemented the
power granted by the state and the failure, in some respects, of its efforts. When
Pennsylvania made body procurement and dissection an official prerogative of the
medical profession, it was up to the anatomical board to create an administrative system
for cadaver procurement, distribution, and dissection. Ultimately, the anatomical board

¹ Commonwealth of Pennsylvania, “No. 106. An Act For the promotion of Medical Science...,” Laws of the General Assembly of the State of Pennsylvania, (Harrisburg: Lane S. Hart, State Printer, 1883), 119-121, 119.

² Letter Book, 1883-1918, Letter dated 12/9/1892, 14. State Anatomical Board of Pennsylvania, RG-11, Pennsylvania State Archives.

³ *Ibid.*, 49.

would determine what the law meant as it implemented, conveyed, and enforced the anatomy act.⁴ I first analyze the bureaucratic veneer of the body business through an examination of the anatomical board's bookkeeping. I argue that the record-keeping provision of the anatomy act was an attempt to sanitize "grave-robbing," to control the body business and make it both more dependable and more reputable. One of the consequences of bureaucratizing anatomy and dissection was a dehumanization process of a deceased individual, who became a mark in a ledger, a loss of individuality that has been characteristic of the modern administrative state.⁵

However, this bureaucratic veneer did not allay public fears necessarily, but reinforced the image of the "long arm of the state" which was uncaring, insensitive, and invasive. Probing beneath these bureaucratic practices exposes the board's interpretation of the law and its efforts to implement and enforce that interpretation. The board retained Philadelphia attorney J. Howard Gendell to safeguard its interests in the usual ways; he offered legal advice, interpreted statutes, fielded questions from other lawyers, and informed the board of pertinent legislation. However, the early years of the law's enforcement revealed a substantial gray area—one that would continue to plague the board for decades—surrounding the meaning of "unclaimed." The law mandated the

⁴ For example, see, Lawrence M. Friedman, Law and Society: An Introduction (Englewood Cliffs, New Jersey: Prentiss-Hall, 1976); James W. Hurst, Law and Social Order in the United States (Ithaca: Cornell University Press, 1977); Morton Keller, Regulating a New Society: Public Policy and Social Change in America, 1900-1933 (Cambridge, Mass.: Harvard University Press, 1994). Also relevant are books that look at enforcement of law through administrative agencies with discretionary power. The role of bureaucratic authority in shaping policy has been explored in immigration law. For example, see Erika Lee, At America's Gates: Chinese Immigration During the Exclusion Era, 1882-1943 (Chapel Hill & London: The University of North Carolina Press, 2005); Mae N. Ngai, Impossible Subjects: Illegal Aliens and the Making of Modern America (Princeton, NJ: Princeton University Press, 2004); Lucy E. Salyer, Laws Harsh As Tigers: Chinese Immigrants and the Shaping of Modern Immigration Law (Chapel Hill: The University of North Carolina Press, 1995).

⁵ Samuel Hays has described the modernization process as a shift to "an impersonal society." See, Samuel P. Hays, The Response to Industrialism, 1885-1914 (Chicago: University of Chicago Press, 1957), 71-93.

surrender of “unclaimed” bodies, bodies that would otherwise be buried “at the public expense.” The board’s efforts to implement an interpretation of the law favorable to its interests exposed the law’s ambiguity and the board’s disingenuousness. This chapter reveals how individuals were transformed into cadavers through administrative methods and suggests that public resistance to the law, and, especially to the board, reflected a cultural unease beyond the practice of dissection. In the new legal body procurement context, fear of dissection mingled with concerns about the power of a centralized, impersonal, administrative state.

*

The early twentieth-century bureaucratic/legalistic culture discussed here stands in sharp contrast with the nineteenth-century “cultural poetics” of grave-robbing and dissection as medical school rites-of-passage, a role that drew much of its power from suggestions of the erotic, indeed bordering on necrophilia. Michael Sappol skillfully reconstructs a nineteenth-century culture where the thrill of illegal acts such as grave-robbing and taboo acts such as dissection, played out in an underground genre of dissection fiction, some of it pornographic, most of it cautionary, all of it charged with the thrill of the illicit.⁶ In contrast, anatomy law sanitized, medicalized, and neutered body procurement, anatomy, and dissection through bureaucratization, turning these highly charged taboo practices into the day-to-day business of a state agency. Regulating dissection liberated it from the taint of the erotic and the brutal. The anatomical board

⁶ Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton and Oxford: Princeton University Press, 2002), chapter 3, 74-97; Gary Laderman also discusses the notorious rite-of-passage culture in *The Sacred Remains: American Attitudes Toward Death, 1799-1883* (New Haven & London: Yale University Press, 1996), chapter 6, 73-85.

adopted accounting procedures for its “receipts” and “distributions,” with columns for credits and debits and a bottom line.⁷ Body procurement was never less erotic.

The mundane nuts-and-bolts of the new body business fulfilled a more esoteric function than administration alone. Standardized record-keeping brought dissection into the modern era.⁸ Through their documentary procedures, body procurement and dissection assumed a modern scientific cast, what Sappol describes as a change in “the culture of professionalism.” Sappol argues that legalizing body procurement through anatomy law placed physicians “above and outside the market,” thereby allowing the profession to carve a new identity, in keeping with advances in scientific medicine. Professionalism “was now being remade around a greater identification with modernity, laboratory science, and industrial technology.”⁹

However, Sappol’s work concludes with the passage of the laws. Analyzing changes in the culture of anatomy and dissection in the modern United States requires close examination of sources produced under the new administrator’s regime. The Records of the Anatomical Board of the State of Pennsylvania document the structure and administration of one of the first state anatomical boards. Not just their content, but also their character is of interest, for they suggest much about the changing culture of

⁷ Early developments in medical record keeping is analyzed by James H. Casedy, in American Medicine and Statistical Thinking, 1800-1860 (Cambridge, Massachusetts: Harvard University Press, 1984); For the early twentieth century, see Joel D. Howell, Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century (Baltimore: The Johns Hopkins University Press, 1995), chapter 2; For an analysis of accounting, see Anthony G. Hopwood, “The Archaeology of Accounting Systems,” Accounting, Organizations, and Society 12 (1989): 207-34; For discussions of the rise of bureaucratic, professional, managerial, and organizational developments generally, the “cult of experts,” see, Louis Galambos, “The Emerging Organizational Synthesis in Modern American History,” Business History Review 44 (Autumn 1970), 279-90; Robert H. Wiebe, The Search for Order, 1877-1920 (New York: Hill and Wang, 1967).

⁸ Anatomical board members became “scientist-bureaucrats.” See, Julia Rodriguez, Civilizing Argentina: Science, Medicine, and the Modern State (Chapel Hill: The University of North Carolina Press, 2006), 5.

⁹ *Ibid.*, Sappol, 319, 321.

dissection as it became a state-sponsored activity. The records are surprising in their ordinariness. If the words cadaver and dissection did not appear in the documents, they would be as unremarkable as those from any other state agency. The record-keeping function turned body procurement and dissection into a “normal” state activity congruent with state regulatory practices. Dissection, now regulated and sanitized within the pages of *Minute Books*, accounting ledgers, and *Annual Reports*, assumed an impersonal, detached, and routine bureaucratic air.¹⁰

The Anatomical Association of Philadelphia crafted the 1883 act in a language appropriate for a modern state agency. The multiple provisions and specificity of the 1883 act stand in sharp contrast with the simplicity and vagueness of the 1867 Armstrong Act. The new act was intended to remedy supply problems and close loopholes of the old act; however, its central accomplishment was the establishment of the anatomical board.¹¹ The anatomical association installed itself as a state agency responsible for the collection and distribution of cadavers; the Armstrong Act offered no recourse for physicians whose requests for bodies were subverted by coroners or other public officers. In aligning itself with the state, the anatomical board became a more powerful entity than the public officers from whom they would receive bodies. In keeping with the “impressive” growth of state agencies in size, function, and power after the Civil War,

¹⁰ Michel Foucault, “Governmentality,” in *The Foucault Effect: Studies in Governmentality* ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: University of Chicago Press, 1991).

¹¹ Alternately, establishing the anatomical board can be viewed as solving a technical problem rather than a political/legal problem. See, James Ferguson, *The Anti-Politics Machine: Development, Depoliticization, and Bureaucratic Power in Lesotho* (Cambridge: Cambridge University Press, 1990).

the anatomical board was part of the broad trend toward “extended public responsibility” in the modern era.¹²

The only documentation required under the old law had been “a sufficient bond that each body shall be used only for the promotion of medical science within this State.”¹³ Creating a state agency, however, led to more formal administrative practices and procedures. The 1883 act required that “full and complete minutes of its transactions” be kept, as well as records “of all bodies received and distributed” and of “persons to whom [bodies] may be distributed.” Furthermore, the act stipulated that all “minutes and records ... be open at all times to the inspection of each member of said board, and of any district attorney of any county within this Commonwealth.”¹⁴ Thus, the record-keeping provisions served multiple purposes. They bureaucratized the body business and fulfilled the regulatory promise of state intervention; public power could be safely shifted onto a professional group as long as the state could look over its shoulder. For the medical profession, documentation brought control of resources and the promise of scientific statistical data collection.

Despite the unusual nature of the “inventory,” the body business was organized like any other. Office space was rented; letterhead stationary was ordered; ledgers, forms,

¹² William R. Brock, Investigation and Responsibility: Public Responsibility in the United States, 1865-1900 (Cambridge & London: Cambridge University Press, 1984), 7. Brock’s six stage model “illustrating the development of a state agency” depicts accurately the course taken by the AA of P. See pages 8-10; Lawrence M. Friedman, A History of American Law (New York: Simon & Schuster, Inc., 1973), chapter 5, 439-466; Keller, Affairs of State.

¹³ Laws of Pennsylvania 1867, Act No. 482, p. 497.

¹⁴ Commonwealth of Pennsylvania, “An Act ...”, Section 1, 119.

and certificates were printed.¹⁵ Shipping cases were made to specifications; a shipping company was contracted; tin body tags were manufactured; a “depot” was arranged in Philadelphia to hold bodies prior to distribution. Undertakers were contracted; public institutions and officials were notified of the law and the board’s procedures; an attorney was retained to interpret the statute and advise the board when gray areas and conflicts arose. The association was so confident the anatomy act would pass that members started to conduct business under the name “the Anatomical Board of the State of Pennsylvania” in March 1883, three months before the bill became law.¹⁶ Thus, the years of practice as an unofficial anatomy board under the Armstrong Act had turned these physicians into skilled administrators poised to expand their local operation into a state-wide network for the collection and distribution of human corpses for medical science.

According to plans drafted by the association, the board was empowered to “appoint and remove proper officers.” The professor of anatomy at the University of Pennsylvania was to call the first meeting within thirty days of the act’s passage, and the board was to consist of “not less than five scholars,” appointed from the impressive pool of professors and demonstrators of anatomy and surgery from the medical and dental schools of the state. With officers in place, body collection and distribution to educational institutions could begin. Apportionment was based on enrollment figures. Medical and dental schools would notify the board in writing prior to each academic year of the number of students enrolled in “dissecting and operative surgery class.” Bodies required

¹⁵ A stationary order transcribed into the Letter Book includes the following: Letterheads, Transportation Bills—Philadelphia & Pittsburg, Monthly Reports of Institutions, Death Certificates, Carrier receipts (yellow), and Receipts of Colleges (green). Letter Book, 29, SAB, RG-11, PSA.

¹⁶ These administrative procedures are discussed in various letters. See, Letter Book, 1883-1918.

for lectures and demonstrations were to be supplied first, with any remaining bodies to be “distributed proportionally and equitably,” to the schools for dissection or research, also based upon enrollment figures. *Executive Committee Minute Books* contain synopses of letters with enrollment figures received, recorded, and read at the monthly meeting by the secretary, Dr. Addinell Hewson.¹⁷ These letters represent the first wave of paperwork in the board’s annual business cycle.

The basic financial structure of the system was laid out in the act. According to the statute, receiving institutions provided the funding, and the whole enterprise was expected to be self supporting. There was an initial “buy-in” figure, a \$1000.00 bond to be paid to the Commonwealth by any “physician or surgeon, or in behalf of such school or college,” surety that bodies received would be used “only for the promotion of medical science within this State.” All public officers required to surrender bodies were to do so, “without fee or reward.” Most important was that neither the state, nor any county, municipality, nor agent was to bear any of the expenses for “delivery or distribution,” all of which “shall be paid by those receiving the bodies,” in a manner “specified by said board of distribution.”¹⁸

Under the law, therefore, the board set the appropriate fees for the receiving institutions and negotiated contracts with vendors. For example, figures from the *Balance Book* for 1902 indicate that institutions were charged \$10.00 per body. Charges from the Adams Express Company were the largest expense the board incurred; the board paid the Philadelphia branch \$2,499.25 for shipping bodies that year. Secretary of the board

¹⁷ *Executive Committee Minute Books*, 1921-1964, SAB, RG-11, PSA.

¹⁸ Commonwealth of Pennsylvania, “An Act...,” 119-121.

Addinell Hewson was paid \$600.00 for his services in 1902. Nestled amid the typical business expenses such as “Transportation,” “Rent of Depot,” “Attorneys,” and “Clerk,” are the more unusual items, “Injections,” “Tin Tags,” and “Carbolic Acid.”¹⁹

Legalization of body procurement required documentation, and documentation required procedures. The anatomical board adopted formal accounting procedures with two types of ledgers for tracking “Receipts” and “Distributions.” Upon receipt of a body, an entry was made in a large leather-bound ledger, the *Cadaver Receiving Book*.²⁰ Here each body received was identified and documented thusly: Date Received, Name, Sex, Color, Age, Nativity, Social State, Occupation, Date of Death, Cause of Death, Physician’s Name, Received From, Delivered To, Tag Number, Cut, Uncut, Condition, Claimed Tag Number, Substitute Tag Number, Buried Tag Number. At the end of the month’s entries in the *Cadaver Receiving Books* are two different reconciliation sheets: “Receipts from Institutions” and “Distributions.” These tally pages were the first step on the road to anonymity, where a body went from being a deceased individual described in words, to a disbursal, a series of enumerated categories—a statistical “dissection.” Before a scalpel divided and conquered the flesh, the administrative process reduced the individual into various anonymous numbers suitable for data collection.

The *Cadaver Receiving Books* were the only place where a name was recorded. After this first entry however, the body was referenced by its tin tag number or it became subsumed into a larger anonymous numerical category, such as “one of the white males received from Danville State Insane Hospital” in a particular month. The second

¹⁹ Balance Book, 1884-1910, 102-105, SAB, RG-11, PSA.

²⁰ Cadaver Receiving Books, 1901-1965, SAB, RG-11, PSA.

reconciliation sheet in the *Cadaver Receiving Books*, the monthly “Distribution,” lists the institutions that received bodies that month. At this stage it is the institutions’ identities that are of importance to the board, and by extension, to the state. The first column records the institution’s “Quota” for the month and the last records the number received and notes whether they were “Plus” or “Minus” that month.

The monthly data were transferred to another large ledger, the *Consolidated Annual Reports of Receipts and Distributions*.²¹ These ledgers are a year-at-a-glance spread sheet. Unlike the lines and columns of the *Cadaver Receiving Books*, the *Consolidated Report Books* contain number grids. The only “identities” are those of institutions. The “Receipts” section lists all public institutions in the state that might have custody of unclaimed bodies requiring public funds for burial, such as Almshouses, State Insane Hospitals, Prisons and Penitentiaries, State and County Hospitals, Workhouses, Coroners, etc. Beneath each institution is a row of thirteen boxes, one for each month, plus a box for the annual total. For example, in 1905, the board received seven bodies from the Allegheny County Workhouse: one in April, two each in May, June and September.²² If someone wanted to know who those seven individuals were, she or he could look at those months in the *Cadaver Receiving Book* and, by scanning the “received from” column for Allegheny County Workhouse entries, find the names.²³ A number could thus become an individual again.

²¹ Consolidated Annual Report Books of Receipts and Distributions, 1895-1974, SAB, RG-11, PSA.

²² *Ibid.*, Annual Report, vol. 1, 1895-1907.

²³ *Ibid.*, Cadaver Receiving Book, vol. 1, 1901-1908.

The *Consolidated Report* also lists monthly totals of bodies “Distributed”; however, these entries transfer more of the data from the *Cadaver Receiving Books*. For example, in January 1905, the University of Pennsylvania received thirteen bodies, recorded thusly: 2 Cut, 11 Uncut; 9 White Male, 1 White Female, 2 Black Male, 1 Black Female; 11 Good, 2 Fair; 13 Dissection, 0 Lecture; 10 Quota, 13 Received, 3 Plus.²⁴ These thirteen individuals might also have their identities restored by a perusal of the *Cadaver Receiving Book* that included January 1905. However, the *Consolidated Report* takes data distillation further. The annual figures are compiled in another grid by first recording monthly totals of body categories and then calculating the annual figures. Thus we can see the totals of Cut, Uncut, W. Male, W. Female, B. Male, B. Female, Good, Fair, Bad, Claimed, Substitute, Buried. In this last step, names of the institutions have also been eliminated in the interest of data collection. These two ledgers, the *Cadaver Receiving Books* and the *Consolidated Annual Reports of Receipts and Distributions*, represent the essence of the anatomical board’s body bookkeeping. The literal “bottom line” informs the reader that in 1905 the Anatomical Board of the State of Pennsylvania received 875 bodies for dissection: 87 Cut, 788 Uncut; 526 W. Male, 140 W. Female, 154 B. Male, 55 B. Female; 763 Good, 10 Fair, 102 Bad.²⁵

Getting to that bottom line figure required that the board establish a state-wide system of notification, collection, transportation, distribution, and enforcement.²⁶ To the Legislature, the act was intended to restrain certain behavior; to end grave-robbing and to

²⁴ *Ibid.*, Annual Report, vol. 1.

²⁵ *Ibid.*

²⁶ The undertakers hired as “carriers” for the board were central to these operations. They receive a full discussion in chapter three.

regulate practices—to keep records in large accounting ledgers so as to create the paper “trail” of bodies that Senator Adams had found so reassuring.²⁷ For the anatomical board, however, the act was intended to *centralize control* over bodies surrendered and used for dissection. Although an anatomy law had been in place for sixteen years, the new act changed existing practices significantly because it extended the law’s reach to the entire state. Distant counties now had to answer to a handful of Philadelphia physicians when an indigent resident died.

Fundamentally, the anatomy act superseded part of the county poor law system, a system based on local control.²⁸ While some, or perhaps many, counties were only too happy to relinquish the bother and expense of burying their indigent dead, the evidentiary record documents various squeaky wheels, recalcitrant districts, and obtuse directors of the poor. At the most basic level, after the state made the surrender of unclaimed bodies mandatory, local poor boards, accustomed to burying “their own” had to follow new procedures. Administration and implementation of the new law brought forms, procedures, and regulations to rural districts unaccustomed to this red tape. They had to notify the board in writing of an unclaimed body to be shipped, fill out an “unclaimed certificate” (an invoice), pack the body in the board’s specially constructed, metal-lined “shipping case” (a temporary coffin), and contact the board’s local “representative” (an undertaker), who then collected the body and sent it to Philadelphia via the board’s

²⁷ The Legislative Record, February 28, 1883, 659.

²⁸ Pennsylvania Poor Law Commission, General Report of the Commissioners Appointed to Revise and Codify the Laws Relating to the Relief, Care and Maintenance of the Poor in the Commonwealth of Pennsylvania: With a Letter to Governor Beaver and Draft of a General Bill (Act May 9, 1889) and a Special Report on the English Poor Law System (Harrisburg: Meyers Printing House, 1890); Pennsylvania Poor Law Commission, Report and Recommendations of the Commission to Codify and Revise the Laws Relating to Poor Districts and the Care of the Poor to the General Assembly of Pennsylvania (Harrisburg, 1925); William Clinton Heffner, History of Poor Relief Legislation in Pennsylvania, 1682-1913 (Cleona, Pennsylvania: Holzapfel Publishing Company, 1913)

shipping agent, the Adams Express Company, addressed to their Philadelphia carrier, undertaker George Willie.

Smooth execution of these procedures depended on the absence of special circumstances, legal ambiguities, sympathy for the deceased, resentment of the law, or mistakes. Prior to the law's passage, local officials would simply have buried the deceased in their local Potter's Field or Almshouse graveyard. Clear understanding and proper implementation of the board's procedures took a long time, as indicated by the rather vague instructions from the Montgomery County Board of Directors of the Poor to the Poorhouse Steward in 1890, six years after the laws enactment: "the Steward was directed to strictly comply with the law pertaining to the removal of dead bodies of Inmates to the Philadelphia Hospital—that is to simply notify the proper authorities when a death occurs and to keep said bodies the length of time directed by law and if not called for then to bury said body as hereafter."²⁹ Sketchy at best, these instructions suggest minimal compliance with the letter of the law and circumvention of its spirit.

Thus, establishing state-wide control meant that the board first had to inform all appropriate public institutions and officials of the law and of the board's procedures, and then develop enforcement strategies. Visiting was one practice that accomplished all of these goals, and Secretary Hewson logged an impressive number of miles in his forty years on the board.³⁰ On June 2, 1901, Hewson visited Dauphin County and, after careful examination of the Poorhouse Register of Deaths, signed his name. Hewson returned again in June 1902 and May 1903, each time "auditing" the Death Register by checking

²⁹ Minutes of Board of Directors of the Poor, 1889-1900, February 1890. Records of County Governments, Montgomery County, RG-47, PSA.

³⁰ Executive Committee Minute Books, No. 10, 1938-1953, 4, 10, SAB, RG-11, PSA.

off names of bodies accounted for, then signing his name with the notation "Inspected" and the date. On his May 1903 trip Hewson also visited and inspected Death Registers in Cumberland and Bucks Counties.³¹

Visiting became the response when the body count was low. At the April 1927 Executive Committee Meeting, "It was resolved that the Secretary be empowered to visit such institutions most likely to send a goodly number of bodies to the Board."³² Hewson visited 14 counties, "covering nearly all places of importance ... making fifty visits and produc[ing] records for each." Much to his dismay, Hewson "found many disobeying State Statue by reason of ignorance, but promising to do better." As was standard procedure, he left each Superintendent with a copy and an explanation of the law.³³ The following year Hewson visited fourteen institutions in three western counties, "traveling 1,050 miles by rail and two hundred by motor," explaining the law and leaving copies along the way.³⁴ Early in 1930, the board was seventy bodies behind schedule and Hewson was told to pack his bags and hit the road for the promotion of medical science once again.³⁵

Hewson's last "Inspection Trip," in 1938, reveals the nature of these visits, the extent of his travels, and the continuing problems the board encountered well into the

³¹ Poorhouse Register of Deaths, 1866-1919, Records of County Governments; Dauphin County; Board of County Commissioners, RG-47, PSA; Death Register, 1810-1924, Bucks County; Board of County Commissioners; Directors of the Poor Records, 1830-1935, Cumberland County. There is no evidence of Hewson signing the Death Register from Lackawanna County in these years. However, in 1902 they start writing, "Phila. S.A.B." under the heading "Place of Internment." Either Hewson visited or they got the message some other way.

³² Minute Books, No. 8, 1925-1933, 54, SAB, RG-11, PSA.

³³ *Ibid.*, 67-8.

³⁴ *Ibid.*, 80-1.

³⁵ *Ibid.*, 168.

twentieth-century. In three weeks, Hewson covered 1,589 miles and visited thirty counties, one hundred public institutions, and numerous county commissioners and coroners. According to Hewson's report, "In one institution information was absolutely refused, in another, the locks had been removed from the Anatomical Board boxes, and the boxes used for other purposes." Although "on the whole, officials were co-operative, ... there was a vast amount of ignorance, not only as regards the Anatomical Law, but as to the duties of the County Commissioners."³⁶

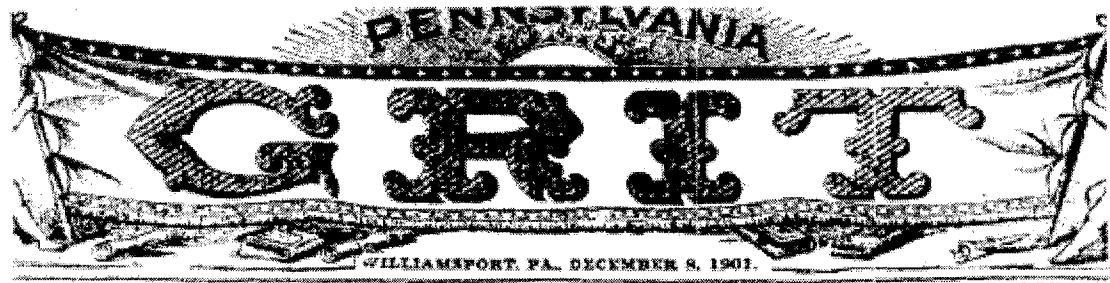
Not just ignorance of the law, but resistance to dissection and to the expansion of state control flared up after one of Hewson's visits in 1901 to the city of Williamsport. Articles against the anatomical law in the *Pennsylvania Grit* refer, derisively, to a "hired corpse drummer," who "came to town in the interests of the State Anatomical society."³⁷ Hewson, or the individual performing Hewson's function, "was touring the State, and calling the attention of poor overseers, morgue keepers, hospital managers, jail wardens, etc., to [the anatomy act] ... which directs that under certain conditions corpses ... shall be sent to the Anatomical society officials to be used for dissection."³⁸ The *Grit* first reported the visit of "the interested agent of the Anatomical society" on December 8, 1901, alongside a sensational illustration entitled, "A Clutch Almost As Terrible As That Of Death Itself"³⁹ (see Figure 1).

³⁶ Minute Books, No. 10, 1938-1953, 4, SAB, RG-11, PSA.

³⁷ The *Grit* conforms to some of the characteristics of yellow journalism articulated by W. Joseph Campbell, in Yellow Journalism: Puncturing the Myths, Defining the Legacies (Westport, Connecticut: Praeger Publishers, 2001), 5-8.

³⁸ "The Law Demands That the City Pay For Decent Burial of the Dead of Its Poor," Pennsylvania Grit, June 22, 1902.

³⁹ "Iniquitous Design To Make Dissection the Certain Penalty of Poverty," Pennsylvania Grit, December 8, 1901.



A CLUTCH ALMOST AS TERRIBLE AS THAT OF DEATH ITSELF

Figure 1: "A Clutch Almost As Terrible As That of Death Itself"
Pennsylvania Grit, 1901. Used by permission of Ogden Publishing Corporation.

The terrible clutch thus equated with death was from the long arm of the state, depicted by the *Grit* as a disembodied, enormous hand labeled “Anatomical Society.” The giant hand appears from out of nowhere to snatch a mother’s corpse from her deathbed. Five crying and powerless children shield their eyes from this horror. The Holy Bible, open next to the bed, signals that this woman, a Christian, would not receive a proper burial. Far messier and more complicated than their statistics and ledgers would indicate, the board represented, for some sectors of the public, the insidious reach of an all powerful, all seeing, centralized government. The *Grit* did not illustrate the horrors of dissection; rather, the paper depicted the horrible result of state-sanctioned body procurement.

The ensuing drama illustrates several problems the board faced as they worked to establish state-wide authority, respect, compliance, and control. More importantly, the contentious issue spotlighted a discrepancy between what the law ostensibly intended (or, wrongfully assumed), that only bodies of unknown, unconnected individuals would be unclaimed, and the reality, which is that in some cases, grieving relatives simply could not afford burial. This is exactly what had happened in Williamsport. As reported in the *Grit*, the board’s agent informed the Overseers that they “had no right to expend public funds for burial of any indigent dead; that such expenditures made the offending officers liable to a fine; and that unless the estate, relatives, or friends of the deceased stood for burial charges, the corpse belonged to the Anatomical society.”⁴⁰ Shortly after the visit, two local indigents died, and the Overseers refused to bury them, having “accepted this hired corpse drummer’s ex-pa-rte [sic] exposition of the statute as the truth, the whole

⁴⁰ “The Law Demands,” *Grit*, June 22, 1902.

truth, and nothing but the truth.” Members of the community rallied and, through “strenuous efforts and some voluntary contributions,” the deceased men received “Christian” burials.⁴¹

That was only the tip of the iceberg. Subtitled in the *Grit* as “The Horrors of Finnegan Case,” the death of Henry Finnegan sparked outrage against the Overseers and the anatomical board. Finnegan left a widowed mother who did not have the money to bury her 34-year-old son. The *Grit* detailed the years of hardship and pride that had kept the Finnegans off the public rolls. Henry, “unmarried, and a watch repairer and jeweler by trade,” suffered from consumption which eventually “compelled [him] to abandon steady work.” Friends and neighbors reported that “he was never idle when able to work.” The last few months of his life his mother “had to devote most of her time to attending to his wants.” Unable to afford the services of an undertaker, Mrs. Finnegan, “approached the task of decently laying out the body of her dead son with her own hands.” Mrs. Finnegan asked the Overseers to bury her son and was told that “under the law, as interpreted by an agent of the State Anatomical society ..., they had no authority to apply any public funds ... and that unless Mrs. Finnegan procured funds and provided burial ..., they must send the corpse for dissection to the State Anatomical society.”⁴² Securing the support of Rev. T. P. S. Wilson, superintendent of the “City mission,” together they tried to fight City Hall—literally, and failed. Rev. Wilson did succeed, however, in soliciting contributions, and Henry received *his* Christian burial.

⁴¹ Ibid.

⁴² “Will Council Act And Insist That the Dead of the Poor Be Decently Interred?” Pennsylvania Sunday Grit, March 23, 1902.

The *Grit* maintained that the Overseers were improperly interpreting the law. That the “Keystone State cannot possibly have established any such revolting ‘law’” as the Overseers were asserting “governs their action.” Williamsport was preparing to elect a Board of Overseers of the Poor, and according to the newspaper, “an aroused public sentiment demands ... they place no man in that body who will not grant decent burial to deceased indigent citizens of Williamsport.” According to the reporter, the only town residents who supported a strict interpretation of the law were poor board members liable to fines, and they were only supporting the law because the anatomical board’s agent had, essentially, bullied them into doing so. Community sentiment was demanding a “commonsense” and “rational” interpretation of the law, rather than the “heartless attitude now taken” by their elected representatives serving on the Poor Board. Williamsport residents wanted their poor taxes to do what they were designed to do—assist needy community members in life *and* in death.⁴³ The *Grit* therefore framed the issue as a conflict between local interests and state control, with their elected and appointed city officers acquiescing to state control: “The clutch almost as terrible as death itself.” The Williamsport Poor Board had turned its backs on the community.

In June the *Grit* proclaimed victory, announcing that “Hereafter Williamsport will pay for decent burial of its indigent dead.” With another front page illustration the *Grit* published the legal opinions of the City Solicitor and the Overseers’ Solicitor both of whom, “completely demolish the argument of the Anatomical society’s agent, and establish the fact that in the future, ... , the City has the privilege as well as the duty to

⁴³ Ibid.

bury its indigent dead”⁴⁴ (see Figure 2). The anatomical board requested that its attorney, J. Howard Gendell, review these legal opinions, and, on July 7, he informed the board that he was “unable to accept the views of these two gentlemen.” According to Gendell, the Williamsport lawyers misunderstood the act’s intention, that it is “a remedial act, intended to correct two serious evils.” And, while these evils, grave-robbing and cadaver shortage, “may not have been so obvious in Lycoming County,” according to Gendell, the Williamsport solicitors had sidestepped legislative intent: “A remedial act is to be freely and liberally interpreted in furtherance of the remedy.”

⁴⁴ “The Law Demands,” Grit, June 22, 1893. Note that the opponents refer to the law as the “Dead Body” law; signifying the failure of the anatomical board in using bureaucratic language to disguise dissection.



Figure 2: "What's That?" Pennsylvania Grit, 1902. Used by permission of Ogden Publishing Corporation.

In contrast to the Williamsport solicitors, Gendell constructed his argument around the importance of cadavers for physician training, not the concerns of prospective cadavers or their families. Most significantly, Gendell remained adamant that there was no difference between unclaimed bodies and those requiring public burial. He insisted that “A body is unclaimed only when no lawful claim is made for it.” And, unless relatives “‘claim the body for burial,’ ... it is not lawfully claimed and must be ‘buried at the public expense.’” In the interests of medical science, Gendell indeed interpreted “claim for burial” as “claim to pay for burial.” In his concluding remarks, Gendell accused the local lawyers of displaying “vehement sentimental objections to the provisions of the law” and failing to recognize that the anatomical “society” represented public, not private concerns.⁴⁵

The Williamsport solicitors’ core argument against the board’s interpretation of the law was the ambiguity surrounding “unclaimed.” The anatomical board was indeed seeking to apply the law, “freely and liberally” per Gendell’s interpretation, but in Williamsport, Henry Finnegan was not seen as “unclaimed,” even though his mother needed to bury him “at the public expense.” The *Grit* had hired an attorney to interpret the law soon after Hewson’s 1901 visit and he maintained that, “a fair construction of the act is, that the Anatomical society is entitled to have only such dead bodies as no one has sufficient interest in to care what becomes of them.”⁴⁶ Gendell, however, maintained that they were “wrong in interpreting unclaimed and at the public expense as different

⁴⁵ Letter Book, 58-69.

⁴⁶ “Iniquitous Design,” *Grit*, December 8, 1901.

categories of bodies.”⁴⁷ Gendell split legal hairs for the board over the meaning of unclaimed, and reassured them that, “The intention ... and the practical effect of this statute ... is to provide ... the bodies of tramps, criminals, and paupers, *who leave no surviving relatives ... be used instead of the bodies of those who leave mourning families.*” [Italics added.] Gendell wrote this in response to the Williamsport situation, even though he had read the solicitors views in the *Grit*, and so knew the details of the Finnegan case. Despite this, Gendell blithely maintained that “the families of honest, respectable persons can always provide for a modest burial.”⁴⁸ The board continued to implement and enforce the act “freely and liberally.”

This was not the first time Gendell had interpreted the law in the board’s favor. In 1901, Hewson received a letter from the attorney for the Poor Board of the City of Carbondale, concerning a poor resident of that city who died without an estate and left no money for burial. “His father is living, but is also practically a pauper, and no undertaker will take charge of the body, or bury it, without someone guarantees the payment of expenses.” In inquiring whether this case fell under the provisions of the anatomy law, the attorney explained further that “the father ... does not want his son’s body sent away to the Anatomical Society, at the same time he can’t pay for the funeral expenses.”⁴⁹ Clearly, this attorney was not sure of how to apply the law, specifically because of the ambiguity of “unclaimed” and “at the public expense.” He inquired, “Is this such a case as would come under the Act of 1883, and should the Poor Directors notify the proper

⁴⁷ Ibid., Letter Book, 58-69.

⁴⁸ Ibid., 61.

⁴⁹ Ibid., 45-46.

Anatomical authorities?” His uncertainty extended to other theoretical situations likely to arise for his clients: “If a pauper dies at the Poor Farm should his or her body be shipped ... or should we bury same here?”⁵⁰ The City of Carbondale was as confused as Williamsport because this man, like Henry Finnegan, had not been supported by the county and had left a grieving relative. Foreshadowing the Williamsport situation, the attorney concluded his letter: “Any information upon this subject, *one which has created considerable discussion in our city*, will be thankfully received.”⁵¹ [Italics added.] Gendell replied that the man’s body belonged to the board, despite the father’s objections.

It matters not whether the person was or was not the inmate of an institution: the only test is whether the body is required to be buried at the public expense. If it is, instead of burying it, it is to be turned over to your board, not only—perhaps I should say not so much—to save expense to the public but chiefly ‘for the promotion of medical science’ and thus ... to take away the temptation for the desecration of graves.⁵²

The physicians who drafted and supported the act were disingenuous in their argument for “unclaimed” bodies, an argument that went back to much earlier understandings that the sensibilities of the living were to be safeguarded in the selection of dissection subjects.⁵³ In the Senate debates over the 1883 act, Physician-cum-Senator William McKnight, had insisted “Of course we must have regard for the sentiment of the

⁵⁰ Ibid.

⁵¹ Ibid.

⁵² Ibid., 47-48.

⁵³ Andrea Carlino, Books of the Body: Anatomical Ritual and Renaissance Learning, trans. John Tedeschi and Anne C. Tedeschi (Chicago: University of Chicago Press, 1999).

living ... we ... only ask that the unclaimed bodies of paupers be given to the medical colleges—not the bodies of those having friends.”⁵⁴ The board’s records demonstrate clearly that “claimed” meant “able to afford burial”; that it was, despite the Senatorial rhetoric, an economic rather than an emotional “claim.” When confronted with grieving relatives or friends who could not afford burial, the board stuck with their legal interpretation of “claimed”; the living were entitled only to the sensibilities they could afford.⁵⁵

Thus, the anatomical board interpreted and implemented the 1883 act “freely and liberally” in the (abstract) interests of medical science under the banner “for the public good.” Obvious though it may be, somewhere in the bureaucratization process deceased individuals, bodies, became numbers to the board, and this conversion cycled back into their decisions about implementation of the law. When they needed bodies, when the “receipts” were lower than expected, they sent Hewson around the state to drum up business, to make sure the law was understood, and enforced as they wished. The board’s attorney supported their interpretation that, unless the family could pay for burial, the body was to be surrendered for dissection. There are numerous examples in the board’s records of families who inquired about relatives’ remains and learned first hand what “claim” meant. They were notified of shipping charges and informed they would also have to pay for burial.

⁵⁴ The Legislative Record Containing the Debates and Proceedings of the Legislature of Pennsylvania for the Session of 1883 (Harrisburg: 1883), March 1, 1883, 675. For McKnight’s role, see, William James McKnight, M. D. Jefferson County Pennsylvania: Her Pioneers and People, 1800-1915 (Chicago: J.H. Beers & Company, 1917), 264-65.

⁵⁵ According to Ruth Richardson, in England under their 1832 Anatomy Bill, “‘claim’ was intended to be understood as an economic category.” See, Ruth Richardson, Death, Dissection and the Destitute (Chicago: University of Chicago Press, 2000), 125.

In January 1916, Nettie Lewis, a 26 year old black “domestic,” originally from Washington, D.C., died in Philadelphia Polyclinic Hospital. Nettie’s mother, “had not the means” to bury her. The notation beside her name in the *Cadaver Receiving Book* indicates that a family friend, Mrs. Minnie Montgomery, “wishes body held, to bury.”⁵⁶ Minnie’s hopes or plans to raise the funds necessary to “claim” Nettie were not successful. The *Cadaver Receiving Book* lists Nettie’s body as delivered to Polyclinic Medical College. In the *Consolidated Annual Report of Receipts and Distributions* for 1916, in the “Distributions” grid under “Polyclinic Medical College,” for the month of January, was entered “1.”⁵⁷

Eventually in the 1920s, the board softened its dealings with family members by allowing, when requested, additional time to raise the money necessary to claim their deceased relatives. Modernizing body procurement and dissection through administrative bureaucracy was impersonal, distant, seemingly uncompromising. The long arm of government could snatch you from your small town death bed and deposit your corpse on a laboratory table in a Philadelphia medical school. Williamsport and Carbondale residents believed they had the right to bury the pauper dead of their community, no matter what the law “said.” These were personal matters, best left in local hands.

⁵⁶ Cadaver Receiving Books, 1908-1916, January 1916, SAB, RG-11, PSA.

⁵⁷ Annual Report, 1908-1922, SAB, RG-11, PSA.

CHAPTER III

THE BUSINESS OF BODIES

The ... board may employ a carrier or carriers for the conveyance of said bodies, which shall be well enclosed ..., and carefully deposited free from public observation.¹
Anatomy Act of 1883

He agrees to conduct the business in a quiet and respectable manner, without publicity, and with every regard to the avoidance of public offense.²
Carrier Contract (1900)

[Letter to] John A. Freyvogel, Carrier in Pittsburgh, asking him to use his political influence with Legislators from Allegheny Co. against House Bill No. 433.³
Addinell Hewson, M. D. (1923)

While the anatomical board concerned itself with the administrative end of the body bureaucracy--accounting ledgers, contracts, quotas, and statistical analyses--they delegated to undertakers the logistical demands surrounding the business of bodies, with its important responsibilities of corpse management. In drafting the 1883 act the anatomical association included a provision empowering the anatomical board to hire "carriers," undertakers who would transport bodies. As we have seen, implementing the anatomy act meant that the board had to establish a system of notification, collection,

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¹ Commonwealth of Pennsylvania, "No. 106. An Act For the promotion of Medical Science...", Laws of the General Assembly of the State of Pennsylvania, (Harrisburg: Lane S. Hart, State Printer, 1883), 119-121, 120.

² Letter Book, 1883-1918, 23-25, "Agreement between SAB and George Willie, Undertaker," SAB, RG-11, PSA.

³ Executive Committee Minute Books, 1921-1964, 167, SAB, RG-11, PSA.

transportation, distribution, and enforcement, and carriers formed the backbone of this system. The board created a state-wide network of undertakers contracted to pick up, ship, and deliver the unclaimed dead to designated institutions. The middlemen, field agents who represented the board to the public, fulfilled important functions above and beyond transporting corpses around the state: they served as links in the chain of authority, mediating between the board and the institutions they called upon. The board's network of undertakers were not just carriers of bodies, they were also carriers and negotiators of law.⁴

Although undertakers formed the backbone of the board's network, they soon adopted the functions of its nervous system, relaying valuable information back to Philadelphia. Carriers functioned as "body police," reporting to the board on the condition of bodies received or the mismanagement of the board's regulations by institution staff. The most important carriers were in the major cities: George Willie and later Ray V. Hancock of Philadelphia, and John Freyvogel of Pittsburgh. Eventually Freyvogel became the board's trusted "representative" in Allegheny County. Employed for decades, these men were often the first to know when there were problems implementing the law or when the law was being subverted.⁵ Thus, carriers are the

⁴ This is similar to the "gatekeeper" function performed by court clerks' wielding of discretionary power. The "dominant role" played by court clerks shaped the legal interactions and hence the law. See, Barbara Yngvesson, "Making Law at the Doorway: The Clerk, the Court, and the Construction of Community in a New England Town," *Law & Society Review* v. 22, No. 3 (1988): 409-448.

⁵ The carriers who worked for the board in these years were male, thus I have used the male pronoun throughout. Women had a difficult time becoming funeral directors in these years. One scholar argues that women were pushed out of their traditional role as caretakers-of-the-dead as part of the professionalization project. See, Georganne Rundblad, "From 'Shrouding Woman' to Lady Assistant: An Analysis of Occupational Sex-Typing in the Funeral Industry, 1870s to 1920s" (PhD. diss., University of Illinois, 1992).

missing link between the board's theoretical power and their ability actually to implement the law.

By the early 1920s, amendments to the anatomy act had created a more important role for carriers, although they did not do so explicitly. Rather, as the board succeeded in closing loopholes, they came to rely more on carriers to be their agents, especially John Freyvogel, who had political connections in Allegheny County. Thus, the business of bodies explores the multiple functions performed by undertakers in their role as State Anatomical Board Carriers, and thereby illustrates how power was delegated from a legal entity—the Anatomical Board of the State of Pennsylvania—to legislatively unspecified individuals of that entity's choosing.

*

Considering the scandalous origins of the anatomy law, it is not surprising that George Willie's 1900 carrier contract specified deportment, secrecy, and the need to avoid "public offence." As the public representative of the board in Philadelphia, he was expected to "provide a suitable horse and wagon, with driver, and necessary assistance, in order that the work may be properly done." Bodies were to be "transported in a suitable box free from observation." Uniformly, carriers were required to observe "strict secrecy ... with regard to every detail of the business."⁶ Clearly, the anatomy law would succeed only if it kept body procurement and dissection out of the newspapers. Any suggestion of impropriety by representatives of the anatomical board would invite public scrutiny into the business of bodies.

⁶ Letter Book, 23-25, SAB, RG-11, PSA.

Essentially, carriers took over the functions performed previously by grave robbers. Like the professional resurrectionists who preceded them, they were notified by insiders when a person of particular class or category died (in this case, someone unlikely to be claimed by a relative who could afford burial); they picked up the body observing rules of secrecy; they packed and either shipped or delivered the body to an anatomy lab; they were paid per body delivered. Significantly, undertakers and their assistants had often been cited as participants in grave-robbing scandals.⁷ The only functional difference between carriers and resurrectionists was that carriers did not need shovels. Like Poe's *The Purloined Letter*, legalization made body procurement invisible to the public by carrying it out in plain sight.⁸

Serving as a State Anatomical Board Carrier provided additional income many undertakers sought in these early years of the profession, a period when ancillary pursuits were not uncommon for undertakers. The last decades of the nineteenth century witnessed the transformation of undertaking from a sideline of furniture makers into a licensed profession.⁹ Leading funeral directors wrote professional business guides advising their brethren on all aspects of the business. For example, *The Modern Funeral:*

⁷ See for example, "Grave Robbers Captured," *Reading Daily Eagle*, December 5, 1882; Sam L. Clark, "Medical Education from the Ground Up or Our Late Resurrection Men," *Journal of Medical Education* 37 (December, 1962): 1291-1296, 1292; Martin Kaufman and Leslie L. Hanawalt, "Body Snatching in the Midwest," *Michigan History* 55 (1971): 23-40, 37.

⁸ The pun, though unintentional, is apt.

⁹ This discussion is based on the following works: Robert W. Habenstein and William M. Lamers, *The History of American Funeral Directing* (Milwaukee, Wisconsin: Bulfin Publishers, 1955); James J. Farrell, *Inventing the American Way of Death, 1830-1925* (Philadelphia: Temple University Press, 1980); Vanderlyn R. Pine, *Caretaker of the Dead: The American Funeral Director* (New York: Irvington, 1975); Virginia Russell Remsberg, "From Coffin-Making to Undertaking: The Rise of the Funeral Directing Industry in the 1880s," MA Thesis, University of Delaware, 1992; Charles R. Wilson, "The Southern Funeral Director: Managing Death in the New South," *The Georgia Historical Quarterly* 67 (1 1983): 49-69. The most recent work on the funeral industry is Gary Laderman, *Rest In Peace. A Cultural History of Death and the Funeral Home in Twentieth-Century America* (Oxford: Oxford University Press, 2003).

Its Management, (1900), insisted that the modern funeral director strive to be “a gentleman, a sanitary scholar, a mechanic, an artist, a businessman, and a leader.”¹⁰ The National Funeral Directors Association had been advancing a “professional” view of the field since its 1882 inception, but many undertakers/funeral directors faced fierce competition, forcing them to engage in small, but related, side jobs. For example, analysis of the 1900 business ledger of a Nashville, Tennessee, undertaking firm, Wiles and Karsch, reveals that in addition to funerals, Wiles and Karsch provided numerous related services.¹¹ Their “margin business,” activities scribbled and tallied in the lower margin of their funeral ledger, included “removals” (exhumations and “reinternments”); “unentombments” (removing a body from a vault for burial); shipping inventory to another funeral director (a coffin or other goods); and, “meeting remains” at the train station. Wiles and Karsch’s “margin business” produced an additional \$1,249.25 in nine months.

