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A MARKET FOR DEATH: THE USE AND ABUSE OF CADAVERS IN
NINETEENTH-CENTURY AMERICA

A Thesis

Presented to

The Faculty of the Department

of History

University of Houston

In Partial Fulfillment

Of the Requirements for the Degree of

Master of Arts

By

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ABSTRACT

A Market for Death: The Use and Abuse of Cadavers in Nineteenth-Century

America examines the rise of grave robbing for the procurement of human bodies for educational and entertainment purposes. In the late eighteenth century, new medical schools sought cadavers for dissection and anatomical study, and public entrepreneurs used bodies and body parts for entertainment in dime museums and traveling shows. While some bodies were available to the medical schools legally, most of the specimens used for medical education or public entertainment were stolen from their graves. This study focuses primarily on the period from the Revolutionary War through the passage of the first mandatory anatomy act in 1883. As a work of public history, this thesis builds upon an online exhibit that provides a new means for the public to learn about the ways that bodies were used for both educational and entertainment purposes in the early United States.

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I spent my childhood visiting historic sites, watching documentaries, and strolling through museums. Dad, thank you for instilling in me your love of history. Mom, you gave me a curiosity of medicine and with it a direction for my historical study. Thank you both for your love, support, and confidence.

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Good Friend, for Jesus' sake forbear,
To dig the dust enclosed here!
Blest be the man that spares these stones,
And curst be he that moves my bones.

— William Shakespeare

INTRODUCTION

Grave robbing, stolen bodies, dissection, bones found in a basement. It sounds like the stuff of a horror movie or a Halloween tale. Modern pop culture feeds on sensational stories like skeletal remains buried under Benjamin Franklin's London home or the body of a United States president's son discovered on a medical school dissecting table.¹ But the truth behind the rise of grave robbing for anatomical study in the United States goes much deeper than these commonly repeated, tantalizing tales. Instead, it is a story of capitalism, class, identity, and blatant exploitation. It begins across the Atlantic Ocean then permeates the urban centers of America before spreading to the frontier. And few

¹ Secrets of the Dead: Unearthing History, "Ben Franklin's Bones," *Public Broadcasting Service* video, 54:40, January 28, 2015, <http://www.pbs.org/wnet/secrets/ben-franklins-bones-full-episode/2074/>; "Preservation of Harrison's Tomb," *Cincinnati Enquirer* (Cincinnati, OH), April 3, 1907.

are left out of the narrative. The elite and the working class, white and black, rich and poor, male and female: all play a role in the development of a market for dead bodies in nineteenth-century America.

Embarking on this project, I set out to answer a variety of questions. Why did grave robbing become the main source of cadavers for anatomical study in the eighteenth and nineteenth centuries? Whose graves were being robbed, and how did the public respond to these actions? What did the rise of grave robbing tell us about the medical field, the broader American culture, and the way the body was viewed at the time? Perhaps most importantly, as a student of public history, I wondered how we as historians can communicate the full historical context to the public beyond the sensational, shocking anecdotes of body snatching and dissection. In other words, what is the best way to convey to the public the context, causes, and consequences of grave robbing in early America? What resources exist to tell the casual observer about this phenomenon in American history, and what needs to be added to the public narrative?

A number of remarkable historians, including Michael Sappol, John Harley Warner, and Charles Rosenberg, helped answer many of these questions. In his 2002 book, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America*, Michael Sappol follows the lucrative trade of bodies in America. Throughout, he argues against the long-standing belief that the role of medicine in the nineteenth century was generally limited and underappreciated by the public. Instead, Sappol, through the lens of the study of anatomy, examines the immense impact dissection and medical study had on professional, class, and social identity. John Harley Warner's 2009 collaboration with James M. Edmonson, *Dissection: Photographs of a*

Rite of Passage in American Medicine, 1880-1930, contextualizes the dissection room photography of the late nineteenth and early twentieth centuries within the anatomical field after the Revolutionary War and contends that dissection and dissection room antics served as an important rite of passage for medical students. Charles Rosenberg's 1979 article, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," based on his extensive work in the late 1970s, is a thorough discussion of the dramatic evolution of medical therapeutics in the nineteenth century. With many of America's elite doctors studying in the dissection rooms and lecture halls of Edinburgh, London, and Paris, John Harley Warner's *Against the Spirit of the System: The French Impulse in Nineteenth Century American Medicine* (1998) and Mary Lindemann's *Medicine and Society in Early Modern Europe* (1999) help contextualize the discussion within the larger medical field.

Anatomical study, however, represented just one avenue of interaction between society and dead bodies in the early United States. Bodies and body parts could be found in a variety of places outside of the dissection room, including dime museums and traveling shows, suggesting a cultural fascination with death. Andrea Stulman Dennett provides a wonderful insight into a specific part of the cultural world of the nineteenth century. In her book, *Weird and Wonderful: The Dime Museum in America* (1997), Dennett thoroughly examines the inner workings of American dime museums, where the entrepreneurial American spirit and a burgeoning middle class seeking an identity of its own crossed paths, with the bodies of others playing a central role demarcating the self from the "other." The rise of phrenology, the study of the shape of a person's skull, coincides with the early growth of these museums and also illustrates a cultural interest in

bodies. Earlier historical studies by Madeleine Stern, Andrew Norman, and John Davies provide an important and detailed view into the structure of phrenological study and its need for both living heads and skulls to further the practice.

The history of body snatching in the nineteenth century is valuable for modern Americans to understand because it offers a glimpse into an important time in the development of early American culture. The internet offers a plethora of information on grave robbing. It also serves as an important place where the public and the historian meet, a place where public history happens. With this in mind, the goal of this project is to provide a historically rigorous online exhibit that explains the rise of grave robbing in early America. Currently, there are two types of online exhibits that relate to this topic: (1) websites that promote a physical exhibit; and (2) websites that are extremely focused in thematic or temporal scope. The sites that serve as introductions to a physical exhibit in a museum are a valuable companion and promotional tool for these efforts. By their nature, however, these companion websites do not tell the entire story.

Other online exhibits offer an in-depth look at grave robbing focused on a specific event or location. For example, Pamela Bannos at Northwestern University has curated a wonderful online exhibit entitled *Hidden Truths: The Chicago City Cemetery & Lincoln Park, Then and Now*.² In her project, Bannos utilizes articles from the *Chicago Tribune* to explore the history of grave robbing and much more in Chicago's City Cemetery. This exhibit is heavily based on primary sources and provides an exemplary case study of grave robbing in a specific location, but the study is limited to Chicago. A number of

² Pamela Bannos, *Hidden Truths: The Chicago City Cemetery & Lincoln Park, Then and Now*, 2015, www.hiddentruths.northwestern.edu.

other online blogs and websites exist that discuss grave robbing and dissection, but this discussion is often accompanied by descriptions of the “bizarre” and the paranormal. These sites, while entertaining, romanticize death and bodies without always giving appropriate historical connections. Currently, no online exhibit offers a *comprehensive* look at grave robbing and the use of bodies in nineteenth-century America in an academic rather than a sensational way. The website created as a companion to the thesis, *A Market for Death: The Use and Abuse of Cadavers in Nineteenth-Century America*, aims to create this comprehensive online historical narrative.

The strength of my project is that it employs two distinct mediums to examine and learn about the ways that bodies were used for both educational and entertainment purposes in the early United States. By offering a written thesis and an associated online exhibit, this work extends the discussion into the public realm in a manner different from other theses, thereby reaching a broader audience in a new way. The written thesis lays the foundation for the online exhibit. Chapter One details the rise of the study of anatomy in colonial America and the role this interest in scientific advancement played in the development of a booming cadaver trade. The impact of the Revolutionary War on this trade, the creation of a medical “identity” within the dissection room, and the exploitation of bodies from certain racial groups and social classes are also discussed. In Chapter Two, I argue that this fascination with bodies morphed into the advancement of new forms of public entertainment – dime museums and phrenology. Fueled by a changing middle class searching for an identity in post-Revolutionary America, bodies of both the dead and the living were exploited in museums, lecture halls, and “freak” shows from urban centers to the frontier, and provoked questions about the embodied markers of

identity in an era when social mobility increased dramatically. Finally, Chapter Three explains the curatorial intent and editorial choices of the online exhibit, *A Market for Death: The Use and Abuse of Cadavers in Nineteenth-Century America*, which is a new source for public engagement in the historical discussion of grave robbing and bodies. In the conclusion, I briefly explore how the market for bodies evolved in the twentieth century and look at the future of the online exhibit and how it can continue as a vital and dynamic public history project.

CHAPTER 1

THE DOCTORS: ROBBING GRAVES FOR THE GREATER GOOD

In the years after the Revolutionary War, a disturbing trend began to take shape. Under the cover of darkness and armed with shovels, tarps, and tools, teams of men snuck into cemeteries to extract human bodies from their (not so) final resting places. Targeting only the body itself, they left behind any clothing or dressings; taking anything other than the body from the grave was considered theft. The grave robbers then crept away with the remains of deceased men, women, babies, and children. These were not the actions of common criminals, however. Instead the perpetrators who took to the darkness were some of the brightest and most promising citizens of the new republic: medical students.