According to his 1900 contract, for his exertions and decorum, George Willie was paid \$1.50 per body transported within the city limits, and from \$3.00 - \$5.00 for more distant “hauls.” For the Philadelphia carrier, that sum could amount to a reasonable side income.¹² For example, in 1905 Willie was paid \$1,561.95,¹³ an amount similar to Wiles

¹⁰ J. H. Sharer, “The Funeral Director,” chapter in *The Modern Funeral: Its Management*, W. P. Hohenschuh (Chicago: The Trade Periodical Company, 1900): 11.

¹¹ Venetia M. Guerrasio, “The Price of Grief: An Analysis of Wiles and Karsch Funeral Records, Nashville, Tennessee, 1900-1901,” unpublished paper.

¹² George Willie’s 1900 contract is transcribed into the *Letter Book*. Willie was also paid \$2.50 “for burying decomposed subjects unfit for use,” and, “For washing, cleaning, and shipping back all boxes, fifty cents each.” There was to be no charge for repairing boxes because the board supplied all the materials, and he was not to charge the board for “icing subjects on Saturday and Sunday,” because the board furnished the ice. See, *Letter Book*, 22-27, SAB, RG-11, PSA.

¹³ *Balance Book*, 1884-1910, 103-121, SAB, RG-11, PSA.

and Karsch's margin business in 1900. Willie delivered 632 bodies in and around Philadelphia that year.¹⁴ When, in 1922, Willie was reported as "incapacitated," Philadelphia undertakers eager to take his place solicited the board.¹⁵ Furthermore, the *Minutes* report many such solicitations from undertakers when a local carrier retired, resigned, was fired, or expired.

However, perhaps more important than the additional income was the prestige that working for the board could provide, the recognition that, among local firms, this particular funeral director was "sanctioned" by a state agency to conduct its official business. Recognition and expanded local contacts also meant more business for the undertaker. Undertakers in small towns and cities were well positioned to join the businessman/professional tier of service providers: small business owners, bankers, ministers, and to a lesser extent doctors and lawyers. Undertakers had specialized training, were licensed, were privy to personal information, and owned a local business; the unique services they provided crossed the occupational lines of doctors and ministers. To be successful an undertaker had to be trusted, and working for the State Anatomical Board provided a seal of approval that could help them compete in the funeralization marketplace.

Although the skills and professional expertise of undertakers were required for corpse management, ironically, one of the most important of the board's regulations was that the bodies *not* be embalmed.¹⁶ Anatomy departments had their own preferences and

¹⁴ Consolidated Annual Reports of Receipts and Distributions, 1905, SAB, RG-11, PSA.

¹⁵ Minute Books, 1922, 107-08, SAB, RG-11, PSA.

¹⁶ The board was permitted to ship unembalmed bodies because they used metal lined cases. For laws concerning transport of corpses, see George H. Weinmann, "A Survey of the Law Concerning Dead Human Bodies," Bulletin of the National Research Council No. 73. (December, 1929): 1-199, 100-158.

requirements for cadaver preservation, and they did not want anyone outside their department embalming the bodies.¹⁷ To minimize decay, the statutory waiting period had to be strictly observed, and the body was to be carefully stored pending its release. Experienced undertakers, well informed of the law and the board's requirements, were essential for the law's successful implementation. Corpse management therefore involved cold storage, proper handling, and swift shipment, as well as a clear understanding of the board's criteria for designating a body "unfit."

The non-embalming rule however, put undertakers in a difficult position. Carriers were responsible for the condition of bodies that came into their charge, and embalming was the only guarantee against decomposition. By the late nineteenth century developments in the manufacturing of embalming compounds, along with the 1878 patenting of the trocar, the long hollow needle required for embalming, had made ice preservation nearly obsolete by the time the anatomy law was passed.¹⁸ The board, however, insisted on the old methods of cold storage and ice preservation. It is surprising to find that the board had to send reminders to institutions (State Hospitals that should have known better) and carriers (undertakers who did know better) in the summer of 1921, "to have unclaimed iced when shipped." The board also pointed out that "our shipping cases are metal lined, [so] ice can be used when shipping."¹⁹

¹⁷ This is discussed in Chapter VII.

¹⁸ Habenstein and Lamers, History of American Funeral Directing, 337. Rural areas were slower to take up the trocar. For a discussion of the problems with ice preservation and the shift to embalming for a Baltimore undertaking firm, see Remsberg, "From Coffin-Making," 21-35.

¹⁹ Minute Books, 1921-25, No. 7, June & July 1921, SAB, RG-11, PSA.

When Samuel Spruce, the Harrisburg carrier, died in 1922, the board asked two undertakers if they were interested in replacing him. The first one replied that he would take the work, “but does not like the idea of keeping bodies 36 hours, without embalming.” Secretary Addinell Hewson did not “understand” based on his comments whether he wanted the board’s business or not. A second firm had similar objections: “they have no morgue, so cannot take over work of the Board.” They eventually found an undertaker, Arthur C. Hauck, who, either had a morgue, or, was not troubled about storing unembalmed bodies. Indeed, Hauck responded enthusiastically that he would “be glad to take over the work of the Board in Harrisburg.”²⁰

Beyond storage concerns, the non-embalming rule must have been difficult for some undertakers to embrace, since embalming was the sine qua non of professionalization and the single most important component of their professional identity.²¹ Often discussed within the profession as “the art and science of embalming,” chemical preservation of the corpse was the specialized knowledge necessary that elevated undertakers above mere tradesmen. Earlier in the nineteenth century, the coffin-maker-cum-undertaker had provided the unadorned essentials for burial--a coffin and a wagon; the modern Funeral Director however, sold a variety of “caskets” and provided an array of services, most notably the quasi-medical skill they had wrested from doctors--

²⁰ Ibid., 72-82.

²¹ Rundblad, “From ‘Shrouding Woman’,” 102-111; 156-57. A. Johnson Dodge, The Practical Embalmer: A Common Sense Treatise on the Art and Science of Embalming, Sanitation and Disinfection [sic.] 3d ed. (1906); Robert G. Mayer, Embalming: History, Theory, and Practice, Third Edition (U.S.: McGraw-Hill, 2000); Hohenschuh, The Modern Funeral; Laderman, Rest In Peace, 6-17.

embalming.²² From its inception, the National Funeral Directors' Association urged its members to perfect their embalming techniques and to "educate," to convince the public that it was both a desirable and an essential service. In funeral industry journal articles for the years 1877, 1886, 1892, and 1896, embalming was the major topic.²³ Ironically then, working for the anatomical board did not further the undertakers' professionalization project regarding embalming or funeralization practices per se. It did, however, provide additional income, a "margin business," and, more importantly, it brought prestige and community connections; like other small-business men in these years, undertakers could become community leaders.²⁴

Understanding how carriers were legal agents, and appreciating the increasingly significant role they played, requires a close examination of the 1883 law and its subsequent amendments. Although the explicit duties of carriers did not change, strengthening of the "policing" provisions implicitly changed their responsibilities. The 1883 act mandated that "dead human bodies required to be buried at the public expense," be surrendered to a newly created medical board for distribution within the state. In practice then, sheriffs, poorhouse directors, coroners, almshouse superintendents, poor board officials, prison wardens, county and state hospital administrators—"public officers" who, from time to time, had possession of a corpse not "claimed" for burial---

²² "Coffin" refers to the old style wooden box shaped in proportion to the human frame, wide at the shoulders and narrowing to the feet. "Casket" refers for the straight-sided burial case still in use today. See, Habenstein and Lamers, History of American Funeral Directing, 270-71.

²³ Rundblad, "From 'Shrouding Woman' to Lady Assistant," 126.

²⁴ Michael A. Plater, African American Entrepreneurship in Richmond, 1840-1940. The Story of R. C. Scott (New York & London: Garland Publishing, Inc., 1996). For the role of small businessmen as community leaders in these years see also Don H. Doyle, New Men, New Cities, New South: Atlanta, Nashville, Charleston, Mobile, 1860-1910 (Chapel Hill: University of North Carolina Press, 1990).

were required to “notify the said board of distribution *or such person or persons as may ... be designated by said board.*” [Italics added.]

Thus, carriers were the point of first contact, serving as liaison between various administrative professionals, physicians, and elected public officials in their counties and the anatomical board in Philadelphia.²⁵ For example, when undertaker A.W. Kerrick saw that the unclaimed body he had been called to collect from St. Vincent’s Hospital in Erie, Pennsylvania, had been “posted,” [a post mortem, an autopsy performed], he informed the board, and Hewson immediately phoned Sister Superior for an explanation. Aside from coroner’s cases, post mortems on unclaimed bodies required the board’s permission, and permission was rarely granted.²⁶ Carriers also notified the board when an institution misused the board’s shipping cases, for example, by using the board’s shipping case to ship a claimed body.²⁷ Thus, undertakers were required to report all infractions to Philadelphia.

Although the 1883 law was vague on many important points—most notably the time allowed for claims--it did set fines of \$100.00 to \$500.00 for violations by those who neglected, refused, omitted, or otherwise shirked their duties under the act.²⁸ If the local carrier was the first person notified of an unclaimed body, it was he who determined

²⁵ Minute Books, 1921-1964, SAB, RG-11, PSA. The Minute Books are full of examples of how this chain of notification worked.

²⁶ Minute Books, 1921-25, 48-51, SAB, RG-11, PSA. Power struggles surrounding permission to post mortem unclaimed bodies are discussed in chapter four.

²⁷ For example, The Superintendent of Western State Insane Hospital, Torrance, confessed to the board that their “box was used for private work while he was away, will not happen again.” They had used the official shipping box “to send a claimed body to an Undertaker in Philadelphia.” *Ibid.*, 50-53.

²⁸ Commonwealth of Pennsylvania, “An Act ...”, 119-121. Those convicted of illegal trafficking in dead bodies were subject to a fine of not more than \$200.00 or up to one year in prison.

if something was amiss. Thus, an undertaker's negative report could mean the negligent party might have to pay a substantial fine in addition to burial charges.

Carriers also acted as "body police"; carriers notified the board when bodies had to be designated "unfit." The board expected the carrier to investigate the problem at the source and report back. Typically, the board asked the carrier for the "full particulars so certificate for burial as unfit can be sent."²⁹ The undertaker would have to question the administrative professionals, physicians, or elected public officials involved. Without the unfit certificate signed by the board, the offending individual, institution, or county, could be liable for more than the burial expense.

Aside from a minor amendment in 1893, there was no significant change to the law until 1915. The 1915 amendment suggests that special-interest groups had been working to chip away at the act. The amended law excluded the bodies of "honorably discharged soldiers, sailors, or marines of the United States, and the militia of the State of Pennsylvania," and included several new categories of potential claimants. In addition to family (blood or marriage), friends could claim a body. If the deceased had been a member of a fraternal organization, a representative could lawfully make a claim. Even more broadly, representatives of "charitable organizations" could claim a body. These changes reflect the animosity expressed originally towards the law in the Senate debates, that only persons who were absolutely "unknown" should be used for dissection. Particularly troublesome to the board was the blanket category "charitable

²⁹ Minute Books, October 1921, 19, SAB, RG-11, PSA.

organizations,” a provision which clearly opened the door for the Catholic Church to claim indigents for burial.³⁰

In addition to expanding the pool of potential claimants, the 1915 amendment stated that claims had to be made “within a reasonable time [of] ... not less than forty eight hours after death.”³¹ The only waiting period articulated in the 1883 law was the stipulation that bodies be held for “not less than twenty-four hours” in the county where the death had occurred, a clause designed to give preference to the medical schools in the decedent’s county.³² Clearly, with expansion of exclusions, categories of claimants, and waiting times, the board lost the first round in the amendment wars. However, the anatomical board mobilized and succeeded in having the law amended more favorably to its interests in 1919 and again in 1921. The 1919 amendments are significant in several respects. Reading between the lines, the changes and new specifications reflect problems and circumstances the board had encountered as it tried to implement the 1883 law. For starters, it established a new tone of authority and legitimation “by providing that the name of said board of distribution shall be Anatomical Board of the State of Pennsylvania.”³³ It repealed the exemption of deceased indigent travelers, and, it reduced the time allowed for claims from forty-eight back to twenty-four hours.

³⁰ Struggles over “Catholic bodies” are discussed in Chapter IV and in the Epilogue.

³¹ Commonwealth of Pennsylvania, “No. 197. An Act to amend the second section of an act ...,” Laws of the General Assembly of the Commonwealth of Pennsylvania (Harrisburg: Wm. Stanley Ray, State Printer, 1915): 479-481.

³² Letter Book, March 24, 1902, 53-54, SAB, RG-11, PSA. “Letter from attorney Gendell regarding 24 hour clause.”

³³ Commonwealth of Pennsylvania, “No. 103. An Act to amend section two of an act ...” Laws of the General Assembly of the Commonwealth of Pennsylvania (Harrisburg, 1919): 152-56. As mentioned in chapter two, the board was calling itself this even before the act passed in 1883. Apparently they felt the need for a statutory benediction.

However, the most significant changes in 1919 are those that made the board an information clearing house for dead indigents, “by requiring immediate notice of the death of any person required to be buried at the public expense.” Originally, the board was notified only about unclaimed bodies, meaning bodies remaining after the waiting period had elapsed. In contrast, now the law required “notice in all cases.” The board was now able to keep track of *potentially* unclaimed bodies, not just the bodies they received. In practice, then, the board was to be notified when a public charge died, or when an unknown suicide was discovered, or when an unidentified person was killed accidentally.³⁴ If a lawful claim was subsequently made, the board was to be provided with that information. If no claim was made within twenty-four hours, the body was to be released to the board’s representative, the carrier.

By requiring notice of all indigents’ and unidentified persons’ deaths, the board could keep the pressure on to surrender unclaimed bodies quickly.³⁵ This also meant the board was now overseeing claims. With proof of notification of claims now required, all the information would be recorded in official state agency ledgers. County poor boards or sympathetic administrators could no longer sneak and bury an indigent without official permission--a certificate signed by the “Anatomical Board of the State of Pennsylvania”--

³⁴ Possibly the suicide or accident victim might not be identified or claimed if identified, hence the board’s interest in notification. This is similar to today with organ donation representation in hospitals. “Potential” donors, individuals who may be/or are declared “brain dead” but are not registered organ donors, are identified so that family members may be “encouraged” to donate when the designated waiting period is over. See, Margaret Lock, Twice Dead: Organ Transplants and the Reinvention of Death (Berkeley: University of California Press, 2002).

³⁵ This unfortunately increased the cost of claiming a body as the family or organization had to pay for shipping charges as well as the burial expenses. Such expense often discouraged families from claiming a deceased relative.

otherwise locals were liable for burial expenses and fines.³⁶ Thus, the 1919 amendment gave the anatomical board teeth by articulating problematic circumstances and proper procedures. This new material allowed them to forge a chain of blame wherein mistakes of commission or omission would be reported, recorded, and either compensated, or punished.³⁷

Bodies had sometimes been rendered unfit because of carelessness and ignorance, not always through defiance or opposition, and sometimes they were rendered unfit due to the circumstances of the death. The law therefore needed to outline procedures for all known cases. The newly amended law differentiated between bodies that were rendered unfit for anatomical purposes because of the circumstances of the death--circumstances beyond anyone's control--versus negligence. Circumstantial unfitness pertained to decomposing or mutilated bodies, such as a suicide fished out of a river, or a body mangled by a trolley car, or a boarding house suicide-by-firearms case.³⁸ The first step in these situations required the board's agent, a carrier, to "notify in writing" the local official to hire an undertaker to bury it. If satisfied that no one was at fault, the carrier issued an "unfit certificate" signed by the board. The official could then "draw warrants" upon the county treasurer for payment of expenses.³⁹ Sometimes the carrier himself was unfamiliar with proper procedure and needed to be walked through these steps. For example, F.F. Seidel, the Reading carrier, wrote to the board "asking how he can obtain

³⁶ The board regularly received requests from almshouses around the state, "asking permission to bury old inmate." And, the board always said yes. See, Minutes 1921-1930, SAB, RG-11, PSA.

³⁷ The 1883 law's provision, that those who violated the act would, *on conviction*, be liable to a fine, had not been enough to force compliance.

³⁸ These are typical examples of causes of death listed in the Cadaver Receiving Books.

³⁹ The law allowed burial expenses "not less than thirty five dollars or more than fifty dollars."

money for burial of unknown man killed on Railroad.” Apparently some official asked him to do the honors. The board sent him instructions and the “form for signature authorizing burial of unfit body.”⁴⁰ The following month Seidel knew just what to do when he was contacted about another unfit body, this one discovered in a cellar. He wrote to the board immediately, “enclosing form for signature authorizing burial of body found in cellar unfit.”⁴¹

However, these new amendments made some officials wary. For example, not wanting to take any chances, the Directors of the Poor for Somerset County had their attorney contact the board about “an unclaimed body unfit for anatomical purposes.” Secretary Hewson instructed them to bury the body as “unfit,” and that the board “will send permit *when particulars are known*.”⁴² [Italics added.] Clearly, control over the designation of bodies as unfit was the issue. When the Superintendent of the Washington County Home notified the board that he had buried an unfit body, Hewson let him know in no uncertain terms that “he had better notify this office of condition of body before deciding it is unfit.”⁴³ The board trusted their carriers to determine the status of a body, not the superintendents of poorhouses or hospitals--interested parties who might try to sidestep fines or were sentimental about their residents.

The 1919 amended law also assigned responsibility for bodies rendered unfit because of “failure to comply” with the act. In these cases the responsible party was to

⁴⁰ Minute Books, 1921-1925, No. 7, 1-7, SAB, RG-11, PSA.

⁴¹ Ibid.

⁴² Ibid., 7-19. An Attorney for a County Board of Health contacted the board for instructions and was told, “to bury suicide dead several days as unfit, expense of county.”

⁴³ Ibid., 38-41.

pay burial expenses and was liable to fines. Sometimes the guilty party was an undertaker in some outlying county who was unfamiliar with the law. An undertaker in North East, Pennsylvania, G. B. Nelson, wrote to the board complaining that he had “buried an unclaimed colored man 30 days ago,” and that the County was refusing to pay him.⁴⁴ Nelson must have been a local undertaker hired for one job and unaware of the board’s procedures. Letters went back and forth for a month, and, eventually, Nelson was off the hook. However, initially Hewson wrote to Nelson that he was “responsible for burial of unclaimed body held 35 days.” Hewson then wrote to the Controller of Erie County to make sure Nelson did not get reimbursed by the county for his negligence, that “G. B. Nelson ... has violated [the] Statute and is responsible for burial of unclaimed body.” Nelson then went back to the source of his problem—the county officials who hired him—because the board received a letter one month later from the Directors of the Poor of Erie, Pennsylvania “asking for unfit certificate for burial of colored *woman*, authorized by Poor Board to G. B. Nelson, Undertaker, in September.” [Italics added.] Hewson was satisfied with this authorization (and, gender switch) because he requested the name and circumstances of its unfitness and issued the certificate.⁴⁵ The 1919 amendments were extensive; they increased the provisions of Section 2 by a full page. The net effect was to increase the importance of carriers as “body police,” in that most of the language was designed to clarify the problem of bodies becoming unfit, to assign blame, and to fix burial expenses upon the guilty party or parties.

⁴⁴ Oddly, North East PA is in the North West corner of the State in Erie County.

⁴⁵ Minute Books, November – December 1922, 28-44, SAB RG-11, PSA.

Apparently, these specifications were not specific enough. The 1921 amendments inserted phrases shown in italics to catch anyone who managed to wriggle through the cracks of the 1919 version. For example, after the ever-expanding list of officials who might find themselves with the dead body of an indigent on their hands, the catch-all phrase “*and all other persons,*” is inserted. Instructing said individuals to “notify” the board was not emphatic enough; in 1921, said individuals and “*all other persons ... are hereby required to immediately notify*” the board. Delays in notification meant unfit bodies. The one concession in the 1921 amendment concerns time frames for claims; time allowed for relatives was increased to thirty-six hours after death, though time for friends, fraternal and charitable organizations remained at twenty-four hours. Of particular interest is that, for the first time the law states that bodies claimed by a relative for burial are “*at the expense of such relative, within thirty-six hours after death.*” In order to unambiguously fix burial expenses upon relatives, the board was forced to admit that “claim” was, and always had been, code for “able to afford burial expenses.”

The board treated the 1921 amendment as a victory.⁴⁶ Hewson wrote to the Secretary of the Pennsylvania Senate, in June 1921 “asking for certified copy of [the] new Anatomical Act.”⁴⁷ They sent their first round of letters about the new act, with a copy enclosed, to officials.⁴⁸ The letter writing campaign continued for months until every state institution, hospital, county official, university, coroner, carrier, county commissioner, prison official, and sheriff’s department, had received a copy of the new

⁴⁶ Additional evidence that the board was pleased with this amendment is that they increased their attorney’s Christmas Honorarium in 1921 from \$100.00 to \$150.00 “in view of the efforts made by the Attorney of the Board.” Next year it was back to \$100.00. Minute Books, 1921, 47, SAB, RG-11, PSA.

⁴⁷ SAB, Minute Books, June 1921, 12.

⁴⁸ *Ibid.*, 15.

act and a letter informing them of the amendments. They must have requested formal acknowledgement, because Hewson reported at the monthly meetings who had acknowledged receiving the act and, with increasing frustration, who had not. The 1919 and 1921 amendments had shored up the board's authority over more than just the indigent dead in the state, they also shored up authority over state officials in charge of indigent dead. The board assigned responsibility for bodies rendered unfit, fixed blame and damages upon those who violated the law, and clarified claim times, and the board proceeded to implement the law and safeguard their interests through the carriers.

John A. Freyvogel's career as the Pittsburgh carrier illustrates the significance of undertakers as field agents, respected businessmen who were well connected in their communities and therefore able to provide information, assistance, and local support when the board encountered enforcement problems or opposition. Freyvogel became the Pittsburgh carrier in December 1919 and worked for the board until his death in 1952.⁴⁹ Although Philadelphia was the "hub" city, with the board and more medical schools than the rest of the state, John A. Freyvogel provided services more qualitatively important for the board, services beyond those laid out in the carrier contract.⁵⁰ Located 300 miles west of Philadelphia, Allegheny County was the second major source of bodies for the board and, the University of Pittsburgh anatomy department was one of the most important in

⁴⁹ John A. Freyvogel Jr. took over for his father in 1952. Minute Books, 1938-1953, No. 10, SAB, RG-11, PSA, 480. By 1939, Freyvogel was officially the "'Representative of the State Anatomical Board' at the University of Pittsburgh," and was listed as such "in the catalogue, under the Anatomy Department of the School of Medicine." Ibid, 23.

⁵⁰ The first location used for a body depot was the Philadelphia School of Anatomy, later Temple University. See, Letter Book, Feb. 3, 1900, 21-22, SAB, RG-11, PSA. The Philadelphia School of Anatomy agreed to "supply a room for the uses of the State Anatomical board as a depository for subjects, the same to be used as a distributing depot in the city of Philadelphia [and they] agree to keep the room ... clean and in good order." The board paid them \$10.00 per month.

the state. For these reasons Freyvogel eventually represented the board's interests in the whole of the distant, western part of the state.

In an effort to shore up their authority in the western part of the state, the first letters announcing the new act went to officials in Allegheny County. Freyvogel worked closely with the head of the anatomy department at the University of Pittsburgh, Dr. Davenport Hooker, and together they had been trying to manage the obdurate coroner of Allegheny County resistant to the Board's authority. Dr. Hooker and Freyvogel wrote constantly to the board about problems with the coroner, many of them suggesting mounting frustrations. Unfortunately, the *Minutes* are terse, one-line entries intended to record and characterize letters received and written. The sheer volume of correspondence on a particular topic, the energy expended, and the tone, must guide the researcher. The Pittsburgh problems occupy much space in the *Minutes*, and they document Freyvogel's increasingly responsible role as field agent for the board.

Despite their brevity, the recorded snippets of correspondence paint a distinct picture. The first letters containing the new amended act were sent to several Pittsburgh institutions on September 6, 1921. After that the board wrote to Samuel Jamison, Coroner of Allegheny County twice, on September 10 and 20, each time enclosing copies of the new act and asking him to acknowledge its receipt. Clearly they were trying to document his noncompliance and had their attorney, Walter C. Douglas, waiting in the wings. Coroner Jamison must have continued to run his office according to his own interpretation of the rights and privileges of the coroner, for Dr. Hooker notified the board on September 28, with his concerns about the "right of [the] Coroner to hold bodies

for any period.”⁵¹ On the 30th, after thanking Dr. Hooker for keeping them apprised of the situation, they informed him that “we have had no reply from the Coroner.” One week later the board received another letter from Hooker, still concerned with the “enforcement of new Act in Pittsburgh.”⁵²

Pennsylvania coroners were elected officials, who, after 1909, served four-year terms, and Jamison was not reelected in 1921.⁵³ On December 17, 1921, Dr. Hooker informed the board a new coroner had been elected: Dr. William J. McGregor. Hewson wasted no time sending the coroner-elect a letter, “asking his cooperation in carrying out the Anatomical Act.” McGregor replied amiably that “he will be glad to co-operate with Board and the law governing the same.” Hewson was indeed “glad to know he will co-operate with the Board.” Despite this promising early courtship, Hewson sent Hooker copies of the board’s correspondence with McGregor, and, soon after, notified Freyvogel that Hooker had secured new arrangements. Dr. Hooker was not taking any chances with *this* coroner; he arranged a meeting and afterward wrote to the board with “an account of his conference” with coroner McGregor.⁵⁴ By October, Freyvogel notified the board that he was on “good terms” with the new coroner.⁵⁵

⁵¹ Minute Books, 1921-1925, 6-17, SAB, RG-11, PSA. Coroners were problems for the board going back to the Armstrong Act (see chapter one), and they continued to be a major source of trouble, see chapter four.

⁵² Ibid., Minutes, 1921-25, SAB, RG-11, PSA.

⁵³ He must have been running for reelection or why would they have expended so much time and energy if they knew he would be out of office in a few months. I have been unable to get any information about either of these coroners’ terms.

⁵⁴ Ibid., 49-56.

⁵⁵ Ibid., 124.

With a stronger law and an amicable Allegheny County coroner in office, the board began to investigate other Allegheny County institutions, trusting Freyvogel to get to the bottom of these problems. In December 1921, the same month the new coroner was announced, Secretary Hewson wrote to the Superintendent of Dixmont Insane Hospital, Dr. Henry Hutchinson, “asking why no unclaimed have been sent to the Board.”⁵⁶ Hutchinson’s reply, that “most of their bodies are claimed,” did not ring true to Hewson. The board must have had Freyvogel nose around, because they wrote back to Hutchinson “in regard to burials in grounds of institution.” County institutions—almshouses, hospitals, prisons—had graveyards on their property. Prior to the anatomy law, this is where their unclaimed residents were buried and too often “resurrected.” Even after the law’s passage, inmates, or their legal guardians, could put aside burial funds. Thus, legal interment was still possible in an institution’s graveyard.⁵⁷ However, the board required proof.⁵⁸

In January 1922, Dr. Hutchinson requested a copy of the new act, despite the fact that Dixmont had been among the first institutions sent the new act in September. In February, Freyvogel suggested to the board that “he visit Dixmont Hospital and [the] Insane Department of [the] County Home at Woodville.” Hewson began implementing

⁵⁶ Dixmont, named after Dorothea Dix, was eight miles south of Pittsburgh, and Hutchinson served as Superintendent from 1884-1945, outlasting SAB members. For more information see, Ernest Morrison, The Physician, the Philanthropist, and the Politician: A History of Mental Health Care in Pennsylvania (Harrisburg: Pennsylvania Historical & Museum Commission, 2001) 22-24.

⁵⁷ With the closing of State Institutions in the late 20th century, most of these cemeteries are not maintained. Two Massachusetts amateur photojournalists have published a “photographic journey” of abandoned asylums in Massachusetts. See, John Gray and Mark Gerrity, Abandoned Asylums of New England (www.urbansdventure.net ; 2003). These adventurers discuss their work and the disposition of these graveyards in an article “Asylum Seekers,” in Bizarre Magazine, 40-43.

⁵⁸ Hewson had to visit Dr. Hutchinson again in 1928 and reported to the board that “the cause of the trouble there being that the Superintendent Dr. Hutchinson, 49 years in office, said he was instructed to bury by the County Commissioners, sending patients there.” Minutes, 1925-33, 81.

Freyvogel's suggestion by contacting the Medical Superintendent at Woodville, Dr. McCracken, [they had also been among the first to receive the new act] and inquired why "no unclaimed had been received for sometime." Hewson followed up with a letter to Freyvogel informing him that both institutions had been contacted. Either the problems were particularly worrisome, or the board was simply energized to whip the state into shape, because it was decided, in early March, that Hewson would "pay a flying visit to Pittsburgh ... to correct conditions growing out of the Amendment to the Anatomical Act."⁵⁹

Freyvogel was asked to arrange visits with Hewson to the institutions in question, and he assured the board that he could do so "at 24 hour notice."⁶⁰ Unfortunately, there are no follow-up letters or further information about these meetings. There is evidence however, that Hewson and Freyvogel made an impact. Figures taken from the *Consolidated Annual Reports of Receipts and Distributions* show that Dixmont had not sent any bodies in 1920 or 1921, and for many years prior they sent only one. In contrast, the 1922 total was seven. In 1922 the board targeted the Insane Department at the Allegheny County Home and in May 1923, they turned their attention to the other part of Woodville, the Poorhouse. They made the same inquiry ("why we do not receive the unclaimed from that institution?") but got a different answer: they needed four new shipping boxes. Freyvogel was sent to "inspect boxes at Woodville and report." The records do not differentiate between bodies received from the Insane Department and those from the Poorhouse population at Woodville. However, the number from

⁵⁹ *Minute Books*, 1921-25, No. 7, 54-76, SAB, RG-11, PSA.

⁶⁰ *Ibid.*, 79.

Woodville increased from seven in 1921 to twenty-two in 1922, suggesting a sharp increase from the Insane Department. The Woodville total hit a record high of forty-eight in 1925.⁶¹ The Poorhouse must have needed those boxes after all.

In addition to inspecting boxes, Freyvogel was often called on to visit undertakers who had erred in some way, or to report on the condition of bodies that had been “embalmed by mistake.”⁶² In these cases Freyvogel sometimes traveled to more distant rural areas of Allegheny County, and sometimes the bodies in question were sent directly to him. Increasingly, Freyvogel worked his way into being a regional representative of the board, taking on more responsibilities and keeping the board well informed of political developments in Allegheny County. In June 1922, he reported that hospitals were “ordering Undertakers to take bodies before 36 hours, that are likely to be unclaimed.”⁶³ Although the record does not elaborate, it sounds as though undertakers had approached Freyvogel with this complication. However, Freyvogel’s importance to the board as a regional representative becomes clear when, in 1923, he played an important role in helping them defeat two legislative challenges to the anatomy act.

In February 1923, two House Bills aimed at curbing the anatomical board’s power, were introduced. House Bill 293 would amend the 1921 act by allowing seventy-two hours for all claims on bodies---relatives, friends, fraternal members and charitable organizations. This extra time would provide more opportunity to raise the funds necessary to “claim” a body, a result not in the board’s best interests. Furthermore,

⁶¹ Consolidated Annual Report Books of Receipts and Distributions, 1908-22; 1923-47, SAB, RG-11, PSA.

⁶² Minute Books, 1921-25, 84, SAB, RG-11, PSA.

⁶³ *Ibid.*, 99.

seventy-two hours would be pushing the limits of ice preservation considerably.⁶⁴ For the board, short time frames were necessary to protect, as well as to maximize, the supply.⁶⁵ Two weeks later, House Bill 433 was introduced, also seeking seventy-two hours for all claimants, ostensibly to give enough time for busy city coroners to locate interested parties. In addition, it removed the requirement for claimed bodies to be reported to the board. Taken together these two amendments would have undone the 1919 and 1921 gains the board made. Passage of one would be a tremendous blow to the board's work.⁶⁶

The board marshaled its forces to defeat these bills. When the medical profession circled its wagons, the only "outsider" allowed in was Freyvogel. In 1931, when yet another challenge to the act arose in the House, Secretary Hewson described Freyvogel as "having considerable political influence with the Delegation from Pittsburgh."⁶⁷ Even by 1923, Freyvogel had become more important to the board as a representative of their interests in Allegheny County than as a carrier of bodies.⁶⁸ The board wrote to Governor Gifford Pinchot immediately, and to the committee chair, "protesting against House Bill

⁶⁴ Bodies were sometimes picked up in good condition but because of very warm, humid, and "mucky" weather, decomposition was underway before they got the body to Philadelphia and cold storage. See comments in Cadaver Receiving Book, June 1915, 256, SAB, RG-11, PSA.

⁶⁵ Legislature of Pennsylvania, File of the House of Representatives, Session of 1923, "No. 293 An Act to amend section two ..." (February 12, 1923). 2381-87. Bill 293 also reinstated the exemption for travelers who died suddenly.

⁶⁶ *Ibid.*, "No. 433 An Act to amend section two ..." (February 26, 1923). 2393-97. This Bill was dubbed "the Coroner's Bill" because its Philadelphia sponsor argued it was to give coroners in cities of the first class enough time to locate possible claimants. See, Commonwealth of Pennsylvania, Legislative Journal, Session of 1923, May 1, 1923, 2353.

⁶⁷ Minutes, 1925-33, 213, SAB, RG-11, PSA.

⁶⁸ Allegheny County was the second most populated county. Based on 1920 census figures, Allegheny County had almost 1.2 million and Philadelphia had 1.8 million. Pennsylvania State Manual 1923-24, (Harrisburg: Dept. of Property & Supplies for the Comm. of Pennsylvania, 1923-24): 344-345. When it came to Allegheny County politics, Freyvogel was more important to the board than Dr. Hooker. Furthermore, Hooker did not attend the hearings in Harrisburg and was taken to task by Hewson—in a "night letter." *Ibid.*, Minutes, 166.

293 and asking for a hearing.” Over the next few days the board received letters from the Deans of several Philadelphia Medical Schools assuring them that they, too, had written letters of protest to the chair.⁶⁹ The College of Physicians of Philadelphia, in defense of its anatomy act, passed a resolution protesting both House Bills, warning that their passage “will make it impossible to teach anatomy, a fundamental branch of the Art and Science of Medicine in the State of Pennsylvania.” They argued that “the present law controlling the use of human bodies for purposes of dissection has worked out well and the proposed amendment would be disastrous.” A copy of their resolution was also sent to Governor Pinchot.⁷⁰

The hearing was scheduled for March 20, and, throughout the month, letters flew back and forth from the board to doctors around the state, urging them to attend the hearing in Harrisburg. The board called in favors: they asked a member of the Board of Managers of the Episcopal Hospital, Francis A. Lewis, to “use ... his influence with Mr. Golder, Chairman of the Committee of Judiciary General of the House.”⁷¹ Dr. W.W. Keen, a medical luminary, wrote to the Governor and sent a letter with his views on the subject for the board to circulate.⁷² Leaving no stone unturned, the board wrote to a satisfied customer, Mr. Hollis of Williamsport, “asking him to write a letter in regard to his views of the treatment he received when claiming body of his son.”⁷³ Mr. Hollis

⁶⁹ Minute Books, 1921-25, 153-156, SAB, RG-11, PSA.

⁷⁰ Minute Books, 1921-25, 162-165, SAB, RG-11, PSA.

⁷¹ *Ibid.*, Minutes, 165, SAB, RG-11, PSA.

⁷² *Ibid.*, 162. Keen is considered the “father of neurosurgery,” the first “brain surgeon.” He was an active supporter, lobbyist, and public speaker on behalf of the medical profession, active in support of vivisection and animal experimentation.

⁷³ *Ibid.*

responded immediately, writing on behalf of the anatomical board that the “body of his son Millard Hollis, claimed for burial,” was received “in fine condition.”⁷⁴

The board now turned its attention to Allegheny County Representatives.⁷⁵ The board wrote to the President of the Pennsylvania State Medical Society and the President of the Homeopathic Medical Society, with information about Bill 433 “and asking them to see Members of the State Legislature in Allegheny County.” Dr. Davenport Hooker did his part and met with Coroner McGregor, who agreed to oppose the bill. Ultimately however, Hooker credited Freyvogel “for his efforts with the Coroner against the new Bill.” Freyvogel was fighting the Bill “from a sanitary point of view,” (arguing that keeping unembalmed bodies for seventy-two hours was a public health issue), and he was making headway. The board asked Freyvogel to “use his political influence with Legislators from Allegheny County” against the dreaded bill.⁷⁶

Freyvogel was the first person Hewson telephoned when “Bill 433 passed the House.” Another series of phone calls and letters went out alerting the medical community and asking them to protest. This time the board asked Governor Pinchot to veto the bill and gave the “reasons why this should be done.” However, when the board got the name of the Senate committee chair, they telephoned Freyvogel who, in turn, reported “relative to interviews with Coroner McGregor ... Representative Goehring [Allegheny County] and others ... that the Bill would be held in Committee.”⁷⁷ Two

⁷⁴ Ibid., 163. For the entry on Millard Hollis, see, Cadaver Receiving Book 1916-1925, December 1922, 220, SAB, RG-11, PSA.

⁷⁵ Ibid., 163.

⁷⁶ Ibid.

⁷⁷ Ibid., 169.

weeks later, Hewson had another long telephone call from Freyvogel, who provided reassuring details of the strategy promised by two House members from Allegheny County, Dr. Janney and Mr. Marcus. Freyvogel asked Hewson to inform him of the result of the third reading “so he can act at once.”⁷⁸ Senator Woodward, a physician ally, made good on his promise. The much awaited phone call came “that House Bill No. 433 would be held in Committee.”⁷⁹

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Ultimately, the anatomical board’s efforts to strengthen and then protect “its” law illustrate the resources and power at their disposal. According to medical historian Charles Rosenberg, “The older urban hospitals remained strongholds of well-entrenched elites, both at the trustee and medical staff levels.”⁸⁰ As members of a select group, they were able to fight incursions from behind the scenes--pulling strings, receiving immediate notification, and having access to elected officials. Thus, the board, the medical schools they supplied, the physicians who had attended those schools, legislators indebted to those physicians and schools, and even the undertakers who worked for the board, made up an interest group including all who “benefited” directly from the business of bodies.⁸¹

⁷⁸ Ibid., 173-77. For information about House members see, Pennsylvania Legislative Directory, 1925; and, for biographical sketches see, Pennsylvania State Manual, 1923-24.

⁷⁹ Minutes, 181, SAB, RG-11, PSA.

⁸⁰ Charles E. Rosenberg, The Care of Strangers: The Rise of America’s Hospital System (New York: Basic Books, Inc. 1987), 178.

⁸¹ The degree to which “everyone” in this period benefited from the business of bodies via well-trained doctors is debatable. A classic study of interest group politics is Gabriel A. Almond, “A Comparative Study of Interest Groups and the Political Process,” American Political Science Review v. 52, no. 1, (March 1958): 270-282; Harry Eckstein, on the other hand, distinguishes between “interest” groups and “pressure” groups, see, Pressure Group Politics: The Case of the British Medical Association (Stanford: Stanford University Press, 1960): 7-12.

These “well-entrenched elites” needed help from well-entrenched local businessmen who could oversee the business of bodies, and in John Freyvogel they got much more.

When the Anatomy Act was challenged in 1925 and 1931, each time Freyvogel provided invaluable assistance. First as a local undertaker, then as the Pittsburgh carrier, Freyvogel made contacts and developed skills he then put to use as the board’s “representative.” After the 1923 success, Freyvogel notified Hewson that he had “written to institutions in his district, [explaining] that it is his duty to see that they turn over bodies as required by law.”⁸² Undertakers who worked as State Anatomical Board Carriers were expected to keep the board informed of developments in the field, particularly whether the law was being properly or improperly implemented. It was a position of responsibility; carriers “policed” the bodies they collected and the institutions they visited. Carriers were the eyes and ears of the board, their agents in the field. The board could not have done it alone.

⁸² Minutes, 1921-25, 192, SAB, RG-11, PSA.

CHAPTER IV

POWER STRUGGLES

There were ... two bodies received by the Board from the Coroner's office during the month. The first voluntarily delivered in years.¹
Addinell Hewson, M. D. (1921)

[Telegram to] Dr. J. Allen Jackson, Superintendent State Insane Hospital, Danville ...
regretting all autopsies must be refused.²
Addinell Hewson, M. D. (1921)

It is the opinion of the Executive Committee that no local action in regard to the Catholic
cadavera should be taken by the Board.³
Monthly Meeting (1921)

The early 1920s were pivotal years for the anatomical board. In passing the 1921 amendment to the anatomy act, the Pennsylvania Legislature made it clear that the anatomical board was the controlling authority of the unclaimed dead of the state. Yet, rather than settle old disputes, the amendment became a lightning rod for conflict, precisely because the board's power was extended. Throughout its existence the board had faced various forms of resistance and opposition. Both before and after the 1921 amendment the most consistent problems the board faced came from three groups: coroners, the medical staff of institutions, and Catholics. Analysis of the relationships between them and the board, suggests that they were not prompted by social,

¹ Executive Committee Minute Books, 1921-1964, 1921 34, State Anatomical Board of Pennsylvania, RG-11, Pennsylvania State Archives.

² *Ibid.*, 12.

³ *Ibid.*, 25.

philosophical, or religious disagreements over dissection. The board's disputes with coroners and medical administrators were jurisdictional power struggles over control.

The anatomical board, as arbiter of final disposition of unclaimed bodies, had usurped the authority of others who were accustomed to exercising discretionary privileges. As described in the previous chapter, the 1919 and 1921 amendments made the board a clearing house for the unclaimed indigent dead of the state. Now, the board's jurisdiction superseded the older, traditional authority of coroners, and institutions had to surrender bodies previously available for study. For coroners, their legal rights and responsibilities to unclaimed bodies had been abbreviated; for institution physicians, their proprietary privilege--to autopsy the patients and inmates they had studied and tended for years—had been lost. Catholic priests also represented an older, traditional authority whose social justice mission had been circumscribed by the anatomy act.⁴ Furthermore, Catholic concerns about the sanctity of remains, in this case dissected remains, were ignored by the board.

If, as suggested earlier, the hinterland resented the paperwork and procedural dictates of the anatomy act as well as the authority of distant Philadelphia physicians over their poor, professionals also resented this centralized control and oversight of their sphere, oversight that threatened their power and authority. Coroners and physicians did not have a philosophical quarrel with the board concerning dissection; and, interestingly,

⁴ Susan E. Lederer, Subjected to Science: Human Experimentation in American Before the Second World War (Baltimore: The Johns Hopkins University Press, 1995), see chapter 1; Aaron I. Abell, American Catholicism and Social Action: A Search for Social Justice, 1865-1950 (Notre Dame, Indiana: University of Notre Dame Press, 1963); Barbara Mann Wall, Unlikely Entrepreneurs: Catholic Sisters and the Hospital Marketplace, 1865-1925 (Columbus, Ohio: The Ohio State University Press, 2005).

there was no official Catholic anti-dissection position.⁵ Rather, these disputes coalesced around questions about who had the medical, scientific, or spiritual “rights” to particular bodies. Increasingly, the answer to those questions was the State. Thus, when we step back from the particulars, these disputes suggest a more general unease about the centralization of authority and control by the growing modern, bureaucratic state. In exploring the board’s struggles with coroners, medical personnel, and Catholics, we find infractions that continued for too long to be viewed as “mistakes”; instead, they represent a kind of “passive-aggressive” response to centralized authority.

*

From the first, coroners positioned themselves in opposition to the authority of the anatomical board. In his *History of the Anatomy-Act of Pennsylvania*, Dr. William S. Forbes implied that the 1883 act was necessary specifically to force compliance from the Philadelphia Coroner.⁶ While Forbes’s characterization probably exaggerated the connection, the Philadelphia Registration Act of 1860 “declared ... that all deaths not attended by a licensed physician were suspect and thus required that the coroner be notified.”⁷ The Registration Act, in effect before the Armstrong Act (1867), may explain in part the Philadelphia coroner’s attitude, since it granted to the coroner oversight of a large number of bodies, particularly the category of bodies that would come under the

⁵ My sincerest thanks go to Father Ryan for sharing his dissertation with me. Joseph G. Ryan, “Wrestling with the Angel: The Struggle of Roman Catholic Clergy, Physicians, and Believers with the Rise of Medical Practice, 1807-1940” (Ph.D. diss., American University, 1997), chapter 4, “Roman Catholicism, Dissection, and the Growth of Medical Education, 1820-1889,” 79-121.

⁶ William S. Forbes, *History of the Anatomy - Act of Pennsylvania* (Philadelphia: The Philadelphia Medical Publishing Company, 1898): 17-18.

⁷ Roger Lane, *Violent Death in the City: Suicide, Accident, and Murder in Nineteenth-Century Philadelphia* (Cambridge, Massachusetts: Harvard University Press, 1979): 147-151.

anatomy act. Even more important, “the office was ... responsible for the disposition of unclaimed bodies and ... for overseeing the paupers’ graveyard”—responsibilities also circumscribed by the anatomy acts of 1867 and 1883. Moreover the nineteenth-century coroner was an elected official who answered to no one.⁸ According to the anatomical board’s own attorney J. Howard Gendell, “So far as the coroner is concerned, his duties are prescribed by the Anatomy Act, which requires him to surrender [unclaimed bodies] to [the] Board.”⁹ Records suggest however, that coroners *behaved* as if they were *not* responsible to the anatomical board.

Decades before their tussle with Allegheny County Coroner Jamison, the board was seeking advice from their attorney about the intersection of their rights and coroners’ rights. Gendell’s lengthy 1889 response to the board’s “questions growing out of the relations ... with the Coroners of the various Counties of this State” suggests that coroners continued to see their authority as absolute regarding the disposition of unclaimed bodies that entered their morgues. For example, the Philadelphia Coroner had claimed “the right to reclaim” a body that had been delivered to the board in order to “surrender it to the friends of the deceased.” The board was troubled that “bodies may be and perhaps have been improperly taken from certain colleges” in similar circumstances, and they wanted a legal interpretation. Gendell assured them that they were right to act, that the coroner “has no connection with *or right to control* any body once transferred to you.” [Italics added.] Furthermore, a coroner’s relationship to a dead body only “grow[s]

⁸ Ibid.

⁹ Letter Book, 1883-1918, January 16, 1903, 26, SAB, RG-11, PSA.

out of his duties to hold an inquest in certain cases,” and, once a body is claimed or surrendered to the board, “he has no further rights.”¹⁰

Interdictions such as this were likely bitter pills for coroners to swallow. Into the twentieth century, Pennsylvania laws relating to coroners were a tangled hodgepodge of common law duties overlaid with a veneer of Ye Olde tradition.¹¹ First, the office of coroner was one of the oldest remnants from the British legal system, its roots stretching back to Anglo-Saxon common law. Along with sheriff and justice of the peace, it was the “oldest of the Anglo-American county offices.”¹² As late as 1908, no general legislative act regulated their duties. The Pennsylvania coroner had evolved into “the county officer whose duty it is to investigate the cause of death of those who come to a sudden and violent end.”¹³ Coroners’ responsibilities radiated outward from that core duty and thus positioned the office in opposition to the anatomical board. At the very least, it seems likely that coroners may have been confused about the boundaries between their rights and duties and those of the anatomical board—the board certainly was.

Pennsylvania coroner law provides fertile ground for a struggle with the anatomical board. One early twentieth-century legal specialist’s description of the office makes the coroner sound like Lord and Master of his realm. For example, “within his county the coroner has complete jurisdiction”; a coroner “may appoint one or more deputies to act in his place and stead as he may deem proper and necessary”; the coroner

¹⁰ Letter Book, 1883-1918, April 4, 1889, 7-9, SAB, RG-11, PSA.

¹¹ Tangled doesn’t begin to describe coroners’ laws. See, Graham Cox Woodward, The Office and Duties of Coroners in Pennsylvania (Philadelphia: International Printing Company, 1911).

¹² Lane, Violent Death, 147.

¹³ Woodward, Coroners in Pennsylvania, 157.

is “chief executive officer of the morgue”; most significantly for the board, “bodies received at the morgue pass into the control of the coroner who has full power to have them embalmed or preserved for such length of time as he deems proper”; and, “He may exclude all visitors from sight of any such body or may admit whomsoever he pleases.”¹⁴ Technically, coroners would have no way of knowing upon receipt of body which ones they would eventually relinquish under the anatomy law. Thus, the conflict between the board and Pennsylvania coroners reflect in large measure the ambiguity of the law.¹⁵

In addition to legal ambiguity, these struggles also suggest conflicts surrounding status. The office of coroner straddled two worlds. In one sense a coroner *was* Lord and Master of his small realm, but he was also a minor county official, a non-specialist and non-professional in an age of increasing professional specialization. The office was slow to modernize in both the United States and Great Britain, and its reputation consequently suffered.¹⁶ As medicine became more scientific throughout the nineteenth century, coroners lagged behind in an increasingly scientific sphere. By the end of the century, the professionalization and reform impulses of the era had swept into coroners’ offices as well.¹⁷ In some states, reform led to the elimination of the office and replacement with a

¹⁴ Ibid., 161, 174, 229-230.

¹⁵ Ibid., 249. Ultimately, Woodward characterizes Pennsylvania coroner law as “chaos.”

¹⁶ According to one scholar, “By A.D. 1900 [in England and America] the reputation of the office of coroner was thoroughly tarnished.” See, G.G. Davis, “Mind Your Manners. Part I: History of Death Certification and Manner of Death Classification,” The American Journal of Forensic Medicine and Pathology 18 (Sept. 1997, 3): 219-23, 222.

¹⁷ Most of the historical writing about the coroner system focuses on an earlier period and then jumps to the medical examiner system. See, for example, Abraham Blinderman, “The Coroner Describes the Manner of Dying in New York City, 1784-1816,” American Journal of Medicine 61 (1976): 103-110; B. Davis, “A History of Forensic Medicine,” The Medico-Legal Journal 53 (1985, 1): 9-23; G.G. Davis, “Mind Your Manners. Part I: History of Death Certification and Manner of Death Classification,” The American Journal of Forensic Medicine and Pathology 18 (Sept. 1997, 3): 219-23; William G. Eckert, “The Development of American Forensic Pathology. Part I: Colonial Days to Early Twentieth Century,” Pathologist 31 (1977):

medical examiner system.¹⁸ Coroners, relying on tradition and custom, but threatened by professionalization, sought to protect their turf in the first decades of the twentieth century.

This shadowy background of prerogatives and confusing laws surfaces in a 1902 communiqué from Gendell concerning a problem with the practice of the Allegheny County Coroner holding inquests for prisoners as a matter of policy. Attorney Gendell explained that the coroner's "power to hold an inquest is limited to cases in which there is ground for suspicion of criminal violence," not simply because a person died in a state institution. However, "two or three centuries ago the rule was laid down in England that [when someone died in prison] there should be an inquest." This archaic English "rule" was instituted on a presumption of jailor abuse, but, as far as Gendell was concerned, he could not find any "American authority" to support such a presumption.¹⁹ Adding to these difficulties, coroners were not required to keep detailed records of their work.²⁰ Thus, Gendell did not think the coroner was invoking some ancient prerogative of the office, but the murky waters of tradition and custom rippled whenever the board faced a

646-649; Dorothy I. Lansing, "The Coroner System and Some of its Coroners in Early Pennsylvania," Transactions and Studies of the College of Physicians of Philadelphia 44 (1977): 135-140; Timothy Leary, "The Massachusetts Medicolegal System," Methods and Problems in Medical Education (New York: Rockefeller Press, 1924): 297-328; Paul F. Mellen, "Coroners' Inquests in Colonial Massachusetts," Journal of the History of Medicine and Allied Sciences 40 (1985): 462-472. For a broader examination of "medical jurisprudence," see James C. Mohr, Doctors and The Law: Medical Jurisprudence in Nineteenth-Century America (New York & Oxford: Oxford University Press, 1993).

¹⁸ Massachusetts eliminated the coroner's office in 1877 and New York in 1915. Pennsylvania has a mixed system of coroners and medical examiners. See, Davis, "Mind Your Manners," 222; and for current information about Pennsylvania, see <http://www.cdc.gov/epo/dphsi/mecisp/PENNSYLVANIA.htm>.

¹⁹ Letter Book, March 24, 1902, 55-56, SAB, RG-11, PSA. Today Pennsylvania requires a medical examiner or coroner to investigate all deaths in prison or police custody to determine if an autopsy and inquest is necessary. The presumption of jailor abuse is back.

²⁰ According to Lane, they only had to keep records "for the collection of fees and the forwarding of docket verdicts to the Court of Quarter Sessions." Violent Death, 149.

jurisdictional dispute with a coroner.²¹ According to Gendell, the coroner was conducting what were technically illegal inquests on bodies, some of which would have been “unclaimed” and should have gone to the board “uncut.” Gendell’s difficulty in explaining the Allegheny coroner’s actions illustrate one of the challenges of modernization: renegotiating professional boundaries.²² The anatomical board was a new, modern bureaucratic administrative board; the coroner’s office was one of the oldest legal entities; an officer of the crown transmogrified into an elected county official.²³

The board’s problems with coroners were not limited to the early years, for when they secured passage of the 1921 amended act, notifying coroners was on the top of their list. In September 1921, all coroners in the state were sent copies, with attention drawn to the changes.²⁴ At the October meeting Secretary Addinell Hewson reported the sobering fact that, of the 107 “Coroners’ cases received from hospitals” from May through September, “none ... came into the possession of the Board.” According to Hewson “80 were removed by relations for burial”; and, “27 were returned to the Morgue by order of the Coroner.”²⁵ Almost all of these cases were from Philadelphia Hospitals, meaning the

²¹ Gendell’s difficulties untangling coroner law resonated in Roger Lane’s comment that the coroner’s office “remains the least studied.” See Lane, *Violent Death*, 147. Perhaps this explains why the topic has yet to be developed. Even James Mohr’s *Doctors and the Law* ... does not add much to the history of the office. This is not a criticism of Mohr’s work so much as an explanation of the difficulty of the topic.

²² The office of Justice of the Peace similarly straddled two worlds. The modernization of JP’s in Chicago is discussed in Michael Willrich, *City of Courts: Socializing Justice in Progressive Era Chicago* (Cambridge: Cambridge University Press, 2003), chapter 2, 29-58.

²³ *Letter Book*, 56-57, SAB, RG-11, PSA. Gendell’s advice was the old-fashioned remedy: inform the county that they were paying for unnecessary inquests.

²⁴ *Minute Books*, 1921, 17, SAB, RG-11, PSA.

²⁵ *Ibid.*, 22.

Philadelphia coroner was controlling the unclaimed bodies sent to the morgue.²⁶ Indeed, House Bill No. 433, the second of two attempts in 1923 to undo the 1919 and 1921 amendments to the anatomy act, was called the “Coroner’s Bill,” a bill sponsored by a Philadelphia representative.²⁷

The “Coroner’s Bill,” as explained by Representative Golder, applied only to cities of the first class (Philadelphia)²⁸ and granted the coroner, upon receipt of a body, “seventy-two hours instead of thirty-six hours before turning it over to the Anatomical Board,” and removed the requirement that claimed bodies be reported to the board.

According to Golder,

Philadelphia, with its complex machinery, the many police stations and the many other agencies to which they must apply, the various fraternal organizations and other bodies to which the coroner necessarily must apply in an attempt to secure word as to the identity of the person, it was found that seventy-two hours would be a fairer time in which to locate the families before turning the body over to the Anatomical Board.²⁹

Certainly the board was not interested in providing more time, fair or not, for the coroner’s office to hunt down claimants. The *Minutes* detail a protracted dispute between the Philadelphia coroner’s office and the anatomical board. The coroner was holding bodies longer than allowed under the law and was not notifying the board “immediately”; thus, the “Coroner’s Bill” can be understood as an attempt by the Philadelphia coroner’s

²⁶ Five of the 107 bodies were from hospitals that may have also been in Philadelphia; however, I have not been able to determine their location.

²⁷ Legislature of Pennsylvania, File of the House of Representatives, Session of 1923, “No. 293 An Act to amend section two ...” (February 12, 1923). 2381-87. Golder was a Republican from the 4th District; Chief Deputy Coroner Sellers was also a Republican from the 4th District.

²⁸ Allegheny County had more than one million but Pittsburgh did not. Philadelphia was the only Pennsylvania city, according to 1920 census figures, that had over one million. See, Commonwealth of Pennsylvania, Pennsylvania State Manual, 1925-26 (Harrisburg: Bureau of Publications): 358-9; for quick reference, see, <http://www.census.gov/population/www/documentation/twps0027.html>.

²⁹ Commonwealth of Pennsylvania, Legislative Journal, Session of 1923, May 1, 1923, 2353.

office to win the battle of the bodies it had been waging with the anatomical board for decades.

Secretary Hewson's attempts to schedule a meeting with Deputy Coroner Sellers "in regard to Carrier calling at Morgue for unclaimed" was ignored.³⁰ Sellers did not reply and Hewson followed up two weeks later, asking him to make an appointment for a conference. The morgue was being used like a fortress: keeping carrier George Willie out and unclaimed bodies in. Sellers made one unsuccessful attempt to contact Hewson, after which, Hewson's "repeated efforts" to contact Sellers were "unsuccessful."³¹ After noting that Sellers had launched an "attack upon the S.A.B through the newspapers," an attack which prompted Dr. W.W. Keen to contact the board "offering his services if needed in present altercation with the Coroner's office," the *Minutes* detail repeated failed attempts to negotiate with Sellers.³² It was only after Sellers became concerned that the board was accusing him of "receiving a profit from burials of Morgue bodies" that he defensively sent a list of bodies that were in the morgue. Hewson reassured him that they were not accusing him of profiting from burials, but that Sellers' cooperation was necessary before the board would issue unfit certificates for bodies on his list.³³

Sellers claimed ignorance of the revised anatomy law and Hewson went directly to the Commissioners of Philadelphia County making sure they understood the board's

³⁰ In Woodward, quoting the court regarding deputies: "... the coroner may appoint any number of persons to act for him *in his place and stead*, that is, that the deputy may do whatever the coroner may do." 172. Letters start in October 1921.

³¹ Minute Books, 1921, 29-33, SAB, RG-11, PSA.

³² Keen was a pro-medicine political activist for decades. For a wonderful contextual discussion of Keen and his political involvements see, Lederer, Subjected to Science, chapter 3.

³³ Minute Books, 1921, 38-45, SAB, RG-11, PSA.

procedures for issuing unfit certificates “for bodies in Morgue awaiting burial.” Sellers acquiesced and admitted George Willie to his morgue, but he did not relinquish control over the proceedings; he insisted that “George Willie ... sign for all bodies he examines ... and state if they are unfit.” This was not the end of the controversy with Sellers or the Philadelphia coroner’s office. After some number crunching, Hewson submitted to the Executive Committee in December “the following list of bodies received from the Coroners of Philadelphia County from 1895 to 1921”:

| | | |
|-----------|-----------|----------|
| 1895 – 48 | 1904 – 30 | 1913 – 1 |
| 1896 – 45 | 1905 – 8 | 1914 – 2 |
| 1897 – 44 | 1906 – 22 | 1915 – 2 |
| 1898 – 57 | 1907 – 16 | 1916 – 1 |
| 1899 – 76 | 1908 – 15 | 1917 – 1 |
| 1900 – 68 | 1909 – 5 | 1918 – 0 |
| 1901 – 68 | 1910 – 7 | 1919 – 0 |
| 1902 – 61 | 1911 – 1 | 1920 – 0 |
| 1903 – 21 | 1912 – 2 | 1921 – 3 |

There it was in black and white; the coroner’s office had been subverting the anatomy act for more than a decade.³⁴ Over the next year, the Philadelphia Coroner’s Office seems to have followed the proper channels, because the board regularly issued to the Commissioners of Philadelphia County Unfit Certificates “for bodies in the Morgue.”

Although he had stopped confronting the board directly, Sellers had not given up; he decided to fight the battle of the bodies in the political arena. In January 1923, Hewson

³⁴ *Ibid.*, 45-6. The figures above do not reflect a state-wide trend. The Consolidated Annual Report shows, for example, that 1917 was a big year - 1051; 1918 – 834; but in 1919 there was a drop to 545. The zero years coincide with WWI and the influenza epidemic. The board did not receive many influenza victims, in 3 months they received 63. This may be related to the havoc created by so many deaths. Philadelphia was hit hard in the fall of 1918 and they could not bury them fast enough. See, Alfred W. Crosby, America’s Forgotten Pandemic: The Influenza of 1918 (Cambridge: Cambridge University Press, 1989): 70-90. Additionally, the only mention of the war found in the record group was a letter written to the Superintendent of Somerset County Home & Hospital, “need all the unclaimed we can get, shipments only stopped during War.” Minutes, 1921, 18.

complained to Sellers, that, once again, his “Morgue Master” was “refusing to allow our man to sign his initials after names given him for Unfit certificates.”³⁵ More than an act of momentary petulance, the “Coroner’s Bill” was waiting in the wings. The board was concerned when Sellers addressed the League of Women Voters and referenced a newspaper article that discussed “the prices paid by the Coroner’s office for the coffins and hauls of the Unfit bodies from the Morgue to Potters Field.”³⁶ The board wanted to keep such matters private; Sellers was airing their dirty laundry in public for his own ends.

Quite suddenly, serious charges were made by a member of the State Legislature “that the Medical Colleges sell to dealers, doctors and others, bones and other parts of bodies distributed to them by the Pennsylvania Anatomical Board.” In response to this public relations disaster, the board circulated to the medical colleges a resolution which stated that even though they had “no specific information concerning the traffic in human material,” they wanted school authorities to “instruct Janitors, Preperateurs, embalmers and other employees, not to sell or give away any human material, since such a practice might be construed as trafficking in human remains, which would be inimical to the best interests of the medical schools, and hazard the present Anatomical Act.” Thus, two House Bills aimed at curbing the board’s authority, Deputy Coroner Sellers agitating publicly about the board, negative press, and (apparently) unsubstantiated claims about trafficking in body parts—all surfaced while the board was battling the Philadelphia

³⁵ Minutes, 1921-25, 146, 158, SAB, RG-11, PSA.

³⁶ *Ibid.*, 146, 161-68. Interesting that in 1923 the same terminology is used as was coined under the illegal traffic, i.e. “hauls.” It brings to mind the hapless Frank McNamee.

coroner's office. Sellers had links to a prominent Philadelphia politician; possibly he instigated many of these attacks against the board.³⁷

The anatomy act was challenged again in 1925, but the proposed amendment took a different approach to controlling the body supply. House Bill No.1350 would provide public funds for burial in cases where "a relative by blood or marriage is unable to pay for the burial."³⁸ This amendment would disentangle "claim" from "able to afford burial." Thus, instead of adjusting timeframes or altering the power structure between the board and coroners, Bill 1350 would have made the body procurement system what its critics said it should be: only those individuals who had no one to step forward and request their burial should go to the dissection table. Freyvogel, on his toes once again, informed the board "that while Mr. Marcus introduced the Bill as coming from Allegheny County and ostensibly at the behest of the Welfare people, it was instigated in Philadelphia."³⁹

Whoever in Philadelphia was behind this amendment is unknown. The board responded as it always had and after alerting their network they waited for the promised outcome: the phone call that the bill "had been recommitted and ... would likely not come out of the Committee."⁴⁰ In 1932 the board was still engaging with the Philadelphia coroner's office although the intensity seems to have waned, for Hewson was able to

³⁷ Sellers and Senator Vare were political cronies. They served as Pennsylvania Delegates to the Republican National Convention in 1924. Furthermore, when Vare was a United States Senator, he testified in the Senate Hearing (1926) in favor of the Edge Amendment to Prohibition, and introduced as evidence a letter from Sellers, "deputy coroner for many years of the city of Philadelphia," with statistics from the coroner's office on alcohol related deaths since 1913. See, <http://www.druglibrary.org/schaffer/History/e1920/senj1926/vare.htm>.

³⁸ Legislature of Pennsylvania, File of the House of Representatives, Session of 1925, "An Act to amend section two ...," (March 16, 1925), 1.

³⁹ Minute Books, 1921-25, 284-85, SAB, RG-11, PSA.

⁴⁰ Ibid.

report “a very satisfactory interview with the coroner and Deputy Coroner of Philadelphia in regard to frequencies of Autopsies.”⁴¹

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Coroners were not the only authority that struggled with the anatomical board over jurisdictional rights to unclaimed bodies. Physicians at public institutions were denied the opportunity to conduct post mortem examinations on what they perhaps viewed as “their” dead. When a long term “inmate” of the State Lunatic Hospital in Harrisburg died in 1906, one of the institution’s physicians was so incensed that he could not conduct a post mortem that he “threatened” Hewson that “he would take [the body] to the Coroner as a means of getting” it. To Hewson, the doctor was trying “to evade the law as to mutilation of bodies,” and he referred the matter to Gendell.⁴² Some physicians perceived a “right” to post mortem a body from their own institution, rather than see it shipped off for medical students to dissect. In 1902 the Superintendent of Warren State Insane Hospital stated his objections to the anatomy act on these grounds:

It seems to me that we ought to have the privilege of making post-mortems, ... on bodies not claimed by relatives or friends. At present we are obliged to send unclaimed bodies to the Anatomical Board and can only investigate those cases where permission is granted by friends. This is difficult to procure, and I think the officers of the Institution where the patient lived, who knew the different symptoms present in life, should certainly have the first opportunity to investigate the causes of disease after death.⁴³

⁴¹ Minutes, 1925-1933, 289-290, SAB, RG-11, PSA. It is not clear when Sellers left the position.

⁴² Cadaver Receiving Books 1901-1965, 1901-08, 231, SAB, RG-11, PSA. Invoking support of the coroner’s office was a double threat.

⁴³ Quoted in Fred R. Hartz and Arthur Y. Hoshino, Warren State Hospital, 1880-1980: A Psychiatric Centennial (Bend, Oregon: Maverick Publications, 1981), 102.

It must have galled physicians to have to ask “permission to post” the bodies of patients they had treated, supervised, studied, and otherwise tended for years.

By the early twentieth-century, post mortem examination for teaching of interns in hospitals was standard, considered a routine and important part of medical education, and pathology was a specialized field.⁴⁴ The board was aware of the importance for post mortem teaching and granted to hospitals a percentage of their unclaimed dead for this purpose; however, demand always exceeded supply. In 1900, the board received a letter from a hospital superintendent “inquiring whether they have a legal right to make a post mortem upon a body which is destined to go to the Anatomical Board.” Attorney Gendell was clear that:

It is the duty of the officials of the hospital, including the physicians and surgeons, to surrender bodies to your Board without mutilation which will render them utterly unfit for your purpose; and a mutilation by post mortem which in any degree whatever interferes with the body for that purpose, is, ..., a violation of the duty and subjects those connected with the operation to the penalties provided by the statute.⁴⁵

“Permission to post” requests most often came from large teaching hospitals and from state hospitals for the insane. The large teaching hospitals had residents to train, research projects, and an unsavory history of using the bodies of patients as they saw fit—as long as they did not get caught.⁴⁶ For physicians at state insane hospitals, the

⁴⁴ Thomas Bonner, Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945 (New York & Oxford: Oxford University Press, 1995); Ronald Numbers, ed. The Education of American Physicians: Historical Essays (Berkeley: University of California Press, 1980); Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982).

⁴⁵ Letter Book, 34-36, SAB, RG-11, PSA.

⁴⁶ Harry F. Dowling, City Hospitals: The Undercare of the Underprivileged (Cambridge, Massachusetts: Harvard University Press, 1982); Charles Lawrence, History of the Philadelphia Almshouses and Hospitals (Philadelphia, 1905; rpt. New York: Arno Press, 1975); Michael Sappol, A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America (Princeton: Princeton University Press, 2002); Lederer, Subjected to Science.

situation was different. Unlike the general hospitals, the insane hospitals treated the same patients for years, even decades, and the opportunity to autopsy a patient one had observed and treated was medically, scientifically, and probably personally compelling. Most often the board said no. Instead, upon request, the board would send to the insane hospital the “Post Mortem findings.”⁴⁷ This was part of the two-way information sharing system the board established: they occasionally requested patient histories, and institutions occasionally requested autopsy results. However, receiving the medical and scientific information third hand could not have been a professionally satisfying solution. Most of the state insane hospitals were in rural areas. One can easily imagine that a physician sequestered in one of these outposts would resent having his “research subjects” hauled away.

Such physicians found creative ways to circumvent the anatomy law, usually by capitalizing on unusual circumstances. Hewson regularly wrote letters to hospitals inquiring why a body had been “posted” without permission. Some physicians, unacquainted with the law, assumed unclaimed bodies were up for grabs and that the board’s function was merely one of bookkeeping. One surgeon wrote asking if he could have unclaimed bodies from Danville State Insane Hospital “to perform operations.”⁴⁸ The Superintendent of Danville, Dr. J. Allen Jackson, wrote often asking for permission to conduct post mortems and was regularly refused. After Hewson made it clear that “all autopsies must be refused,” Jackson reported a body “too large for shipping box.” Before

⁴⁷ Minutes, 1921, 13, SAB, RG-11, PSA.

⁴⁸ *Ibid.*, 1-6.

Hewson could come up with a solution, Jackson autopsied the too-large body, receiving permission only after the fact.⁴⁹

That a body was autopsied without permission at the State Insane Hospital, Norristown, came to the board's attention through the local undertaker, J.J. Ferry, who was looking for an unfit certificate. Ferry contacted the board explaining that the deceased man's wife had given permission for a post mortem because she "had no means to bury" him. Legally, her husband's corpse was an unclaimed body that should have been on its way to Philadelphia "uncut." However, Ferry informed Hewson that the man had been autopsied at Norristown, and that the "Priest had given him charge of [the] body." The jurisdictional rules in play hinged on the wife not having the money to bury her husband and, therefore, not having the right to grant a post mortem. Her husband's body belonged to the board the moment she informed Norristown authorities she could not provide for his burial---and the institution must have known this. Clearly the Chief Resident, Dr. Miller, had taken advantage of a somewhat ambiguous situation, choosing to authorize a post mortem himself, rather than contact the board for clarification. Oddly, Hewson told Dr. Miller that "the Priest should have buried" this illegally posted body himself.⁵⁰

The board's most protracted and worrisome problem was with Philadelphia Hospital—their major supplier. The board had a special contractual arrangement with Philadelphia Hospital allowing them a percentage of their unclaimed dead for post mortem examination. The contract makes it clear that the board was to maintain control

⁴⁹ Ibid., 1-6, 10. Hewson told him that if it was too big to ship, "then post and bury."

⁵⁰ Ibid., 60-64.

of the bodies--bodies were "loaned" to the Board of Charities--the hospital was merely granted permission to post mortem 25 percent per month of the unclaimed dead of the hospital. Furthermore, the contract stipulated that "the proportion" was designated by the board "according to its supply of unclaimed dead," and that "the disposition of the unclaimed loaned and posted bodies be made by the ... board." The board extended these "courtesies" and was to be reimbursed "in sum sufficient to cover the cost of disposition of said bodies."⁵¹ However, despite the clarity of the law and this contract, the board became embroiled in a struggle with Philadelphia Hospital over illegal "posts" on unclaimed bodies.

The board fought for every body to which it was entitled. Prisons were never a big source and yet they engaged Gendell to settle the problem with the Pittsburgh coroner. Similarly, most coroners' offices in the state only provided a few bodies a year. In contrast, Philadelphia Hospital was the mother lode; also known as Blockley from its almshouse past, it was the state's largest source of unclaimed dead.⁵² As with the coroner's office, serious problems developed in 1921.⁵³ Early in 1922 Hewson notified the Executive Committee that they were "receiving as many bodies from Mayview [the Pittsburgh Almshouse] as ... from Blockley." Translation: Blockley's numbers were down, even though Mayview's numbers were up slightly.⁵⁴ Furthermore, "Blockley was

⁵¹ Letter Book, 119-120, 138-140, SAB, RG-11, PSA. After 1917 the percentage allowed was increased to 35 for some months of the year.

⁵² Lawrence, History of the Philadelphia Almshouses and Hospitals.

⁵³ As mentioned elsewhere, the Minutes prior to 1921 do not exist. However, I do think it was the strengthened position of the board through these amendments that led to these particular 1920s conflicts.

⁵⁴ Hewson was referring to the last months of the year when Mayview was sending fourteen bodies each month, and Blockley, eighteen. The 1921 totals still had Blockley far ahead: Mayview 114, Philadelphia

using some of these for post mortem technic.”⁵⁵ In view of Philadelphia Hospital’s importance to the board, Hewson took a careful, measured approach in his dealings with the Medical Director, Dr. Joseph Doane.

When Secretary Hewson visited Dr. Doane, to discuss the lower numbers generally and the unauthorized post mortems particularly, Doane informed him boldly that “he had given instructions to Catholic patients coming into the hospital, that whenever they deposited money, this money was to be given to the Priest and if he wanted to bury the bodies he must not only bury those who had plenty of money but those who had none.” Hewson informed the Director of Public Health that “the institution might be held responsible for this condition.”⁵⁶ Doane’s actions are puzzling: it was in his and the hospital’s best interests to have many unclaimed bodies--the board granted them a percentage for post mortem teaching. Doane would be acutely aware of the numbers game, for he was the hospital representative who wrote to the board regularly seeking “permission to post.” Whatever the reasons behind his actions with Catholic patients, Hewson was prepared to fight Doane body by body if necessary.

When the hospital reached their monthly quota by mid-month, Hewson “immediately called Dr. Doane on the phone and told him of the situation, and [Dr. Doane] stopped the contemplated post on this body and the Board received the body unposted.”⁵⁷ After his meeting with Doane, Hewson investigated the hospital’s

Hospital 218. See, Consolidated Annual Report Books of Receipts and Distributions, 1895-1974, 1921, SAB, RG-11, PSA.

⁵⁵ Minutes, 1921-1925, 56-57, SAB, RG-11, PSA.

⁵⁶ Ibid., 57.

⁵⁷ Ibid.

Pathological Laboratory, and was dismayed to find “two bodies being posted at the same time”: one was being used for class demonstration while “a resident was making a post on the second.” The Executive Committee decided to enter into “a gentleman’s agreement” with the hospital; the board would withhold posts until “the Colleges have caught up in their supply.”⁵⁸

The harmony was short-lived. The next month Hewson and Doane were exchanging letters about the “continuing percentage of posts” at Philadelphia Hospital, and by July, Doane was offering excuses. For example, after Hewson wrote one of his standard letters calling Doane’s “attention to the number of bodies posted without permission from this office,” Doane explained that “bodies referred to had been posted by permission of relations who afterwards did not claim them.” According to Doane, the bodies in question were “claimed”; the claimants granted permission to post and then did not come back for the body. Thus, only after the body was posted did it become “unclaimed,” and therefore, the board’s responsibility, or so Doane assumed; he thought he could play and not pay. Hewson sent the bill to Doane, who complained that “they cannot pay 5.00 each for hauling of posted bodies.” Hewson was firm, that “under the circumstances,” the hospital “will have to pay our bill.”⁵⁹

Doane was equally firm, and devised his own solution to the “permission to post” problem. Doane drafted, or had an attorney draft, a permission slip for post mortems that patients were asked to sign upon admittance.⁶⁰ Innovatively, Doane sidestepped families

⁵⁸ Ibid., 59.

⁵⁹ Ibid., 63-67; 107-110.

⁶⁰ According to Susan Lederer, “the possibility of legal action encouraged pathologists and hospital administrators to obtain written consent from families of the dead before conducting post-mortem examinations.” Doane may have been working from that premise. See, Lederer, Subjected to Science, 17.

and the anatomy law by going directly to the (potential) source, the pre-dead patient, by securing the legal right to autopsy patients that died in his hospital--without having to ask Hewson for permission.⁶¹ Oddly, after reviewing all the evidence—Doane’s letters, his bold request that the board reinstate the 35% “unclaimed for post mortem teaching,” and especially his “outline of the agreement signed on the admission of the patient to permit a post mortem,”—the Executive Committee opted to wait.⁶² The problem did not go away; subsequent explanations offered by Doane and the hospital pathologist concerned the urgency with which “Residents [were] compelled to “get” posts.”⁶³ When in 1924 Hewson again investigated unauthorized autopsies at the hospital, he was presented with one of Doane’s post mortem permission slips. Hewson described it to the Executive Committee as “an antemortem statement signed by the relation or purported friend.” Obviously suspicious that Doane was soliciting fraudulent signatures to “get” posts, the document was sent to their attorney from whom they sought “suggestions” about how to “better protect the interests of the State Anatomical Board.”⁶⁴

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Although the board’s problem with Dr. Doane involved Catholic patients, it did not appear to be instigated by patients; rather, Doane seems to have created that particular “Catholic” problem. Surprisingly, the Catholic position on dissection was pragmatic; the church accepted that dissection was essential for medical knowledge and thus

⁶¹ Interestingly, Doane’s idea is a hybrid of the future of cadaver procurement, namely donating one’s body to science, and organ donation.

⁶² Minutes, 1921-25, 119, SAB, RG-11, PSA.

⁶³ Ibid., 217.

⁶⁴ Ibid., 265.

“permissible.”⁶⁵ Furthermore, the Church was deeply involved with the medical marketplace. The Catholic community operated 154 hospitals in the United States by 1885, hospitals staffed with graduates of Catholic Universities and medical schools.⁶⁶ The Church did not want to be on the margins of American health care, and, in the absence of anatomy laws, Catholic medical schools “procured” bodies just like other medical schools, and had been involved in scandals related to dissection and grave robbing, just like other schools.⁶⁷ In 1888 Georgetown Medical College was involved in a grave-robbing incident that filled the newspapers for months. The Catholic press of Baltimore and Washington “condemned grave robbing,” but this same press was silent “on the practice of dissection by Georgetown medical students.” After details were known, the Archbishop “took no action against the medical college or its Jesuit sponsors.”⁶⁸ The Church was indeed operating within the mainstream of American medicine.

That the board faced resistance from Catholics is clear, but the nature and extent of this resistance is not always clear. Fragments from the board’s *Minutes* suggest that Catholics were concerned about the final disposition of dissected remains, as well as the injustice to the poor who were unable to afford to “claim” relations.⁶⁹ A “Catholic problem” first appears in the October 1921 meeting when the board discussed a letter

⁶⁵ Ryan, “Wrestling with the Angel,” 81.

⁶⁶ Charles E. Rosenberg, *The Care Of Strangers: The Rise of America’s Hospital System* (New York: Basic Books, Inc. 1987), 111; for a more recent discussion of the rise of Catholic hospitals see, Wall, *Unlikely Entrepreneurs*, chapter 1, 13-34.

⁶⁷ Ryan, “Wrestling with the Angel,” 84-121.

⁶⁸ *Ibid.*, 117.

⁶⁹ Thomas Dwight, “The Church and Science,” *Catholic World* 29 (May 1879): 192-200.

from Dr. Davenport Hooker of the University of Pittsburgh. The *Minutes* do not disclose the content of Hooker's letter, but the Executive Committee's response, that "no local action in regard to the Catholic Cadavera should be taken by the Board," indicates that concerns in Pittsburgh had arisen about the disposition of dissected remains. The board added a reference to anatomist Thomas Dwight, a Catholic convert, in notes that it was "unwilling to enter into such an arrangement as obtained at Harvard University under Professor Dwight."⁷⁰ Dwight's position was a combined respect for human remains and concern for the rights of the poor. Dr. Dwight, a Harvard anatomist, in his 1896 Presidential Address to the Association of American Anatomists said that he "would go so far as to have the bodies of Protestants and Catholics buried in their respective cemeteries, when the creed of the deceased is known."⁷¹ Although Dwight doubted that public "aversion to dissection will ever disappear," it was up to anatomists to "soften it by removing all just cause of complaint." From Dwight's perspective "decent burial" of dissected remains was an appropriate response.⁷²

Decent burial was indeed on Dwight's mind. He was a member of the Association's Committee on the Collection and Preservation of Anatomical Material that had surveyed "the supply of subjects for dissection" that had been sent to "all professors of anatomy in the United States and to many in Europe." Based on that survey, Dwight aired his views in *The Forum*, also in 1896. After reviewing the histories of anatomy,

⁷⁰ *Minutes*, 1921-25, 25, SAB, RG-11, PSA. Dwight's religious status is mentioned by Wall, *Unlikely Entrepreneurs*, 145; And, according to Joseph Ryan, Dwight was a "long-time Catholic advocate of the Church's role in the history of medicine." See, "Wrestling with the Angels," 117-118.

⁷¹ Thomas Dwight, "Our Contribution to Civilization and to Science," Report of the Eighth Annual Meeting of the Association of American Anatomists, *Science* 3 (January 17, 1896): 75-77, 76.

⁷² *Ibid.*, 75.

grave-robbing, and anatomy law, he credits the Pennsylvania law with turning the tide in the United States, then turns to discuss survey responses that he found disquieting: “the disposition of remains is not altogether satisfactory.” The survey revealed that:

In twenty-seven institutions they are buried, in ten, cremated, and in four, thrown away. One correspondent concisely answered the question (as to disposal) with the word “sewer.” It is to be suspected that in many of the cases reported as cremated, nothing more is meant than that the remains go into the furnace as garbage.⁷³

He must have been referring to the U.S. institutions because “in other countries the remains are generally buried,” often in denominational cemeteries. He also mentions unsubstantiated reports that “in England services are read over them.”⁷⁴

Dwight then presented his views on proper disposition of remains “in the ideal State.” Since Dwight was a Catholic, it seems reasonable to see him as articulating a Catholic perspective of how dissection can be respectful and morally acceptable. Dwight was a champion of the Pennsylvania law, but perhaps was unaware of the ambiguities in its implementation, for he insisted that “the rights of the poor have to be respected.”

Ideally then,

There must be no danger that the body of husband, wife, child, or near relation may be taken through any lack of means on the part of the survivor. On the death of a pauper due notice should be given to those near of kin: these failing to claim, the demands of medical education come next. Still, the principle is to be laid down that such a body is ... only loaned to science, and that it is to be treated with decency throughout the operation of dissection. Any religious emblems or trinkets are to be removed and placed in the coffin, which, later, will receive the remains. The examination being finished, the body is to be decently buried in a cemetery; if possible, in one of the creed of the deceased. Probably the nearest approach in America to this treatment of the remains prevails at Harvard.⁷⁵

⁷³ Thomas Dwight, “Anatomy Laws versus Body-Snatching,” *The Forum* 22 (1896): 493-502, 501.

⁷⁴ Ibid.

⁷⁵ Ibid., 501-02.

In any case, whatever incident Hooker had described in his letter of 1921, the board was not interested in providing special concessions for “Catholic cadavera.”

If respectful disposition of dissected remains was the issue of greatest concern to Catholics, they had good reason to be concerned. The board “incinerated” remains, or, as they referred to dissected remains, “debris.” William Sieck was paid \$17.00 for “hauling 18 boxes debris to Potters’ Field,” and \$72.00 for “burial of 18 boxes of debris”; Sieck also made boxes such as “18 new boxes for ashes @ \$2.50 each.” The same usage appears in Hewson’s comment at the March 1925 meeting: “The Secretary reported the marked discourtesy from Larry Bentz [a janitor at the University of Pennsylvania charged with incinerating “bad” bodies and dissected remains] to the effect that the Anatomical Board would have to go somewhere else to have the debris incinerated.”⁷⁶ In November 1927 “The chairman reported that Ray V. Hancock’s brother had hauled debris and whole bodies on a Ford truck with sides of beef in hot weather and that Ray V. Hancock [the Philadelphia carrier] had hauled bodies without cover or without being in a box.”⁷⁷ The board resolved that Hancock would be fired--if it happened again. Even when an entry refers to “religious services” for dissected remains, the remains are called “debris.”⁷⁸ Catholicism forbade cremation and not until the 1950s does the board devise a solution for “Catholic” bodies. Although startling now, the board’s official use of “debris”

⁷⁶ Minutes, 1921-25, 283-4, 290-298, SAB, RG-11, PSA.

⁷⁷ Minutes, 1925-1933. Hancock and his brother must have heeded the warning. Hancock was the Philadelphia carrier until his death in 1955, at which time his son, Ray Jr. took over. Minutes, 1953-64, 102, SAB, RG-11, PSA.

⁷⁸ In June 1928 Hewson announced that “religious services were held over the debris before they were sent to the Cemetery.” Minutes 1925-1933, 100, SAB, RG-11, PSA.

suggests that they saw nothing objectionable about so pragmatic a usage. However, after 1940, the board diplomatically dropped “debris” from its lexicon.

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Almshouse registers reveal that friends and Catholics claimed “their own” even before the 1915 amendment granted them permission to do so. Clearly almshouses continued to operate as they always had, and interested parties were welcome to claim a deceased pauper for private burial. Most claims were by relatives (“Taken away by her Son,”) and many by friends. (“Claimed by her friends,” or “Taken away by his friends.”) Catholic claims are scattered throughout the microfilmed pages of Almshouse Death Registers, and noted in different ways. “Taken to the Catholic Cemetery for Burial by Priest”; “Taken away by the Priest”; “Buried [sic] by the Catholic Church”; “Buried by Catholic Priest”; “Buried by Catholics”; “Taken by Catholics.”⁷⁹ These claims reflect customary, traditional rights and responsibilities. Under state law, the board’s authority superseded the customary right of religious to “take care of their own,” but, even with this authority, the board had to work around the realities that Catholic priests were regular visitors on hospital wards, and that their authority, as far as some patients were concerned, would always be greater.

By the 1950s, when everyone was scrambling to “get” bodies, the board was delighted to read a Catholic magazine article in support of body donation.⁸⁰ The brief article, written in question-and-answer format, informs its Catholic readers that they may

⁷⁹ Directors of the Poor Records, 1830-1935, Cumberland County Records of County Governments, RG-47, PSA; Poorhouse Register of Deaths, 1866-1919, Dauphin County, Board of County Commissioners; Death Register, 1810-1924, Bucks County.

⁸⁰ Minutes 1953-64, SAB, RG-11, PSA. Body donation is discussed in the Epilogue.

indeed donate their body to a Catholic University or medical school, where “the body is treated with all the reverence and respect which is its due.” Furthermore, readers are assured that “all Catholic anatomy labs are under direct observation of the clergy, and all prescribed ritual for the disposition for the remains is scrupulously observed.”⁸¹ The article is pro-dissection for Catholics, particularly if they are dissected in a Catholic institution, presumably by Catholic doctors-to-be. The board was sure, however, that this public sanctioning of dissection would bring them a share of Catholics interested in donating their bodies.

Thus, by 1954 the Church had adopted an official position on dissection and disposition of remains: “The Church considers dissection of the body for scientific purposes as final disposition, and therefore does not require deposit of remains in consecrated ground.”⁸² The Church had met the board more than half way. This article shows how the board’s various power struggles gradually dissipated. Ultimately, the battles with coroners, institution staff, and Catholics did not end because any party “won” the fight or solved the immediate problems; rather, they died down because the larger social and political context of poverty and welfare administration changed and altered in turn the nature of cadaver procurement.⁸³ The need for bodies had not abated, but the struggle existed in a different social context. Coroners and medical examiners got clearer laws and a professional niche, hospitals and other medical institutions grew larger and

⁸¹ Rev. Winfrid Herbst, S.D.S. “About Donating One’s Body to Medical School,” Our Sunday Visitor, January 12, 1954: 6.

⁸² Ibid.

⁸³ Michael B. Katz, In the Shadow of the Poorhouse: A Social History of Welfare in America (New York: Basic Books, 1986); Walter I Trattner, From Poor Law to Welfare State: A History of Social Welfare in America (New York: The Free Press, 1989).

more independent.⁸⁴ Eventually, the bureaucratization process was complete such that the board, the coroners, medical directors, superintendents and even Catholic institutions were all fighting the same battle, now a cultural battle to promote body donation.⁸⁵

⁸⁴ Laws were clearing up by 1929. See, George H. Weinmann, "A Survey of the Law Concerning Dead Human Bodies," Bulletin of the National Research Council 73 (1929): 1-199. He reviews all anatomy laws then in effect, 63-88.

⁸⁵ The board and body procurement post 1930 will be discussed in the Epilogue.

CHAPTER V

“FOR THE PROMOTION OF MEDICAL SCIENCE”:

DISSECTION BY THE NUMBERS

The object of dissection is to separate parts, not to cut them.¹
1888 Dissection Manual

Viola Hodges was 26 when she died from nephritis and pulmonary tuberculosis in 1908 at Philadelphia Hospital. She was a telephone operator, originally from Michigan. Her unclaimed corpse, referenced by tag number 676, was sent to Jefferson Medical College in Philadelphia, where it was eventually dissected by medical students.²

James Bradley was a 79-year-old Irish immigrant laborer who could write his name. Although he had been in the U.S. for 23 years, he had never married. On Christmas Eve 1909, when he was no longer able-bodied, he was admitted to the Adams County Almshouse in Gettysburg. When he died there 2 years and 11 months later his body was “Sent to Philadelphia.”³

When Hiram King died in 1917 he was 37 years old. A black man, King, according to the Coroner’s report, died of lobar pneumonia “without medical attention.”

¹ Faneuil D. Weisse, M.D., Practical Human Anatomy. A Working-Guide for Students of Medicine and a Ready-Reference for Surgeons and Physicians, 3rd ed. (New York: William Wood & Company, 1888): 4.

² Cadaver Receiving Books, 1901-1965, 1901-08, 302, State Anatomical Board, RG-11, Pennsylvania State Archives.

³ Almshouse Register, 1858-1912, Records of County Governments, Adams County, Board of County Commissioners, RG-47, PSA.

His body was sent to Temple University in Philadelphia, where, we may be assured, his cadaver received the most careful medical attention.⁴

Dissimilar lives--a young white working woman from the Midwest; an elderly, indigent, immigrant; a black man of unknown origins—yet in death their stories converged on Pennsylvania dissection tables. Historians have documented the inequalities and class bias in grave-robbing and dissection in eighteenth- and nineteenth-century U.S. and Great Britain.⁵ Historians, however, have paid little attention to the history of dissection in the modern United States, in particular, to the practice of dissection under anatomy law.⁶ When the state engaged in body-procurement for medicine and science, who wound up on the dissection tables and in the specimen jars of anatomy laboratories? Specifically, whose bodies were used “for the promotion of medical science”?

Identities of dissection subjects have not been documented. In states with compulsory anatomy laws, the identities and the fates of the “unclaimed” dead seemed to disappear with their bodies into anatomy laboratories.⁷ One of the ironies of the

⁴ CRB, 1916-1925, January 1917, SAB, RG-11, PSA.

⁵ Robert L. Blakeley and Judith M. Harrington, eds. Bones in the Basement: Postmortem Racism in Nineteenth Century Medical Training (Washington, D.C., Smithsonian Institution Press, 1997); Ruth Richardson, Death, Dissection and the Destitute (Chicago: University of Chicago Press, 2000); Michael Sappol, A Traffic of Dead Bodies. Anatomy and Embodied Social Identity in Nineteenth-Century America, (Princeton and Oxford: Princeton University Press, 2002). Ruth Richardson’s work concerns the British Anatomy Act of 1832; however, it focuses on the 19th century.

⁶ In his Conclusion, Michael Sappol sketches broad cultural changes in the meaning of dissection as it moved into the twentieth century. However, his focus is on the relationship between these cultural changes and the professional identity of physicians. See, Traffic of Dead Bodies, 313-338.

⁷ By 1913, 13 states had some form of anatomical board: Washington, D.C., Georgia, Indiana, Maine, Maryland, Missouri, North Carolina, Pennsylvania, Texas, Virginia, South Carolina, Minnesota, and West Virginia. See, George B. Jenkins, “The Legal Status of Dissecting,” Anatomical Record 7 (1913): 387-399, 389. By 1929, the only states that did not have an anatomical law were: Arizona, Delaware, Florida, Idaho, Louisiana, Maryland, Montana, New Mexico, Nevada, and Rhode Island. See, George H. Weinmann, “A Survey of the Law Concerning Dead Human Bodies,” Bulletin of the National Research Council No. 73. ,

bureaucratization of dissection, however, is that it required records be kept. Thus, state-mandated record-keeping makes possible the identification of subjects long ago dissected, their remains incinerated and buried.⁸

The *Records of the Anatomical Board of the State of Pennsylvania* provide the means to construct a social portrait of the individuals whose bodies supplied the “material” for medical and scientific advancement.⁹ The central task of anatomy legislation was to identify a cadaver supply that would not offend public sentiment or arouse concern: unclaimed bodies that would otherwise be buried at the public expense. This designation, “unclaimed ... buried at the public expense,” created the impression--falsely as it turns out--that the bodies slated for dissection were from unknown paupers: unproductive, anonymous vagrants and tramps, the stereotypical “unworthy poor.” Previous chapters highlighted individual cases of families unable to “claim” a body for financial reasons, underscoring the law’s ambiguity and the anatomical board’s bold interpretation of the law. Moving beyond those individual cases, analysis of the data indicates that the general assumptions about the targeted cadaver supply were also false.

(December, 1929): 1-199, Anatomical Acts discussed 63-85. Generally, states that did not enact anatomy laws did not have medical schools. However, Louisiana had Tulane and did not need a law because they were simply granted access to all the unclaimed dead from Charity Hospital. See, Harold Cummins, “Cadaver Procurement by the Tulane School of Medicine,” *Bulletin of the Tulane Medical Faculty* 26 (1967, 1):13-17, 15.