What led someone who aspired to professional medical practice to cloak himself in dark clothing under the veil of night and take up grave robbing? For these students, the promise of furthering their medical education and securing their place in the growing

fraternity of American-trained physicians gave them reason enough to commit these seemingly heinous acts. Grave robbing even became a rite of passage for medical students in the late eighteenth and early nineteenth centuries. Some doctors participated directly, while others hired laborers or used slaves to procure fresh bodies from their graves. These hirelings, along with the doctors and medical students, came to be called “resurrectionists,” “sack-um-up men,” or “night doctors.”¹

The American Revolution created a unique opportunity to advance the knowledge of human anatomy by providing, in the bodies of unclaimed casualties of war, a vast supply of human specimens from which doctors could learn through anatomical dissection. After their victory, U.S. citizens felt a strong patriotism to their young country and a desire to ensure it continued to progress; and to that end, young American doctors and surgeons focused their attentions on advancing the medical profession. The supply of cadavers they had access to during the war no longer existed, however, causing a supply problem, of sorts, in the study of anatomical medicine. This new market for bodies, the emerging professional identity of the medical field physicians, and the sharp societal divisions by class and race resulted in a dramatic increase of grave robberies and the rise of the resurrection men.

This chapter demonstrates that the changes to the American medical field, beginning in the late eighteenth century, spurred by a new and ever-tightening group identity among the field’s members and their exploitation of the marginalized people in society, directly led to a dramatic rise in grave robbing and a booming trade in human

¹ Edward C. Halperin, “The Poor, the Black, and the Marginalized as the Source of Cadavers in United States Anatomical Education,” *Clinical Anatomy* 20 (2007): 490.

bodies that resulted in the passage of a wave of anatomy acts throughout the nineteenth century to regulate this new industry. Despite increasing risk of conflicts and anti-grave robbing actions from the public, doctors and students retained a strong desire to procure subjects for dissection, an important part of their emerging professional identity and what many saw as an initiation into their exclusive club, by any means necessary. The records left by these doctors and students, including their own words in lectures, books, and letters, are used to substantiate this position. Many newspaper advertisements for anatomical lectures as well as accounts of grave robberies and arrests offer further proof of this argument. The works of historians, including Michael Sappol, John Harley Warner, and Charles E. Rosenberg, will help guide the discussion of the early American medical field's role in grave robbing in the nineteenth century.

By first providing a background on the apprenticeship system in colonial America, this chapter establishes what led to the founding of America's first medical schools and the growing group identity that was nurtured in the schools' dissection rooms. It then looks at how the Revolutionary War offered a unique solution to the inherent need of cadavers for dissection and the resulting exploitation of bodies based on race and socioeconomic status to fill this need after the war ended. Finally, the last part of this chapter examines the continued growth of medicine and with it the flourishing market for bodies in the nineteenth century and how the public and the government responded to these actions up to passage of the Pennsylvania Anatomy Act of 1883, which created the nation's first state anatomical board and became a model for other states' anatomy acts into the twentieth century.

THE APPRENTICESHIP SYSTEM IN COLONIAL AMERICAN MEDICINE

Medical practice in colonial America remained generally stagnant in the early to mid-eighteenth century. Most practitioners had little if any formal medical education, and almost all, especially those outside of the urban centers, maintained another career to supplement their income.² Many citizens relied on a family member or neighbor to tend to their ailments, and where a doctor was available, he had most likely learned his trade through a short apprenticeship or in-the-field experience.³ Prior to the rise of degree-granting institutions in the 1800s, the term “physician” did not necessarily mean a person with a medical degree, and the use of the title “doctor” was unregulated and regularly used by practitioners regardless of their level of formal medical education.⁴ The practice of medicine in colonial America, then, involved a variety of people with varying educational backgrounds who provided care to the sick.

In many ways, this form of medical practice continued into the early nineteenth century. Historian Charles Rosenberg, in his article “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America” (1979), states that therapeutics had become a ritual of sorts, a practiced relationship between practitioner and patient. It was “a part of a system of belief and behavior participated in

² Eric Christianson, “The Medical Practitioners of Massachusetts, 1630-1880: Patterns of Change and Continuity,” *Medicine in Colonial Massachusetts, 1620-1820: a conference held 25 & 26 May 1978* (Boston: University Press of Virginia, 1980), 53.

³ Richard Shryock, *Medicine and Society in America: 1660-1860* (New York: New York University Press, 1960), 2–3.

⁴ Christianson, “Medical Practitioners of Massachusetts,” 52–53.

by physician and laymen alike.”⁵ This “ritual” became a part of society, but the introduction of the first American medical schools began to slowly alter this system by professionalizing the practice of medicine.

In 1765 the first medical school in the colonies opened in Philadelphia. Compared to the esteemed schools of Europe, this new form of medical education seemed trivial. Although for America, it proclaimed the beginning of a new era. Medical historian Henry Sigerist summarized the importance of the early formal education of American doctors when he said, “Medical education as it was practiced in the United States before the Civil War had certainly nothing to give to the world, and yet it was undoubtedly an important factor in the life of the nation.”⁶ Only one other medical school opened before the Revolutionary War, King’s College in New York City, but by the early part of the nineteenth century medical schools were growing slowly but steadily across the country.⁷ This establishment of formal American medical education was an early step towards legitimizing medical study and practice in the United States. Prior to this, Europe was the long-established leader in formal medical education.