⁸ The rise of medical record keeping is discussed in, James H. Cassedy, *American Medicine and Statistical Thinking, 1800-1860* (Cambridge, Massachusetts: Harvard University Press, 1984); For the early twentieth century, see Joel D. Howell, *Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century* (Baltimore: The Johns Hopkins University Press, 1995), chapter 2; For discussions of the rise of bureaucratic, professional, managerial, and organizational developments generally, the “cult of experts,” see, Louis Galambos, “The Emerging Organizational Synthesis in Modern American History,” *Business History Review* 44 (Autumn 1970), 279-90; Robert H. Wiebe, *The Search for Order, 1877-1920* (New York: Hill and Wang, 1967). Remains were incinerated in batches, the ashes then buried in a box. The board and their employees referred to remains as “debris.”

⁹ I was informed by archive staff that no one has looked at this record group. The archivist who handled the accession in 1989 told me that at the time, he could not imagine why anyone would want these records.

“Unclaimed” did not mean unknown, unconnected, or unproductive. Very few cadavers were individuals one would characterize as coming from the very bottom of society, despite the connotations inherent in the presumed targeted category—unclaimed pauper.

This chapter answers the central “who” question and connects the topic of dissection under anatomy law to a surprisingly large and varied historiography.¹⁰ A focus on the “supply” of individuals who became medical school cadavers, instead of on the demands of physicians and scientists, significantly alters our understanding of the meaning and consequences of anatomy law. A knowledge of the demographics of dissection—the classes of people who became cadavers—informs and enriches broad historical debates about prosperity and poverty, race and gender, industrialization and immigration, and the rising power of the state in the late nineteenth century.¹¹ The story of dissection provides an extended, discursive coda to many histories of working class or “underclass” people in this period, exposing an unexpected, unknown consequence of institutionalized poverty and discrimination in these critical decades that shaped the modern United States, a consequence that literally extended beyond life itself.¹²

¹⁰ For example: John Bodnar, Roger Simon and Michael Weber, Lives of Their Own: Blacks, Italians, and Poles in Pittsburgh, 1900-1960 (Urbana & Chicago: University of Illinois Press, 1982); Michael Katz, In the Shadow of the Poorhouse: A Social History of Welfare in America (New York: BasicBooks, 1996); Eric Monkkenon, ed. Walking to Work: Tramps in America, 1790-1935 (Lincoln: University of Nebraska Press, 1984); David Rosner and Gerald Markowitz, Deadly Dust: Silicosis and the Politics of Occupational Disease in Twentieth-Century America (New Jersey: Princeton University Press, 1991); David J. Rothman, Conscience and Convenience. The Asylum and its Alternatives in Progressive America (Boston: Little Brown and Company, 1980); Sheila M. Rothman, Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History (New York: BasicBooks, 1994); Alice Solenberger, One Thousand Homeless Men (New York: Russell Sage Foundation, 1911).

¹¹ The preponderant cadaver was male and there are gender implications for anatomy law, anatomy, and medicine. The male body was/is represented as the normative human body. This bias is still reflected in anatomy texts. See, Susan C. Lawrence and Kae Bendixen, “His and Hers: Male and Female Anatomy in Anatomy Texts for U.S. Medical Students, 1890-1989,” Social Science and Medicine 35 (7) (1992): 925-934.

¹² Michael B. Katz, ed. The “Underclass” Debate: Views From History (Princeton, New Jersey: Princeton University Press, 1993).

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The following discussion of people who became cadavers, is based on an analysis of data collected from the Pennsylvania anatomical board's *Cadaver Receiving Books* from 1901-1925. *Receiving Books* prior to 1901 were either lost or destroyed.¹³ The data consists of information on 1109 cases, derived from a systematic 5% sample from *Receiving Books*.¹⁴ Although information about individuals prior to 1901 is not included in the data, some information is available about one important pre-1901 source, almshouse residents. Several Pennsylvania county Almshouse Death Registers list as final disposition, "Sent to Philadelphia," while others more candidly acknowledge "S.A.B."¹⁵ Because the information from these sources is spotty, it is not included in the data discussion below.¹⁶

However, the data years (1901-1925) coincide with critical decades in the history of medicine. Starting around the time of the anatomy act, reform of medical education was underway. "Between 1885 and 1925 ... large sums of money were raised, new laboratories and facilities were constructed, teaching hospitals were acquired, an army of full-time faculty was assembled, and a bureaucratic administrative structure appeared."¹⁷ Furthermore, these years also coincide with important developments in the social history of the modern United States: immigration, the Great Migration, post-war economic

¹³ Cadaver Receiving Books, 1901-1965, SAB, RG-11, PSA.

¹⁴ This database will be referred to as the Cadaver Data Bank. Starting with the 19th cadaver in the first book, I selected every 20th entry. I asked the archives staff member who had originally accessioned the Record Group to do the honors and pick a number from 1-20, hence the starting point.

¹⁵ State Anatomical Board. One register actually listed "sent to Philadelphia for dissection."

¹⁶ Almshouse death register information informs my analysis of secondary sources in Chapter IV.

¹⁷ Kenneth M. Ludmerer, Learning To Heal: The Development of American Medical Education (New York: Basic Books, 1985), 5.

growth, and immigration quotas. By 1925, the anatomical law had withstood two major attempts to undercut the board's authority through amendments, and the board was placed under the State Department of Health.¹⁸

As has been described, when the anatomical board received custody of a body, an entry was made in a *Cadaver Receiving Book*. In these ledgers was recorded information about the bodies received: Date Received, Name, Sex, Color, Age, Nativity, Social State, Occupation, Date of Death, Cause of Death, Physician's Name, Received From, Delivered To, Tag Number, Cut, Uncut, and Condition. If the body was claimed or buried as unfit, 3 other columns record that information: Claimed Tag Number, Substitute Tag Number, and Buried Tag Number. The board catalogued bodies by color, not race, using the words "white," "black," and "yellow." Very rarely was the word "Negro" used in the "color" column, suggesting the board assigned bodies according to what they "saw." For example, foreign-born individuals from Cuba, Jamaica, Puerto Rico, and the West Indies (N = 8) were all listed as "black," and one individual from Mexico was listed as "white."

Cadaver Data Bank figures are compared with population statistics for Pennsylvania from the 1900, 1910 and 1920 decennial census. The board's approach was similar to the Census Bureau, whereby "information on race was obtained primarily by enumerator observation through 1950."¹⁹ For these reasons, the board's color

¹⁸ 1925 is sometimes considered the outer limit of the Progressive Era. The data years include the Progressive Era and the post WWI years of US growth. In the history of medicine, Joel D. Howell considers these years "the critical times in which medical technology became a part of routine medical care." In, Technology in the Hospital: Transforming Patient Care in the Early Twentieth Century (Baltimore: The Johns Hopkins University Press, 1995): 21; Paul Starr sees these early decades as significant years in the "consolidation of professional authority." The Social Transformation of American Medicine (New York: Basic Books, 1982).

¹⁹ Campbell Gibson and Kay Jung, "Historical Census Statistics on Population Totals By Race, 1790 to 1990, and By Hispanic Origin, 1970 to 1990, for the United States, Regions, Divisions, and States," Working Paper Series No. 56, Introduction, U. S. Census Bureau, www.census.gov. For information on

designations will also be used here when discussing data. Only two bodies in the sample were designated “yellow,” both male. Although too few to be analyzed separately, they are included in the male data when discussing all male bodies in the sample. Caveats aside, we join Viola, James, and Hiram, and the 22,553 other individuals whose “unclaimed” bodies in the years 1901-1925 were dissected in Pennsylvania laboratories for the promotion of medical science.

*

Who was the typical cadaver? Most were males; white bodies outnumbered black bodies; single individuals were more common than married or widowed (see Table 1). The married and widowed combined represent more than a third of the sample: *at least* 37 percent of the individuals who became cadavers had, at some point in their lives, a spouse, social connection through marriage.

Almost 60 percent of cadavers were white males, 20 percent were black males, 14 percent were white females and just over 6 percent were black females. The majority of males, both white and black, had been single, followed by those whose status was unknown. Whites were more likely to be widowed, blacks to be single, but, overall there is not much variation, based on color, among males. However, for females there are significant differences: 40 percent of white females were widowed, but only 15 percent of black females, while a much higher percentage of black females were married than white females (black 39 percent/ white 19 percent). This large percentage of married black females whose bodies went to the anatomical board suggests the lack of financial resources and stability for black Americans, even in marriage.

changes in racial categorization by the U.S. Census Bureau, see, Claudette Bennett, “Racial Categories Used in the Decennial Census, 1790 to the Present, Government Information Quarterly 17 (No. 2, 2000): 161-181.

Table 1: Pennsylvania Anatomical Board's Cadavers' Sex, Color, and Marital Status,
1901-1925 (N = 1109)

| | Male (N = 879)* | | | | Female (N = 230) | | | | Total (N = 1109) | |
|-----------------------|--------------------|------|--------------------|------|---------------------|------|-------------------|-----|---------------------|--|
| | White (N = 659) | | Black (N = 218) | | White (N = 159) | | Black (N = 71) | | (N = 1107) | |
| Marital Status | | | | | | | | | | |
| Single | 292 | 44% | 109 | 50% | 42 | 26% | 21 | 30% | 464 | |
| Married | 116 | 18% | 36 | 17% | 30 | 19% | 28 | 39% | 210 | |
| Widowed | 111 | 17% | 27 | 12% | 52 | 33% | 11 | 15% | 201 | |
| Divorced | 1 | .1% | -- | -- | -- | -- | -- | -- | 1 | |
| Blank | 139 | 21% | 46 | 21% | 35 | 22% | 11 | 15% | 231 | |
| | | 100% | | 100% | | 100% | | 99% | 1107 | |

Source: Cadaver Receiving Books, 1901-1925, SAB, RG-11, PSA.

* Total includes two "yellow" males, both single.

Comparing age among the four "sex and color" groups provides a different perspective on the differences in marital status for women (see Table 2). The median age for white females was sixty, and for black females, just thirty six. The older age of the white females explains (in part) the higher percentage of widows in that group. Similarly, the youth of the black females coincides with a higher marriage rate and lower widow rate.

Table 2: Cadavers' Age Distribution

| Group: | White Male (N = 659) | Black Male (N = 218) | White Female (N = 159) | Black Female (N = 71) |
|------------------------------|-------------------------|-------------------------|---------------------------|--------------------------|
| Median: | 55 | 37 | 60 | 36 |
| 25 th Percentile: | 41 | 28 | 43 | 25 |
| 75 th Percentile: | 66 | 50 | 73 | 50 |

Source: Cadaver Receiving Books, 1901-1925, SAB, RG-11, PSA.

However, comparisons of these age differences, illustrated in histograms (see Figures 3, 4, 5, and 6), reveal that color, not sex, is the significant variable. As a group, white cadavers were predominantly middle-aged, with peaks around age sixty; whereas black cadavers were younger, most between twenty and forty years of age.

Figure 3: Age Distribution, White Male Cadavers, 1901-1925

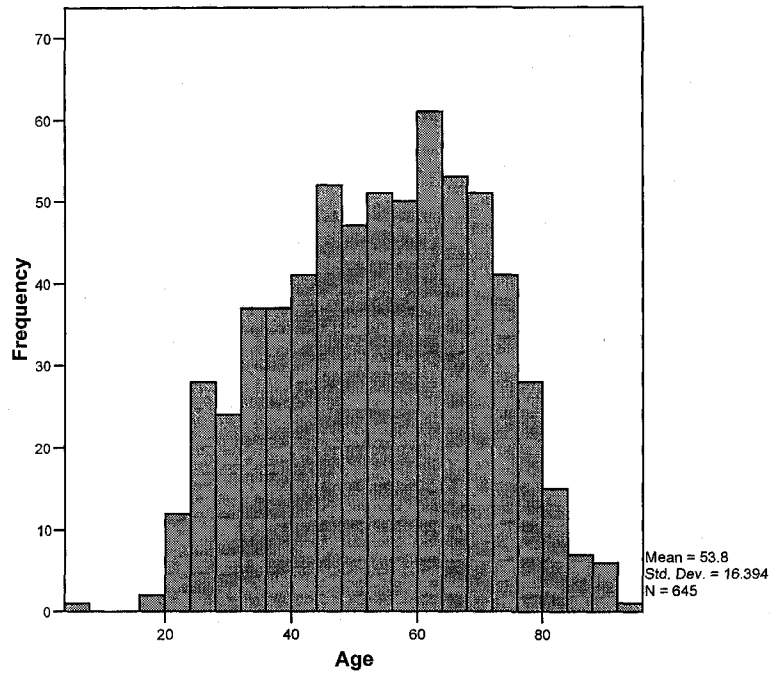
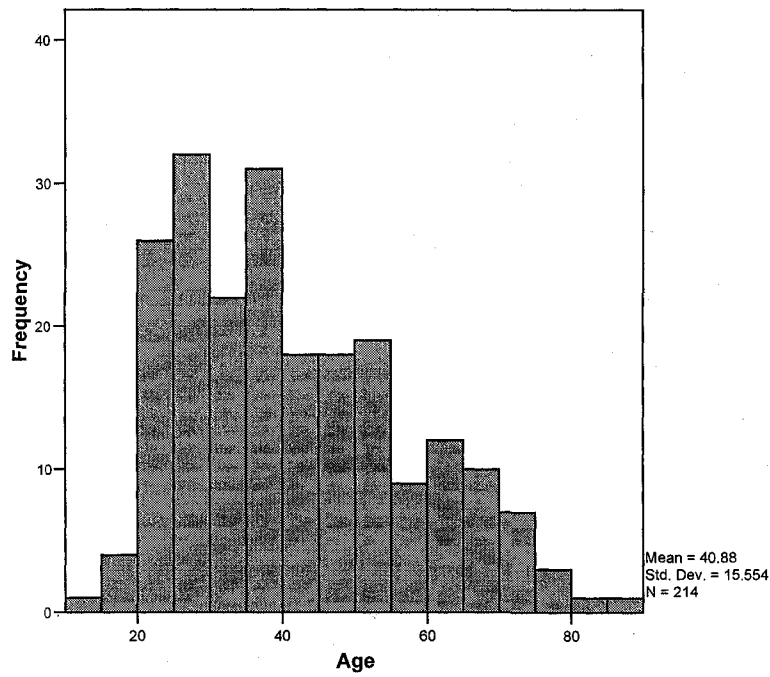


Figure 4: Age Distribution, Black Male Cadavers, 1901-1925



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Figure 5: Age Distribution, White Female Cadavers, 1901-1925

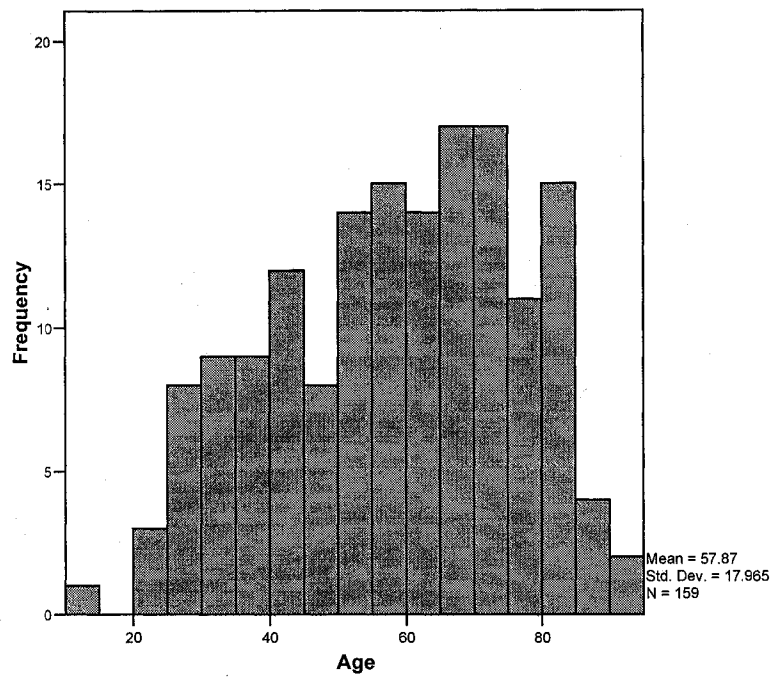
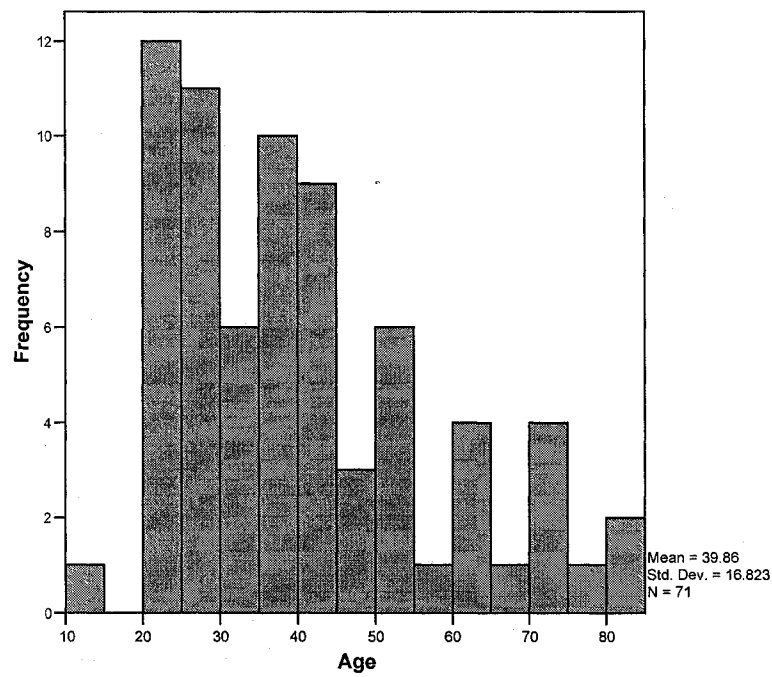


Figure 6: Age Distribution, Black Female Cadavers, 1901-1925



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Thus, white individuals went to the anatomical board in greater numbers--but did they go in numbers proportional to their presence in the state's population? Pennsylvania census data for 1900, 1910, and 1920 is summarized in Table 3. Although blacks made up 26 percent of the cadaver sample, they never reached 4 percent of the state's population in these decades. Thus, even before a more thorough exploration of the data, one point screams out: black men and women went to dissecting tables in numbers grossly disproportionate to their presence in the state's population.

Table 3: Pennsylvania Population Statistics

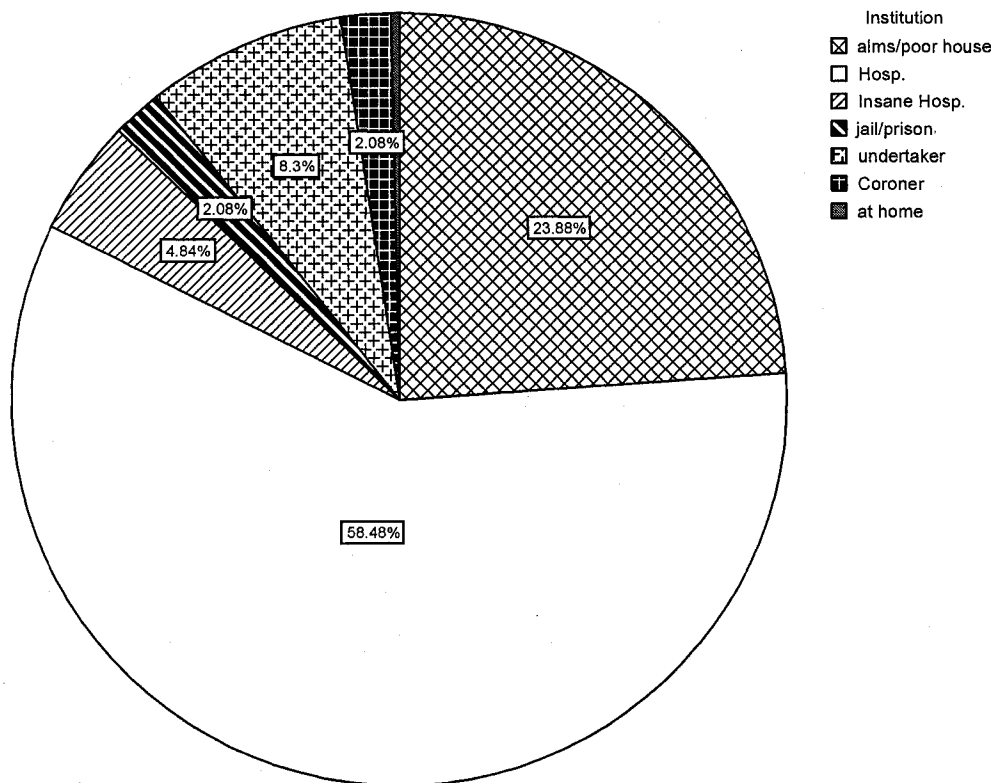
| | 1900 | 1910 | 1920 |
|------------------------|-----------|-----------|-----------|
| Total Population | 6,302,115 | 7,665,111 | 8,720,017 |
| White Percent of Total | 97.5 | 97.4 | 96.7 |
| Black Percent of Total | 2.5 | 2.3 | 3.3 |

Source: Campbell Gibson and Kay Jung, "Historical Census Statistics on Population Totals By Race, 1790 to 1990, and By Hispanic Origin, 1970 to 1990, for the United States, Regions, Divisions, and States," Working Paper Series No. 56, Table 53, Pennsylvania – Race and Hispanic Origin: 1790 to 1990, U.S. Census Bureau, www.census.gov.

Part of answer behind this racial disparity may lie in the types of institutions, and the locations, from which bodies were claimed by the anatomical board. Most of these donor institutions were actual state institutions, such as general hospitals, insane

hospitals, almshouses, and prisons. However, coroners and undertakers also released bodies to the board. Proportionally, blacks and whites lived and died in different parts of the state served by different types of institutions.²⁰ General hospitals were the number one source for unclaimed bodies that went to the anatomical board; however, the proportion among blacks from this source is greater than the proportion among whites (see Figures 7 and 8).

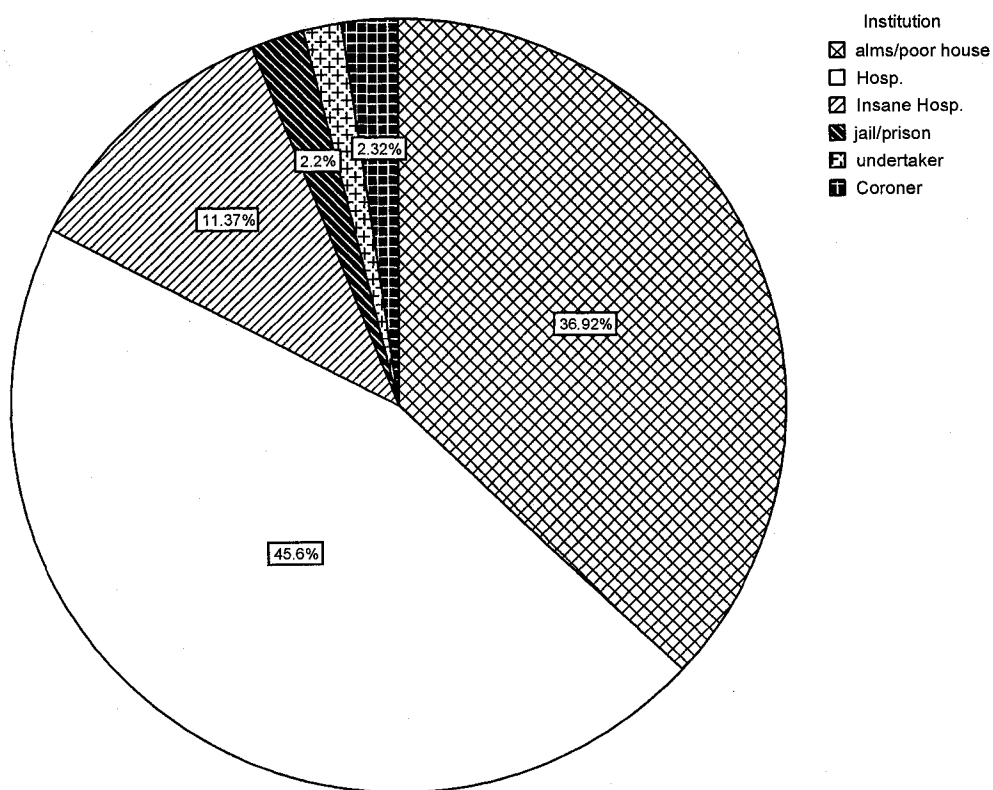
Figure 7: Institutional Sources for Black Cadavers in Percentages, 1901-1925 (N = 289)



Source: CRB, 1901-1925, SAB, RG-11, PSA

²⁰ Geographic differences have to do mainly with urban versus rural areas.

Figure 8: Institutional Sources for White Cadavers in Percentages, 1901-1925 (N = 818)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

In addition to color there are notable sex differences (see Table 4). A higher percentage of women than men came from hospitals; but, the proportion is still higher for black women: 65 percent came from hospitals.

Table 4: Sources of Cadavers by Institution, Sex, and Color

| | Male | | Female | |
|-----------------|--------------------|--------------------|--------------------|-------------------|
| | White (N = 659) | Black (N = 218) | White (N = 159) | Black (N = 71) |
| | % | % | % | % |
| Almshouse | 39 | 27 | 30 | 16 |
| Hospital | 43 | 56 | 54 | 65 |
| Insane Hospital | 10 | 4 | 15 | 7 |
| Jail/Prison | 3 | 3 | -- | -- |
| Undertaker | 2 | 8 | .6 | 10 |
| Coroner | 3 | 2 | 1 | 1 |
| At Home | -- | -- | -- | 1 |
| | 100% | 100% | 100% | 100% |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

General hospitals were in large cities, particularly concentrated in the Philadelphia area, and so was the state's black population (see Table 5).²¹ In 1920 almost half of Pennsylvania's black population (47 percent) lived in Philadelphia, whereas less than one quarter of Pennsylvania's white population lived there (20 percent). Furthermore, an additional 19 percent of the state's black population lived in Allegheny County, versus 13 percent of the white population. Thus two-thirds of Pennsylvania's black population lived in Philadelphia and Allegheny County, the two areas served by large general hospitals, compared to one-third of Pennsylvania's white population.

²¹ Census enumerators used Black or Negro, and starting in 1910, they were given instructions about using Mulatto as well. See, Bennett, "Racial Categories," 161-181.

Table 5: Pennsylvania Black and White Population in Philadelphia and Allegheny County, 1920

| | Pennsylvania | Philadelphia | Allegheny (Pittsburgh) |
|-------------------------------------|--------------|--------------|------------------------|
| Percent White | 97 | 93 | 95 |
| Percent of State's White Population | 100 | 20 | 13 |
| Percent Black | 3 | 7 | 5 |
| Percent of State's Black Population | 100 | 47 | 19 |
| Total Population | 8,720,017* | 1,823,779** | 1,185,808*** |

Source: Commonwealth of Pennsylvania, "Population of Pennsylvania by Counties, According to Sex, Color, Race and Nativity, 1920," as compiled from the Census Report of 1920, Pennsylvania State Manual, 1925-26, 359. * Total population figure includes an additional 2,723 individuals listed on census schedules as Indian, Eskimo, Aleut, Asian, and Pacific Islander. ** Includes 1,370 additional individuals from groups listed above. *** Ibid., includes 529 additional residents.

In large cities, individuals needing public assistance when ill or injured headed for the general hospital; in smaller cities and rural areas, the almshouse was still an option. In many of the more rural and "white" counties, almshouses still functioned as the sole public institution of care; they were part poorhouse, part hospital, and part old-age home. In Philadelphia and Pittsburgh almshouses had given way to large public hospitals. For example, after the Philadelphia Almshouse separated officially from Philadelphia Hospital, the hospital still served the medical needs of the almshouse population, and there is no listing in the *Consolidated Annual Reports of Receipts and Distributions* for

the Philadelphia Almshouse. Bodies were sent officially from the hospital, which, as noted, sent more bodies to the board than any other institution.²²

It is also worth considering that Philadelphia Hospital was probably a more impersonal institution than the Adams County Almshouse. Perhaps hospitals were not always motivated or did not have the time and resources to devote to a thorough search for next of kin. And, unlike an almshouse, a hospital was hardly a disinterested party when it came to the unclaimed body count. As discussed in chapter four, Dr. Doane, the Medical Director of Philadelphia Hospital, tried regularly to circumvent the provisions of the anatomy law and sidestep the board's regulations, even going so far as to draft a pre-death post mortem permission slip for patients to sign. Perhaps the Philadelphia coroner should be seen as a sort of Robin Hood of the Dead, fighting the powerful bureaucratic forces by guarding the bodies of the poor until they could be returned to family or friends.

Another striking difference in the institutional data is the higher percentage of blacks who came from undertakers (see Table 4). In urban areas, undertakers were called to remove dead bodies, even when there was no money available for embalming or funeral services. However, African American undertakers were particularly important members of the black community, often considered important leaders.²³ W.E.B. DuBois

²² The Census Bureau lists in their 1904 published report, Paupers in Almshouses, "Philadelphia (Blockley)"; in the 1910 report they list "Philadelphia Almshouse and Hospital." A similar situation existed in Pittsburgh where the Pittsburgh Almshouse, Mayview, was listed in the 1910 report as "Pittsburgh City Home and Hospital." See, Bureau of the Census, Special Reports, Paupers in Almshouses 1904 (Washington, D.C.: Government Printing Office, 1906) 84-85; Paupers in Almshouses 1910, 72-73. For data on rural /urban and black/white differences in poor relief in an earlier period, see, Robert E. Cray, Jr. Paupers and Poor Relief in New York City and Its Rural Environs, 1700-1830 (Philadelphia: Temple University Press, 1988).

²³ Michael A. Plater, African American Entrepreneurship in Richmond, 1840-1940. The Story of R. C. Scott (New York & London: Garland Publishing, Inc., 1996).

noted the success of Philadelphia's black undertakers in his 1897 study of the city's Negro population.²⁴ African American funeral homes were among the first black-owned businesses to thrive.²⁵ When there was a death, poor blacks in cities might well have sought the assistance of their local undertaker before turning to other (white) authorities to remove a body. Ultimately, race and economics underlay the institutional differences between blacks and whites. Quite simply, white people had more options for public health services through different points of access, while blacks relied on urban institutions.

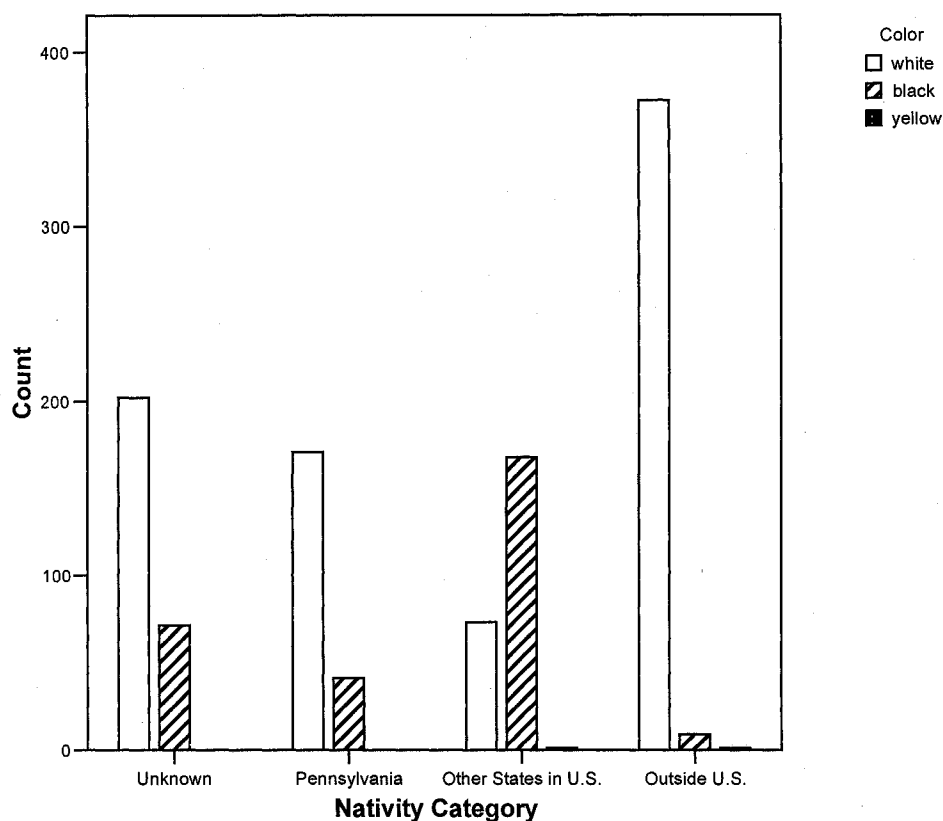
More broadly, the people who became cadavers came from thirty-two countries and, outside of Pennsylvania, thirty U.S. States (see Figure 9). In all, 41 percent were U.S. natives, 34 percent foreign-born, and for 25 percent, native origins are unknown. Ireland provided more bodies than Philadelphia; Europe, minus the British Isles, provided more than all of Pennsylvania; and, among native-born U.S. citizens, more individuals from out-of-state ended up on Pennsylvania dissection tables than native residents.²⁶ One short answer to the question, "who wound up on the dissection tables and in the specimen jars of Pennsylvania laboratories?" is: not that many Pennsylvanians.

²⁴ W. E. B. DuBois, Ph.D. The Philadelphia Negro: A Social Study (New York: Benjamin Blom, reissue 1967), 118. After listing the three cemeteries owned by blacks, including Lebanon Cemetery, DuBois writes that "These companies are in the main well-conducted, although the affairs of one are just now somewhat entangled." 231.

²⁵ Juliet K. Walker, The History of Black Business in America: Capitalism, Race, Entrepreneurship (New York: Macmillan Library Reference USA, 1998), 114-115, 129, 154-55, 182-87. *Cadaver Receiving Books* occasionally note the names of undertakers who turned over or claimed bodies. For example, see, CRB, 1901-08, 1, 159; SAB, RG-11, PSA. Furthermore, there are some female undertakers in Philadelphia mentioned in the CRB in connection to black cadavers, one name, Mrs. Almond, I recognized as being an African American female undertaker. The Almonds were an established family business into the 20th century. The Almond family mentioned by Walker cited above, 114. For a history of African American beauty product entrepreneurs, such as Madam C. J. Walker, see Kathy Peiss, Hope In A Jar: The Making of America's Beauty Culture (New York: Metropolitan Books, 1998).

²⁶ British Isles includes Ireland, England, Scotland, and Wales.

Figure 9: Birthplace of Cadavers (N = 1109)

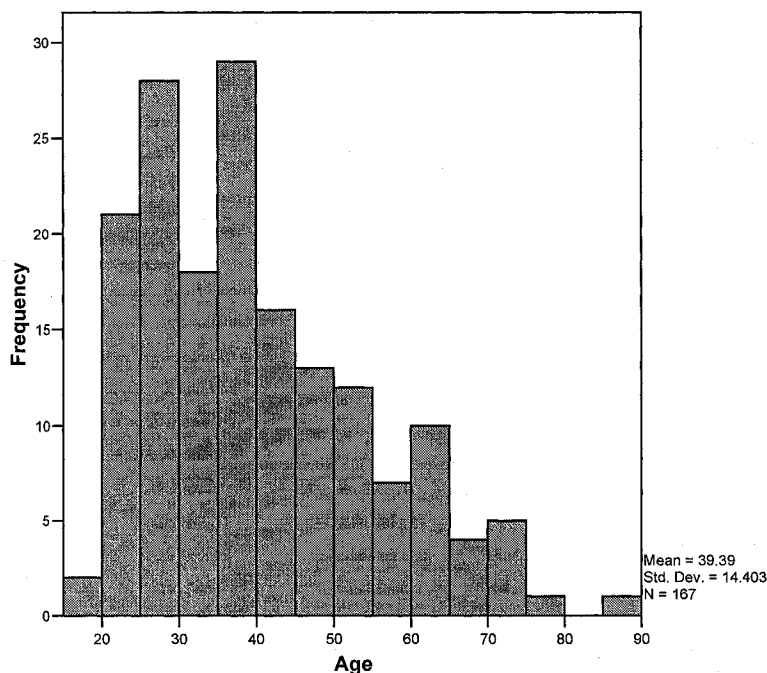


Source: CRB, 1901-1925, SAB, RG-11, PSA.

Among U.S. natives, the data on individuals from other states paints a portrait strikingly different from the Pennsylvania group and from the rest of the sample. Indeed, “other states” is the only category where blacks outnumber whites: 69 percent of individuals from other states were black (168 of 242). Furthermore, those 168 out-of-state-blacks represent the majority of all black cadavers in the sample (168 of 289, or 58 percent); the origin of 25 percent of blacks is unknown (perhaps because they were from other states), while just 14 percent were Pennsylvanians, (3 percent were foreign-born). The median

age for out-of-state blacks is thirty-six, and only one quarter had lived past age forty-nine (see Figure 10).

Figure 10: Age Distribution, Blacks from Other U.S. States



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Who were these young, out-of-state, blacks? All black cases were divided into those who died in the years 1901-1915 and those who died after the beginning of the Great Migration (1916-1925). More than half of all blacks were from other states, the majority coming from states bordering Pennsylvania (see Table 6). Most of these individuals came from Virginia and Maryland (60 percent). For the second period, 1916-1925, almost two-thirds had come from other states; now the majority had come from states beyond those on Pennsylvania's borders (37 percent). Black Americans in these

years had been born in states as far away as Florida, Alabama, Georgia, Arkansas, Louisiana, Tennessee, South Carolina, and Texas (34 percent).

Table 6: Black Cadaver Sample Divided by Great Migration Years

| | 1901 – 1915 | 1916 – 1925 |
|-----------------------------|-------------|-------------|
| Total Black Sample | N = 158 | N = 131 |
| Percent of Black Sample | 55% | 45% |
| Border States ²⁷ | 61 | 36 |
| Percent of Total | 39% | 28% |
| Beyond Border States | 22 | 49 |
| Percent of Total | 14% | 37% |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

When the Great War stemmed the flow of European immigrants, “Northern industry turned, for the first time, to southern African Americans as a major source of cheap labor.”²⁸ The Pennsylvania Railroad sent labor agents into Georgia and Florida, to recruit black workers, and thousands responded.²⁹ Thus, eager for higher wages, African

²⁷ Washington, D.C., Delaware, Maryland, New Jersey, New York, Ohio, Virginia, and West Virginia.

²⁸ J. William Harris, Deep Souths: Delta, Piedmont and Sea Island Society in the Age of Segregation (Baltimore: The Johns Hopkins University Press, 2001): 216; For a discussion of the great migration to Pittsburgh, see Dennis C. Dickerson, Out of the Crucible: Black Steelworkers in Western Pennsylvania, 1875-1980 (Albany, NY: State University of New York Press, 1986), 27-53.

²⁹ *Ibid.*, 216-17; and, email communication.

Americans responded to the call for laborers and began the “chain migration ... that became a great social movement.”³⁰ There are notations in the *Cadaver Receiving Book* in 1917, that the Pennsylvania Railroad claimed several employees for burial prior to their dissection. All but one was a young, out-of-state black male laborer. Interestingly, deaths had come by illnesses such as pneumonia and tuberculosis, not work related accidents.³¹ For some black Americans, their great migration ended on a Pennsylvania dissection table.

Black individuals in the cadaver sample were younger than white individuals; was this because the black population in the state was “younger” than the white population? According to census data, the answer is no (see Table 7).³² Among the state’s black population in 1920, 67 percent were twenty-one or older, in contrast to the native-born white population, of whom 60 percent were twenty-one or older in 1920.

³⁰ Harris, *Deep Souths*, 216.

³¹ CRB, 1916-1925, 1917 & 18, SAB, RG-11, PSA. Recent works in legal history focus on accident law. For example, see, Barbara Young Welke, *Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution, 1865-1920* (Cambridge: Cambridge University Press, 2001); John Witt discusses the formation of accident-relief funds by railroads, see, John Fabian Witt, *The Accidental Republic: Crippled Workingmen, Destitute Widows, and the Remaking of American Law* (Cambridge: Harvard University Press, 2004), 113-118.

³² Over age 21 population figures based on 1920 Census, in: Commonwealth of Pennsylvania, *Pennsylvania State Manual, 1925-26*, (Harrisburg), 357.

Table 7: Pennsylvania Population Twenty-One Years and Older, 1920

| | | | |
|-------------------|-----------|------------------|----------|
| White Population | | Black Population | |
| Total | 8,432,726 | Total | 284, 568 |
| 21 and older: | | | |
| Native-born White | 5,039,091 | Black | 191,226 |
| Percent of White | | Percent of Black | |
| Total | 60 | Total | 67 |

Source: Commonwealth of Pennsylvania, "Population of Pennsylvania by Counties, Males and Females Twenty-One Years of Age and Over: 1920," as compiled from the Census Report of 1920, Pennsylvania State Manual, 1925-26, 357.

However, among the black populations of Philadelphia and Pittsburgh in 1920, the majority were between the ages of twenty-five and forty-four, the age range of the majority of black cadavers (see Table 8).³³ Although black cadavers were younger than white cadavers, their youth reflected the age distribution of the black population in the state's cities.

³³ Department of Commerce, Bureau of the Census, Abstract of the Fourteenth Census of the United States 1920 (Washington: Government Printing Office, 1923), 180-181.

Table 8: Age Distribution Philadelphia and Pittsburgh Native-born White and Black Population, 1920

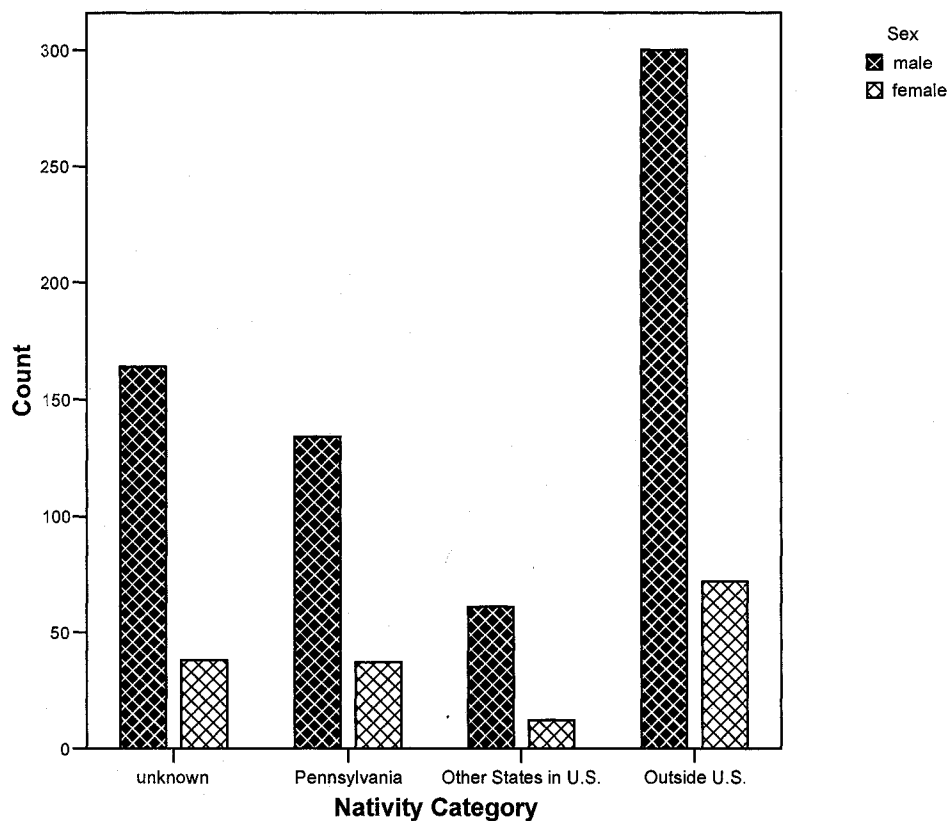
| Age in Years | Percent of Total | | | | | |
|---------------------|------------------|---------|----------|----------|----------|------|
| | Under 5 | 5 to 14 | 15 to 24 | 25 to 44 | 45 to 64 | 65 + |
| Philadelphia | | | | | | |
| Native White | 13 | 23 | 19 | 28 | 14 | 3 |
| Black | 7 | 13 | 19 | 44 | 14 | 2 |
| Pittsburgh | | | | | | |
| Native White | 14 | 24 | 20 | 28 | 12 | 2 |
| Black | 7 | 15 | 18 | 42 | 15 | 2 |

Source: Department of Commerce Bureau of the Census, Abstract of the Fourteenth Census of the United States 1920, (Washington: Government Printing Office, 1923), 180-181.

Southern blacks were not the only people whose great migration ended in a laboratory tank. Immigrants outnumbered native-born among white cadavers: 25 percent of white cadavers were of unknown nativity, 21 percent were Pennsylvania natives, 9 percent were from other states, but 45 percent were foreign-born (see Figure 11). No doubt some percentage of the unknown nativity group was also foreign-born, so it seems likely that immigrants were the single largest source of white cadavers between 1901 and 1925.³⁴

³⁴ Pennsylvania Almshouse Death Registers from 1883, the first year of the anatomy act, indicate that the majority of inmates were foreign-born. Where the anatomical board is listed as final disposition the percentage of immigrants whose bodies went to the board increases dramatically.

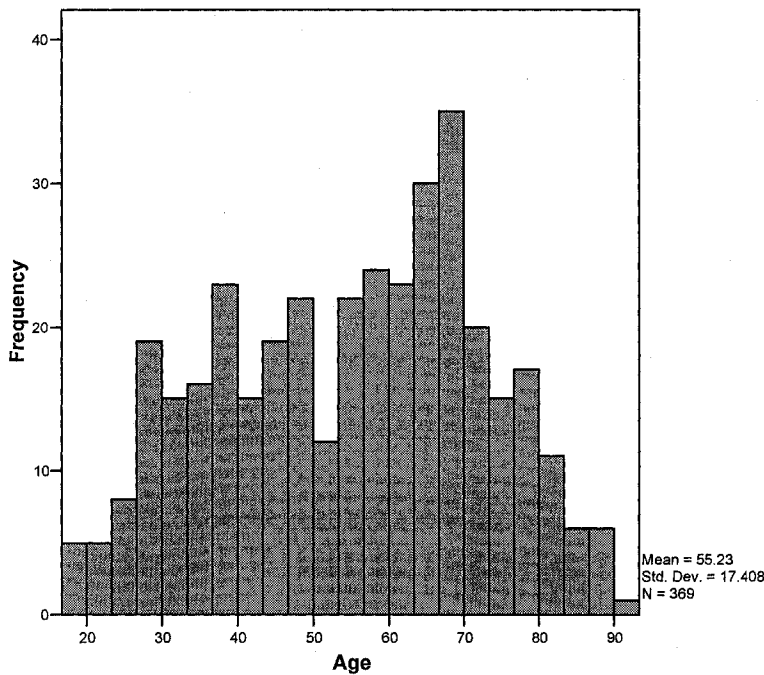
Figure 11: Birthplace of White Cadavers (N = 818)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Among the white foreign-born group, four out of five were male; they were almost equally divided between single men (49 percent) and those who had been married or widowed (47 percent). Thus, white immigrants were socially “identified” and the most socially connected group in the sample. Furthermore, white foreign-born cadavers were a considerably older group than black Americans from out-of-state (see Figure 12 as compared with Figure 10). Their median age was fifty-seven, compared to thirty-six for out-of-state blacks, and 25 percent lived past age sixty-nine—twenty years longer than the black group.

Figure 12: Age Distribution, Whites from Outside U.S.



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Although nine black and one yellow individuals were listed as foreign-born (see Table 9), the immigrant group was overwhelmingly white (97 percent), and male (81 percent); they were also single (49 percent). Half of the immigrant group (51 percent) had died in a hospital that turned their unclaimed body over to the anatomical board.

European and British Isles foreign-born individuals were the oldest and most likely to be widowed subgroup.³⁵

³⁵ In this case, Europe + British Isles, N = 345. While age and widowhood are linked, not all immigrant populations had the same marriage rate. For example, when the British Isles population is isolated, they constitute the oldest subgroup; half of these individuals made it to age sixty-five, and one quarter lived past age seventy-three—the modal age. They also had the smallest male to female ratio, approximately 2:1, and, the highest percentage of widowed individuals (36 percent).

Table 9: Nativity Categories for White, Black, and Yellow Foreign-born Cadavers
(N = 382)*

| | White | | Black | | Yellow | |
|------------------------------|-------|----|-------|----|--------|----|
| | N | % | N | % | N | % |
| British Isles | 127 | 33 | -- | -- | -- | -- |
| Europe | 217 | 57 | 1 | .3 | -- | -- |
| North America & Caribbean | 4 | 1 | 8 | 2 | -- | -- |
| Middle East & Asia | 24 | 6 | -- | -- | 1 | .3 |

Source: CRB, 1901-1925, SAB, RG-11, PSA. * "British Isles" includes England, Ireland, Scotland, and Wales. "Europe" includes Austria, Bohemia, Croatia, Finland, France, Galicia, Germany, Holland, Hungary, Italy, Moravia, Norway, Poland, Rumania, Spain, Sweden and Switzerland. "North America and Caribbean" includes Canada, Cuba, Jamaica, Mexico, Puerto Rico, and West Indies. "Middle East and Asia" includes Eurasia, Japan, Russia, and Syria.

Did the foreign-born, like blacks, go to the anatomical board in numbers disproportional to their presence in the state's population? According to Pennsylvania census figures between 1900 and 1920, the foreign-born population never exceeded 18.8 percent, yet they comprised 34 percent of the cadaver data bank (see Table 10).³⁶ In 1920, when 16 percent of the state's population was foreign-born, they made up 45 percent of the sample.³⁷ The statement made about black individuals can also be applied to those of foreign birth: they went to dissecting tables in numbers grossly disproportionate to their presence in the state's population.

³⁶ Campbell J. Gibson and Emily Lennon, "Historical Census Statistics on the Foreign-born Population of the United States: 1850-1990," Population Division Working Paper No. 29, U. S. Census Bureau, www.census.gov.

³⁷ The sample for 1920 N = 31. Foreign-born in sample for 1920 N = 14.

Table 10: Pennsylvania Population Statistics Native and Foreign-born

| | 1900 | 1910 | 1920 |
|----------------------------------|-----------|-----------|-----------|
| Total Population | 6,302,115 | 7,665,111 | 8,720,017 |
| Native-born Percent of Total | 84 | 81 | 84 |
| Foreign-born Percent of Total | 16 | 19 | 16 |

Source: Campbell J. Gibson and Emily Lennon, "Historical Census Statistics on the Foreign-born Population of the United States: 1850-1990," Population Division Working Paper No. 29, U. S. Census Bureau, www.census.gov. These figures are "color inclusive."

Examination of institution figures for white individuals reveal that general hospitals supplied most of the bodies to the anatomical board, followed by almshouses (see Table 11). Within the native-born group, more were surrendered to the anatomical board from general hospitals (56 percent) than from almshouses (26 percent), with only a slight gender variation. The institutional difference within the foreign-born group is much less: 50 percent were received from hospitals and 40 percent from almshouses. The difference for foreign-born males was minimal: hospitals surrendered 47 percent and almshouses 44 percent. However, the institutional difference for foreign-born females is large: 63 percent came from hospitals and 24 percent from almshouses (see Table 12). No white cadavers listed as native-born were surrendered by coroners, although, among all the coroner cases (N = 25), 76 percent were of unknown nativity, so it is impossible to know if any of the individuals turned over by coroners had been born in the U.S.³⁸

³⁸ Nativity of Coroner Group (N= 25): Unknown N = 19, Other States N = 2, Immigrants N = 4.

Table 11: Surrendering Institution for White Native and Foreign-born Cadavers
(N = 616)

| | Native-born (N = 244) | Foreign-born (N = 372) |
|-----------------|--------------------------|---------------------------|
| | % | % |
| Almshouse | 26 | 40 |
| Hospital | 56 | 50 |
| Insane Hospital | 13 | 8 |
| Jail/Prison | 4 | .8 |
| Undertaker | .8 | .3 |
| Coroner | -- | .8 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

Table 12: Institution Percentages by Sex for White Native and Foreign-born
Cadavers (N = 616)

| | Male | | Female | |
|-----------------|---------------------|----------------------|--------------------|---------------------|
| | Native (N = 195) | Foreign (N = 300) | Native (N = 49) | Foreign (N = 72) |
| | % | % | % | % |
| Almshouse | 25 | 44 | 31 | 24 |
| Hospital | 55 | 47 | 59 | 63 |
| Insane Hospital | 14 | 6 | 10 | 14 |
| Jail/Prison | 5 | 1 | -- | -- |
| Undertaker | 1 | .3 | -- | -- |
| Coroner | -- | .8 | -- | -- |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

Placing these differences into a broader demographic portrait of the state's population is not straightforward. The state's foreign-born population, unlike the black population, was not concentrated just in Philadelphia and Allegheny counties, but also in the coal region and several other counties.³⁹ In 1920, 29 percent of Pennsylvania's white foreign-born population lived in Philadelphia, and 18 percent lived in Allegheny County (see Table 13).

Table 13: Pennsylvania Population of Native-born and Foreign-born White in Philadelphia and Allegheny County, 1920

| | Pennsylvania | Philadelphia | Allegheny (Pittsburgh) |
|--|--------------|--------------|------------------------|
| Percent Native-born White | 81 | 71 | 74 |
| Percent Foreign-born White | 16 | 22 | 21 |
| Percent of State's Foreign-born Population | 100 | 29 | 18 |
| Total Population | 8,720,017* | 1,823,779** | 1,185,808*** |

Source: Commonwealth of Pennsylvania, "Population of Pennsylvania by Counties, According to Sex, Color, Race and Nativity, 1920," as compiled from the Census Report of 1920, *Pennsylvania State Manual*, 1925-26, 359.* Total population figure includes black population of 284,568, and 2,723 individuals listed on census schedules as Indian, Eskimo, Aleut, Asian, and Pacific Islander.** Total includes the black population of 134,229 and 1,370 individuals from ethnic/racial groups listed above.*** Total includes the black population of 53,517, and 529 residents from above groups.

³⁹ For example, Erie, Mercer and Lawrence counties on the North West border; and, Northampton County on the New Jersey border.

Four counties bordering Allegheny also had high concentrations of foreign-born individuals, adding an additional 12 percent; one could speak of an Allegheny Region comprising close to a third of the state's foreign-born population (30 percent).⁴⁰ In addition to these two centers, the immigrant population was pronounced in the state's northeastern anthracite mining region, where 15 percent of the state's foreign-born lived.⁴¹ Thus, the state's foreign-born population was more broadly distributed than the black population, two-thirds of whom lived in Philadelphia and Allegheny County.

Although the foreign-born white population was concentrated in areas with general hospitals, these counties also had almshouses, and some had several types of institutions for poor relief, such as a poorhouse and a county home. The anatomical board's *Consolidated Annual Reports of Receipts and Distributions* lists, for the five largest coal counties, twelve alms/poorhouses and two county homes--fourteen institutions specifically for the care of sick or elderly indigent residents.⁴² These coal counties also had seven general hospitals, two state insane hospitals, one prison, and one jail. Population figures for the two largest coal counties, Lackawanna and Luzerne, reveal that 12 percent of the state's foreign-born white population lived in these two counties, rich with poorhouses (see Table 14).⁴³

⁴⁰ Counties that surround Allegheny County with high immigrant populations: Beaver, Washington, Fayette, and Westmoreland counties.

⁴¹ Of the 7 counties that make up the anthracite region, 5 large and 2 small counties, I took population numbers from the 5 large: Lackawanna, Luzerne, Carbon, Northumberland, and Schuylkill. The populations of Columbia and Montour counties are small.

⁴² Consolidated Annual Reports of Receipts and Distributions, 1895-1974, State Anatomical Board, RG-11, Pennsylvania State Archives. Three listings of "Poor Districts" had institutions on the grounds.

⁴³ Lackawanna had 5 alms/poor/county homes, 1 general hospital and 1 state insane hospital. Luzerne was home to the Central Poor District Almshouse, 1 prison, and 3 general hospitals.

Table 14: Pennsylvania Population of Native-born and Foreign-born White in Lackawanna and Luzerne Counties, 1920

| | Pennsylvania | Lackawanna | Luzerne |
|--|--------------|------------|------------|
| Percent Native-born White | 81 | 77 | 77 |
| Percent Foreign-born White | 16 | 23 | 22 |
| Percent of State's Foreign-born Population | 100 | 5 | 6 |
| Total Population | 8,720,017* | 286,311** | 390,991*** |

Source: Commonwealth of Pennsylvania, "Population of Pennsylvania by Counties, According to Sex, Color, Race and Nativity, 1920," as compiled from the Census Report of 1920, Pennsylvania State Manual, 1925-26, 359.* Total population figure includes black population of 284,568, and 2,723 individuals listed on census schedules as Indian, Eskimo, Aleut, Asian, and Pacific Islander.** Total includes the black population of 670, and, 11 individuals from ethnic/racial groups listed above.*** Total includes the black population of 815, and, 20 residents from above groups.

Like Philadelphia, the institutional profile of Allegheny County is dominated by hospitals. Allegheny County had one county home and one county workhouse; Pittsburgh had one city home and one city farm. However, the county was loaded with hospitals: fourteen general hospitals, two insane hospitals; it was also the site of the Western Penitentiary. Of the four bordering counties with high immigrant populations, two had only an almshouse each,⁴⁴ while the other two had one almshouse and one hospital each,

⁴⁴ Beaver and Washington Counties.

and, one also had a jail.⁴⁵ Forty percent of white, foreign-born cadavers came from almshouses, an unusually high almshouse rate compared to other nativity groups in the sample. Thus, immigrants had either been going to poorhouses at a higher rate than the native-born in these years, or they were more likely to die in them and be surrendered to the anatomical board.

The Census Bureau published two special reports, *Paupers in Almshouses*, for the years 1904 and 1910.⁴⁶ These reports list data on all almshouses by state, thus affording the opportunity to compare Pennsylvania's totals with the cadaver sample from almshouses (see Table 15). For both years, native-born whites were the majority of almshouse residents in Pennsylvania (50 / 55 percent), and foreign-born whites were close behind (45 / 41 percent). Blacks were only 4 percent of the state's almshouse residents in both years, and those with unknown nativity, less than 1 percent. However, the cadaver almshouse sample tells a different story. Foreign-born whites were the plurality, (40 percent), followed by those of unknown nativity (24 percent)—probably many of whom were also foreign-born—then blacks (19 percent), and lastly, native-born whites (17 percent). More native whites were *in* Pennsylvania almshouses, but more did not come *out* as anatomical board cadavers.

⁴⁵ Fayette and Westmoreland Counties.

⁴⁶ Department of Commerce and Labor, Bureau of the Census, Special Reports, Paupers in Almshouses 1904 (Washington, D.D.: Government Printing Office, 1906), 84-85; _____, Paupers in Almshouses 1910 (Washington, D.C.: Government Printing Office, 1915), 72-73.

Table 15: State of Pennsylvania Almshouse Data Compared to Cadaver Sample from Almshouses

| | PA Almshouse Population, December, 1903 | PA Almshouse Population, January, 1910 | Cadavers Received From Almshouses, 1901-1925 |
|----------------------------------|---|--|--|
| Percent Native-born White | 50 | 55 | 17 |
| Percent Foreign-born White | 45 | 41 | 40 |
| Percent Black | 4 | 4 | 19 |
| Percent Unknown | .4 | .3 | 24 |

Sources: Department of Commerce and Labor, Bureau of the Census, Special Reports, Paupers in Almshouses 1904, Table 3. "Movement During 1904 of the Population of Each Almshouse, Classified by Color and Nativity," (Washington, D.D.: Government Printing Office, 1906), 84-85; U.S. Bureau of the Census, Table 1. "Paupers in Almshouses, 1910: Summary by Individual Institutions," Paupers in Almshouses 1910 (Washington, D.C.: Government Printing Office, 1915), 72-73.

Historians have argued that nineteenth-century almshouses were used by the poor in different ways at different times and for different reasons.⁴⁷ According to Michael Katz, "Seasonal work, fluctuating demands for labor, and periodic depressions often produced destitution. Thus, many paupers were men on the move in search of work, either by themselves or with their families, in need of short term help between jobs."⁴⁸

⁴⁷ Michael B. Katz, In the Shadow of the Poorhouse: A Social History of Welfare in America, revised edition (New York: Basic Books, 1996), 92-93; For a monographic length treatment of the argument that dependent groups exercise agency over their interactions with providers, see, Linda Gordon, Heroes of Their Own Lives: The Politics and History of Family Violence, Boston 1880-1960 (New York: Viking, 1988).

⁴⁸ Ibid., Katz, 92.

Perhaps in the first decades of the twentieth century in Pennsylvania, native-born whites used almshouses differently than the foreign-born—as stop-gap institutions—and they did not die in them at the same rate. Moreover, by the late nineteenth century, almshouses were already places of last resort for the poor. The white native-born population may have been more sensitive to the social stigma attached to these places and, when ill, if at all possible headed for the nearest hospital instead of the county poorhouse.⁴⁹

Furthermore, by the turn of the century almshouses were rapidly becoming old-age homes.⁵⁰ Data suggests that the almshouse may have served as an infirmary for some, especially younger unmarried native-born females and foreign-born males of middle age (see Table 16), results which echo portions of earlier studies of almshouse populations.⁵¹ Thus, poverty and lack of social connections sent ill and elderly people to almshouses, and, in death, made them vulnerable to dissection.

⁴⁹ The board's annual report did not separate totals from the Philadelphia Almshouse and the Philadelphia Hospital. They listed receiving 481 bodies from "Philadelphia Hospital" in 1910. However, the census reports 88 deaths for the year in the "Philadelphia Almshouse and Hospital." Those 88 must have been the total number of almshouse inmates who died and the board's 481 include some of those individuals, the vast majority coming from hospital deaths. See, Census, Paupers in Almshouses 1910, 72-73; Consolidated Annual Reports of Receipts and Distributions, 1910, SAB, RG-11, PSA.

⁵⁰ Katz, Shadow of the Poorhouse, 88-102;

⁵¹ Michael B. Katz, Poverty and Policy in American History (New York: Academic Press, 1983), 90-133, 259-270.

Table 16: Age & Marital Status of Native-born and Foreign-born White Cadavers from Almshouses
(N = 213)

| | Native-born White | | Foreign-born White | |
|-----------------------------|-------------------|--------------------|--------------------|--------------------|
| | Male (N = 49) | Female (N = 15) | Male (N = 132) | Female (N = 17) |
| Median Age | 61 | 43 | 56 | 70 |
| 25 th Percentile | 52 | 29 | 39 | 54 |
| 75 th Percentile | 74 | 60 | 70 | 75 |
| Marital Status Percent | | | | |
| Single | 59 | 47 | 61 | 35 |
| Married | 10 | 20 | 24 | 24 |
| Widowed | 27 | 27 | 11 | 35 |
| Unknown | 4 | 6 | 4 | 6 |

Source: CRB, 1910-1925, SAB, RG-11, PSA.

Another possible reason for the discrepancy between the higher proportion of native whites in almshouses than in the cadaver sample, is that they were more often claimed by relatives, so that when a white, native-born individual died in an almshouse, he or she was less likely to go to the anatomical board than foreign-born or African Americans. Presumably Pennsylvania natives would have some local connections that were more accessible. However, one must not ignore the financial and logistical demands of “claiming” a body, coupled with the realities of a mobile work force. When families in distant states were informed of the cost for shipping a body out-of-state, sometimes as

much as \$200.00, the cost may have been prohibitive.⁵² In any case, native whites were 81 percent of the state's population in 1920, but only 22 percent of the cadaver sample, a striking proportional discrepancy (see Table 17).

Table 17: Pennsylvania Population, According to Color and Nativity in 1920 and Cadaver Data

| | Pennsylvania | Cadaver Sample* |
|-------------------------------|--------------|-----------------|
| Percent Native-born White | 81 | 22 |
| Percent Foreign-born White | 16 | 34 |
| Percent Black** | 3 | 20 |
| Percent White Unknown | -- | 18 |
| Percent Black Unknown | -- | 6 |

Source: Commonwealth of Pennsylvania, "Population of Pennsylvania by Counties, According to Sex, Color, Race and Nativity, 1920," as compiled from the Census Report of 1920, Pennsylvania State Manual, 1925-26, 359; CRB, 1901-1925, SAB, RG-11, PSA. *Includes 1 foreign-born yellow, and 1 native-born yellow. ** CDB totals include 209 native-born and 9 foreign-born. Census did not separate foreign-born black from black; they did give figures for foreign-born white.

The differences in age and marital status among the almshouse cadavers also raise questions about offspring. Michael Katz emphasized that, "their lack of children set men and women in poorhouses apart from other poor people." Unfortunately, there was no "offspring" category to be checked in the *Cadaver Receiving Books*--that would belie the

⁵² Both the Executive Committee Minute Books and the Cadaver Receiving Books mention claims and the fees involved.

central assumption of the anatomy law. Katz reported that an unusually high proportion of almshouse residents “had never married,” and the majority of the widowed inmates had “no living children or only one.”⁵³ According to Katz, “One major reason why people entered poorhouses was that they lacked a family to provide them with a home.”⁵⁴ That may also be the major reason why some people left poorhouses as cadavers. Almshouse residents were significantly more socially unattached than the U.S. population. The native and foreign-born white individuals who died in almshouses and became cadavers were, as Katz found for the late nineteenth century, disproportionately unmarried; they were single and widowed in percentages significantly higher than the population and married in significantly lower percentages (see Table 16).

Whether they died in an almshouse or a hospital, pulmonary tuberculosis was the leading cause of death in the cadaver sample followed by “Organic Diseases of the Heart” (see Table 18).⁵⁵ Standardization in cause of death reporting was a major project of the Census Bureau in these years. In 1900 they began using the *International Classification of Causes of Death* for U.S. mortality statistics, and they evaluated their progress in the published annual reports of mortality statistics.⁵⁶ In 1903, with uniformity the goal, the Census Bureau published an information pamphlet, *Relation of Physicians to*

⁵³ Katz, Shadow of the Poorhouse, 91.

⁵⁴ Katz, Poverty and Policy, 111.

⁵⁵ After TB and heart diseases, kidney diseases and pneumonia rank next.

⁵⁶ U.S. Census Office, Manual of the International Classification of Causes of Death (Washington, D.C.: U.S. Government Printing Office, 1902), 7-9. For a brief history of death classification, see, G.G. Davis, “Mind Your Manners. Part I: History of Death Certification and Manner of Death Classification,” The American Journal of Forensic Medicine and Pathology 18 (Sept. 1997 3): 219-23.

Mortality Statistics, and sent it “to every physician in the country.”⁵⁷ Despite physicians’ continued use of unsatisfactory, “indefinite terms,” in their cause of death reporting, the leading causes of death in the cadaver sample, as well as their rank order, are similar to U.S. mortality statistics in these years.⁵⁸

Table 18: Cadavers’ Cause of Death by Gender
(N = 1109)

| | Males (N = 879) | Females (N = 230) |
|-------------------------------|--------------------|----------------------|
| Cause of Death | % | % |
| Pulmonary Tuberculosis | 26 | 23 |
| Organic Diseases of the Heart | 12 | 14 |
| Bright’s Disease | 7 | 10 |
| Pneumonia | 8 | 7 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

Regardless of nativity or institution, pulmonary tuberculosis was the leading cause of death among males, with “Organic Diseases of the Heart” in second place (see

⁵⁷ U.S. Census Office, Relation of Physicians to Mortality Statistics. The International Classification of Causes of Death as Adopted by the United States Census Office and Approved by the American Public Health Association (Washington, D.C.: U.S. Government Printing Office, 1903), 3.

⁵⁸ “Jointly Reported Causes of Death” were, for the census bureau, “one of the most annoying and difficult subjects” in their standardization project. Although the bureau came up with five complicated rules-of-thumb for dealing with listings of multiple causes of death, in my analysis, the first causes listed in the Cadaver Receiving Book was the one privileged. Census Bureau, Manual International Causes, 12-13. For 1920 causes of death, see, Census Bureau, Mortality Statistics 1920, 21st Annual Report (Washington, D.C.: US Government Printing Office, 1922), 20.

Table 19). The only difference is the higher percentage of foreign-born males that died from pneumonia in hospitals.

Table 19: White Male Cadavers' Cause of Death by Institution and Nativity (N = 431)

| Cause of Death* | Native-born (N = 157) | | Foreign-born (N = 274) | |
|-------------------------------|--------------------------|------------|---------------------------|------------|
| | Alms. % | Hosp. % | Alms. % | Hosp. % |
| Pulmonary Tuberculosis | 35 | 34 | 24 | 21 |
| Organic Diseases of the Heart | 14 | 15 | 15 | 14 |
| Bright's Disease | 10 | 13 | 8 | 7 |
| Pneumonia | 2 | 6 | 5 | 11 |
| Total Percent | 61 | 68 | 52 | 53 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.* These were the major categories; however, combining all almshouse males, cerebral hemorrhage/apoplexy had more deaths than pneumonia. Combining all hospital males, pneumonia was the third cause of death, and acute endocarditis was the fifth.

However, among females, pneumonia was the leading cause of death for the native-born almshouse group (27 percent, see Table 20). The native-born female almshouse group was the youngest and the higher incidence of pneumonia perhaps explains their comparative youth. One quarter died when they were twenty-nine or younger and 50 percent were dead by age forty-three. Perhaps for these young women the local poorhouse was easier to reach when ill and alone. In contrast, "Old Age" was the leading cause listed among the foreign-born female almshouse group (24 percent). This was the oldest group and the one that seemed most likely to be using the almshouse as an

old-age home (see Table 16). “Old Age” as a cause of death, though statistically inadequate for the Census Bureau, makes sense for the historian when combined with the age distribution and the changing character of the almshouse in these years. Lastly, organic heart disease was the leading cause of death for women from hospitals, suggesting that certain conditions or illnesses may have sent people to the hospital rather than the almshouse.

Table 20: White Female Cadavers’ Cause of Death by Institution and Nativity (N = 106)

| Cause of Death* | Native-born (N = 44) | | Foreign-born (N = 62) | |
|-------------------------------|-------------------------|------------|--------------------------|------------|
| | Alms. % | Hosp. % | Alms. % | Hosp. % |
| Pulmonary Tuberculosis | 13 | 24 | 18 | 16 |
| Organic Diseases of the Heart | -- | 21 | 12 | 22 |
| Bright’s Disease | 13 | 3 | 18 | 18 |
| Pneumonia | 27 | 3 | --- | 7 |
| Old Age/Senility | --- | --- | 24 | --- |
| Total Percent | 53 | 51 | 72 | 63 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.* Combining all female almshouse deaths, pneumonia and senility are tied in second place, Bright’s Disease is third, and organic diseases of the heart is tied in fourth place with “other forms of mental alienation.” Combining all female hospital deaths the order remains the same: tuberculosis, organic diseases of the heart, and pneumonia.

Occupations, rather than cause of death, reveal the most obvious institutional differences among the white male groups (see Table 21). Half of the native-born males in

the almshouse group were unskilled laborers (49 percent), followed by semi-skilled laborers (16 percent), and then unknown occupation (14 percent). However, just a third of the native-born hospital group were unskilled laborers (34 percent), followed by semi-skilled laborers (25 percent), skilled/craft laborers (15 percent), service/white collar workers (14 percent), and then unknown occupation (9 percent). The same pattern is reflected in the foreign-born male groups as well, however, a higher percentage in both institutions were unskilled laborers (76 percent almshouse / 52 percent hospital). The hospital also drew semi-skilled foreign-born laborers (20 percent), skilled/craft laborers (11 percent), and service/white collar foreign-born workers.⁵⁹

Table 21: Occupation Group by Institution for Native-born and Foreign-born White Male Cadavers (N = 431)

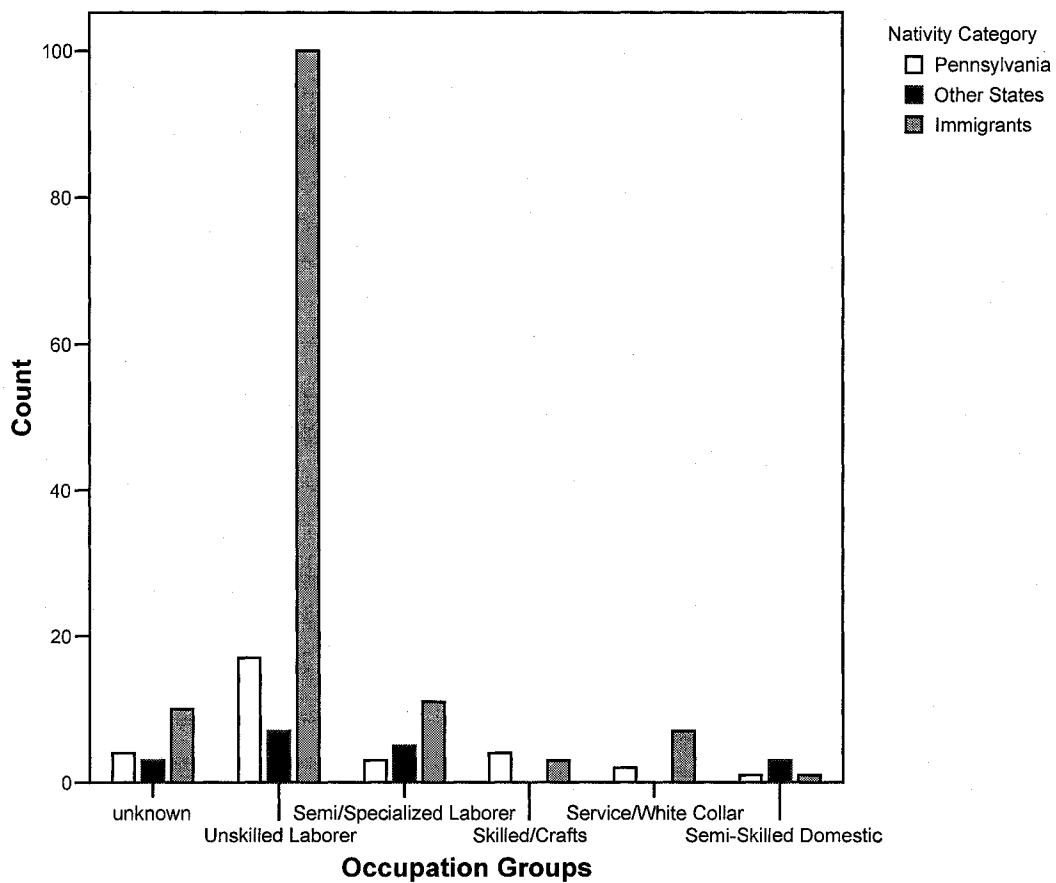
| Occupation Group | Native-born White Male (N = 157) | | Foreign-Born White Male (N = 274) | |
|--------------------------|----------------------------------|---------|-----------------------------------|---------|
| | Alms. % | Hosp. % | Alms. % | Hosp. % |
| Unskilled Laborer | 49 | 34 | 76 | 52 |
| Semi/Specialized Laborer | 16 | 25 | 8 | 20 |
| Skilled/Crafts | 8 | 15 | 2 | 11 |
| Service/White Collar | 4 | 14 | 5 | 7 |
| Semi-Skilled Domestic | 8 | 3 | 1 | 3 |
| Blank/Unknown | 14 | 9 | 8 | 6 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

⁵⁹ What is significant about the categories is that so many of the people who became cadavers had identifiable occupations. See Appendix A: Cadavers' Occupation Groups, 246-247.

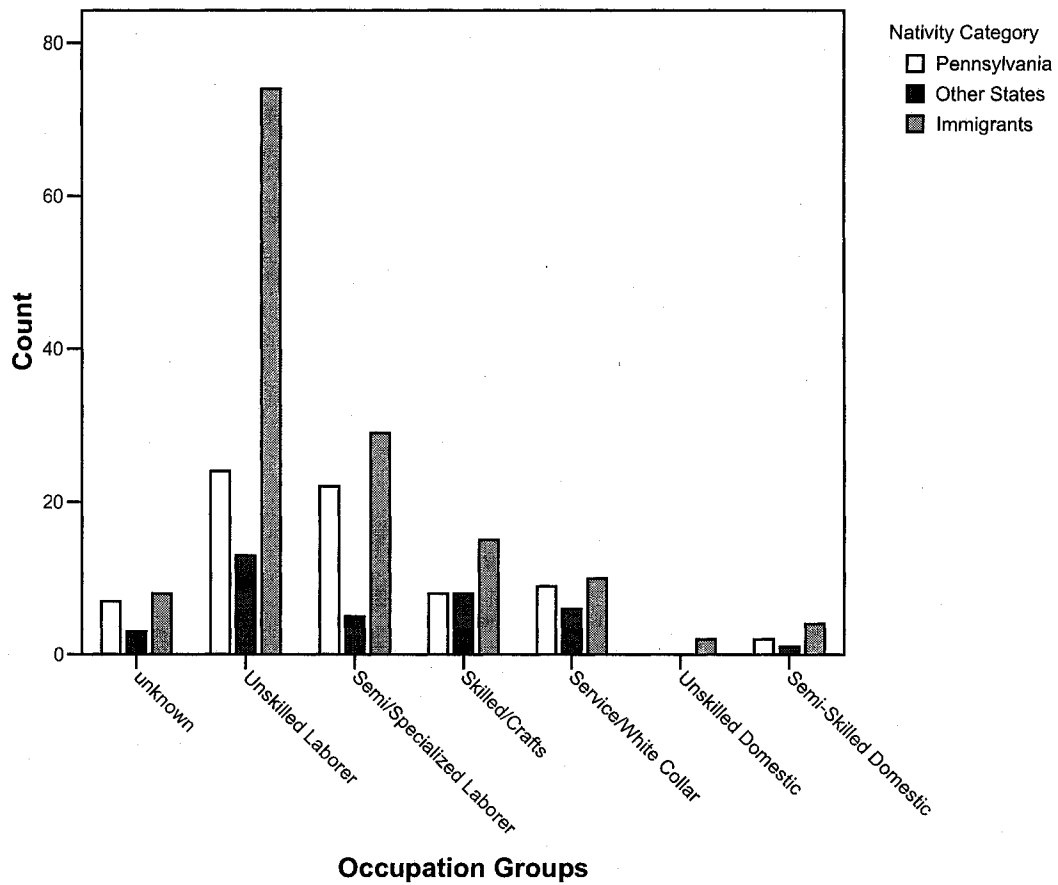
Thus, among males, a more diverse group of individuals went to the hospital than to the almshouse (see Figures 13 and 14). Hospitals drew male patients from a variety of occupations and skill levels, reflective of the diversity of cities. Conversely, the preponderance of “laborers” and the small percentage of other occupation groups listed in almshouse deaths reflect the more limited economies of small towns and rural areas, as well as the poverty of the unskilled.

Figure 13: Occupations of White Male Cadavers from Almshouses (N = 181)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Figure 14: Occupations of White Male Cadavers from Hospitals (N = 250)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

What is striking about the female occupation data is that most women who became cadavers did have occupations, albeit very low-paying ones, that is, they were not supported by husbands or family members. For females of all groups, unskilled domestic—the female analog to the male unskilled laborer—was the leading category (see Table 22).

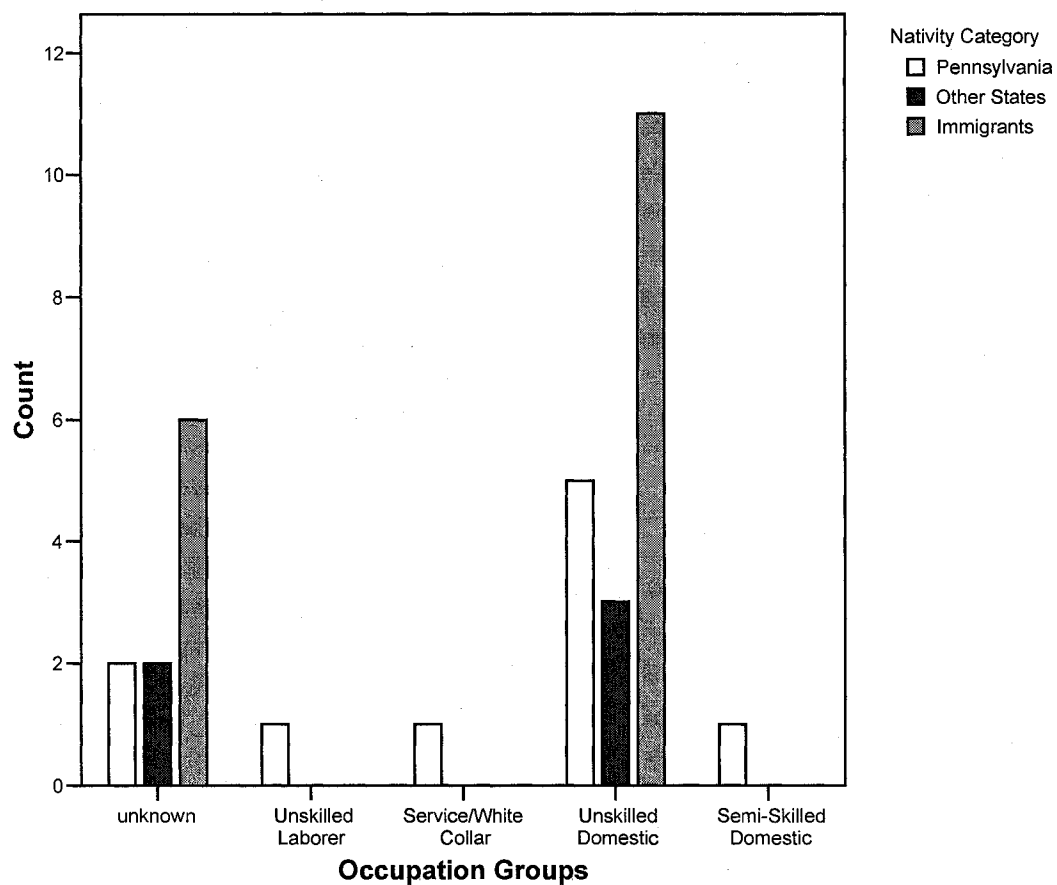
Table 22: Occupation Group by Institution for Native-born and Foreign-born White Female Cadavers
(N = 106)

| Occupation Group | Native-born White Female (N = 44) | | Foreign-Born White Female (N = 62) | |
|-----------------------|---|------------|--|------------|
| | Alms. % | Hosp. % | Alms. % | Hosp. % |
| Unskilled Domestic | 53 | 66 | 35 | 80 |
| Unskilled Laborer | 7 | -- | -- | 2 |
| Skilled/Crafts | -- | 7 | -- | -- |
| Service/White Collar | 7 | 3 | -- | 2 |
| Semi-Skilled Domestic | 7 | -- | -- | 2 |
| Blank/Unknown | 27 | 24 | 8 | 13 |

Source: CRB, 1901-1925, SAB, RG-11, PSA.

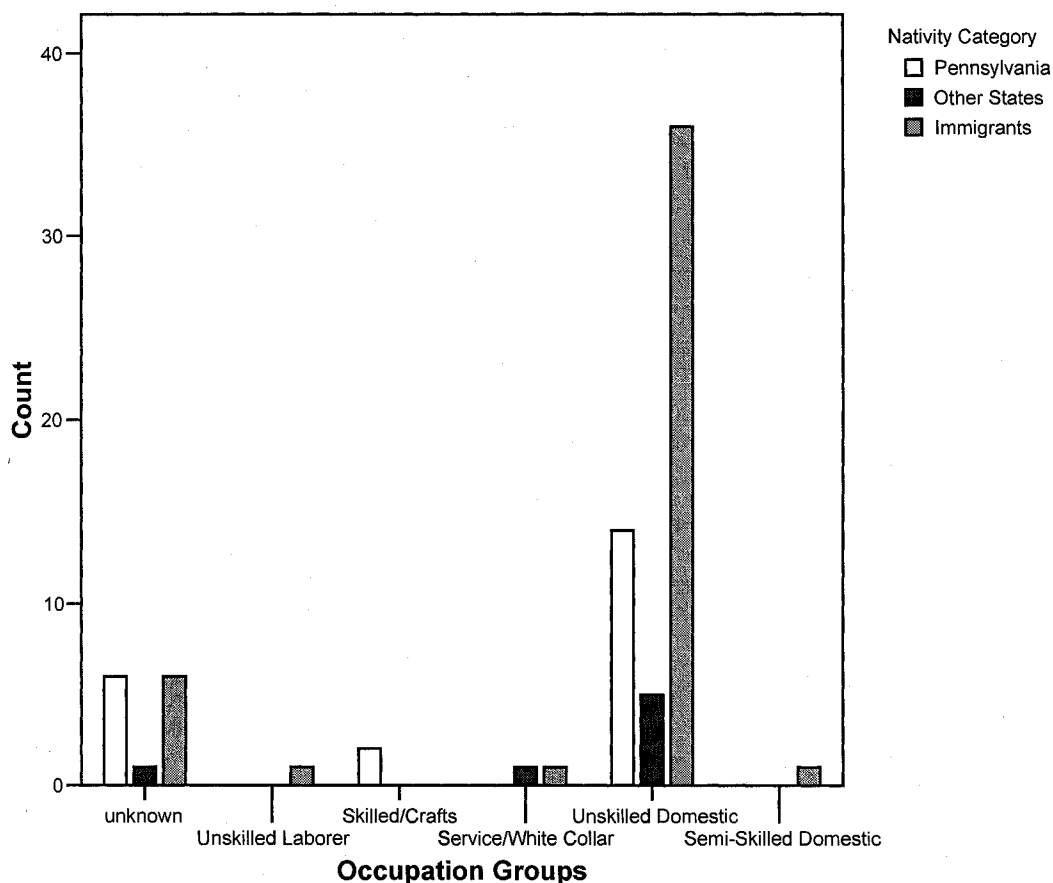
Both female almshouse populations had high numbers of unskilled domestics then unknown occupation, and the hospital populations had a small number of skilled or white collar workers (see Figures 15 and 16).

Figure 15: Occupations of White Female Cadavers from Almshouses (N = 32)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

Figure 16: Occupations of White Female Cadavers from Hospitals (N = 74)



Source: CRB, 1901-1925, SAB, RG-11, PSA.

These occupation results match what Katz found for nineteenth-century female almshouse inmates. Katz quoted a contemporary social scientist, Mary Roberts Smith, who studied almshouse women in 1892 and concluded that although there were more men in poorhouses than women; women were nevertheless more dependent because “Domestic occupations ... unfit women for self support.”⁶⁰ For women, other factors, such as age and marital status were the more important variables, explaining why they were in poorhouses and perhaps why in death they became cadavers. The issue was poverty and lack of social connection.

⁶⁰ Quoted in Katz, Poverty and Policy, 123.

*

In one sense it is not surprising to discover that the majority of unclaimed dead persons caught in the net of the anatomy act were not Pennsylvania natives. The law was constructed to minimize popular dissent over cadaver procurement. Bodies had to be claimed by relatives, friends, or other “legitimate” affiliates within a limited time period, and they had to be able to afford the cost of claiming and burying the body. Although many more bodies were received from general hospitals than from almshouses, the overwhelming proportion of male to female cadavers may be explained by what Katz and others hypothesized about the higher male almshouse population: “that children were more willing to take in their widowed mothers than their fathers....Children might have been more ready to provide a home for their mothers for either instrumental or sentimental reasons....Elderly women, after all, could be useful around the house and helpful with children.”⁶¹

Furthermore, it appears that a high percentage of those who became cadavers were transient laborers, and few women fell into that category in these decades. For example, Priscilla Ferguson Clement found that “in the postbellum years between 1876 and 1899, the proportion of females among Philadelphia’s wandering poor dropped sharply to 25 percent or less.”⁶² One could also argue that gendered notions about dependence made it more acceptable for dependent women to be assisted than dependent men. In other words, family and friends may have been more willing to “rescue” a dependent woman from dissection than a dependent man.

⁶¹ Ibid., 123.

⁶² Priscilla Ferguson Clement, “The Transformation of the Wandering Poor in Nineteenth-Century Philadelphia,” in Walking to Work: Tramps in America, 1790-1935, ed. Eric H. Monkkonen (Lincoln and London: University of Nebraska Press, 1984), 68.

However, despite the connotations inherent in the presumed targeted category of “unclaimed pauper,” the majority of cadavers did not come from the very bottom of society. Furthermore, there were very few entries in the *Cadaver Receiving Books* listing an “Unknown Man.” Rather, they were the individuals who powered the industrial revolution and, when too old or ill, or otherwise out of work, lacked the financial resources to provide for their own care and burial. Many were men willing to take on the most dangerous and unpleasant work the industrializing United States had to offer---and they had been recruited in large numbers for that reason. Their contribution to the modernization of the United States continued after death—whether they knew or not or even cared.

We recognize these people; as historians we have been documenting their stories for decades. Scanning the occupation category in the *Cadaver Receiving Books* reads like the nursery rhyme: there were butchers and bakers, no candlestick makers; but there was a tinker, several tailors, cobblers and sailors. Above, there were laborers and factory workers, a *Who's Who* of historical working class archetypes. They were men who labored in mines and on railroads; they were “Bridgets,” Irish immigrant women who served as domestics in the homes of the new middle class; they were young southern black males who joined the great migration for a new life in northern cities; they were semi-skilled European immigrants who struggled to maintain a living wage despite the cyclical economic downturns of an unregulated and volatile economy; they included a Chinese launderer from California, an Italian tailor, a German baker, and several African American porters. They were ordinary people of the period; many of them, one could argue, worked themselves to death.

CHAPTER VI

“SENT TO PHILADELPHIA.”

The tendency of modern industry is to discard from its ranks younger and younger men. ... men who have passed sixty must ... resort to casual labor. It is almost equally difficult for men in their fifties ... [and] in certain lines of work men ... in their forties or ... [late] thirties are not eligible for re-employment.¹
Social Worker (1910)

If body of tubercular patient is unclaimed we will be glad to have it.²
Addinell Hewson, M.D., January 1922

Committed to Insane Hospital by court in 1886. No Claimant known.³
Cadaver Receiving Book, May 1903

[Letter from] Women's College Hospital, enclosing certificates for Babies Tucker, Blanton, and Williams, to be sent to Anatomy Department.⁴
Anatomical Board Minutes, November 1921

The people who became Pennsylvania's dissection subjects in the years 1901 – 1925 can be found in numerous historical monographs and sociological studies. Unbeknownst to us, they have been starring in historians' modern day lectures on immigration, industrialization, urbanization, public health, labor, Progressivism, and the burgeoning administrative state. Before they were anonymous cadavers they were history's laborers and domestics, “Great Migration” African Americans, tuberculosis

¹ Quoted anonymously in, Alice W. Solenberger, One Thousand Homeless Men: A Study Of Original Records (New York: Charities Publication Committee, 1910), 112.

² Cadaver Receiving Books, 1901- 1965, State Anatomical Board, RG-11, Pennsylvania State Archives, January 1922

³ CRB, May 1903, SAB, RG-11, PSA.

⁴ Executive Committee Minute Books, 1921-1964, November 1921, SAB, RG-11, PSA.

sufferers, industrial widows, and the institutionalized poor and insane.⁵ They worked at Carnegie's Homestead Plant; they were inmates of a state-of-the-art Kirkbride-designed insane hospital; they kept house for "new middle-class" Philadelphia families; they served passengers on the Pennsylvania Railroad; they lived in Polish communities in northeast Pennsylvania where they mined anthracite, the fuel of the industrial economy. Their anonymity in death as "dissection material" deserves a place in the story of the modernizing United States.

This chapter looks more closely at who was dissected under the Pennsylvania anatomy law and examines the forces—social, cultural, economic—that sent these individuals to Philadelphia medical schools. Histories and contemporary sociological studies document the circumstances that created groups who, often despite lifetimes of hard work, died alone and impoverished in these decades. However, it is not enough to say that those who died poor and alone were sent to the anatomical board. Although poverty at death was the clincher, certain groups were prey to dissection for more than poverty alone.⁶ Three overlapping historical forces central to the story of the modernizing United States supplied (or created) cadavers: the industrial economy (laborers and domestics); the public health system (tuberculosis sufferers); and, the institution of social

⁵ For example, Barbara Bates, Bargaining for Life: A Social History of Tuberculosis, 1876-1938 (Philadelphia: University of Pennsylvania Press, 1992); Margaret Byington, Homestead: The Households of a Mill Town (New York: Charities Publication Committee, 1910); Gerald N. Grob, The State and the Mentally Ill (Durham, N.C.: The University of North Carolina Press, 1966); David M. Katzman, Seven Days A Week Women and Domestic Service in Industrializing America (New York: Oxford University Press, 1978); Eric H. Monkkonen ed., Walking to Work: Tramps in America, 1790-1935 (Lincoln: University of Nebraska Press, 1984); David Nelson, Managers and Workers: Origins of the Twentieth-Century Factory System in the United States, 1880-1920, second edition (Madison: The University of Wisconsin Press, 1995); Nancy Tomes, A Generous Confidence: Thomas Story Kirkbride and the Art of Asylum-Keeping (Cambridge: Cambridge University Press, 1984).

⁶ A socially unattached person with the financial means could put aside burial funds—if they knew the law and were competent to act.

welfare (state wards). Moreover, the anatomical board received infant cadavers, most likely the premature and stillborn babies of poor women. Offering “poverty” to explain why some people were dissected while others were not, is only a partial truth; an emphasis on poverty alone politely avoids deeper social, cultural, and economic realities: death transformed the dependent poor into valuable objects for study.