As early as the twelfth and thirteenth centuries, Italy stood out as the main source of formal medical education in the early modern world, introducing “private schools and

⁵ Charles E. Rosenberg, “The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America,” in *The Therapeutic Revolution: Essays in the Social History of Medicine*, ed. Morris J. Vogel and Charles E. Rosenberg (Philadelphia: University of Pennsylvania Press, 1979), 4–5.

⁶ William Frederick Norwood, *Medical Education in the United States before the Civil War* (New York: Arno Press, 1971), vii.

⁷ See William Rothstein’s *American Medical Schools and the Practice of Medicine* for more on the growth of medical schools in America.

bedside teaching” to the practice.⁸ Basing their teachings mostly on Latin texts, such as the *Articella* (with its final version emerging in 1534) and Vesalius’s *De Humani Corporis Fabrica* (1543), professors delivered repetitious lectures that were intended to encourage students’ memorization and analytical thinking. Public dissections began in 1316 and supplemented the lectures.⁹ Over the next three centuries, medical education spread across Europe with leading schools opening in France, England, and Leiden, Netherlands. In Leiden, Herman Boerhaave introduced clinical teaching, where the professor would present a patient to the class and explain his diagnosis and treatment based on the specific case.¹⁰ According to Mary Lindemann, by the eighteenth century clinical teaching was “downright common if not universal” in European medical schools.¹¹

The large public hospitals of eighteenth century Paris, however, offered students new, hands-on training both with living patients and through cadaver dissection.¹² While most American doctors at the time had neither the money nor the need to attend these prestigious medical schools, the most privileged and elite colonial doctors flocked to Edinburgh, Paris, and London to observe and learn from renowned anatomists such as

⁸ Mary Lindemann, *Medicine and Society in Early Modern Europe* (Cambridge: Cambridge University Press, 1999), 92.

⁹ Lindemann, *Medicine and Society*, 94–95. The anatomical theater at the University of Padua still stands today and may be toured by visitors. It is the oldest of its kind still in existence in Europe.

¹⁰ Lindemann, *Medicine and Society*, 99.

¹¹ Lindemann, *Medicine and Society*, 100.

¹² Lindemann, *Medicine and Society*, 100–102.

Alexander Munro and John and William Hunter. The Parisian schools and their clinical teachings held a particular draw for American doctors, and after the Battle of Waterloo ended in 1815 around one thousand U.S. physicians and medical students made their way to France to study. John Harley Warner argues, “the knowledge, techniques, and ideals these travelers brought back [from Paris] were leading ingredients in the transformation of American medicine.”¹³ Study in Europe, and especially in Paris, was vital for the elite American doctors of the eighteenth and nineteenth centuries.

This Parisian format that gave firsthand experience to medical students spread to the universities of Great Britain and throughout Europe as well. Michael Sappol maintains in his groundbreaking work, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (2002), that anatomy in Europe had become the realm of the upper class, a “domain of special interest to scientific gentlemen who cultivated and collected rare experiences and sensations, and regarded anatomy as both exotic and modern.” Dissections at anatomical theaters were attended by “fashionable men and women,” distinguishing the study of anatomy as an aristocratic activity.¹⁴ While the average American doctor did not partake in European anatomical study, the elite doctors who did, both before and after the Revolutionary War, dramatically increased their knowledge of the human body.

¹³ John Harley Warner, *Against the Spirit of the System: The French Impulse in Nineteenth-Century American Medicine* (Princeton: Princeton University Press, 1998), 3.

¹⁴ Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton: Princeton University Press, 2002), 49.

By the time of the Revolution, medical practitioners in America were simultaneously engaged in physic, pharmacy, and surgery. Physic, the basic treatment of illness, rested on a belief that the humors of the body needed to be balanced using depletion and consumption. Within this system everything in the body connected to and affected everything else. For example, a skin condition could be caused by an issue of an internal organ, so doctors treated the whole body. Since balance was vital to remaining healthy, heroic treatments such as bloodletting and blistering dominated courses of treatment and were intended to relieve (or deplete) excesses in the body while supplementing any deficiencies. According to Rosenberg, “The physician’s art, in the opening decades of the nineteenth century, centered on his ability to employ an appropriate drug, or combination of drugs and bleeding, to produce a particular physiological effect.”¹⁵ To physicians, these treatments imitated what the body did naturally in order to heal itself.¹⁶ While maintaining the balance of a patient’s body, doctors also undertook the mixing of medicines, or pharmacy, as well as any surgical operations when unavoidable.

Dissection taught the student about the structure of the body’s organs and tissues. When combined with clinical observation, dissection was transformed into “clinico-pathological correlation,” or the linking of clinical signs of disease at the bedside to identification of pathological signs of disease in the body observed after death. Through this systematic observation promoted through elite European hospitals and medical schools, the medical student learned the function of the body’s organs and tissues, the

¹⁵ Rosenberg, “Therapeutic Revolution,” 11.

¹⁶ Rosenberg, “Therapeutic Revolution,” 5–6, 8.

anatomical seat of various diseases, and the pathological processes that resulted in illness and death. In order to remain abreast of these transformative intellectual developments in Europe, American doctors who could not afford to travel to across the Atlantic instead sought to replicate such teaching at home.

New discoveries in pathological anatomy, however, began to disrupt the “harmony” of the practice of therapeutics by the early nineteenth century. Over time, diseases became seen as “distinct clinical entities” rather than the product of the health of the overall body. Rosenberg states, “the influence of high-culture ideas and of a small opinion-forming group gradually [modified] the world-view of a much larger group of practitioners and, ultimately, of laymen.” Even still, the realities of medical practice in the late eighteenth and early nineteenth centuries meant that traditional views of therapeutics were not rejected outright, even as notions of “the seats of disease” became more anatomically specific.¹⁷

While an interest in anatomy surged in the nineteenth century, occasional dissections occurred in America much earlier. In 1676 a judge in Boston wrote in his diary about spending the day with six others dissecting the bodies of executed Native Americans.¹⁸ Formal anatomy lectures were held in Philadelphia as early as the 1730s, but these early exceptions were rare.¹⁹ By the 1760s, Dr. William Shippen, Jr., just one of the many American elites who studied in Europe, began offering anatomy lectures with dissection demonstrations and organs in display cases that he brought home from

¹⁷ Rosenberg, “Therapeutic Revolution,” 15.

¹⁸ Sappol, *Traffic of Dead Bodies*, 102.

¹⁹ Shryock, *Medicine and Society*, 61.

London as teaching tools.²⁰ These lectures proved to be quite popular, and in 1765 Shippen co-founded the first medical school in the colonies at the College of Philadelphia (now known as the Perelman School of Medicine at the University of Pennsylvania). The medical school at King's College (now Columbia University) in New York followed shortly after. Clearly, with the rise of anatomy lectures and two new medical schools, the leaders of American medicine were beginning to express their interest in not only exploring the human body and expanding the limits of their own knowledge, but also spreading this knowledge to others in the United States.

THE EMERGING FRATERNITY OF MEDICINE

Within this growing American field of anatomical study, a strong sense of camaraderie and unity developed amongst the participants. Groups of students attended lectures together, dissected bodies together, and created clubs devoted to furthering their field. This melding was important to the creation of a society within American medicine, but the students found an especially deep unity in group dissection. "This collaborative nature of dissection," says John Harley Warner, "intensified its significance as a communal rite of passage."²¹ In the dissection rooms, young men learned to smoke tobacco, an effort to diminish the stench of the cadavers, and often drank and played

²⁰ Sappol, *Traffic of Dead Bodies*, 51.

²¹ John Harley Warner and James M. Edmonson, *Dissection: Photographs of a Rite of Passage in American Medicine, 1880-1930* (New York: Blast Books, 2009), 8.

pranks on one another.²² It was here and in the groups they created outside of the dissection rooms that they formed a strong bond amongst themselves.

Besides exchanging knowledge and building a social identity, students also used the clubs they created to organize the procurement of subjects for the dissection table. In Boston, Harvard College student John Warren founded two student societies in the early 1770s known as The Spunkers and the Club of Generous Undertakers.²³ When the school failed to offer the medical lectures that were available in Philadelphia and New York, Warren created the societies to fill the growing need for this kind of instruction. He and his colleagues doubted the thoroughness of any medical training that could be attained through apprenticeship alone. They believed only lectures, observation, and dissection under the strict tutelage of schooled doctors would allow students to keep up with the dramatic increase of medical discoveries of the time.²⁴ If Harvard College failed to offer its students this academic advantage, then Warren and his colleagues would do it on their own. On the surface, the Spunkers' goal was to engage one another in medical discussions. Historian Eric Christianson argues that the Spunkers' true purpose, however, was "body snatching" in order to dissect and study the human body.²⁵ Their success in this endeavor is unclear, but one common need connected the medical societies

²² Sappol, *Traffic of Dead Bodies*, 81.

²³ Eric Christianson, "Medicine in New England," in *Sickness & Health in America: Readings in the History of Medicine and Public Health*, ed. Judith Leavitt and Ronald Numbers (Madison: The University of Wisconsin Press, 1997), 60.

²⁴ Christianson, "Medicine in New England," 62.