Industrial Waste: Laborers and Domestics

In life and in death, laborers were bodies; the physiques they developed through hard work at the iron forge or the steel mill were, coincidentally, also those most prized for dissection—large-framed, well-muscled, male bodies.⁷ The cadaver’s physique was so important that, in 1928, the anatomical board decided they would reject “fat overweighted bodies” and issue instead an unfit certificate in those cases.⁸ Industrial employers of the day also noted that “the only thing in the world these boys have to give, or are asked to give, is their physical strength.” Another observed that “a laborer was recruited ‘solely for his physical strength, his brute force, to carry, pull, push, turn, as a horse would do, or a piston, or a wheel.’”⁹ Laborers populate the records of the anatomical board’s cadavers.¹⁰ Male “Laborers” comprised 38 percent (N = 418) of the sample of cadavers examined here; 46 percent of these (N = 192) were foreign-born.

With the exception of four female “Laborers,” it is a male category, dominated by white,

⁷ In the grave-robbing era, prices were set along several physical parameters, with large and well-muscled laborers fetching the highest amounts. For example, see James O. Breeden, “Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia,” *The Virginia Magazine of History & Biography* 83 (1975): 321-45, 333; Curt Dalton, *The Terrible Resurrection* (Dayton, Ohio: 2002). Anatomists from the Renaissance on described the perfect body for dissection in these terms. This favored body type also brings to mind Frankenstein’s monster.

⁸ *Minute Books 1921-1964*, No. 8, 100, SAB, RG-11, PSA.

⁹ Quoted in Andrea Graziosi, “Common Laborers, Unskilled Workers: 1880-1915,” *Labor History* 22 (Fall 1981): 512-44.

¹⁰ The sample years were 1901-1925.

foreign-born, single men. In addition to the 418 individuals listed simply as “Laborer,” there were 118 males listed with specific laborer jobs such as “Miner,” “Painter,” “Stonecutter,” “Cement Worker,” and “Crane Operator”; 47 of these were foreign-born. Altogether the total percentage of men involved in heavy labor was thus 48 percent (N = 536). Laborers were bodies for hire, and, in death, some became bodies for study.

As the quintessential mill town, Pittsburgh has often served as a case study in industrialization, immigration, and labor for both contemporary social scientists and historians.¹¹ Although the anatomical board received laborers from other parts of the state, notably the northeast mining region and the greater Philadelphia area, Pittsburgh reflected statewide immigration and labor patterns. Iron and steel mills dominated the city and attracted a succession of immigrant laborers in search of work. The social history of Pittsburgh in these years provides a case study of national immigration trends with individuals from Britain, Ireland, and Germany dominating the mid-nineteenth-century, and the “new” immigrants from Southern and Eastern Europe flooding the region between 1880 and 1930. Italian, Polish, Slavic, and Russian laborers joined earlier immigrants in the mills, and, after a lifetime of hard work, some joined them in the cadaver supply.¹²

¹¹ Briefly, see John Bodnar, Roger Simon, and Michael P. Weber, Lives of Their Own: Blacks, Italians, and Poles in Pittsburgh, 1900-1960 (Urbana, Illinois: University of Illinois Press, 1982); Byington, Homestead; Dennis C. Dickerson, Out of the Crucible: Black Steelworkers in Western Pennsylvania, 1875-1980 (Albany, NY: State University of New York Press, 1986); Samuel P. Hays, ed., City at the Point: Essays on the Social History of Pittsburgh (Pittsburgh: University of Pittsburgh Press, 1989); Paul U. Kellogg, Wage-Earning Pittsburgh (New York, 1914); S. J. Kleinberg, The Shadow of the Mills: Working-Class Families in Pittsburgh, 1870-1907 (Pittsburgh: University of Pittsburgh Press, 1989).

¹² Nora Faires, “Immigrants and Industry: Peopling the ‘Iron City’,” in City at the Point, 3-31.

Beyond their sheer numbers, laborers were vulnerable to the anatomy law for reasons connected to labor practices and polices in an unregulated economy.¹³ Pittsburgh and its surrounding area was home to many dangerous industries, from mining to railroads. Industrial accidents were expected, as was the possibility of permanent disability or death.¹⁴ Although at the turn of the century Pittsburgh's general mortality level was not especially high among large cities, in certain relevant aspects it was. The city ranked "sixth in overall male mortality, but third for men between the ages of 15 and 54."¹⁵ The situation for aging laborers was even grimmer. Aging skilled laborers, if lucky enough to be employed, were shifted downward into the ranks of the unskilled. Workmen reported to social workers the physical decline they experienced after age thirty-five. Not surprisingly, older laborers experienced higher rates of unemployment, and few iron and steel workers were employed past age forty-five. When forced to retire (without benefits) because of accident, illness, or age, relatively few laborers had the means, to provide for themselves or their wives in life, or, in death.¹⁶

¹³ David Brian Robertson, Capital, Labor, & State. The Battle for American Labor Markets from the Civil War to the New Deal (Lanham & Boulder: Rowman & Littlefield Publishers, Inc., 2000); Louis Galambos and Joseph Pratt, The Rise of the Corporate Commonwealth. United States Business and Public Policy in the 20th Century (New York: Basic Books, 1988); Alfred D. Chandler, Jr., The Visible Hand: The Managerial Revolution in American Business (Cambridge: Harvard University Press, 1977); Peter Baida, Poor Richard's Legacy. American Business Values from Benjamin Franklin to Michael Milken (New York: Quill/ William Morrow and Company, 1990).

¹⁴ For discussions of accidents, see Bodnar, et. al. Lives of Their Own, 17-18; Byington, Homestead, 92-97; Kleinberg, Shadow of the Mills, 27-40; Nelson, Managers and Workers, 30-32. Recent works on accidents in this period are in legal history, and contribute to our understanding of national concepts of bodily integrity, suffering, tort law, and "the boundaries of individual and corporate responsibility." See, Barbara Young Welke, Recasting American Liberty: Gender, Race, Law, and the Railroad Revolution, 1865-1920 (Cambridge: Cambridge University Press, 2001), xiii; John Fabian Witt, The Accidental Republic: Crippled Workingmen, Destitute Widows, and the Remaking of American Law (Cambridge, Massachusetts: Harvard University Press, 2004).

¹⁵ Kleinberg, Shadow of the Mills, 28.

¹⁶ Ibid., 236-240; Witt, Accidental Republic, 113-115.

Labor historians have concluded that unskilled laborers were paid subsistence wages that long remained, according to one historian “an isolated constant in a world of fast changes.”¹⁷ Thus, “the common labor rate, and ... the irregularity of employment,” according to labor historian David Montgomery, “left most [laborers] averaging \$10.00 to \$11.00 a week.”¹⁸ Immigrants who labored under a piecework system fared no better, perhaps even worse. Based on industry journal articles of the period, Andrea Graziosi explains that “it was cheaper to hire every day a new laborer, when it was necessary, than it was to care for him.” Furthermore, employers and their “drivers,” the labor bosses, demanded that every drop of energy be wrung from their workers. Laborers worked long hours until exhaustion made injury and sickness inevitable.¹⁹ The “high speed pressure” of industrial work was cited by social workers as a major cause of unemployment and chronic vagrancy.²⁰ Conditions were so harsh that even laborers’ demands for improvement in a 1910 strike at Bethlehem Steel still sound like an industrial nightmare. They demanded a ten-hour work day, a fifteen percent wage increase, time-and-a-half for overtime, double-time for Sundays and holidays, and limiting Saturday work to five hours ending at noon.²¹

¹⁷ Graziosi, “Common Laborers,” 519; Kleinberg, Shadow of the Mills, 19-22; for Britain, see Eric Hobsbawm, Labouring Men: Studies in the History of Labour (New York Basic Books, 1964), 344-359.

¹⁸ David Montgomery, Workers’ Control in America: Studies in the History of Work, Technology, and Labor Struggles (Cambridge: Cambridge University Press, 1979), 36-37. This wage rate remained fairly constant from the 1880s into the 1910s.

¹⁹ Graziosi, “Common Laborers,” 520; Bodnar, Lives of Their Own, 17-20.

²⁰ Solenberger, Homeless Men, 136-37.

²¹ Graziosi, “Common Laborers,” 527.

If death or disability did not end a laborer's career, chances were high that he suffered from an occupational illness.²² Respiratory diseases were common among workers in many occupations, including white lung for textile workers and black lung for coal miners. Printers, machinists, and tobacco workers also breathed hazardous particles. Silicosis, a chronic, degenerative respiratory disease caused by breathing silica dust, was recognized in 1917 as a distinct industrial illness.²³ In addition to pneumonia, workers in the iron and steel industries suffered every possible combination of risk and extreme discomfort.²⁴ Work sites were unhealthy, deadly environments; poor sanitation and "communal water buckets" spread infectious diseases, like typhoid fever.²⁵ In her 1910 report on Carnegie's Homestead Mill, social worker Margaret Byington described the work conditions as "fairly intolerable."²⁶ A 1915 article in the *Survey* charged that Pennsylvania "has thus far been content to rank last, of all industrial states of nearby importance, in protecting her workers from hazards,--permitting the men exposed to them to bear almost the entire burden of the injuries which they incur, neglecting to provide satisfactorily for the families of her citizens killed in the battles of peace."²⁷

²² David Rossner and Gerald Markowitz, *Dying for Work: Workers' Struggle for Health and Safety, 1891-1925* (Ithaca: Cornell University Press, 1988); David Rossner and Gerald Markowitz, *Deadly Dust: Silicosis and the Politics of Occupational Disease in Twentieth-Century America* (Princeton: Princeton University Press, 1991); Barbara Ellen Smith, *Digging Our Own Graves: Coal Miners and the Struggle over Black Lung Disease* (Philadelphia: Temple University Press, 1987).

²³ Rossner and Markowitz, *Deadly Dust*, 31.

²⁴ *Ibid.*, Nelson, *Managers and Workers*, 26-28; Bodnar, *Lives of Their Own*, 17-19.

²⁵ *Ibid.*, Nelson, 26-28.

²⁶ Byington, *Homestead: The Households of a Mill Town*, 35.

²⁷ Florence L. Sanville, "Social Legislation in the Keystone State. Seven Years of Suffering," *Survey* 34 (1915): 44-48, 45.

The most common causes of death among laborers in the sample from the anatomical board's records were pulmonary tuberculosis (29 percent), "Organic Diseases of the Heart" (13 percent), pneumonia (9 percent), and "Bright's disease" (7 percent). Only a few accidents are listed as cause of death and it is not clear whether the injuries were sustained at work: "burned legs amputated," "amputation of frozen feet," "RR Accident," "Injuries, accidental fall from window," "Septicemia from burns," and "Cerebral Hemorrhage due to blow on head." These causes are all in keeping with the dangerous work performed by industrial laborers; however, the *Cadaver Receiving Books* do not elaborate. On the other hand, high tuberculosis and pneumonia rates are consistent for individuals whose respiratory systems are under assault, and several of the conditions that fall under "Organic Disease of the Heart," were the result of untreated rheumatic fever in childhood. These are the diseases and debilitating conditions of poverty.

Quite likely, many of the widows who became anatomical specimens had been married to laborers, "Widowhood was a common occurrence in the steel mill districts," concludes historian S. J. Kleinberg, "and these women experienced great difficulty in supporting themselves in a city that had so few occupations open to females."²⁸ The precarious financial situation for these working-class widows makes it clear that most could not have afforded to bury their spouses, or set aside funds for their own interment.

Historian Kleinberg paints a portrait of working-class and ethnic solidarity surrounding injury and death, suggesting that neighborly contributions and death benefit societies provided the means for funerals.²⁹ Without knowledge of anatomy legislation

²⁸ Kleinberg, *Shadow of the Mills*, 232.

²⁹ This interpretation requires data on death benefits paid and additional supporting documentation before it can be evaluated against the implementation of the anatomy law. Kleinberg's non-anecdotal evidence is

and an understanding of how it functioned, however, historians may have over estimated the strength, solidarity, or power of the ethnic networks of immigrants in their new communities. There is no evidence in the anatomical board's records of assistance or interference by members of burial or mutual aid societies. The St. Vincent De Paul Society claimed a few individuals, and occasionally a fraternal organization claimed a body. "Friends" claimed bodies, but even these notations are few and far between. Twice, an Irish employer claimed the body of an Irish employee—one had been a domestic, the other a nursery worker.³⁰ The clearest examples of ethnic-social network claims were, interestingly, both from Pittsburgh. The first claim was for the body of a fifty-two year old single Russian laborer who died in a hospital and was claimed by friends two days later.³¹ In the other case, both the claimant and the claimed had Slavic names. The deceased was a seventeen-year old laborer who died of tuberculosis in a Pittsburgh hospital and was claimed by a friend.³²

Mobility studies provide insight into the larger economic forces that made male laborers the most likely candidates for the dissection table. Analysis of nineteenth-century population "persistence rates," (how long individuals remained in a community), reveals that, in the words of Stephan Thernstrom and Peter Knights "unskilled and semiskilled laborers [were] the least stable of all." Of particular relevance to the cadaver population were their findings that, "ethnic minorities were more transient than WASPs

from cemetery records for decades before the anatomy law was in full force, 1850-1900. Ibid., 261-67, and notes 385.

³⁰ The majority of claims were made by family members. Sometimes a minister or priest claimed a body. CRB, 1901-1925, SAB, RG-11, PSA.

³¹ CRB 1916-1925, 1917, SAB, RG-11, PSA.

³² CRB 1901-1908, 1908.

of comparable economic status.”³³ Thernstrom and Knights’ speculations about “a class of permanent transients who continued to be buffeted about by the vicissitudes of the casual labor market,” suggests a context for understanding the large number of foreign-born, single, male laborers who had no one to claim their corpse.³⁴ Furthermore, Eric Monkkonen identified the years 1870-1920 as “the major period of the industrial tramp.”³⁵ And, the characteristics of the tramp match those of the majority of male cadavers: “The overwhelming majority of [tramps] were unmarried and probably never had been married”; most tramps were white not black, and, a “substantial” percentage were foreign-born.³⁶

Men tramped for work because they had to; it was an economic strategy in response to an unstable labor market.³⁷ Tramping was so prevalent in these decades that Monkkonen characterizes it as “part of both the common work experience and the culture of industrial America,” a “mass phenomena.”³⁸ After studying this phenomenon, Alice Solenberger wrote in 1910, that “there has been a remarkable increase in the number of these men in the United States during the last two decades.” In her study of Chicago’s

³³ Stephan Thernstrom and Peter R. Knights, “Men in Motion: Some Data and Speculations about Urban Population Mobility in Nineteenth-Century America,” in Anonymous Americans: Explorations in Nineteenth-Century Social History, ed. Tamara K. Hareven (Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1971): 17-47, 32.

³⁴ *Ibid.*, 38-9.

³⁵ Eric H. Monkkonen ed., Walking to Work, 5.

³⁶ John C. Schneider, “Tramping Workers, 1890-1920: A Subcultural View,” in Walking to Work, 212-234, 213-16.

³⁷ *Ibid.*, 219; for a discussion about the “structural” causes of poverty see, Thomas J. Sugrue, “The Structures of Urban Poverty: The Reorganization of Space and Work in Three Periods of American History,” in The “Underclass” Debate: Views From History, ed. Michael B. Katz (Princeton: Princeton University Press, 1993): 85-117.

³⁸ Monkkonen, “Introduction,” Walking to Work, 6, 2.

“homeless” men in the first years of the twentieth-century, Solenberger found that some of the men were married and had come to Chicago looking for work; some were runaway boys, while others were deserting husbands. However, “the majority ... were unattached single men.”³⁹

Northern cities had the highest level of tramping, and most northern tramps spent their winters in the north as well.⁴⁰ Forty-one percent of northern tramps described themselves as unskilled; however, the skilled crafts were represented by butchers, molders, and bricklayers, occupations found in the *Cadaver Receiving Books*. There is no way of knowing how many cadavers were “industrial tramps.” Rather, the portrait of the tramp, and, more importantly, the economic context that made tramping a viable, rational work strategy--what Monkkonen describes as following “fixed routes to rational destinations”—explains how some individuals were relegated to anonymity, and anonymous death was the surest route to a medical school dissection table. Monkkonen writes, “Movement, made them appear anonymous ... [and] once made anonymous, they became eligible for treatment based on stereotypes.”⁴¹ They simultaneously became eligible for dissection.

Impoverished laborers’ widows were not the only source for female cadavers. Many had occupied the bottom occupational tier for females—domestic service.⁴² The

³⁹ Solenberger, One Thousand Homeless Men, 2, 4.

⁴⁰ Eric Monkkonen, “Regional Dimensions of Tramping, North and South, 1880-1910,” in Walking to Work, 189-211, 195-97.

⁴¹ *Ibid.*, 204-5, 207-08.

⁴² Faye E. Dudden, Serving Women: Household Service in Nineteenth-Century America (Middletown, Ct.: Wesleyan University Press, 1983); Katzman, Seven Days A Week; Judith Walzer Leavitt, Typhoid Mary: Captive to the Public’s Health (Boston: Beacon Press, 1996); Phyllis M. Palmer, Domesticity and Dirt:

majority of female cadavers (57 percent) in the sample were unskilled domestics, most commonly listed as “Domestic,” “Housekeeper,” or “Housework.” A small percentage were “Cooks” (3 percent), a skilled domestic occupation, and for one-third of the sample no occupation was listed. Domestics, like laborers, were bodies for hire: “My first employer ... had no more thought for me than if I had been a machine.”⁴³ The sample years coincide with the latter decades of the “cult of true womanhood,” and this middle-class femininity and demureness, as historian John Kasson pointed out “depended upon servants, both to do the daily labors ... and ... to assist in the performance of various social rituals.”⁴⁴ And, according to David Katzman, although middle- and upper-class women were expected to indulge a view of feminine frailty, there is no evidence that “mistresses made any allowances” for sickness or menstrual difficulties of their domestic servants.⁴⁵ The bodies of working-class women, particularly foreign-born or African American, did not require such delicate treatment.

In the cadaver sample, white foreign-born women comprised the majority (59 percent) of unskilled domestics, most of whom came from Ireland (35 percent). These were history’s “Bridgets” and “Biddys,” the Irish immigrant domestics so often disparaged by their middle-class employers.⁴⁶ Scholars have noted that many young Irish females who entered service lacked the requisite skills or experience; thus, the “servant

Housewives and Domestic Servants in the United States, 1920-1945 (Philadelphia: Temple University Press, 1989).

⁴³ Katzman, Seven Days, 10-11.

⁴⁴ John Kasson, Rudeness & Civility: Manners in Nineteenth-Century Urban America (New York: Hill and Wang, 1990), 171.

⁴⁵ Katzman, Seven Days, 167.

⁴⁶ Dudden, Serving Women, 65-71.

problem” was a favorite complaint in the press. Specifically, “Bridget” and “Biddy” were the brunt of popular jokes and cartoons, caricatured as hopelessly ignorant, stupid, and clumsy. One article portrayed “Bridget as wreaking household havoc in a thousand ways, washing her feet in the soup tureen and stirring the fire with the silver gravy ladle.”⁴⁷ Feminist Elizabeth Cady Stanton “feared being hung for ‘breaking the pate of some stupid Hibernian for burning my meat or pudding on some company occasion.’”⁴⁸ Some native-born women objected to entering service specifically because of the association with Irish immigrants. According to one native-born domestic, “The cook and the waitress were just common, uneducated Irish, and I had to room with one and stand the personal habits of both, and the way they did at table took all my appetite.”⁴⁹ One *Cadaver Receiving Book* entry has, in quotes, “*Bridget*” above the deceased Irish Domestic’s name.

Domestic service was a hard and a lonely life. Commonly, surveys reported that domestics would not recommend the work to young women. One study reported that a number of former domestics, now employed in laundries, preferred that work to household service. Servants complained about lack of privacy, low status, and isolation. Many complained about the hard physical labor of housework, such as scrubbing floors, “carrying slops,” and turning mattresses; they found that even “hand ironing” was not as demanding or exhausting as housework. Others simply wanted a finite work day and Sunday off. One German woman who had abandoned domestic service to work in a

⁴⁷ Dudden, *Serving Women*, 66.

⁴⁸ Quoted in *Ibid.*, 121.

⁴⁹ Katzman, *Seven Days*, 10-11.

laundry reported that “laundry work [is] much easier than domestic work because housework is never done.”⁵⁰ Domestic servants continued to work more hours, 70 hours per week or more, after business and industry began to shorten their days. After the turn of the twentieth century, when states passed laws limiting the number of hours women could work, Pennsylvania’s law “specifically exempted domestic service.”⁵¹

As white native- and foreign-born women increasingly shunned domestic service for factory or shop jobs, black women entered service. Philadelphia social worker Isabel Eaton reported in 1899 that “over 91 per cent of the colored workingwomen of [Pennsylvania] are in [domestic] service.”⁵² Of the 71 black female cadavers in the sample, 46 (65 percent) were listed as “Domestics,” and five as “Cooks.” One woman was listed as a “Linenmaid,” one as a “Missionary,” and the occupations of 18 were unknown. Thus, 73 percent of the black female sample had been employed in domestic service. Like black male laborers, the majority came from states other than Pennsylvania (58 percent). Most of these women were from Maryland and Virginia, with some listed from Arkansas, Texas, Alabama, Tennessee, North and South Carolina, and Georgia. In her study of Great Migration African American females who entered domestic service in Washington, D.C., Elizabeth Clark-Lewis calculated that “From 1900 to 1940 more than 80 percent of the African American females employed in Washington, D.C., worked as

⁵⁰ Ibid., quoted in Katzman, Seven Days, 7-9. Young women were interested in new leisure activities open to the working-class. See, Kathy Peiss, Cheap Amusements: Working Women and Leisure in Turn-of-the-Century New York (Philadelphia: Temple University Press, 1985); John Kasson, Amusing the Million: Coney Island at the Turn of the Century (New York: Hill & Wang, 1978).

⁵¹ Katzman, Seven Days, 112.

⁵² Isabel Eaton, A.M. “Special Report on Negro Domestic Service in the Seventh Ward Philadelphia,” in The Philadelphia Negro. A Social Study, W.E.B. Du Bois (New York: Benjamin Blom, 1899), 428.

cleaners, charwomen, laundresses, servants, and domestic servants.”⁵³ Based on interviews, former domestics reported that “white women demanded more from poor, southern-born servants because they knew these young women were accustomed to intense, exhausting work.”⁵⁴

The lives of male laborers and female domestics illustrate the larger market forces that made some individuals more likely to fall prey to the anatomy act than others. Their status as foreign-born white or black migrants, unskilled and semi-skilled workers, kept them at the lower economic and social strata. Their non-native status also put them at greater risk. Harsh, unhealthy working conditions in low paying jobs made them susceptible to injury and chronic illnesses. But contemporary concerns about public health also played a role. Pulmonary tuberculosis was the largest single cause-of-death category of the laborers and domestics in the sample. However, fear of tuberculosis created specific conditions that had much to do with who received treatment and where and how that treatment was provided. Looking at the “medically vulnerable,” the tuberculosis sufferers who became cadavers, provides a new perspective on the social consequences of the major health issue of the late nineteenth- and early twentieth-century.

Medical Waste: Tuberculosis Patients

Tuberculosis, “consumption,” was the leading cause of death throughout the nineteenth-century; however, by 1900, when the death rate from the disease was declining generally, it remained prevalent among the poor and the foreign-born.

⁵³ Elizabeth Clark-Lewis, Living In, Living Out: African American Domestics in Washington, D.C., 1910-1940 (Washington and London: Smithsonian Institution Press, 1994), 204 n 6.

⁵⁴ *Ibid.*, 111.

Furthermore, as the tuberculosis death rate declined for middle- and upper-class whites, it continued to rise among blacks well into the twentieth century. Increasingly, tuberculosis was a disease shaped by social and economic factors such that tuberculosis was primarily a disease of the poor, increasingly associated with immigrants, blacks, and slums.⁵⁵

In his 1907 prize-winning essay, *Tuberculosis as a Disease of the Masses and How to Combat It*, Adolphus S. Knopf identified poor work and living conditions among the environmental factors that caused and spread the disease. He identified workplace conditions that predisposed individuals to contract tuberculosis, basically as “where the worker is much exposed to the inhalation of various kinds of dust.” The roster of jobs Knopf listed could have come straight out of the Occupation column in the *Cadaver Receiving Books*, such as, “workers in lead, wood, stone, metals”; “print-making, tailoring, weaving”; “bakers, millers, confectioners, cigar-makers, chimney-sweepers.” He called for well-ventilated factories and workshops, “ample and regular time for ... meals,” and, he stressed, that “employees should not be overworked.”⁵⁶ Such reforms and considerations were not likely in these decades of business and corporate dominance.⁵⁷

⁵⁵ Bureau of the Census, *Mortality Statistics 1924, Twenty-Fifth Annual Report* (Washington, D.C.: U.S. Government Printing Office, 1927), 23; Bates, *Bargaining for Life*, 1; Sheila M. Rothman, *Living in the Shadow of Death: Tuberculosis and the Social Experience of Illness in American History* (New York: BasicBooks, 1994), 183-4. Rothman has written that tuberculosis had become “defined as a disease of only some, not all, people, essentially the immigrant and the poor, not the middle or upper classes.” 181.

⁵⁶ Adolphus S. Knopf, *Tuberculosis as a Disease of the Masses and How to Combat It* (New York: Fred P. Flori, 1908; reprint NY: Arno Press, 1977), 41-2; 44.

⁵⁷ Social scientist G. William Domhoff argues a “Class dominance theory” of power in America, that “big property owners dominate the government, even on seemingly liberal issues like the Social Security Act of 1935.” See, G. William Domhoff, *State Autonomy or Class Dominance? Case Studies on Policy Making in America* (New York: Aldine De Gruyter, 1996), 1-50, 231-251; Domhoff, *The Power Elite and the State: How Policy is Made in America* (New York: Aldine De Gruyter, 1990).

In some respects, tuberculosis can be discussed as an industrial disease: a highly contagious and deadly illness that spread rapidly among the working classes because long hours, low pay, and unchecked and unregulated working conditions in the industrial economy came first. Tuberculosis was the largest single cause of death category in the cadaver sample, responsible for 25 percent (N = 281) of the deaths; slightly more than a third of these victims were black. Tuberculosis was the cause of death for 34 percent of the black cadaver sample; among the white sample, it was 22 percent, most foreign-born. Black tubercular cadavers were younger than white cadavers by approximately ten years in measurements of central tendencies.

Furthermore, by the early twentieth century, tuberculosis was a highly stigmatizing disease; victims were ostracized and faced various forms of discrimination. The wealthy, however, could retreat to private mountain sanatoria where they received the best treatment in comfort and seclusion. Blacks infected with the tubercle bacillus suffered the dual consequences of racial discrimination along with “phthisiophobia,” fear of contracting the disease. In 1900 the death rate from tuberculosis among Philadelphia’s black population was more than twice that of the city’s white population. According to historian Barbara Bates, “Despite the high frequency of tuberculosis, hospitals and sanatoriums often excluded blacks, and neither money nor personal recommendations could assure them acceptable care.” In 1910, black Philadelphians had the fewest options for tuberculosis treatment among the city’s residents, and, even by 1923, fewer than half of Pennsylvania’s tuberculosis institutions treated black patients.⁵⁸

⁵⁸ Bates, Bargaining for Life, 291-92; 288.

Complicating the issue was black distrust of the white medical establishment, distrust that had deep, and justifiable, historical roots.⁵⁹ From medical experimentation on slaves to the plunder of their cemeteries for dissection subjects, African American bodies had been exploited and abused in the name of science.⁶⁰ Into the 1930s, black Philadelphians—patients and physicians alike--reported prejudice and discrimination in white institutions.⁶¹ Thus, African Americans with tuberculosis were less likely to seek or receive treatment, or to continue a course of treatment, than their white counterparts, and the reasons had more to do with racism than poverty.

Even when Pennsylvania institutions tried to encourage black tuberculosis patients to seek treatment, their efforts were rarely successful. For example, the majority of patients at Philadelphia's Henry Phipps Institute were working-class, foreign-born white individuals, although the institute tried to recruit black patients.⁶² The institute's mission was both philanthropic and research-driven. Tuberculosis patients had to be poor,

⁵⁹ Robert B. Blakely and Judith M. Harrington eds., Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training (Smithsonian Books, 1997); James O. Breeden, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," Virginia Magazine of History and Biography 83, (1975): 321-45; John S. Haller, "The Negro and the Southern Physician: A Study of Medical and Racial Attitudes, 1800-1860," Medical History 16.(July 1972): 238-53; David C. Humphrey, "Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915," Bulletin of the New York Academy of Medicine 49, (Sept. 1973): 819-827; Martin S. Pernick, A Calculus of Suffering: Pain, Professionalism, and Anesthesia in Nineteenth-Century America (New York: Columbia University Press, 1985) see chapter 7, "'They Don't Feel It Like We Do': Social Politics and the Perception of Pain," 148-167. Todd L. Savitt, Medicine and Slavery: The Diseases and Health Care of Blacks in Antebellum Virginia (Chicago: University of Illinois Press, 1978), see, chapter nine, "Blacks as Medical Specimens," 281-307; Savitt, "The Use of Blacks for Medical Experimentation and Demonstration in the Old South," The Journal of Southern History Vol. 48, No. 3, (Aug. 1982): 331-348.

⁶⁰ For a treatment of medical experimentation, see, Susan E. Lederer, Subjected to Science: Human Experimentation in America Before the Second World War (Baltimore: The Johns Hopkins University Press, 1995).

⁶¹ See chapter 16, "P.S. I Am ... Colored," in Bates, Bargaining for Life, 288-310.

⁶² The Phipps Institute was one of the first medical research institutions in the U.S. See Bates, Bargaining for Life, 97-115.

they had to be in an advanced stage of the disease, and they had to grant permission for an autopsy. According to historian Barbara Bates, although most patients “seemed to accept the autopsy requirement,” others left when close to death to avoid dissection. She quotes institute physician Joseph Walsh’s 1908 observation that the three groups most likely to resist the autopsy requirement were “the Hebrews, since it is definitely against their belief; ... the Irish who have a great sentimental regard for the dead bodies of their friends; ... the colored people, who fear that the permission to do the autopsy carries with it the sure death of the individual.”⁶³ So deeply entrenched was black fear of the intentions of white medical personnel that it was not until a black dispensary opened in Philadelphia in 1914, staffed by black physicians and supported by a black visiting nurse, that African Americans fully accepted treatment for the disease.⁶⁴

White individuals with tuberculosis suffered from the stigmatization of the disease as well. Fear of contamination was so great that prospective lodgers were questioned about their health by boardinghouse landladies and denied a room if they admitted having the disease. A bad cough was all it took in some cases to wind up homeless.⁶⁵ There are occasional entries in the *Cadaver Receiving Books* of boardinghouse proprietresses who held insurance policies on boarders and contacted the anatomical board for proof of death to claim on the policies of their single male boarders. For example, “Inquiry was made by Mrs. A. Ross with whom August Miller had boarded. ... copy of certificate given to Prudential Insurance.” Similarly, “Mrs. Emma Harris ...

⁶³ Bates, *Bargaining for Life*, 97-110. The Phipps Institute is listed in the Anatomical Board’s *Consolidated Annual Report*, but they rarely sent a body.

⁶⁴ *Ibid.*, 296-98.

⁶⁵ Rothman, 215.-216.

no relation, ... kept up insurance in order to get money owed for board.”⁶⁶ All of the prejudices surrounding tuberculosis put single individuals with the disease on the road to the anatomical board.

The majority of tuberculosis cadavers came from general hospitals (52 percent) and almshouses (35 percent). One New York physician, writing about the conditions endured by tuberculosis sufferers in hospitals, was especially concerned with “the manner in which ... they die in ... general hospitals, and the unpleasant life that they lead while they are dying’.”⁶⁷ Almshouse care was certainly not up to medical standards of the day. Decades after Robert Koch’s 1882 identification of the tubercle bacillus, almshouse physicians continued to use the arcane term “consumption” as the cause of death. However, as a last and more common resort, the tubercular poor ended their days in public institutions. Sheila Rothman describes the social gradations of the various public institutions thusly: state sanatoriums tried to take the best of the lower class, while “city and county facilities were left to serve what were presumed to be the most chronic and least worthy patients.” Ironically, some charitable sanatoriums “tried to screen out those who were friendless, single, or homeless, or who had a criminal record or a mental or physical disability.”⁶⁸ In death, however, these individuals would be accepted cheerfully by the state anatomical board.

⁶⁶ CRB, 1901-1908, March & April 1908, SAB, RG-11, PSA. For a discussion of boarding as an economic strategy among immigrant mill families of Pittsburgh see, Kleinberg, The Shadow of the Mills, 81-84.

⁶⁷ Quoted in Rothman, 202.

⁶⁸ Rothman, 205-208. For descriptions of available tuberculosis treatment facilities, see Lilian Brandt, A Directory of Institutions and Societies Dealing With Tuberculosis in the United States and Canada (New York: The Committee on the Prevention of Tuberculosis of the Charity Organization Society of the City of New York, 1904), Pennsylvania material 118-129, 166-167, 246-251; and, for a case study of tuberculosis treatment in Pennsylvania see, Bates, Bargaining for Life.

Social Waste: The Institutionalized Poor

The inescapable consequence of the anatomy act was that the state allocated its dependent residents for dissection; reaching a state of dependency in these decades, when institutionalization was social policy, was the surest route to “Philadelphia.” State and county institutions were hunting grounds for the anatomical board. County almshouses and old-age homes, state insane hospitals, prisons, homes for “feeble-minded children,” and industrial training schools, were legally mandated to surrender the unclaimed bodies of their deceased charges.⁶⁹ Able-bodied “sane” poorhouse inmates may have been able to use the charity system to their advantage, but for the elderly, the infirm, or the chronically insane, once in an institution, there was only one way out, death. Institutionalization of dependent individuals went hand-in-hand with the mandatory anatomy law.

In targeting institutionalized bodies the anatomy act fits neatly into the evolving bureaucratic state system that was already consolidating and regulating the care of individuals. According to historian Michael Katz, “State governments, like business corporations, sought monopolies as they attempted to consolidate and rationalize their control over welfare, social services, and education.”⁷⁰ Institutionalized persons were in state hands, catalogued, counted, described, and, if “unclaimed” at death, readily available. Institutionalized individuals could be shifted easily from one official status—state ward, to another—dissection material. The connection between institutionalization and the success of the anatomy act is clear. When the culture of welfare changed from

⁶⁹ Providing they had not put aside money for burial.

⁷⁰ Katz, Shadow of the Poorhouse, 106.

“indoor relief,” (almshouses), to the modern equivalent of “outdoor relief,” (Aid for Families with Dependent Children), the board’s receipts dropped. By the 1940s and 1950s, most of the bodies the board received were from the only public institutions left—general hospitals and state mental institutions.⁷¹ Viewed from the perspective of the anatomy act, public institutions *corralled* prospective dissection subjects.⁷²

Institutionalization was the nineteenth-century reformist solution to social problems. From mid-century on, hospitals, insane asylums, almshouses, and penitentiaries were designed to combat a variety of social ills.⁷³ By the time the anatomy act was passed, numerous institutions dotted the Pennsylvania landscape, many of which boasted innovative designs and new philosophical paradigms.⁷⁴ But in an age when most people died at home, dying in an institution, even a hospital, was atypical, and institutional death signaled a marginalized existence.

⁷¹ The Epilogue discusses this transition. For example, between 1945 and 1955, most of the bodies came from insane hospitals. Even though total numbers were small, they were the only institutions sending multiple bodies, and even Philadelphia General Hospital did not send significantly more. See Appendix B.

⁷² Insane asylums have been analyzed either as custodial (social control) or therapeutic (moral treatment). Michel Foucault, *Madness and Civilization* (New York: 1965); David Rothman, *The Discovery of the Asylum* (Boston: Little Brown, 1971); Grob, *The State and the Mentally Ill*; Michael B. Katz, *In the Shadow of the Poorhouse* (New York: Basic Books, 1986); Tomes, *A Generous Confidence*. For a recent analysis of institutionalized bodies in early national Philadelphia see, Simon P. Newman, *Embodied History: The Lives of the Poor in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2005), 9. Newman argues that “Classifying, restraining, and medicalizing bodies thus constituted an exercise in social power.”

⁷³ Foucault, *Madness and Civilization*; Rothman, *Discovery of the Asylum*; Grob, *The State and the Mentally Ill*; Michael B. Katz, *In the Shadow of the Poorhouse* (New York: Basic Books, 1986); Charles E. Rosenberg, *The Care of Strangers* (New York: Basic Books, 1987); Lawrence M. Friedman, *Crime and Punishment in American History* (New York: Basic Books, 1993); Tomes, *A Generous Confidence*; James W. Trent, *Inventing the Feeble Mind* (Berkeley: University of California Press, 1994).

⁷⁴ For example, Philadelphia’s Walnut Street Jail is considered the country’s first penitentiary and they implemented the “Pennsylvania System” of “labor in solitary confinement cells.” Thomas Kirkbride, chief physician of the Pennsylvania Hospital for the Insane, designed the modern insane asylum and fostered “humane treatment” for the insane. See, John C. McWilliams, *Two Centuries of Corrections in Pennsylvania, A Commemorative History* (Pennsylvania: Pennsylvania Historical and Museum Commission, 2002), 5-9; Tomes, *A Generous Confidence*.

Pennsylvania dissection laboratories were stocked with the bodies of indigent persons who died in public institutions. An overwhelming majority of the cadavers in the sample, 92 percent (N = 1022), were from one of three types of institutions: general hospitals, almshouses, and state insane hospitals. Almost half of the bodies were from general hospitals, most of these from Philadelphia Hospital; almshouses supplied one third; and state insane hospitals, ten percent.⁷⁵ In many nineteenth-century communities the almshouse was the only public institution and it housed every type of needy individual: the poor, the sick, the elderly, the insane, and sometimes even the criminal.⁷⁶ The history of public institutions can be told partly as the increasing functional separation and specialization of the almshouse. However, hospitals remained connected to almshouses even as they became specialized institutions. Philadelphia Hospital, originally part of the city's almshouse, exemplifies the interdependent relationship between poor house inmates, medical training, and ultimately, dissection.

Conflict of interest characterizes the relationship between the medical profession and the institutionalized poor surrounding medical training and dissection. Hospital residencies were a major nineteenth-century development in medical education, and hospitals, then as now, needed sick bodies to study.⁷⁷ The nineteenth-century history of the Philadelphia Almshouse illustrates the symbiotic relationship between the poorhouse

⁷⁵ General hospitals sent 49% (N = 543); almshouses 34% (N = 371); and insane hospitals 10% (N = 108).

⁷⁶ Grob, The State and the Mentally Ill; Mary Ann Jimenez, Changing Faces of Madness: Early American Attitudes and Treatment of the Insane (Hanover, N.H.: University Press of New England, 1987); Walter I. Trattner, From Poor Law to Welfare State: A History of Social Welfare in America (New York: The Free Press, 1989).

⁷⁷ Thomas Bonner, Medicine in Chicago, 1850-1950 (Urbana and Chicago: University of Illinois Press, 1991); William Norwood, Medical Education in the United States Before the Civil War (Philadelphia: University of Pennsylvania Press, 1944); William G. Rothstein, American Medical Schools and the Practice of Medicine: A History (New York: Oxford University Press, 1987); Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982), chapter four.

and the hospital, revealing how inmates were used as “clinical material” when alive, and as “dissection material” after death.⁷⁸ The Philadelphia Almshouse had an unsavory history concerning the treatment of ill inmates and the bodies of deceased inmates, a relationship that foreshadowed the anatomy act by at least forty years. Ill inmates were used for “clinical instruction” by the almshouse medical department staff, all of whom held professorships at medical colleges. Almshouse hospital patients were “taken from their wards to the lecture room to ‘undergo examinations for the purpose of furnishing subjects for the lectures’.” Although the almshouse guardians acknowledged that the almshouse was desirable to the medical community for “interesting surgical operations and post mortem examinations,” and was thus of great value to the schools, they maintained that, “There are rights possessed even by the recipients of charity which should be guarded, and feelings which should be respected.”⁷⁹

Despite this sentimental rhetoric, the almshouse guardians had an understanding with medical residents concerning dissection. Officials looked the other way when bodies of inmates with “no known friends” were dissected, as long as the process was carried out “with a strict regard to decency and propriety.” If the deceased had friends, the resident physician was to secure their permission. In the 1840s, despite a guarded “dead house” (for bodies awaiting burial) and the guardians’ disclaimer that everyone understood these rules, “two members of the Board ... enter[ed] an unfrequented ... part of the building, [and] discovered the mutilated remains of a human body, in a condition too revolting to

⁷⁸ Philadelphia Almshouse and Hospital was not unique in these respects. See, Rothstein, American Medical Schools, 45-8.

⁷⁹ Charles Lawrence, History of the Philadelphia Almshouses and Hospitals (New York: Arno Press, 1976; orig. 1905), 156.

be described.” Moreover, “appearances indicated that the remains had been there for several months.”⁸⁰

The propriety of the almshouse graveyard was also breached regularly. Poor Board members admitted that “the practice of taking the bodies from the graveyard to the Lecture rooms had prevailed for years.” Inmates were aware of the almshouse grave-robbing; “it occasions dread and anxiety in the minds of some of the inmates.” Inmates “were fully aware ... that burial here, during the lecture season, is a mockery,” and some made a dying request to be buried elsewhere. Despite these circumstances, the guardians agreed that “the colleges must have subjects,” and feared that “if the supply from the Almshouse was cut off, the bodies would be stolen from the cemeteries.” Foreshadowing the argument for the anatomy act, the guardians concluded that “it was better that those who died without friends or relatives to mourn for them should go to the dissecting rooms,” than for the graves of loved ones to be robbed of their contents.⁸¹

“Rumors” about the almshouse mishandling of the dead surfaced so frequently that newspapers referred to the guardians as the “Board of Buzzards.” There were reports of the guardians selling the bodies of dead inmates, along with persistent charges of medical student grave-robbing. When the guardians investigated the “rumors” of their medical department’s in-house grave-robbing, they had no problem reporting that while the Chief Medical Officer, Dr. Smith, denied robbing graves, he “admitted that he had preserved two dead bodies for the purpose of obtaining two rare specimens of diseases.” Dr. Smith insisted that this was “a legitimate and proper privilege, [and] one which he

⁸⁰ Ibid., 158-9.

⁸¹ Ibid., 160-62. The mid-1840s.

had a perfect right to exercise for the advancement of medical science.”⁸² The Almshouse Committee on Hospital and Insane Departments supported Dr. Smith’s proprietary privileges over the bodies of their poor charges, indeed they decided to “establish a museum for the preservation of pathological and other specimens to aid in the investigation of diseases.” Furthermore, “specimens” could be “collected and arranged at a comparatively trifling expense to the institution.”⁸³ The Guardians of the Philadelphia Almshouse were grateful for the passage of the anatomy act, which ended their tenure as the “Board of Buzzards”: “Since the passage of the bill the Almshouse authorities have not buried any of the paupers who have died.”⁸⁴

Almshouses suffered from such bad reputations surrounding the medical care of their sick inmates and complete disrespect for their dead ones, that even the most outlandish rumors received press coverage and, in some cases, resulted in major investigations. A particularly shocking example is from the Tewksbury Massachusetts Almshouse investigation of 1883. The charges that came out of the hearing (politically motivated as it was) are as ghastly as those from the Nuremberg Trials. It was alleged that the almshouse amounted to a dead baby farm, that “ninety per cent of the infants born in or sent to the institution used to die infants; that from 150 to 250 infant corpses were annually sold as merchandise” to Harvard medical students; that Harvard Medical School bought most of the adult dead paupers; that dissected remains were “thrown into a vault, where ... eels and lobsters ate them.” Owing to this, “small parts of the body were

⁸² Ibid., 215. c. 1858.

⁸³ Ibid., 255. c. 1860.

⁸⁴ Ibid., 316-17. c. 1883.

commonly known in the dissecting-room as ‘eel bait’.” Bodies were skinned by Harvard medical students who tanned the skins and sold them for profit.⁸⁵

Although tanned human skin was found at Harvard, none of the charges were proven. However, the extensive press coverage was directed towards convincing the public that the charges were ridiculous and unsubstantiated. Massachusetts had passed an anatomy act in 1831. Harvard was legally entitled to buy unclaimed deceased public wards, so this scandal surrounded accusations of ghoulish and grotesque treatment of legally procured corpses. Harvard’s Medical Department insisted it had little use for infant cadavers, never more than three or four a year. However, the accusations painted Harvard medical students as privileged, spoiled, disrespectful brats who were free to commit atrocities upon the dead bodies of the poor. The almshouse personnel were painted as greedy, corrupt, cruel, and incompetent. The institution had been horribly neglected and suffered from overcrowding and under-funding. The scandal was reported nationally, even making the cover of *Puck Magazine*.⁸⁶

The anatomical board received a steady supply of “unclaimed” infants, “receipts” from hospitals, referenced by name and tag number in the *Executive Committee Minute Books*, but not listed in the *Cadaver Receiving Books* or counted in the *Consolidated Annual Reports*. Presumably these “unclaimed” infants were the premature and stillborn

⁸⁵ “The Governor’s Case, Boston Daily Advertiser, May 14, 1883; Governor Benjamin F. Butler, Argument Before the Tewksbury Investigation Committee (Printed by the Democratic Central Committee, 1883), 33, 37. According to Gov. Butler, “old men and young men of jaded passions, worn out prematurely by their vices, and if they can put their feet in slippers made from a woman’s breast, perhaps they can feed their imaginations.”

⁸⁶ In addition to the Boston Daily Advertiser, the Springfield Republican covered the investigation extensively, as did the Philadelphia Inquirer, and it made the cover of Puck Magazine, August 1, 1883.

babies of poor women who delivered in a hospital.⁸⁷ Almshouse records document that, prior to the anatomy act, parents brought the bodies of stillborn babies, deceased infants, and children, to the local poorhouse for burial. Indications are that this practice continued somewhat even after the act's passage.⁸⁸

Significantly, the history of maternity hospitals is similar to that of general hospitals, they originated as charitable institutions. Maternity hospitals started as "urban asylums for poor, homeless, or working-class married women," deemed worthy of "moral uplift." Soon however, the "large numbers of *un*-married expectant women," were also considered worthy of help. After 1900 still less than five percent of "women of all classes selected [the hospital] for difficult births." By the 1920s, the years for which anatomical board documentation exists for receiving infant bodies, the numbers of women giving birth in hospitals had "increased and become a flood."⁸⁹ Most of the board's infant "receipts" came from hospitals, although they occasionally received notice of an unclaimed infant from an undertaker in an outlying community.⁹⁰

⁸⁷ Pennsylvania has taken an extreme position in regard to the privacy provision of The Health Insurance Portability and Accountability Act (HIPAA). Pennsylvania denies access to death certificates for all but family or legal representatives. Restrictions are even stronger regarding documents from institutions. It is practically impossible for a historian to get access to any records that have patient names in them. I was not allowed to inspect these infant death certificates from the 1920s.