²⁵ Christianson, "Medicine in New England," 60.

in Boston with the medical schools of Philadelphia and New York. In order to exhibit, teach, and learn through dissection, each institution needed human bodies.

CASUALTIES OF WAR: CADAVERS FOR SCIENCE

The outbreak of the Revolutionary War interrupted the advancement of American medicine that had begun just a decade before. The leaders of the medical revolution that was in its infancy prior to the war soon found themselves as medical authorities during the fighting. Shippen, as well as another Europe-trained doctor, John Morgan, served as director general of the Continental Army Hospitals. Dr. John Cochran, an apprentice-trained physician and most famously known as General Washington's surgeon, also held the director general position of the Continental Army. Dr. Benjamin Rush, perhaps the most renowned physician of the colonial and new republic era, proved to be instrumental in protecting American soldiers from smallpox. With the medical field's leaders and professors entrenched in their duties in the Continental Army, the traditional lectures at the medical schools in Philadelphia and New York slowed. Young, entrepreneurial surgeons, however, had a new source for attaining knowledge on the battlefield – the dissection of the bodies of dead soldiers.²⁶

Dr. Warren's student societies at Harvard had given him important knowledge of anatomy. The Revolutionary War allowed him the opportunity to hone his skills. According to the writings of his son, Dr. John Collins Warren: "My father began to dissect early in the Revolutionary war. He obtained the office of Army Surgeon when the

²⁶ Edward Warren, *The Life of John Warren, M.D.: Compiled Chiefly from his Autobiography and Journal* (Boston: Ticknor and Fields, 1860), 404.

Revolution broke out, and was able to procure a multitude of subjects from having access to the bodies of soldiers who had died without relations. In consequence of these opportunities, he began to lecture on anatomy in 1781; lectures at Cambridge, with dissections, 1783.”²⁷ The end of the war that same year, however, left Warren and his colleagues in need of finding a new source of cadavers to continue their work.

DEATH AND DYING IN A CLASS-DIVIDED SOCIETY

The culture surrounding death in nineteenth-century America was largely determined by a person’s class and rank in society. Middle- and upper-class citizens at the end of their natural lives realistically expected that their remains would be left undisturbed once placed in the sacred ground of the church cemetery. In death as in life, law and custom protected their bodies from those who might wish to do them harm or interfere with their rest. The fate of the bodies of the poor or of African Americans, on the other hand, proved to be much less secure.

The general belief in therapeutics that stated an illness in one part of the body could manifest itself in another part of the body extended to the belief that sin and immorality could likewise be observed as sickness in a person. Those who ended up in hospitals and almshouses, usually among the poorest class, also were considered by some to be the most immoral of society. Simon Newman states that in the early republic era, “a growing proportion of ablebodied poor came to be classified and treated by their betters as willfully idle vagrants, paupers, idlers, loafers, criminals, and masterless men

²⁷ Warren, *Life of John Warren*, 404.

who required punishment and incarceration rather than the charitable care afforded the deserving poor of the medieval era.”²⁸ With this view of the poor, taking a body from the almshouse or the potter’s field for dissection was commonplace and generally socially acceptable, at least among those who had the power to stop it. Class standing meant the “meanest sort” could be denied ownership of the body both in life and death.

Many also argued that by allowing dissection on the bodies of the poor and the unclaimed, society would avoid incurring the expenses of burying them. While some post-dissection remains were interred in a common area at a low cost to the medical school, other parts were used in new ways. Bones became an articulated skeleton for further classroom instruction, organs were placed in jars for study and preservation, and the skin was occasionally used to bind books, especially anatomy books.²⁹ None of this, however, was done at a cost to the public. By the 1840s, this argument for dissection of the poor expanded into a critique of lower class families who sought to give their deceased family member a customary funeral and burial when they could not afford to do so, squandering what little they had. Within a decade, philanthropic societies began to offer proper burials in church cemeteries for the poor, often in exchange for a commitment during life to the religious institution, and by the 1870s insurance companies

²⁸ Simon P. Newman, *Embodied History: The Lives of the Poor in Early Philadelphia* (Philadelphia: University of Pennsylvania Press, 2003), 5.

²⁹ For more information on anthropodermic bibliopeggy and the practice of binding books with human skin, see The Mütter Museum of the College of Physicians of Philadelphia’s collection.

sold burial insurance policies.³⁰ “Again,” asserts Michael Sappol, “there was a compelling signifying aesthetic: class matters.”³¹

In addition to the bodies of the poor, social custom also allowed dissection of criminals’ bodies and the bodies of those who committed suicide. When Dr. Shippen’s anatomy lectures in 1765 met concern from the Philadelphia public regarding the source of the cadavers, he circulated an advertisement assuring the people that the cadavers were procured from only appropriate sources. The ad read in part: “the Bodies he dissected, were either of Persons who had willfully murdered themselves, or were publickly executed, except now and then one from the Potters Field, whose Death was owing to some particular Disease; and that he never had one Body from the Church, or any other private Burial Place.”³² This denial of impropriety, while dubious at best, calmed the fears of Philadelphia’s upper and middle classes.

THE NEW REPUBLIC AND THE GROWTH OF MEDICINE

After America won her independence, citizens of the new United States swelled with patriotism. Doctors and physicians translated this new pride into a desire to recapture the growth that had begun prior to the war. If Americans could secure their freedom from the tyrannical rule of the British, these doctors believed that American

³⁰ Sappol, *Traffic of Dead Bodies*, 134–35.

³¹ Sappol, *Traffic of Dead Bodies*, 37.

³² William Shippen, Jr., *Pennsylvania Gazette* (Philadelphia, PA), Sept. 26, 1765.

medical schools could likewise prove to be superior to those in Europe.³³ This “medical patriotism” soared to the top of the field. Dr. Rush, a signer of the Declaration of Independence, not only sought superiority but also wanted the U.S. medical field to be independent from that of Europe. Rush wrote extensively on the merits of strong colleges and universities in America and his desire for young citizens to be educated at home, saying, “An education in our own [country] is to be preferred to an education in a foreign country. The principle of patriotism stands in need of the reinforcement of prejudice, and it is well known that our strongest prejudices in favour of our country are formed in the first one and twenty years of our lives.”³⁴ In Rush’s mind, the country was poised for greatness if only the future generations were given the right tools to be successful.

With the founding of new medical schools across the country, Rush’s hope for the future of American medicine was being fulfilled, but as was the case before the war, the growth in medical lectures, observations, and schools created a demand for bodies that a country in peacetime could not easily produce. As a result, grave robbing again became a common solution. Removing a body from its grave required a great deal of skill and planning, and the best at their craft left no evidence of the theft. Most resurrection men worked in teams. Women scouted funerals and followed grieving family members to the cemeteries and then provided their male accomplices with valuable information on the location of fresh, and thus easier to dig, graves. Once the body was interred, a team of

³³ Shryock, *Medicine and Society*, 118.

³⁴ Benjamin Rush, “Of the Mode of Education Proper in a Republic,” *The Selected Writings of Benjamin Rush*, ed. Dagobert D. Runes (New York: The Philosophical Library, Inc., 1947), 87.

men headed to the cemetery, preferably on a cloudy, moonless night. Upon arrival, they memorized the details of the grave to ensure everything would be returned to the same place when they finished. Digging with wooden shovels to soften the sound, a skilled team could dig down to the head, remove the top portion of the casket's cover, pull the body from the grave, and cover their tracks in under an hour.³⁵ Leaving the gravesite appearing undisturbed, the deceased person's loved ones rarely knew a robbery had taken place.

These grave robbers, however, did not always take such precautions. Members of the African American community began to realize something was amiss when the exteriors of their friends' and family's graves appeared disturbed. In February 1788 a group of free black men petitioned the City of New York to put an end to the body snatching that continually occurred at the Negroes Burial Ground near the King's College medical school. The city council failed to acknowledge their petition, and the thefts continued.³⁶ Much like the poor, African Americans were secondary to the elite in life and in death.

All of New York City took notice of the resurrections just two months later, however, when the brazen exhumation of graves by King's College's medical students

³⁵ James O. Breeden, "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia," *The Virginia Magazine of History and Biography* 83, no. 3 (July 1975): 322–23.

³⁶ Robert J. Swan, "Prelude and Aftermath of the Doctors' Riot of 1788: A Religious Interpretation of White and Black Reaction to Grave Robbing," *New York History* 81, no. 4 (October 2000): 438–39. The bodies in the Negroes Burial Ground in New York City continued to be purloined for six more years until the space was covered with dirt and seemingly forgotten in 1794. It remained that way until 1991 when the grounds were rediscovered during a building project. The land became a National Historic Landmark in 1993 and a National Monument in 2006.

caused one of the first so-called “anatomy riots” in the new United States. The specifics of the events of April 13, 1788, are contested, but the most common version of the story contends that a group of young children were playing outside of the dissection room of the New York Hospital building. Looking into the windows, they began to disrupt the students working inside. One student, John Hicks, picked up an arm from his dissection table and shook it at one of the children exclaiming that it was his mother’s arm. Having recently lost his mother, the child ran to his father to relay what the medical student had said. Finding the mother’s grave empty, a mob of angry citizens descended upon the dissection room and, discovering what they considered to be a macabre site of dismembered bodies of both sexes and all ages, destroyed everything and chased the students into the streets. The melee continued for two days with a reported 5,000 angry rioters participating. Respected New York doctors, including Dr. Cochran, George Washington’s surgeon, took refuge in the city jail, and ultimately the cavalry and the militia were called in to disperse the crowd using force. Up to twenty rioters lost their lives in what would be called the Doctors’ Riot of 1788.³⁷