⁸⁸ For example, see Poorhouse Register of Deaths, 1866-1919, Records of County Governments; Dauphin County, Board of County Commissioners, RG-47, PSA; "child brought for burial," "A stillborn male child brought for burial," "infant child brought for burial." In contrast, see Registers of Births and Deaths at the County Almshouse, 1884-1907, Montgomery County Board of County Commissioners. This register only lists "infant" or "child" and not whether they were brought for burial or were the children of inmates.

⁸⁹ Richard W. Wertz and Dorothy C. Wertz, Lying-In: A History of Childbirth in America (New York: Schocken Books, 1977), 132-33.

⁹⁰ Typically the board received 45 infant bodies a month, the majority were sent to the University of Pennsylvania. For totals, see Minutes, SAB, RG-11, PSA.

With the anatomy act's passage, poor mothers, whether married or unmarried, lost the option of free burial in the almshouse graveyard for their deceased infants and children. And, poor women gave birth increasingly in maternity and general hospitals, the institutions most interested in studying infant bodies. We do not know how "informed" their consent was, as the board only mentions them as "unclaimed infants." Were the women told (by hospital staff) that the institution would "take care of the body"? Or, were they told with the utmost tact that the body would be "studied" to prevent further infant deaths? It is difficult to believe that they were told the body would be dissected and pickled. There exists ample evidence prior to the 1920s that people cared about burying their infants. For example, in addition to the Pennsylvania almshouse death registers discussed previously, late eighteenth- and early nineteenth-century burial records from one Philadelphia parish indicate "that men and women of limited means sought full Christian burial for stillborn and young children."⁹¹ Other studies have concluded that nineteenth-century child-naming practices revealed deep attachment for newborns and stillborns.⁹²

To be sure burial requests prior to the 1920s (when hospital births became more common) may not always indicate that parents "cared" about the deceased infant or the disposition of its remains. For what "disposal" options did anyone have in the long history of home delivery? Certainly some of the almshouse burial requests for stillborns and infants were pragmatic. Similarly, some of the hospital's options to dispose of

⁹¹ Newman, Embodied History, chapter 6 "Dead Bodies," 125-142, 133.

⁹² Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," Journal of American History Vol. 73, No. 2, (Sept. 1986): 329-353, 353; Daniel Scott Smith, "Child-Naming Practice, Kinship Ties, and Change in Family Attitudes in Hingham, Massachusetts, 1641-1880," Journal of Social History Vol. 18, No. 4 (Summer 1985): 541-566. By the 1950s, the board discusses the receipt of infant bodies as fetal [unborn] or neonatal [newborn] and parental permission is noted.

remains must have come as a welcome relief. However, it also seems reasonable that parents with the means to bury a stillborn or infant would have done so—if only for the sake of appearances.⁹³ In other words, the board’s designation, “unclaimed infants,” is yet another euphemism for “bodies of the poor.”

Contemporary reports underscore the relationship between infant mortality and poverty. In 1911, the Children’s Bureau did a detailed study of infant mortality in Johnstown, Pennsylvania. They interviewed every woman who gave birth that year, whether the child was alive or dead. Infant mortality was lower for physician-attended births, for literate, English-speaking women, and for women who had been in the United States for a long time. However, “the most striking correlation was between infant mortality and father’s income; the more the father earned, the less likely was his child to die.” Studies conducted in other cities were similar: “low income was the underlying factor in high infant mortality.” The Bureau concluded that “mothers in low-income families worked outside the home while pregnant, and that factory work contributed to miscarriages, stillbirths, and prematurities.”⁹⁴ Other problems the Bureau highlighted were little or no prenatal care among the poor, especially the foreign-born. Other studies found the same connection between poverty and infant mortality, reporting that there was “clear evidence of links between economic status and infant mortality in seven American cities between 1912 and 1915.”⁹⁵

⁹³ Examination of an Undertaking firm’s records in Nashville, TN, and one rural Pennsylvania firm indicate parents wanted to bury their infants and young children. Voucher Book Kenyon Brothers, Furniture Dealers and Undertakers, Elkland, Tioga County, 1894-1910, Manuscript Group 2, Business Records Collection, 1681-1963, PSA.

⁹⁴ Wertz and Wertz, Lying-In, 204-205.

⁹⁵ Irvine Loudon, Death in Childbirth: An International Study of Maternal Care and Maternal Mortality, 1800-1950 (Oxford: Clarendon Press, 1992), 494-5.

That the hospitalized poor were prey to dissection under the anatomy act legitimated long standing customary institutional practices that granted access to the bodies—live and dead—of their indigent patients.⁹⁶ Hospitals began as charitable institutions to care for and study the bodies of poor people.⁹⁷ When William Osler was disappointed with the clinical material at the University of Pennsylvania Medical School (1884-89), he turned his attention instead to the bounty of Philadelphia Hospital.⁹⁸ When William Welch started a pathology laboratory at New York's Bellevue Hospital Medical College (1878), he "obtained material for his studies and teaching from the adjacent Bellevue Hospital." Welch later moved to Johns Hopkins in Baltimore (1884) and his assistant at Hopkins, "after performing an autopsy at the city's almshouse-hospital, ... would transport his specimens to the laboratories of the Hopkins department of pathology on a tricycle."⁹⁹ In the same years, Boston City Hospital's pathologist urged the construction of a mortuary chapel and encouraged families to hold funeral services there, ostensibly to avoid "the expense of church or the inconvenience and cost of a funeral at home'." However, the real reason was so that "'Bodies could be embalmed and prepared

⁹⁶ Ruth Richardson has documented these same hospital practices in England. See, Death, Dissection and the Destitute.

⁹⁷ Harry F. Dowling, City Hospitals: The Undercare of the Underprivileged (Cambridge: Harvard University Press, 1982); Mary E. Fissell, Patients, Power, and the Poor in Eighteenth-Century Bristol (Cambridge: Cambridge University Press, 1985); Michel Foucault, The Birth of the Clinic. An Archeology of Medical Perception (New York: Parthenon Books, 1973); M. Jeanne Peterson, The Medical Profession in Mid-Victorian London (Berkeley: University of California Press, 1978); Ruth Richardson, Death, Dissection and the Destitute (Chicago: The University of Chicago Press, 2000); Rosenberg, Care of Strangers; Rothstein, American Medical Schools; Starr, Social Transformation of American Medicine; Morris J. Vogel, The Invention of the Modern Hospital, Boston 1870-1930 (Chicago: The University of Chicago Press, 1980).

⁹⁸ Dowling, City Hospitals, 49-50.

⁹⁹ *Ibid.*, 59-60. On one occasion his assistant "was nearly arrested ... because the tricycle fell over and spilled all the specimens out onto the street."

for burial here [and] a great many more autopsies could be obtained’.”¹⁰⁰ State insane hospitals also turned increasingly to post mortems of deceased inmates for teaching purposes, “a legitimate and proper privilege.”¹⁰¹

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The Pennsylvania anatomy act legalized and regularized the grave-robbing practices it purported to end. In effect, it sanctioned and institutionalized traditional discriminatory practices against the dependent poor. Almshouses and hospitals were dreaded by the people who needed them and understood, only too well, their vulnerability both before the law’s passage, and after. The social reality was that some people were more expendable than others. They worked at the most physically difficult and dangerous jobs, jobs that sometimes killed them and left their families vulnerable. As medical school cadavers they continued to serve the public interest. Although dissection was recognized as important and necessary, especially by the classes of people who would not *be* dissected, there was no voluntary supply.¹⁰² Bodies still had to be taken, not from graves, but from public institutions. These people, the cadavers, are an essential part of the story of dissection in the modern United States.

¹⁰⁰ Vogel, Invention of the Modern Hospital, 76.

¹⁰¹ Ellen Dwyer, Homes for the Mad: Life Inside Two Nineteenth-Century Asylums (New Brunswick and London: Rutgers University Press, 1987), 4; Fred R. Hartz and Arthur Y. Hoshino, Warren State Hospital, 1880-1980: A Psychiatric Centennial (Bend, Oregon: Maverick Publications, 1981), 102.

¹⁰² The Epilogue discusses the anatomical board’s early experiences with body donation. Neither did anatomical board members contribute their own bodies nor did other professionals. When board members died they were cremated and buried.

CHAPTER VII

“AN ABUNDANT SUPPLY OF GOOD MATERIAL IS AVAILABLE”:

CADAVER SCIENCE

Fresh human material should never be allowed to go to waste, but it may be at times very inconvenient to put it up in a variety of fancy fixing fluids.¹
(1913)

It takes some patience to secure the right color, dark raw beef meat.²
(1915)

A hacked and battered cadaver is a distressing sight, but a good dissection can be a scientific work of art.³
(1958)

While waiting for his first anatomy-law bodies to arrive in 1893, Franklin P. Mall of Johns Hopkins “experimented upon dogs with all kinds of embalming fluids in order to have the best possible methods for cadavers when obtained.” So begins Mall’s detailed account of his numerous experiments in cadaver preservation and storage, published in the *Bulletin of the Johns Hopkins Hospital* in 1905.⁴ We now explore the new practices and the new culture that developed nationally, in top university laboratories, after

¹ J. F. McClendon, “Preparation of Material for Histology and Embryology,” *The Anatomical Record* 7, (1913): 51-59.

² Edmond Souchon, M.D., “Preservation of Anatomic Dissections With Permanent Color of Muscles, Vessels and Organs by Newer Methods,” *The Anatomical Record* 10 (1915-16): 43-51, 50.

³ George W. Corner, “The Role of Anatomy in Medical Education,” *The Journal of Medical Education* 33, 1, (January, 1958): 1-9, 7. Corner was a medical student from 1909-1913.

⁴ Franklin P. Mall, “Anatomical Material—Its Collection and Its Preservation at the Johns Hopkins Anatomical Laboratory,” *Bulletin of the Johns Hopkins Hospital* 16 (1905): 38-42, 38.

widespread passage of anatomy laws.⁵ The modern scientifically produced experimental cadaver goes hand-in-hand with the modern scientific anatomist, a research-driven laboratory professional.⁶ Both were products of post-anatomy law laboratories. Franklin P. Mall designed the Anatomical Laboratory at Johns Hopkins, and Mall's article, along with other "preservation and storage" journal articles, provides a bridge from the law to the laboratory, which illustrates the impact of legal body procurement on the development of anatomy as a professional laboratory science.⁷ Laboratories needed new facilities to accommodate the supply—freezers, vats, and dissecting tables—just as anatomists needed new techniques for handling the supply—preservation, presentation, and professional detachment. We will see how journal articles document the "creation" of

⁵ It is important to stress that our perspective is no longer limited to Pennsylvania. By 1929, forty states, including the District of Columbia, had anatomy laws modeled on the Pennsylvania act. George H. Weinmann, "A Survey of the Law Concerning Dead Human Bodies," Bulletin of the National Research Council 73 (1929): 1-199, 63-85.

⁶ Between the 1870s and the 1910s, experimental laboratory science was pushed in medical education and as the route to medical progress and physician prestige. For the impact of laboratory science on medical education, see, Kenneth M. Ludmerer, Learning to Heal: The Development of American Medical Education (New York: Basic Books, 1985); for medical professionalization based on laboratory science, see William G. Rothstein, American Physicians in the Nineteenth Century: From Sects to Science (Baltimore: Johns Hopkins University Press, 1972); Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982); for a constructivist analysis of the laboratory, see, Jan Golinski, "The Place of Production," chap. in Making Natural Knowledge: Constructivism and the History of Science (Cambridge: Cambridge University Press, 1998), 79-102.

⁷ John B. Blake, "The Development of American Anatomy Acts," The Journal of Medical Education 30 (1955): 431-39; A.W. Meyer, "Anatomy Acts of California: A Survey of Former and Present Laws," California and Western Medicine 33 (1930): 703-7; John E. Pauly, ed., The American Association of Anatomists, 1888-1987 (Baltimore & London: Williams & Wilkins, 1987). C.M. Jackson, "Progress in Anatomy Since 1900," Proceedings of the Annual Congress on Medical Education, Medical Licensure, Public Health and Hospitals (1925): 7-10. George Corner's article, "The Role of Anatomy," also discusses professionalization struggles; Thomas Bonner credit's Chicago's rise medicine to the Illinois Law of 1885, modeled on the Pennsylvania Act, see, Medicine in Chicago, 1850-1950: A Chapter in the Social and Scientific Development of a City, Second Edition (Urbana & Chicago: University of Illinois Press, 1991) 266 n 61, 84-85.; William G. Rothstein, American Medical Schools and the Practice of Medicine (New York: Oxford University Press, 1987).

the modern, scientific cadaver, and spotlight its closest companion, the modern, scientific anatomist.⁸

Michael Sappol has argued that “as medicine increasingly affiliated with science, an effort was made to clean up the dissecting room and remake it into a scrupulously hygienic anatomical ‘laboratory,’ to get students out of civilian clothes and into lab coats, and to encourage a sober, deliberative attitude in the lab.” One consequence of this process was the eventual “disappearance” of the cadaver from the “iconography of anatomy.” Furthermore, “Dissectors increasingly sought to forestall any identification with the body as a person, even one so distancing as mockery.”⁹ Indeed, by the mid-twentieth century, “dissection” no longer defined the anatomist or his/her work place; however, this professional transformation occurred after anatomy law had changed the practices and the culture of anatomy laboratories.¹⁰

Decades before it “disappeared,” the cadaver—*as scientific object*—“appeared” in the modern anatomical laboratory. Pragmatically, legal dissecting-room “plenty” meant that anatomists had to develop specialized preservation techniques and design storage tanks to house subjects and display specimens.¹¹ Seemingly overnight, formerly secretive activities were discussed straightforwardly in print. Anatomists wrote journal articles

⁸ Bruno Latour argues in his deconstruction of science, that scientific literature masks the “convoluted ways” of the laboratory. However, these articles are about the “convoluted ways” of turning bodies into cadavers, and therefore fulfill, albeit indirectly, his dictum that we must follow scientists into the laboratory. See, Bruno Latour, Science In Action: How to Follow Scientists and Engineers Through Society (Cambridge, Massachusetts: Harvard University Press, 1987), 63-67.

⁹ Michael Sappol, A Traffic of Dead Bodies. Anatomy and Embodied Social Identity in Nineteenth-Century America (Princeton & Oxford: Princeton University Press, 2002), 319.

¹⁰ Pauly, ed., American Association, for example, see chapter 18, “Anatomists’ Contributions to Tissue Culture,” 208-219.

¹¹ Grave-robbing had necessitated quick dissection and disposal; with a legal supply, departments were able to receive bodies in the summer months and had to store them until classes were in session.

boasting the merits of their new embalming concoctions (“I use Duryea’s corn starch in one pound packages, sold by all grocers.”;¹²) their tried and true embalming tricks (“After injecting, stand up the subject, or suspend for two or three days.”;¹³) their new designs for dissecting tables (“improves greatly the appearance of the ordinary dissecting room.”;¹⁴) and, their state-of-the-art holding tanks (“such a receptacle ... will hold fifteen cadavers of average size.”¹⁵) Thus, the *appearance* of the “scientific” cadaver marks the beginning of the modern, “scientific” anatomical laboratory, and, crystallizes the identity of the “detached” scientific professional anatomist.

*

Before anatomy laws, stolen bodies had been hastily embalmed or “pickled” in a vat; they were not “preserved” for long-term storage and future use, and thus, they were not the modern cadavers discussed here.¹⁶ Moreover, embalming or pickling was performed by the dissecting-room janitor or the professional resurrectionists--it was critical that the anatomist claim ignorance and report only that he “found” bodies in the dissecting room.¹⁷ Upon receipt of a stolen body, efforts were made to conceal its identity. Sometimes the skin was removed from the head or it was shaved. Students, or the janitor, removed scars and other identifying marks, and burned the clothing. Medical

¹² Edmond Souchon, M.D. “Embalming Bodies for Teaching Purposes,” The Anatomical Record 2 (1908): 244-247; 245.

¹³ Ibid.

¹⁴ Ralph Edward Sheldon, “Some New Dissecting Room Furnishings,” The Anatomical Record 7 (1913): 369-70.

¹⁵ Ralph Edward Sheldon, “Some New Receptacles for Cadavers and Gross Preparations,” The Anatomical Record, 9 (1915): 323-327, 234.

¹⁶ Embalming was used after the Civil War.

¹⁷ This was how Dr. Forbes escaped prosecution in Pennsylvania. See Chapter I.

schools received bodies only when classes were in session, usually November through February. Not wanting to be caught red-handed, colleges would have only a few illegally disinterred bodies on the premises at a time, making quick concealment possible.¹⁸

Bodies had to be dissected and discarded quickly, meaning that students worked continuously until the dissection was completed.¹⁹ With all of these constraints, human dissection was little more than a hurried anatomy lesson for medical students, not a research specialty.²⁰

Anatomy law was part of a larger professional platform to develop and “elevate” anatomy in the United States as a research science independent from its traditional, practical role in medical education and surgical training.²¹ Without sufficient human “material,” anatomy would remain a professional dead-end. With legalization, anatomy could become a career path for scientists--a professional, institutionalized, academic

¹⁸ Nineteenth-century medical schools had special hiding places built in expressly for this purpose, usually a cupola, belfry, chimney, or compartment under floor boards. See, Frederick C. Waite, “Grave Robbing in New England,” Bulletin of the Medical Library Association 33, 1945: 272-294.

¹⁹ Ibid. These practices were not limited to New England. Anatomy Hall at the University of Maryland had “secret spiral stairways hidden in the walls in case the excitable people of Baltimore should raid the establishment.” See, Corner, “The Role of Anatomy,” 2.

²⁰ In the nineteenth-century, Paris was the only city to provide the bodies of dead paupers to medical schools. Many students in Europe and the US saved for a season in Paris. See, Thomas Bonner, Becoming a Physician: Medical Education in Britain, France, Germany, and the United States, 1750-1945 (New York: Oxford University Press, 1995), 146-156.

²¹ The *American Association of Anatomists'* 1987 institutional history is full of testy comments about the supremacy of scientific anatomy over surgery. See, “American Association of Anatomists: A Sketch of its Origin, Aims, & Meetings,” Introduction in The American Association of Anatomists, Pauly, ed.1-9. For a review of historiographical trends concerning the role and function of science in medicine, see John Harley Warner, “Science in Medicine,” in Historical Writing on American Science eds. Sally Gregory Kohlstedt and Margaret W. Rossiter, Osiris, Second Series Vol. 1, 1985: 37-58. Roger L. Geiger, To Advance Knowledge: The Growth of American Research Universities, 1900-1940 (New York & Oxford: Oxford University Press, 1986); Ludmerer, Learning to Heal; Jackson, “Progress in Anatomy Since 1900”; Corner, “The Role of Anatomy.”

pursuit, with all the accoutrements of funding, journals, and respect.²² Legal body procurement did more than just provide the resources necessary to train medical students; anatomy law helped turn “dissecting rooms” into “anatomical laboratories,” scientific research facilities in which anatomists developed and studied their prized experimental material, the cadaver.²³

Anatomy law created a new context and culture for dissection by delivering official sanction and privilege along with the bodies. Instead of skinning or shaving the head of a body to conceal identity, accounting ledgers obliterated personhood with numbers.²⁴ Bodies were delivered year round according to enrollment quotas. When the state entered the body business, anatomy departments disinfected their language and behavior along with their instruments and dissecting tables.²⁵ Anatomy departments preserved “cadavers,” “material,” and “specimens,” not “stiffs,” and stored them in various types of “cadaver holding tanks,” not “pickling vats.”²⁶ For example, Franklin Mall’s narrative of preserving and storing cadavers at Johns Hopkins begins during the cross-over period, weeks really, between illegal and legal provision of bodies. After the summer experiments embalming dogs, by November, Mall’s dissecting-room coffers

²² “Anatomists have been pioneers, albeit, sad to say, poorly paid spade diggers in the respective fields of medical endeavor.” See introduction, Pauly, American Association of Anatomists, 8.

²³ Although the profession benefited from anatomy law, then as now, not all anatomists used human “material.” The American Journal of Anatomy (1901), the first journal of the Association was mainly comparative anatomy and zoology.

²⁴ See Chapter II, “The Body Bureaucracy.”

²⁵ Students still managed the occasional prank with body parts, and, still do. Black humor is considered a detachment mechanism. See, Albert Howard Carter III, First Cut: A Season in the Human Anatomy Lab (New York: Picador USA, 1997), 145-46.

²⁶ “Pickling vats” were used in Pennsylvania under the first anatomy law. Since some bodies were acquired legally, they were able to store stolen bodies as well. See Chapter I, “Dissecting Bureaucracy.”

were still empty. The students were worried, Mall was worried, and, just as “preparations were being made” to buy bodies from a larger city, “late in the evening, a subject was left in the basement. The next day one came from the State, and a few days later another appeared in the basement.”²⁷ Although Mall would handle all three bodies himself—two illegal and one legal--prior to legal procurement, bodies “appeared” in basements, and were “found” embalmed on dissection tables. Therefore, although grave-robbing-era bodies were referred to as cadavers and some were embalmed, they were quite different from the post-anatomy law scientific cadavers created by modern-era anatomists.²⁸

Although anatomists referred to bodies upon receipt as “cadavers,” their laboratory efforts tell us otherwise. Anatomists describe a surprising amount of experimentation and effort to turn dead bodies into cadavers, preserved corpses with particular qualities and characteristics; a dead body, even an embalmed dead body, is not a cadaver.²⁹ Despite funeral industry rhetoric, embalming need only preserve a body until it is in the ground. The main objective of funeral embalming, then as now, is for the

²⁷ Mall, “Anatomical Material,” 38.

²⁸ Embalming had been practiced since the late 17th century by anatomists. In the 18th century, William and John Hunter also experimented and embalmed dissection subjects. However, these embalmed bodies would not have been in the same state of preservation or internal appearance as the cadavers created by Mall and others from the end of the 19th century. For a history of medical embalming, see Robert W. Habenstein and William M. Lamers, The History of American Funeral Directing (Milwaukee, Wisconsin: Bulfin Printers, Inc. 1955), 157-191; Jessie Dobson, “Some Eighteenth Century Experiments in Embalming,” Journal of the History of Medicine and Allied Sciences (Oct. 1953): 431-41; Robert G. Mayer, Embalming: History, Theory, and Practice Third Edition (United States: McGraw-Hill, 200); Katherine Park, “The Life of the Corpse: Division and Dissection in Late Medieval Europe,” Journal of the History of Medicine and Allied Sciences 50 (1995): 111-132.

²⁹ A corpses’ value to medicine or science for dissection, experimentation, education, or representation makes it “cadaver material.” Anonymity also makes the individual cadaver useful symbolically to represent “the body.” For monographic analyses of medical representations and body symbolism, see Barbara Dudden, The Woman Beneath the Skin: A Doctor’s Patients in Eighteenth Century Germany (Cambridge: Harvard University Press, 1991); Emily Martin, Flexible Bodies: Tracking Immunity in American Culture From the Days of Polio to the Age of Aids (Boston: Beacon Press, 1994). See also, Susan C. Lawrence and Kae Bendixen, “His and Hers: Male and Female Anatomy in Anatomy Texts for U.S. Medical Students, 1890-1989,” Social Science Medicine Vol. 35, No. 7 (1992): 925-934.

outside to look “life-like.” In contrast, “preservation” was just that: anatomists’ wanted bodies that could be stored for years, and their major concern was that the *insides* look “life-like.”

Thus, “preservation” demanded much more than staving off decomposition; anatomists wanted cadaver bodies and organs to look, feel, and in a sense, perform a particular way. Cadaver arteries, for example, should look (with proper color) and “act” (with shape retention) like human arteries; *function* had to remain apparent through retention or restoration of proper *form*. A “good” cadaver had “firm and red” muscles, “fasciae of a normal tensile strength,” and “viscera ... pliable and well preserved.”³⁰ Thus, “Thorough and complete preservation” was the first objective, but, equally important were “softness of the tissues, ... the color of the muscles and organs, ... [and] the distention and the coloring of the arteries.”³¹ These were the fundamental characteristics of a cadaver.

Journal articles indicate that the modern cadaver was a *scientific product* created *from* a dead body in post-anatomy law laboratories. When delivered to a laboratory, a body was still a human corpse, and only a prospective cadaver. Cadavers were designed for specific scientific purposes; they were made to simulate a live human body, not functioning, but functional in appearance. Thus, the first technical job the anatomist faced was transforming the corpse of a “dissection subject” into a useable product, a “cadaver.” Mall’s article recounts efforts that seem almost Herculean. Anatomists experimented for years on formulas and processes “with the intent of producing a material that would

³⁰ William C. Lusk, “An Injecting Fluid for Preserving Cadavers for Dissection,” *The Anatomical Record* 3 (1909): 47-55, 49.

³¹ Souchon, “Embalming of Bodies,” 244-45.

possess firmness with pliability, and that would not readily decompose or dry up during dissection.”³²

Franklin Mall’s 1905 account of the creation of the Hopkins Anatomy Laboratory illustrates the relationship between anatomy law and cadaver-creation, preservation and storage. Maryland’s anatomy law shaped the development of Mall’s new laboratory. In the fall of 1893, Mall did not know what to expect from the new law in either the number of bodies or the frequency of deliveries. “Towards Christmas,” however, multiple bodies arrived from the state.³³ Accordingly, “we did not fail to take what came, embalmed them well with carbolic acid [the dog formula] and place[d] them in a large ice box which had been constructed in the meantime.” More bodies arrived in the next few months, so that “by spring the box, which was built to hold five cadavers, had in it twenty and the further supply was not taken.” These events unfolded during opening year of the Medical Department of Hopkins; the next year a full Anatomical Laboratory was built, with “an ice machine with a cold-storage vault large enough to hold 60 subjects.”³⁴ Never again would Mall refuse subjects.

Soon after Mall’s vault was built, the Maryland anatomical board decided that all bodies received during the summer should be stored in Hopkins’s state-of-the-art facility, safe until distribution during the academic year.³⁵ Summer storage at Hopkins meant that

³² Lusk, “An Injecting Fluid,” 47.

³³ Simon Flexner refers to this transition period in a memorial tribute to Mall. See, Dr. Simon Flexner, “Dr. Franklin Paine Mall: An Appreciation,” *Science* Vol. XLVII (March 15, 1918): 249-254, 215. Flexner is sufficiently vague: “I recall the shifts he was obliged to make to bridge over the gaps in dissecting until human cadavers became available.”

³⁴ Mall, “Anatomical Material,” 38.

³⁵ The Pennsylvania Anatomical Board stored bodies at Temple University and later at the University of Pennsylvania. *Letter Book 1883-1918*, State Anatomical Board, RG-11, Pennsylvania State Archives.

the number of cadavers available for all Baltimore medical schools increased gradually over several years. Mall was elected Chairman of the Anatomical Board in 1898, and instituted business practices such as body receipts, so that “a cadaver could be traced had it gone astray.” Like a small-business owner who had grown his company, Mall reminisced with pride: “From a small beginning with an ice box holding five cadavers, a vault was built, and shelved to hold sixty cadavers. Later, the shelves were removed and the bodies were stacked, which proved to be better for the bodies, at the same time increasing the capacity of the vault six-fold.”³⁶

With cold-storage facilities in place, Mall continued to experiment with embalming mixtures and techniques to perfect his cadaver-product. Mall was particularly pleased with one embalming formula; “I constantly came back to this solution,” despite technical problems; only “small quantities are needed,” but one problem remained, that “little of it reaches the feet.” Ultimately, Mall determined that each leg had to be injected separately, and then the body could be embalmed: “In cadavers preserved in this way all parts are well embalmed.” After embalming, arteries were injected to color and to distend them with a compound consisting of “granules of ultramarine blue mixed with shellac and alcohol.” There were several other arterial experiments, all of which Mall reviewed in detail.³⁷

Despite considerable experimentation and progress, problems remained. Mall discovered, much to his chagrin, that the extremities, “hands, feet and face dried easily in

³⁶ Mall, “Anatomical Material,” 39. Flexner, “An Appreciation,” 251: “Because of the improvements which [Mall] introduced in the preservation of human cadavers, his laboratory soon became the custodian of all the anatomical material employed for dissection and surgical instruction throughout the city.”

³⁷ Mall, “Anatomical Material,” 39-40.

the dissecting-room, and especially in cold-storage.” To stave off desiccation, cadavers’ “hands, feet and face were smeared with vaseline,” then wrapped with bandages. Mall’s carefully detailed cadaver-ministrations sound like a spa-treatment: “bandages and the rest of the body were smeared with vaseline and the whole carefully wrapped with bandages of cheesecloth about a foot wide.”³⁸

Properly preserved and packaged, Mall’s product was ready for long-term cold storage. Mall embalmed, greased, wrapped, and stored 1000 cadavers by these methods, watching and recording the results over several years. Hands and feet continued to be persnickety, “often [the skin] would soften and peel off,” such that the recalcitrant appendages sometimes needed re-embalming and glycerine massages. “The parts,” Mall warned, “had to be watched.” Not satisfied, Mall “began systematically to try and remedy the defect.” He began a series of post-embalmed cadaver immersion experiments and, (oddly reminiscent of Goldilocks and the porridge bowls), Mall reported that “A 4% solution is too strong and in a 2% solution ... the epidermis falls off.” But, immersing the embalmed cadaver in “exactly 3% of pure carbolic acid”—produced a cadaver that was just right.³⁹

Once he settled on the perfect formulas and processes to make cadavers, Mall began mass production: “Two large holding tanks were constructed....Each holds about 15 cadavers.” When one tank was full of embalmed cadavers left to soak for “3 to 6 weeks,” the next batch were being embalmed for the second tank. When the second tank was full, it was time to empty the first: “the bodies being wrapped and stored and the

³⁸ Ibid.

³⁹ Ibid., 40.

fluid of the tank strengthened. And so on.” Increased output meant planning larger storage facilities. “At present we are constructing an underground vault to be carefully cemented with water-proof cement and large enough to hold 150 bodies.”⁴⁰

Mall was justifiably proud of his results, that cadavers preserved by his painstaking methods and kept in cold-storage for years were eventually dissected by students unaware of the product’s extended shelf-life. Furthermore, Mall believed freezing improved the result: “cadavers preserved in cold-storage for several years are more satisfactory for dissection than are fresh ones.” Mall believed his cadavers could be kept “indefinitely,” although evaporation was a problem requiring vigilance. Mall instituted an elaborate rotation system in the cold-storage vault. Thus, cadaver evaporation could be prevented, “by stacking all of the old cadavers on one side of the vault with an air-space around the pile, and then the fresh cadavers are laid closely on a platform on the other side of the vault, and when this has frozen a second layer is placed over it, and so on. The wrapping prevents the subjects from freezing together firmly.”⁴¹

Mall’s article is the most complete narrative of this genre, and his cadavers were the gold standard in anatomical “material.” Volume and long term cold-storage were the crux of Mall’s operation; he headed one of the largest departments and was responsible for embalming and storing all bodies received by the anatomical board. At the time he wrote his article, only four other University laboratories had cold-storage vaults: Columbia, University of Pennsylvania, Cornell, and University of Wisconsin.⁴² Other

⁴⁰ Ibid., 40-41.

⁴¹ Ibid., 41-42.

⁴² Ibid., 42.

anatomy departments had different facilities and demanded other qualities from cadavers. Therefore, although Mall's cadaver work was referenced for decades, anatomists continued to tinker with cadaver-production and storage to suit their laboratory facilities and to meet their "material" needs. Thus, anatomists reported their "preservation and storage" results in *The Anatomical Record*, one of two professional journals published by the *American Association of Anatomists*.⁴³

Instead of freezing embalmed cadavers like Mall, William Lusk of New York University and Bellevue Hospital Medical College wanted a product that could be stored fresh after embalming. Adapting Mall's embalming formula (carbolic acid, glycerin, and alcohol) by adding "solution hydrosodium arsenite," ameliorated certain "objectionable features" of the carbolic acid (it numbed the dissector's fingers) and of the glycerin (it made certain tissues "soggy"). Lusk stored his cadavers in lead-lined, "absolutely airtight," boxes, into which were injected alcohol fumes. The alcohol storage method was developed by a McGill University anatomist who insisted that at McGill, "we have kept subjects for several years provided they are put in fresh--they neither dry nor mould and make capital subjects because in the dissecting-room they remain fresh'."⁴⁴ Edmond Souchon of Tulane University experimented with a formula adaptable for various cadaver needs. With slight ingredient or procedural adjustments, Souchon could create cadavers suitable for surgical training or for use as museum specimens.⁴⁵ Thus, depending on institutional facilities (cold-storage, vat, or museum), and anatomists' preferences (fresh,

⁴³ The *Association* formed in 1888, *The Anatomical Record* began publication in 1906. See, Pauly, ed., *The American Association of Anatomists*.

⁴⁴ Lusk, "Injecting Fluid," 47-55; quote from Dr. Shepherd, 54.

⁴⁵ Souchon, "Embalming Bodies," 244-247.

frozen, or parts), anatomists developed different embalming formulas, techniques, and alternative housing plans for their subjects.⁴⁶

Preservation and storage articles indicate that as “dissecting-rooms” gave way to “anatomical laboratories,” anatomists’ had to be Jacks—and Jills—of-all-trades. They designed specialized dissecting tables, from the simple: (“a frame-work made of ordinary one-inch piping [with] ... a movable galvanized iron top” and “drainage jar” underneath,⁴⁷) to the sublime (a “moisture-conserving dissecting table” designed to “keep the dissecting material moist and in good condition without the use of oiled coverings or grease.”)⁴⁸ Anatomists at Cleveland’s Western Reserve University Laboratory designed galvanized iron dissecting table covers that met several needs, including the aesthetical: to “transform it, so far as the members of other departments of the University are concerned, from a gruesome, somewhat repulsive apartment into a clean and pleasing laboratory.”⁴⁹ Anatomists at the University of Pittsburgh designed multipurpose “receptacles” for cadavers and their associated parts. Receptacles had a glass top, “sloped forward ... to give a good view of the contents when the case is used for museum preparations.” One such case was used to display the best student dissections of the year.⁵⁰

⁴⁶ Sheldon, “Some New Receptacles,” 323.

⁴⁷ H.R. Wahl, “A Simple Dissecting Table,” The Anatomical Record 4 (1910): 460.

⁴⁸ S.I. Kornhauser and S.E. Johnson, “A New Moisture-Conserving Dissecting Table,” The Anatomical Record 41 (1928-29): 177-179. See also, Ralph Edward Sheldon, “Some New Dissecting Room Furnishings,” The Anatomical Record 7 (1913): 369-370; R.J. Terry, “An Improved Laboratory Table for Gross Anatomy,” The Anatomical Record 29 (1924-25): 315-318.

⁴⁹ T. Wingate Todd, “Covers for Dissecting Tables,” The Anatomical Record 8 (1914): 441-443.

⁵⁰ Sheldon, “Some New Receptacles,” 324.

Anatomists had long hailed their craft as both science and art.⁵¹ Specimen-making articles illustrate a shared dissection aesthetic. For example, in a memorial tribute to Mall, Florence Sabin wrote of her mentor's work, that "Our laboratory is full of examples of beautiful injections, corrosions of blood vessels, preparations of connective tissue made by maceration, cleared embryos to show the development of the skeleton and many others." In reviewing Mall's embryological work, Sabin describes Mall's first embryo specimen as "perfect, beautifully fixed and sectioned."⁵² Elsewhere, anatomists described the color of dissected muscles as "the more red the brown is the better and prettier."⁵³

Specimen-creation was particularly time-consuming, especially for smaller, individual anatomic preparations such as muscles, organs, or "the membranous viscera, mouth, nose, pharynx."⁵⁴ "Gross preparations" or "bulky" specimens i.e. "limbs, head and neck, thorax and abdomen," large body parts preserved for teaching or as museum specimens, did not receive the same artistic scrutiny as did the small ones.⁵⁵ Small specimens intended for permanent display were evaluated as artistic creations, not just as

⁵¹ Of course, many of the great artists were great anatomists (Leonardo, Michelangelo) and great anatomists were great artists (Vesalius). Andrew Cunningham, The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients (England: Scholar, 1997); Roger French, Dissection and Vivisection in the European Renaissance (England: Ashgate Publishing Company, 1999); Martin Kemp and Marina Wallace, Spectacular Bodies: The Art and Science of the Human Body from Leonardo to Now (London: Hayward Gallery Publishing, 2000); J.B. deC. M. Saunders and Charles O'Malley, The Illustrations from the Works of Andreas Vesalius of Brussels (Cleveland and New York: The World Publishing Company, 1950); Charles Singer, A Short History of Anatomy and Physiology from the Greeks to Harvey (New York: Dover Publications, reprint. 1957).

⁵² Florence R. Sabin, "Franklin Paine Mall: A Review of His Scientific Achievement," Science Vol. XLVII (March 15, 1918): 254-261, 256-57. For information about Sabin and her remarkable career in anatomy, see, Janet Kronstadt, Florence Sabin (New York & Philadelphia: Chelsea House Publishers, 1990).

⁵³ Souchon, "Preservation of Anatomic Dissection," 43.

⁵⁴ *Ibid.*, 46.

⁵⁵ J.C. Boileau Grant, "Storage Cabinet for Anatomical Specimens," The Anatomical Record 34 (1926-27): 91-93, 91.

examples of body parts. To achieve a “permanent color of muscles, vessels and organs,” anatomists experimented with preserving color (chemical method) and applying color (painting method). Moreover, whiteness had to be preserved in other parts, such as “fresh bones ... brain and membranes, spinal cord.” Specimen coloring techniques required the knowledge of the dissector and the skill of the artist.⁵⁶

Hard work, artistic skill, and an iron stomach were necessary for specimen work. These articles showcase professional detachment along with perfectionism. Not just any body would do; evaluating the specimen-potential of subjects was critical for achieving satisfying results.⁵⁷ Edmond Souchon of Tulane cautioned against starting off on the wrong foot with the wrong cadaver: “None but lean subjects should be selected.” Examining the prospect’s natural (unembalmed) muscle color was critical and easily accomplished with a “three inches long and one inch deep” incision in the deltoid muscle. For the chemical method, dark muscles were preferred; and, conveniently, “Negroes usually present darker muscles; also laborers.” The entire process took months. With a proper subject selected and a coloring method determined, embalming commenced. One week later, the vessels were “injected with hot tallow” and coloring agents, “English vermilion deep shade for the arteries and ultramarine blue for the veins.”⁵⁸

Specimen articles are, of necessity, graphic. The next day, “the subject is cut up into the parts which are to be dissected.... each part is placed in a large glass jar containing one per cent of soluble liquefied carbolic acid.” Jars full of parts must be

⁵⁶ Souchon, “Preservation of Anatomic Dissections,” 46.

⁵⁷ For a discussion of these issues of scientific “representation” in an earlier period, see Golinski, Making Natural Knowledge, 153-57.

⁵⁸ *Ibid.*, 43-44.

watched, and the solution “changed as soon and as often as it becomes cloudy.” Based on Souchon’s experiments, one could expect a single body to “yield” approximately “eight preparations of muscles and organs with satisfactory color.” Article descriptions, whether shocking, disturbing, or repulsive to non-professionals, indicate that specimens had to look “good.” The dissected organs or muscles might be perfectly dissected and preserved physical specimens, but, if they did not create the overall desired aesthetic effect with color, the preparation, “should be made over.”⁵⁹

Muscles were “put up to drain,” and “hands, feet, and knees” were cured for several weeks under the watchful eye of the anatomist/artist. After curing, parts were mounted on a dissecting stand and dissected “in the position they are to occupy in the Museum.” The dissected part was then placed in a chemical solution for twenty-four hours, after which, “the preparation is placed in an empty jar with a lid. At the end of 30 days, when the glycerine has ceased to drip the preparation is taken out of the jar. The jar is washed and dried.” More chemicals are placed in the clean, dry jar and, “the preparation is returned to the jar and the jar is closed with a lid, a rubber and a clamp.” Muscles darken at various rates, hence, “they have to be examined daily.” Thus, based on Souchon’s time allowances, from selection of a subject to final pickling jar, it took more than three months to make specimens with the chemical color preservation method. His dictum that insufficiently colored specimens “should be made over again” was no short order.

⁵⁹ Ibid., 48.

“To avoid disappointments,” dissections revealing pale muscles should be painted; otherwise it is “time, labor, and material lost.”⁶⁰ The painting method was quicker and more obviously “artistic,” with detailed instructions about the brand and shade of paint to use for different dissected parts (for muscles, French Carmine by Devoe), the precise artists’ brushes to use (“flat sable hair ... Devoe No. 8”), and painting techniques (“use the brush to prevent curling”). Souchon endorsed the oil paint method for overall “esthetic effect,” but cautioned that the “the artistic skill, judgment and patience of the painter will tell on the final result.”⁶¹

In addition to documenting the “birth” of the modern cadaver, preservation and storage articles spotlight the “clinical” persona of the anatomist. Paradoxically, post-anatomy law anatomists’ “made” cadavers--they nurtured the transformation process with something akin to loving-care--for the purpose of disassembling them, piece-by-piece, with scalpels and saws. To do their work, anatomists transgress boundaries few can imagine, leading one historian to describe dissection as an “anthropologically dangerous act.”⁶² The issue of scientific detachment, evinced in these journal articles, cannot be ignored. Ruth Richardson describes the “acquisition of clinical detachment ... as a historical process both in the lives of individual clinicians and ... in the history of

⁶⁰ Ibid., 44-45.

⁶¹ Ibid., 49-51.

⁶² Andrea Carlino, Books of the Body: Anatomical Ritual and Renaissance Learning, trans. John Tedeschi and Anne C. Tedeschi (Chicago and London: The University of Chicago Press, 1999), 3. On the other hand, Katherine Park argues that there was no “generalized taboo concerning the polluting power of human corpses,” and that popular anxiety about dissection arose in the mid sixteenth century in response to “dramatic new anatomical practices widely perceived as violating not the sanctity of the body ... but the personal and familial honor expressed in contemporary funerary ritual.” See, Park, “Life of the Corpse,” 115.

medicine itself.”⁶³ Articles illustrate the achievement of a professional, scientific demeanor, a public “face” for anatomy, developed in these years of legal body procurement.

Establishing this professional “code of detachment,” rules of emotional non-engagement for anatomists and physicians-in-training, hinged on subject anonymity. The modern context for anatomy and dissection was anatomy law; the modern mechanism for “clinical detachment” was the anonymous cadaver. Anatomy law *supplied* bodies to laboratories; multiple corpses were delivered, preserved, and stored. Thus, the continual presence of large numbers of legally provided anonymous dissection subjects fostered scientific detachment in the modern laboratory. The involved chemical processes necessary to make cadavers served also to cleanse the corpse of its humanity, embalming functioning like a scientific benediction.⁶⁴ Scientific culture was influenced, not merely supported, by the presence of ambiguous dissection “material.” In this way, the process of “making” anonymous cadavers also “made” modern anatomists.

Cadaver anonymity was central for all the laboratory transformations discussed. In articles the scientists are named; the bodies are referred to as “the subject,” and eventually, “the material.” Moreover, the word “material” was used for any biological material—animal parts, human parts, embryos; all were reduced to matter. *The Anatomical Record* juxtaposed articles on a variety of anatomical studies: the anatomy of a three-legged kitten, a “monstrous” human embryo, the Negro brain, a two-headed lamb, adult human ovaries, and human hermaphroditism. The equitable presentation of various

⁶³ Ruth Richardson, *Death, Dissection and the Destitute* (Chicago: University of Chicago Press, 1987), 31.

⁶⁴ Mary Douglas, *Purity and Danger: An Analysis of the Concepts of Pollution and Taboo* (London: Routledge & Kegan Paul Ltd., 1966).

anatomical projects, a sort of level biological playing field, suggested that there was nothing “special” about human versus animal bodies. To the scientist, all biological matter was equal under the microscope.

Cadaver anonymity lies in sharp contrast to the individual scientists who were making names for themselves over the dead bodies of unknown people. Articles illuminate the personal and conceptual gulf that separated the people who became experimental material from the people who became experimenters. Lloyd Arnold’s introductory paragraph explains that “the two ovaries ... were obtained at autopsy ... in 1909 from a negress eighteen years old.”⁶⁵ Lloyd Arnold was either a lab assistant or star pupil, because, when “the multiple oocytes” [unfertilized egg cells] were discovered in class, “Professor Hardesty [suggested] ... it might be of interest to describe the conditions found and ... assigned the material and the problem to me.”⁶⁶ Fixed in fluid, cut transversely, mounted serially, and stained with “congo red,” the woman’s ovaries were transformed into microscopic slides. Arnold counted the number of follicles, the number of egg cells in each follicle, and produced microscopic images showing the locations of the egg cells in the follicles. After receiving this thoroughgoing examination, the results from the human “material” were compared to similar phenomena in other species—horse-shoe bat, dog, rabbit. This anonymous subject went from being an eighteen-year-old female to undifferentiated biological material on a slide, and (presumably) to a *curriculum vitae* citation for Arnold.

⁶⁵ Lloyd Arnold, “Adult Human Ovaries With Follicles Containing Several Oocytes,” Anatomical Record 6 (1912): 413-422, 413. Interestingly, Louisiana did not have an anatomy law until 1944. Tulane had a long-standing arrangement with Charity Hospital and received all the “material” they needed. See, Harold Cummins, “Cadaver Procurement by the Tulane School of Medicine,” Bulletin of the Tulane Medical Faculty Vol. 26, No. 1 (1967): 13-17, 13-14.

⁶⁶ Arnold, “Adult Human Ovaries,” 413.

Cadaver anonymity, especially when reduced to “material,” legitimated claims that results or conclusions were broadly applicable. Studies were not about the individual or individuals from whom parts or tissue samples were taken. Results were expected to reveal something about “the body,” and, presumably, the brilliance of the researcher.⁶⁷ For example, “A Further Study of the Human Umbilical Vesicle” was based on one human embryo, preserved and sent to the researcher “immediately after hysterectomy.” The stated objective was to study the form and structure of “the entodermal tubules of this stage.”⁶⁸ Conclusions drawn from dissecting one umbilical vesicle are generalized to “the human umbilical vesicle.”⁶⁹ Eliminating the subject-person fostered an “applicability-context,” a system structured to support arguments for scientific legitimacy. Thus, the anonymous cadaver fulfilled several important functions for medical and scientific researchers: “clinical detachment,” “scientific objectivity,” and “scientific legitimacy,” the foundations of *their* professional identity.

“Preservation and storage” articles have been read here as cadaver-creation narratives: scientific “how-to” manuals for transforming a dead human body into a different “material,” one that had particular qualities necessary for laboratory work. I

⁶⁷ Bruno Latour writes that “Although technical literature is said to be impersonal, this is far from being so. The authors are everywhere, built into the text.” See, Latour, Science in Action, 54. The contemporary example is Gunther von Hagens’s “*BodyWorlds: The Anatomical Exhibition of Real Human Bodies*,” an internationally-touring museum exhibition. At the exhibition entrance a sign informs visitors that all bodies are donated and their identities and information about their deaths is not revealed because the exhibition is not about individual, private suffering, but rather about general principles in human anatomy. However, seen at the US, Boston Exhibition, not only does *his* name proceed the exhibition title, but it is spelled out in huge letters throughout the exhibit rooms. There is no doubt that he is the star of Body Worlds.

⁶⁸ Harvey E. Jordan, “A Further Study Of The Human Umbilical Vesicle,” The Anatomical Record 4 (1910): 341-353, 341.

⁶⁹ Bruno Latour calls this tactic “stacking.” In his example the researcher uses three hamster’s kidneys, and, “if all goes well,” he may claim relevance for “mammal countercurrent structure in kidney.” See, Latour, Science In Action, 50-51.

have used the cadaver-as-product argument as an access point for exploring scientific “detachment” and professional development. However, this analysis raises the question, to what extent were cadaver bodies still human bodies?⁷⁰ Anatomists chemically transform dead human bodies into cadavers—scientific products which they then study in pieces to understand a live human body and its normative structure, function, and chemical processes.⁷¹ Although anatomists started with a human corpse, the chemical processes alone altered the look, feel, and smell of the body—breaching, at the very least, its biochemical integrity. Clearly, the corpse delivered was fundamentally different from the “material” stored and eventually dissected.

Perhaps anatomists did not have to “forestall any identification with the body as a person”;⁷² by the time they had turned the body into a cadaver, it was already an artificial construct, a simulacrum. This transformation was a two-way street, a three-way street actually, for, as readers, we also need psychological distance from experimental details beyond our emotional frame of reference. Typically in articles, gruesome details are juxtaposed with mundane generic-sounding shop talk, as when Joseph Tunis describes his method for “polishing frozen sections”—of human heads. “Having secured a good head, it should be well frozen in a near-by refrigerating plant or during cold weather in the open.” Next, the frozen head is sawn “in the usual way by hand or by using the band-

⁷⁰ This is almost a double “constructivism” position. As Jan Golinski has defined “constructivism,” “that scientific knowledge is a human creation made with available material and cultural resources, rather than simply the revelation of a natural order that is pre-given and independent of human action.” I am suggesting that anatomists “made” cadavers and then studied them to “make natural knowledge.” See, Golinski, *Making Natural Knowledge*, 6.

⁷¹ Andrew Cunningham has described the paradox of anatomy thusly: “Anatomy has the peculiarity ... the odd assumption ... that the functioning whole body which comes into existence as a whole and can only persist in existence as a whole, can nevertheless only properly be understood by cutting it up artificially into its supposed parts.” See, Cunningham, *Anatomical Renaissance*, xi.

⁷² Sappol, *A Traffic of Dead Bodies*, 319.

saw.” Ultimately, the frozen head sections are polished, “while still frozen hard, on a rapidly revolving wooden wheel wet with water.” Tunis recommends wearing “heavy woolen gloves,” and having “plenty of pumice ... on hand.”⁷³ All in a day’s work.

In 1913, George Jenkins of Johns Hopkins Anatomical Laboratory conducted, “at the suggestion of Dr. Mall,” a survey on the status of anatomy laws in the country. He surveyed forty-nine states’ attorneys-general about the provisions of their laws, and sent questionnaires to “a majority of medical colleges.” Jenkins published the results of his survey, “The Legal Status of Dissecting,” in *The Anatomical Record*.⁷⁴ Jenkins makes clear his attitude towards the people who became cadavers; the poor who have already cost the state in care comprised “legitimate material.” Jenkins’s argument was frank: “when the state had at public expense cared for the individual during his last illness, the body, unless buried by relatives and at their expense, should certainly be given where it could be used for public good rather than become a further expense to the public.”⁷⁵ In Jenkins view, dissection was *quid pro quo* for public health care.

Despite the relative contentment of survey respondents, Jenkins found room for improvement. One point he raised was that anatomy laws needed provisions for securing “fresh material” for histological [microscopic tissue] study. His solution: “giving to the [anatomical] board the bodies of all who are legally executed under state laws.” Such a provision should have the “desirable clause making the body accessible immediately after

⁷³ Joseph P. Tunis, “A Method of Polishing Frozen Sections,” *The Anatomical Record* 3 (1909): 111-114, 111.

⁷⁴ George B. Jenkins, “The Legal Status of Dissecting,” *The Anatomical Record* 7 (1913): 387-399.

⁷⁵ *Ibid.*, 387-90.

death, as it should be.”⁷⁶ Executed prisoners--the original and disparaged legal dissection subjects—were suddenly cast in a more desirable light; they could be gotten fresh.

Cadaver anonymity aided detachment—arguably a necessity--but scientific objectivity and professional detachment could run amok and even shape the way a living patient was treated. In “Reference Models of the Female Pelvis,” the author describes the clinical context surrounding the creation of an anatomical model, “Bellevue Model No. III,” described as castings of “five dissections of a female pelvis.”

The subject which served for this model was twenty-two years old and had had one child. The date of parturition was not given in the hospital record, which states that she died of septicemia. Upon pelvic examination shortly before death, the uterus was found to be freely movable ... Prof. W.E. Studdiford noted that the pelvic floor was well formed, and suggested that it would make an excellent specimen for demonstration. After having injected the cadaver with 50 percent formalin, the pelvic floor was dissected and cast. This cast proved so successful that it was decided to make others.⁷⁷

This extraordinary vignette brings us to the intersection where laws, bodies and science collided: the bedside of a dying woman whose physician was also her dissector.⁷⁸ Professor Studdiford and probably all the other professionals and trainees gathered around this woman’s death-bed saw a cadaver instead of a person.⁷⁹ Her admission papers may have indicated there was no next of kin, except perhaps her child. Staff, assuming her body would not be claimed, seized the opportunity to collect a useful specimen rather

⁷⁶ Ibid., 394.

⁷⁷ B. Spector, “Reference Models of the Female Pelvis,” Anatomical Record 25, (1923): 95-98.

⁷⁸ Even if he did not perform the actual dissection, he conceived of her as a cadaver, and, pre-mortem planned her dissection. Richardson describes similar cases in 18th and 19th century England where physicians crossed the line. See, Richardson, Death, Dissection and the Destitute, Chapter 2, 31-51.

⁷⁹ Mary Fissell uses Foucault’s trope, the “medical gaze,” in her analysis of the shift in power from patients to physicians in this new institutional setting, and its consequences. See, Mary E. Fissell, Patients, Power, and the Poor in Eighteenth-Century Bristol (Cambridge: Cambridge University Press, 1991); Michel Foucault, Birth of the Clinic: An Archeology of Medical Perception (New York: Parthenon Books, 1973).

than, it seems, waiting the forty-eight hours stipulated by New York's anatomy law.⁸⁰ Clinical teaching in these years was akin to institutionalized conflict of interest. New York had an anatomy law, but her body was up for grabs before she died.⁸¹

Moreover, the devil is concealed in the unexplained details of this woman's story. While still alive, her attending physician, Professor Studdiford, was formulating plans for her body parts. As a patient in a medical college hospital, she was a charity case, a presumptive cadaver, dying from a bacterial blood infection. "Septicemia ... was the most virulent infection of all. After torturing its victims with fevers, chills, profuse sweating, jaundice, bleeding, and multiple abscesses, it would commence its almost inevitable progression to death."⁸² She was subjected to a death-bed pelvic examination, conducted apparently during grand rounds. As soon as her pelvic floor was deemed "an excellent specimen for demonstration," the woman/patient was removed conceptually from the narrative and someone "injected the cadaver." Quite possibly the model of her dissected pelvis is still on display in the New York University School of Medicine.⁸³

⁸⁰ This is much like brain dead patients today; they are "living cadavers"--presumptive organ donors. See, Margaret Lock, Twice Dead: Organ Transplants and the Reinvention of Death (Berkeley: University of California Press, 2002). My assumption that they did not wait is based on these events as narrated.

⁸¹ Weinmann, "A Survey of the Law Concerning Dead Human Bodies," 75.

⁸² This description of septicemia is from Ludmerer, Learning to Heal, 10.

⁸³ Bellevue Medical College Hospital and NYU merged and adopted this name in 1960.

EPILOGUE:

TOWARDS DONATION

[Letter from] Mrs. Minnie G. Faber ... saying she wants to leave her body to science,
preferably to Hahnemann Medical College.¹
(1922)

The Office of the Board received a letter from Jessica Mitford, author of "The American
Way of Death." ... asking whether her book ... has been instrumental in a larger number
of bodies coming to the Board.²
(1964)

Although a few states had anatomy laws prior to the Pennsylvania Act of 1883, this act, particularly in its creation of an anatomical board, became the model for modern anatomy legislation. Installation of a state level anatomical board was the bureaucratic mechanism necessary for the law's success. As a state agency, the anatomical board provided the illusion of being a disinterested intermediary; that the government was supervising, that dissection was somehow now fair and impartial. Clearly, however, it was not. The law maintained the dissection status quo; it targeted the same groups of people as the grave-robbers had. Now, however, body procurement and dissection could disappear under the weight of government bureaucracy.

Anatomy law made body procurement and dissection an official prerogative of the medical profession, and, in so doing, removed it from the public sphere. Anatomical boards were not disinterested intermediaries; rather, they represented the installment of a

¹ Executive Committee Minute Books, 1921-25, 107, State Anatomical Board, RG-11, Pennsylvania State Archives.

² Minutes, 1953-1964, 496, SAB, RG-11, PSA.

special interest group.³ Under the grave-robbing system, medicine and science transgressed public space for reasons many considered private: *their* studies, *their* careers, *their* morbid curiosities. Anatomy law privatized (for the public good), and, legitimated (for medicine and science) these highly specialized and disquieting practices. Thus, the further dissection moved from the grave—away from the people--the deeper it receded into the laboratory—towards the scientists--the less scrutiny it received. Dissection had become a normal, routine, unremarkable part of medical education that did not stimulate outside, meaning non-medical, attention. Medical and scientific progress could easily conceal the post grave-robbing history of dissection.

Modernizing body procurement and dissection with bureaucratic practices, coupled with the anonymity—both literal and figurative--of its state-supplied anatomical subjects, created a culture equally compelling and more disturbing. Anatomical study was still secretive; however, the most important secret was the identities of the dissection subjects. The anonymity of dissection subjects was crucial to the law's functioning and for the medical profession's control; with their personhood obliterated, and their histories denied, the social implications of the law could be ignored. Still a significant rite-of-passage, medical students carved their professional identities into the dead bodies of anonymous anatomical subjects; however, that new identity and status derived in part from their cultural *right* to the bodies of marginalized people and public charges. Legalization did not end the inequality of dissection. On the contrary, legalization institutionalized the discrimination.

³ Paul Starr has written that "with the political organization [physicians] achieved after 1900, doctors were able to convert that rising authority into legal privileges, economic power, high incomes, and enhanced social status." See, Paul Starr, The Social Transformation of American Medicine (New York: Basic Books, 1982), 142.

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In the 1930s and 1940s, medical historian Frederick Waite wrote candidly about the significance of grave-robbing for nineteenth-century medical colleges as he traced the development of anatomy law in New England.⁴ However, as a professor of histology and embryology, and a member of the Association of American Anatomists (1907), Waite did not challenge the inherent class bias of the anatomy acts nor the over arching need of the medical profession for cadavers. In 1945, somewhat wistfully perhaps, Waite admitted that:

The supply has varied with public economic conditions. One cannot predict future conditions, but recent diminution in the supply of cadavers is already causing anatomists to ponder on what the future will bring with increasing public provision for all classes of people, especially that class from which cadavers have usually been drawn.⁵

This thread of concern, for anatomists and their research, not the cadaver “class,” was echoed by John B. Blake in his 1955 article on anatomy law, that, “the supply of anatomical subjects is again becoming a serious problem.”⁶ So critical were these concerns that in 1958 the *National Society for Medical Research* established a committee to study the problem.⁷ However, by 1972, *Time* and *Newsweek* ran articles on the

⁴ Frederick C. Waite, *The First Medical College in Vermont: Castleton, 1818-1862* (Montpelier: Vermont Historical Society, 1949); “An Episode in Massachusetts in 1818 Related to the Teaching of Anatomy,” *New England Journal of Medicine* 220 (1939): 221-28; “Grave Robbing in New England,” *Bulletin of the Medical Library Association* 33 (1945): 272-76; “The Development if Anatomical Laws in the States of New England,” *The New England Journal of Medicine* 233 (December, 1945): 716-726.

⁵ Waite, “Development if Anatomical Laws,” 725.

⁶ John B. Blake, “The Development of American Anatomy Acts,” *Journal of Medical Education* 30 (1955): 431-39, 431.

⁷ *Minutes*, 1953-64, 1958, SAB, RG-11, PSA. See also, “Cadaver Shortage,” *Science* 126 (1957): 1059.

“Cadaver Boom,” the abundant supply of bodies bequeathed to “science.”⁸ In view of the long and troubled history of anatomy law and dissection, how can we explain the move towards body donation?

Research suggests a context for understanding the changes that spurred individuals to donate their bodies “to science.” The *Pennsylvania Anatomical Board* did not promulgate body donation; rather, the board followed the public’s lead in this matter. The board’s secretary, Dr. J. Parsons Schaeffer, expressed the official view that “the Anatomical Board is not in favor of solicitation with reference to willing bodies. The policy followed ... is to invite individuals in, and they in turn have promoted interest in the use of willed bodies.”⁹ If anything, entries in the *Executive Committee Minutes* reflect Schaeffer’s surprise that “the correspondence pertaining to persons interested in willing their bodies to the Anatomical Board for scientific studies was building up considerably, even more so than was anticipated.”¹⁰ Somewhat ironically, in the 1950s, the board developed policies and procedures *in response* to public inquiries about donation.

When in 1922 Minnie Faber wrote to the board that she wanted to “leave her body to science,” she may have been the first to contact them with this request. The board received a second letter of interest from her three weeks after the first, before they responded. Minnie Faber may have been the first person to “pre-plan” donation with the board. The earliest evidence of an attempted “donation” found in the board’s records concerned a seventy-four-year-old white male, who died of “apoplexy at his residence in

⁸ “Cadaver Boom,” *Newsweek*, April 17, 1972, 63; “Body Boom,” *Time*, June 26, 1972, 46; however, as part of a more in depth analysis, the *New York Times* reported “Body Shortage Curbs Medical Schools,” see *NY Times*, June 25, 1972, p. 1, 36.

⁹ *Minutes*, 1953-64, 1958, 199.

¹⁰ *Ibid.*, 203.

Philadelphia,” on November 2, 1914. “This body was left by the deceased to Jefferson Medical College for scientific purposes.” However, the board did not hear of him until 1917, “as the college did not understand the procedure.”¹¹ Another white male, a suicide, also left his body to Jefferson Medical College in 1917. The sixty-year-old man shot himself in the head and his “body was turned over to the Board by the Coroner of Philadelphia.”¹² The records are silent on donation until Minnie contacted the board five years later.

Prior to these three early twentieth-century examples, history records wealthy individuals who, prior to their death, asked their physicians to post mortem their bodies to understand the disease that killed them.¹³ The most relevant nineteenth-century example of a “donation” was Dr. Rufus B. Weaver’s “scrubwoman Harriet.” She died in 1888 and “left her body to him for experimental purposes.” Dr. Weaver’s dissection of her nervous system won him a gold medal at Chicago’s 1893 Columbian Exposition.¹⁴ In 1947 there appears in the *Consolidated Annual Report of Receipts and Distribution* of the Pennsylvania Board a hand-written column heading, “Willed Bodies”; however, none were recorded. Starting in 1948, the board received occasional letters from individuals

¹¹ Cadaver Receiving Books 1916-1925, 30, SAB, RG-11, PSA.

¹² *Ibid.*, 42.

¹³ For example, see Katherine Park, “The Criminal and the Sainly Body: Autopsy and Dissection in Renaissance Italy,” Renaissance Quarterly 47 (1994): 1-33, 8-9.

¹⁴ Robert M. Kaiser, Sandra L. Chaff, and Steven J. Peitzman, “A Philadelphia Medical Student of the 1890’s: The Diary of Mary Theodora McGavran,” Pennsylvania Magazine of History & Biography 108 (1984): 217-36, n. 48, 233. Weaver served on the Anatomical Board.

requesting information about “willing” their bodies, either to specific institutions, or for “scientific study.”¹⁵ By 1952, the board had established procedures for willed bodies.

Public interest in willing bodies appears to be a by-product of publicity by the first eye bank. The Eye-Bank of New York ushered in the concepts and methods for getting people to donate body parts. Based on the Eye-Bank’s official history, as early as 1905, human cornea transplants had been successfully performed. Dr. R.T. Patton of New York decided to pursue corneal transplants with corneas removed from prisoners executed at Sing-Sing Prison. Dr. Paton then conceived of a donation system, and, in December 1944, formed an organization, soon to be known as the Eye-Bank, and put New York society powerhouse Mrs. Aida Breckenridge in charge of public relations. “Well-connected to society, business leaders and political figures of the time, Mrs. Breckenridge could wield the influence needed to popularize a unique idea.”¹⁶ The anatomical board began receiving inquiries from people interested in willing their bodies to scientific study after donating their eyes to an eye bank.¹⁷

According to the Eye-Bank website, “There was no legal precedent for obtaining anatomical gifts.” Therefore, one of the first tasks was seeing to it that laws “be amended allowing any person to direct the manner in which his body should be disposed of after death.” Breckenridge staffed the first council with celebrities from all walks including Ethel Barrymore, Booth Tarkington, former president Herbert Hoover, Mrs. Theodore

¹⁵ Consolidated Annual Reports of Receipts and Distributions 1947-48, SAB, RG-11, PSA. The board was able to receive “donations” from nearby states as well, most often New Jersey and Delaware. As interest picked up, they received inquiries from all over the country.

¹⁶ Eye-Bank website www.eyedonation.org/history.html. The history of blood donation also needs investigating for donation rhetoric and public awareness campaigns. The term blood bank was coined in 1937, by Dr. Charles Drew.

¹⁷ Minutes, 1953-64, 141, SAB, RG-11, PSA.

Roosevelt, and Eleanor Roosevelt. The J. Walter Thompson Advertising Agency contributed the first brochure, "A Gift Like the Gifts of God." In February 1945 the *New York Times Magazine* ran a story on the Eye-Bank, but a *Reader's Digest* story in November 1945 is credited with making "a major impact in spreading the word about eye donation." The American Red Cross and Eastern Airlines transported human tissue for the Eye-Bank, and "for a year ... the [*Reader's Digest*] edition was carried in the pocket of every seat on Eastern Airlines." The Eye-Bank and the *Reader's Digest* may be responsible for popularizing the "gift" rhetoric of body and organ donation.¹⁸

Throughout the 1950s, most of the Pennsylvania board's correspondence concerning willed bodies involved individuals who were donating their eyes to Philadelphia's Wills Eye Hospital. Schaeffer had to establish a "complete understanding" with the Eye Hospital "concerning the removal of eyeballs for corneal transplantations, and the subsequent delivery and use of such eyeless dead bodies in the medical schools and medical colleges of the State."¹⁹ In 1959 the secretary mentioned receiving "a printed form to be signed for the donation of eyes after death, circulated by the Lions Club of Binghamton, New York." The Minutes make it sound like a novel concept. By 1961, Schaeffer reported that "occasionally the board receives a letter from a prospective donor interested not only in willing their body for medical research, but requesting various parts

¹⁸ According to Margaret Lock, "Since the mid-1950s the metaphor of the 'gift of life' has been used with considerable success to promote organ donation in both Europe and North America." Lock, *Twice Dead: Organ Transplants and the Reinvention of Death* (Berkeley: University of California Press, 2002), 316. The Eye-Bank story that flew around the country was by Lois Mattox Miller, "Eyes That See Again," *Reader's Digest* (November 1945): 17-19; however, the Digest had been busy. Two stories appeared earlier: "An Eye For An Eye—That the Blind May See," *Reader's Digest* (December 1943): 18-20; Lois Mattox Miller, "Banks for Human 'Spare Parts'," *Reader's Digest* (November 1944): 25-26.

¹⁹ *Minutes*, 1958, 243.

be donated, or used, to various Body Parts Banks.”²⁰ However, in response to this and other such inquiries, the board informed these prospects that the board needed whole bodies for medical students to study, “including eyes and surrounding structures.” Clearly, riding the wave of interest in eye donation was wearing thin for the secretary, who, even with willed “eyeless dead bodies,” continued to refer to the “dearth” and the “scarcity” of unclaimed bodies coming to the board.

The board’s collection problems began in the 1930s with changes in public assistance laws.²¹ By 1938, County Poor Boards had been replaced by the State Department of Public Assistance, and fewer people entered county homes. In addition to these structural changes, state aid included burial at public expense.²² Thus, the board had been operating with diminishing numbers for twenty years by the time eyeless donors were on the books.

The Pennsylvania board was not alone in facing these shortages. A 1956 article in *Missouri Medicine* also made clear the effect of “the expansion of social security, old age pensions and death benefits by the federal government,” in curbing the supply of unclaimed bodies. The article also mentions donors, “the bodies of ... persons that would not have come under the jurisdiction of the Board except for the expressed desire ... to have their bodies used for purposes of teaching and research.” Missouri was following the lead of nine states that had made “legal provision enabling a person to will his or her body,” but Pennsylvania was not listed among these states. The author insisted that “a vigorous, united action ... for the procurement of human bodies” for medical education

²⁰ Ibid., 1961, 360.

²¹ See Appendix B.

²² Minutes, 1938-53, 4.

was essential. It was up to physicians, “through widespread contacts made with patients, friends and relatives” to make known the need for human cadavers. Thus, creating “legal measures” and changing “social attitudes” were the necessary steps for creating donors.²³

National efforts were already underway to address cadaver shortages. In 1954, Russell Woodburne reported that “it is almost universally reported that supplies have materially decreased in recent years.” Woodburne, like George Jenkins forty years previously, surveyed the status of anatomical laws as the first step in addressing the problem nationally. “Prominently mentioned causes” of cadaver shortages were, “prosperity, increasing social welfare burials, conflicting social welfare and old age assistance legislation, burial insurance, increased post-mortem examinations, and laws so free regarding claimants and exemptions that they give anatomical teaching a low priority on the unclaimed body.”²⁴

In his conclusion, Woodburne mentioned that only a few states had legal provisions allowing body donation, and that “specific provisions to allow willing of the body or body parts appears to be a forward looking step.” He cited developments in blood, eye and bone banks, “and the rapidly opening field of substitution surgery.” Woodburne urged medical and biological professions to educate the public on the great need, “and to emphasize the respect and care accorded anatomical specimens and their ultimate disposal in a socially acceptable manner.”²⁵

²³ M.D. Overholser, et. al., “Can Missouri Schools Continue the Teaching of Human Anatomy Effectively?” Missouri Medicine 53 (1956): 474-76. The Missouri Anatomy Act of 1887 created an Anatomical Board.

²⁴ Russell T. Woodburne and Ernest Gardner, “Anatomical Materials and Anatomical Laws,” Bulletin for Medical Research of the National Society for Medical Research 8 (1954): 2-5, 2; Also, see “Cadaver Shortage,” Science 126 (1957): 1059.

²⁵ *Ibid.*, 5. “Substitution surgery” may have been the first term used for transplants.

What was a “socially acceptable manner” of disposing of dissected remains in the 1950s? Most of the first-generation donor bodies the board received were “cremated, the ashes encased with others and interred in the burial plot of the Anatomical Board, as is the custom with all unclaimed bodies.” Most of the willed bodies did not request the remains be sent elsewhere. Increasingly, however, the board received requests from donors that their “dissected remains be individually cremated, the ashes individually encased and placed in the hands of a member of the family for burial.” Secretary Schaeffer was clear that, while the board did not wish *to offer* these options, it would respect individual requests so long as the donor’s estate paid for anything above and beyond routine procedures.²⁶ Thus, “the subject of individual cremation should not be stressed as it presents added care and expense on the part of the medical school or college, also individual incineration would be required.”²⁷

One potential market the board struggled to tap concerned religious groups with prohibitions on treatments of the corpse and/or burial—Catholics and Jews. The Catholic Church forbade cremation until 1963, and then only in certain circumstances.²⁸ In 1958, Schaeffer received a letter from a Catholic person interested in willing his body to the board. The man asked if “the dissected remains could be claimed and buried in consecrated ground in accordance with the requirements of the Catholic faith.” Schaeffer informed the man that it could be done at the expense of the claimant. One month later, Schaeffer announced with fanfare to the board that they had “the necessary papers from a

²⁶ Minutes, 1953-64, 219.

²⁷ Ibid., 155.

²⁸ Stephen Prothero, Purified By Fire: A History of Cremation in America (Berkeley: University of California Press, 2001), 165.

Catholic person who willed his body for scientific study.” The remains were not to be cremated, but claimed for burial in a Catholic cemetery, paid for by the claimants.

Uncharacteristically verbose, Schaeffer rhapsodized:

This is the first time a Catholic body had been willed to the Anatomical Board for scientific studies in the promotion of scientific medicine. The arrangement of having a dead Catholic individual serving the purpose of promoting scientific medicine, yet through claiming of the dissected remains for burial in consecrated ground would appear to have satisfied the advising priest. This procedure has long been on the mind of the Secretary as a possible way out. From this the Board may receive other inquiries, from persons of Catholic faith, interested in willing their bodies in the furtherance of scientific medicine. The Board must of course await further developments.²⁹

These arrangements were not met with excitement by the Anatomy Department of the University of Pittsburg, the donor’s dissection site-of-choice. The department said they “would not assume the responsibilities and care with reference to the use and burial of the remains.”³⁰ More letters and a meeting ensued before the department accepted the challenges presented by a Catholic body. In 1964, a Catholic magazine ran an article on Catholic body donation, ensuring readers that “All Catholic anatomy labs are under direct observation of the clergy, and all prescribed ritual for the disposition of the remains is scrupulously observed.”³¹

September 1959 marks the first time the board entered into special donor arrangements for a Jewish couple. Schaeffer announced at the Executive Committee

²⁹ Minutes, 1953-64, 1958, 211.

³⁰ Ibid., 215, 220.

³¹ Rev. Winfrid Herbst, S.D.S., “About Donating One’s Body to Medical School,” Our Sunday Visitor January, 12, 1954, 6.

Meeting that the board had on file all the “necessary papers, signed and notarized, for a man and wife who willed their bodies to the Board with the proviso that a Rabbi, read commitment services at the time of burial.” For this couple, “the body or bodies could be individually cremated, the ashes encased in a small container over which the Rabbi could read commitment services. The box, intact, could then be placed in one of the larger boxes for interment.”³² For this couple at least, the issue was keeping the body and its cremated remains separate; cremation itself did not pose a theological threat.

Secretary Schaeffer acknowledged the relationship between the appearance of articles that supported body donation and a surge of public interest. In addition to Philadelphia newspaper articles and one in the *Friends Journal*, articles on body donation began appearing in popular magazines, such as the *Reader's Digest* and *Coronet*.³³ Typical of popular magazine articles that sought to popularize body donation is one that appeared in *Coronet*, “My Husband’s Last Gift To Science.”³⁴

“I don’t remember much about the memorial service. Where the casket would have been there were five baskets of flowers.” So begins the “as told to” narrative of the woman whose husband “donated his body for medical research.” Several other euphemisms are trotted out as the story unfolds. Alternately, she “had given [her] husband’s body to a university” or it was “donated to the University.” A minister told her

³² Cremation was accepted by Reform Jews since the late 19th century; however, Conservative and Orthodox Jews do not accept cremation. See, Prothero, *Purified by Fire*, 137-38; Walter S. Wurzbarger, “Cadavers: Jewish Perspectives,” *Encyclopedia of Bioethics* (1978); 144-45.

³³ Judging by the Eye-Bank’s success, the power of the *Reader's Digest* to sway public opinion should not be overlooked. J.D. Rathcliff, “Let the Dead Teach the Living,” *Reader's Digest* (August 1961): 87-90.

³⁴ Mildred Brooks, as told to Fergus Cronin, “My Husband’s Last Gift To Science,” *Coronet* (January 1961): 32-37. The article never makes clear what *other* gifts her husband gave “to science.” Schaeffer reported that the board received a “deluge of correspondence ... from all parts of the country,” because of this article. Rather creepily however, Schaeffer referred to it as “an article written for *the wife of a willed body*.” [Italics added.] *Minutes*, 1961, 356.

“it was ‘a fine gesture’ to help medical science and humanity in this way so that they might train doctors and find out more about specific diseases.” The same minister said he ““would encourage giving one’s body to science.”” However, the minister who presided over the flower baskets spoke in the most grandiose terms: “The dedication of his body after death to the welfare of mankind is the ultimate service within the command of a human being.” Eventually, “a surprising number of people” told her “they want to bequeath their bodies to the service of humanity.”³⁵ The point had been made and seconded.

Despite the anatomical board’s recognition of the benefits, for them, of popularization, they did not develop a program to promote donation. Clearly, popular magazines in themselves were not enough to change American attitudes towards the disposition of the body after death. Rather, these articles reflect larger attitudinal changes already under way. A full understanding of the move towards body donation would require a broad social and cultural analysis of mid-twentieth century attitudes towards death, the body, and, especially, funeralization.³⁶ Clearly, based on the *Records of the Anatomical Board* and the secondary literature, body donation started among persons of higher socio-economic positions. In essence, with body donation, the “class” of cadavers rose significantly.

Results of a 1950 University of Pennsylvania sociological study into class differences in funeral and burial customs suggests who was writing those first letters of

³⁵ Ibid. Even though “Hugh” was dissected so that doctors would learn more about his condition, they couldn’t even come up with a plausible cause of death. They did of course thank his wife and assure her that “the opportunity to study Hugh’s body had been ‘extremely valuable’.” 34.

³⁶ Gary Laderman, *Rest In Peace: A Cultural History of Death and the Funeral Home in Twentieth-Century America* (Oxford: Oxford University Press, 2330); Lock, *Twice Dead*; Prothero, *Purified By Fire*.

donation to the board. For example, the study found that, regarding cremation, it was “almost entirely an upper class phenomenon”; it was rarely found among the lower classes, and appeared somewhat among the middle classes.³⁷ The corpse was not a significant part of funeral rituals for upper-class Philadelphians. Not only did they dispose of it quickly, but many did not have “viewings” at funeral parlors. The author found that “in the Philadelphia area, position on the class scale is inversely correlated with elapsed time between death and burial.”³⁸ Furthermore, many upper-class individuals had eliminated flower donations, instead asking people to make contributions to charities or medical causes. The author concluded that “what changes are taking place are occurring through informal methods with the initiative being taken by the upper classes.”³⁹

The strongest evidence connecting these general findings to actual body donors in Pennsylvania is that most of the letters the board received came from lawyers acting on their clients’ behalf. The first generation of body donation was carried out through wills; the board’s use of the term “willed bodies” was literal. By the 1950s, death-ways for upper- and middle-class Philadelphians had changed such that the body was not the focus of the funeral or the period of mourning. Many had already incorporated charity donations and bequests in honor of the deceased. This is also the class of people who would most likely have benefited directly from, and been aware of, advances in medical science, so it makes sense that they would be the first to “will” their bodies for scientific study. By the early 1960s, as articles in middle-class magazines popularized the concept

³⁷ William M. Kephart, “Status After Death,” *American Sociological Review* 15 (Oct. 1950): 635-643, 638.

³⁸ *Ibid.*, 640.

³⁹ *Ibid.*, 637.

of donating one's body to science, presumably more middle-class bodies found their ways into anatomy laboratories.⁴⁰

It was a brief historical moment when the state “robbed graves” for medical science, for the public good.⁴¹ Throughout the 1920s, although opposition surfaced occasionally, the Pennsylvania Anatomical Board rode shotgun over the disposition of “unclaimed” bodies, a legal euphemism for the poor. Under the anatomy law anatomists and medical students won the right to dissect the class of bodies they had been stealing for decades. Now, instead of burying deceased poorhouse residents in institution graveyards, (only to have them resurrected), the state allowed them to be “sent to Philadelphia.” By the 1930s the federal government assumed a new and expanded role administering centralized relief and subsequently undercut the number of people too poor to bury their dead.⁴²

Although the board saw its “receipts” cut in half throughout the 1940s, they worked defensively only, protecting what little supply they had left. By the 1950s, segments of the public had enough confidence in the medical profession, faith in science, and disdain for funeral excess, that they began “willing” their bodies to the anatomical board for “scientific purposes.” Donation would not begin to meet needs until the 1970s, and periodically the medical profession drew attention to its “great need” for cadavers.

⁴⁰ The 1960s saw tremendous changes in attitudes towards death and funeralization. However, anatomists were still fighting to get enough bodies. See, J. Baumel, “Donation of Bodies for Medical Education,” *Nebraska Medical Journal* 53 (1968): 90-92; R.D. Smith, “A Survey of the Cadaver Supply in the Medical Schools of the United States and Canada,” *Journal of Medical Education* 44 (1969): 628-29.

⁴¹ In 1971, the name of the board was changed to the “Humanity Gifts Registry.”

⁴² For a concise overview of these programs, see Walter I. Trattner, *From Poor Law to Welfare State: A Social History of Social Welfare in America*, Sixth Edition (New York: The Free Press, 1974), chapter 13.

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APPENDICES

APPENDIX A

CADAVERS' OCCUPATION GROUPS¹

Unskilled Laborer
N = 422 (38%)

Laborer
Day Laborer
General Laborer
Retired Day Laborer
Labor in Mines
Pauper
Peddler

Skilled/Crafts
N = 55 (5%)

Auto repairer
Blacksmith
Bookbinder
Butcher
Carpenter
Compositor
Cooper
Farmer
Furrier
Glass maker
Meat cutter
Miller
Plumber
Print maker
Printer
Sail maker
Seamstress
Shipbuilder

Semi-Skilled/Specialized Laborer
N = 119 (11%)

| | |
|--------------------|------------------|
| Boiler Fireman | Riverman |
| Boiler maker | Sailor |
| Bottler | Sailor Fisherman |
| Bricklayer | Seaman |
| Brush maker | Ship caulker |
| Cement worker | Spring maker |
| Coal Miner | Steel worker |
| Crane operator | Stevedore |
| Driver | Stonecutter |
| Dyer | Teamster |
| File maker | Tinker |
| Furniture polisher | Wall scraper |
| Glass worker | Waterman |
| Heater | |
| Horseshoer | |
| House painter | |
| Ironworker | |
| Long Shoreman | |
| Lumberman | |
| Machinist | |
| Mechanic | |
| Millhand | |
| Miner | |
| Oiler | |
| Oysterman | |
| Painter | |
| Paper hanger | |
| Plasterer | |
| Railroad | |

¹ Occupation classification is an on-going social history project. It was not always clear what was meant by some of the occupations listed in the Cadaver Receiving Books. However, for the purposes of this study, I was mainly interested in whether people had identifiable occupations and created groups accordingly. For those interested in current projects, see Marco H.D. Van Leeuwen, et. al, "Creating a Historical International Standard Classification of Occupations," Historical Methods 37 (Fall 2004): 186-197; Evan Roberts, et. al., "Occupational Classification in the North Atlantic Population Project," Historical Methods 36 (Spring 2003): 89.

(Skilled/Crafts Continued)

Shoemaker
Silk weaver
Singer
Tailor
Weaver
Woodworker

Service/White Collar
N = 64 (6%)

Barber
Barroom man
Bookkeeper
Clerk
Distributor
Elevator operator
Engineer
Fireman
Florist
Hostler
Huckster
Ice Cream Dealer
Insurance agent
Male nurse
Midwife
Missionary
Nurse
Policemen
Porter
Preacher
Retired grocer
Saleslady
School teacher
Shopkeeper
Steward
Telephone operator
Vendor
Waiter
Waitress
Watchman

Unskilled Domestic
N = 135 (12%)

Domestic
Housekeeper
Housewife
Housework
Kitchen man
Lauderer
Laundress
Linenmaid
Maid
Servant

Semi-Skilled Domestic
N = 25 (2.3%)

Baker
Cook
Gardener

APPENDIX B

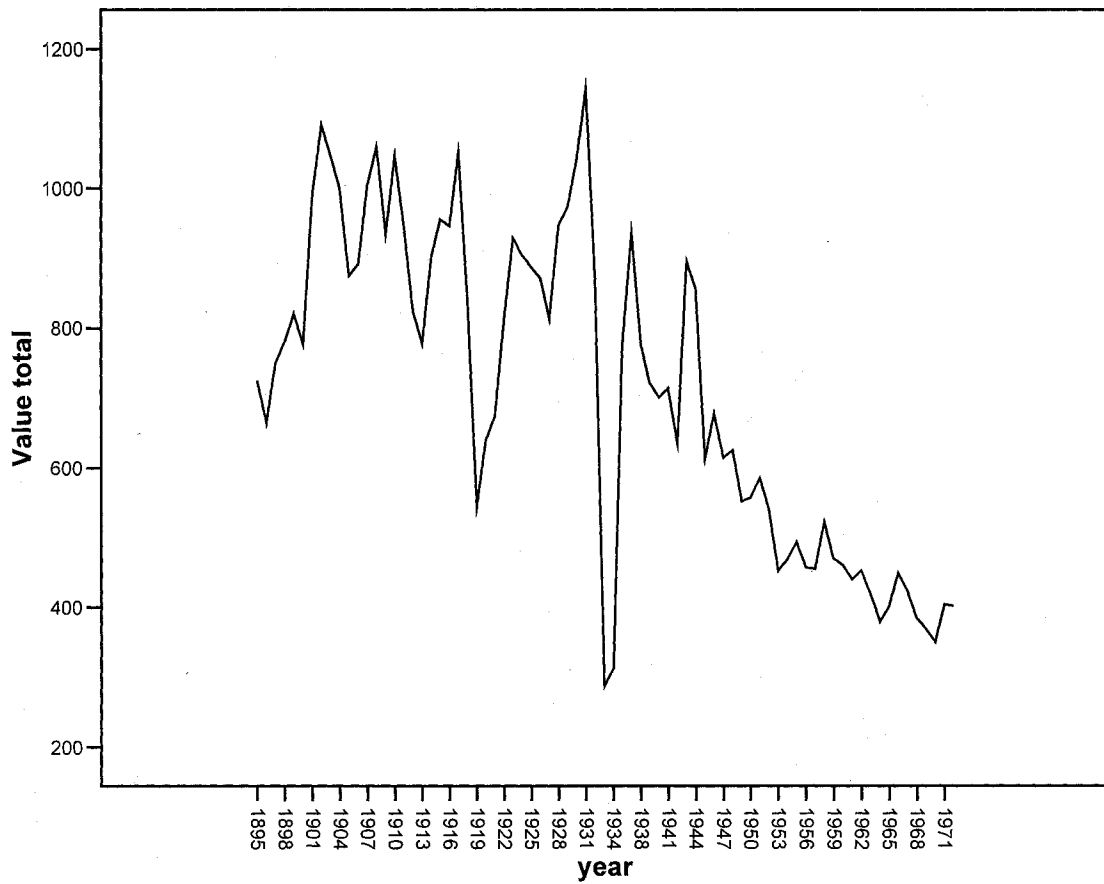
TOTAL NUMBER OF BODIES RECEIVED BY THE ANATOMICAL BOARD, 1895-1972ⁱ

| Year | Total | Year | Total | Year | Total |
|------|-------|------|-------|------|-------|
| 1895 | 725 | 1921 | 674 | 1947 | 615 |
| 1896 | 665 | 1922 | 810 | 1948 | 625 |
| 1897 | 750 | 1923 | 928 | 1949 | 552 |
| 1898 | 781 | 1924 | 904 | 1950 | 557 |
| 1899 | 820 | 1925 | 887 | 1951 | 585 |
| 1900 | 777 | 1926 | 871 | 1952 | 541 |
| 1901 | 991 | 1927 | 813 | 1953 | 452 |
| 1902 | 1091 | 1928 | 947 | 1954 | 469 |
| 1903 | 1046 | 1929 | 973 | 1955 | 493 |
| 1904 | 999 | 1930 | 1041 | 1956 | 457 |
| 1905 | 875 | 1931 | 1142 | 1957 | 455 |
| 1906 | 891 | 1932 | 867 | 1958 | 522 |
| 1907 | 1003 | 1933 | 287 | 1959 | 470 |
| 1908 | 1059 | 1934 | 312 | 1960 | 460 |
| 1909 | 934 | 1935 | * | 1961 | 440 |
| 1910 | 1046 | 1936 | 776 | 1962 | 452 |
| 1911 | 944 | 1937 | 936 | 1963 | 419 |
| 1912 | 824 | 1938 | 777 | 1964 | 379 |
| 1913 | 778 | 1939 | 721 | 1965 | 401 |
| 1914 | 902 | 1940 | 701 | 1966 | 449 |
| 1915 | 955 | 1941 | 714 | 1967 | 423 |
| 1916 | 946 | 1942 | 635 | 1968 | 384 |
| 1917 | 1051 | 1943 | 895 | 1969 | 369 |
| 1918 | 834 | 1944 | 856 | 1970 | 350 |
| 1919 | 545 | 1945 | 613 | 1971 | 404 |
| 1920 | 639 | 1946 | 677 | 1972 | 402 |

ⁱ Consolidated Annual Report Books of Receipts and Distributions, 1895-1974, State Anatomical Board, RG-11, Pennsylvania State Archives. The accounting year ran from December through November.

* Figures for this year were not totaled in the Report.

Continued: Total Number of Bodies Received by the Pennsylvania Anatomical Board,
1895-1972



Source: Consolidate Annual Report Books of Receipts and Distributions, 1895-1974, SAB, RG-11, PSA. There was no total listed in 1935.

APPENDIX C

PENNSYLVANIA ANATOMY ACT OF 1883

No. 106.

AN ACT

For the promotion of medical science by the distribution and use of unclaimed human bodies for scientific purposes through a board created for that purpose and to prevent unauthorized uses and traffic in human bodies.

Section 1. Be it enacted, &c., That the professors of anatomy, the professors of surgery, the demonstrators of anatomy and the demonstrators of surgery of the medical and dental schools and colleges of this Commonwealth, which are now or may hereafter become incorporated, together with one representative from each of the unincorporated schools of anatomy or practical surgery, within this Commonwealth, in which there are from time to time, at the time of the appointment of such representatives, shall be not less than five scholars, shall be and hereby are constituted a board for the distribution and delivery of dead human bodies, hereinafter described, to and among such persons as, under the provisions of this act, are entitled thereto. The professor of anatomy in the University of Pennsylvania, at Philadelphia, shall call a meeting of said board for organization at a time and place to be fixed by him within thirty days after the passage of this act. The said board shall have full power to establish rules and regulations for its government, and to appoint and remove proper officers, and shall keep full and complete minutes of its transactions; and records shall also be kept under its direction of all bodies received and distributed by said board, and of the persons to whom the same may be distributed, which minutes and records shall be open at all times to the inspection of each member of said board, and of any district attorney of any county within this Commonwealth.

Section 2. All public officers, agents and servants, and all officers, agents and servants of any and every county, city, township, borough, district and other municipality, and of any and every alms-house, prison, morgue, hospital, or other public institution having charge or control over dead human bodies, required to be buried at the public expense, are hereby required to notify the said board of distribution or such person or persons as may, from time to time, be designated by said board or its duly authorized officer or agent, whenever any such body or bodies come to his or their possession, charge or control, and shall, without fee or reward, deliver such body or bodies, and permit and suffer the said board and its agents, and the physicians and surgeons from time to time designated by them, who may comply with the provisions of this act, to take and remove all such bodies to be used within this State for the advancement of medical science, but no such notice need be given nor shall any such body be delivered if any person claiming to be and satisfying the authorities in charge of said body that he or she is of kindred or is related

by marriage to the deceased, shall claim the said body for burial, but it shall be surrendered for interment, nor shall the notice be given or body delivered if such deceased person was a traveler who died suddenly, in which case the said body shall be buried.

Section 3. The said board or their duly authorized agent may take and receive such bodies so delivered as aforesaid, and shall, upon receiving them, distribute and deliver them to and among the schools, colleges, physicians and surgeons aforesaid, in manner following: Those bodies needed for lectures and demonstrations by the said schools and colleges incorporated and unincorporated shall first be supplied, the remaining bodies shall then be distributed proportionally and equitably, preference being given to said schools and college, the number assigned to each to be based upon the number of students in each dissecting or operative surgery class, which number shall be reported to the board at such times as it may direct. Instead of receiving and delivering said bodies themselves, or through their agents or servants, the board of distribution may, from time to time, either directly or by their authorized officer or agent, designate physicians and surgeons who shall receive them, and the number which each shall receive: Provided always however, That schools and colleges incorporated and unincorporated, and physicians or surgeons or the county where the death of the person or such person described takes place, shall be preferred to all others: And provided also, That for this purpose such dead body shall be held subject to their order in the county where the death occurs for a period not less than twenty-four hours.

Section 4. The said board may employ a carrier or carriers for the conveyance of said bodies, which shall be well enclosed within a suitable encasement, and carefully deposited free from public observation. Said carrier shall obtain receipts by name, or if the person be unknown by a description of each body delivered by him, and shall deposit said receipt with the secretary of the said board.

Section 5. No school, college, physician or surgeon shall be allowed or permitted to receive any such body or bodies until a bond shall have been given to the Commonwealth by such physician or surgeon, or by or in behalf of such school or college, to be approved by the prothonotary of the court of common pleas in and for the county in which such physician or surgeon shall reside, or in which such school or college may be situate, and to be filed in the office of said prothonotary, which bond shall be in the penal sum of one thousand dollars, conditioned that all such bodies which the said physician or surgeon, or the said school or college shall receive thereafter shall be used only for the promotion of medical science within this State, and whosoever shall sell or buy such body or bodies, or in any way traffic in the same, or shall transmit or convey or cause to procure to be transmitted or conveyed said body or bodies, to any place outside of this State, shall be deemed guilty of a misdemeanor, and shall on conviction, be liable to a fine not exceeding two hundred dollars, or be imprisoned for a term not exceeding one year.

Section 6. Neither the Commonwealth nor any county or municipality, nor any officer, agent or servant thereof, shall be at any expense by reason the delivery or distribution of

any such body, but all the expenses thereof and of said bodies, in such manner as may be specified by said board of distribution, or otherwise agreed upon.

Section 7. That any person having duties enjoined upon him by the provisions of this act who shall neglect, refuse or omit to perform the same as hereby required, shall on conviction thereof, be liable to a fine of not less than one hundred nor more than five hundred dollars for each offense.

Section 8. That all acts or parts of acts inconsistent with this act be and the same are hereby repealed.