In response to the continued body snatching by medical students, the New York State Legislature passed an “Act to Prevent the Odious Practice of Digging up and Removing for the Purpose of Dissection, Dead Bodies Interred in Cemeteries or Burial Places” in January 1789. While on the surface this act restricted the resurrectionists, in reality it specified how and where the medical field could legally procure cadavers. Executed criminals could now legally be used for medical dissection, and medical

³⁷ Joel Tyler Headley, *The Great Riots of New York, 1712-1873* (New York: Thunder’s Mouth Press, 2004 [originally published in 1873]), 33–38; Swan, “Doctors’ Riot of 1788,” 447–48, 450.

professionals would occasionally accompany the convicted to the scaffold in order to collect the body once the sentence was completed.³⁸ This legal appropriation of cadavers failed to fulfill the great need within the medical community, however, and resurrection men quickly returned to the cemeteries of the indigent, the lower classes, and those thought of as racially inferior, although with more discretion than previously used.

LEGISLATING DISSECTION AND ANATOMY

The 1789 New York act was just the second of its kind in the young United States. Massachusetts passed the first in 1784, which allowed the bodies of anyone killed in a duel or executed for killing another in a duel to be given to anatomists for dissection.³⁹ For much of the next century, anatomy acts followed this pattern of “allowing” certain bodies to be dissected, but the need for cadavers still exceeded the supply. The passage of this type of legislation could not completely curb grave robbing and the human body trade.

Anatomy acts of the early nineteenth century similarly failed to fully address the needs of the medical community. Instead, the acts focused on declaring dissection as a punishment, furthering the public’s fear of such a fate. Congressional legislation in 1790 allowed federal judges to add dissection to a sentence, and many similar acts followed at the state level.⁴⁰ In the late 1820s, the Fellows of the Medical Society of Maine

³⁸ Sappol, *Traffic of Dead Bodies*, 109.

³⁹ Norwood, *Medical Education*, 400.

⁴⁰ Norwood, *Medical Education*, 400.

expressed their grievance with the public's expectation that a doctor be knowledgeable in all parts of the body without allowing the cadavers necessary to acquire this knowledge: "Every facility and encouragement is given to the attainment of honorable distinction in all the other arts and sciences, while that which has for its object a knowledge of the structure of man, with a view to heal the diseases to which he is subject, and to repair the injuries to which he is liable from a thousand casualties, is not only unprotected and unprovided for, but virtually disgraced and condemned."⁴¹ Just twenty years later in 1847, doctors from across the country gathered in Philadelphia for the National Medical Convention to adopt what became the articles of the American Medical Association. Among the lengthy writings about the state of the field at the time, one article addressed the "Obligations of the public to physicians." Here, the frustration of cadaver procurement is clear. The article stated,

The benefits accruing to the public directly and indirectly from the active and unwearied beneficence of this profession, are so numerous and important, that physicians are justly entitled to the utmost consideration and respect from the community. The public ought [...] to afford every encouragement and facility for the acquisition of medical education, --- and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.⁴²

Physicians were tasked with the responsibility of knowing the human body and curing it of sickness and disease (at the risk of malpractice if one were to make a mistake), yet

⁴¹ Medical Society of Maine, "By a vote of the Medical Society at their annual meeting...", between 1825 and 1829, American Broadside and Ephemera series 1, no. 13960, American Antiquarian Society and NewsBank, Inc.

⁴² *Proceedings of the National Medical Conventions, Held in New York, May, 1846 and in Philadelphia, May, 1847* (Philadelphia, 1847), 106. For more discussion on this passage, see Sappol, *Traffic of Dead Bodies*, chapter 4.

they were unable to secure the number of anatomical subjects needed in order to properly educate themselves. The medical field had developed quickly, yet much of society had not evolved with it.

Most anatomy acts, such as the act in New York in 1789 in response to the Doctors' Riot, sought to smooth over this issue that had developed between anatomists and the public. Not until the Pennsylvania Anatomy Act in 1883, however, did a piece of legislation finally provide a critical win for the medical field. Venetia Guerrasio argues in her dissertation, "Dissecting the Pennsylvania Anatomy Act: Laws, Bodies, and Science, 1880-1960," that the mandatory laws, the first being the act in Pennsylvania, were the necessary turning point between the era of grave robbing for subject procurement and the modern era of body donations.⁴³ Previous acts had made unclaimed or criminal bodies available for dissection, but the Pennsylvania act made it mandatory that these bodies be given to the medical schools.⁴⁴ This vital distinction gave the study of anatomy legal recognition and helped provide additional specimens, albeit still not as many as were needed, for dissection.

The Pennsylvania act also created the nation's first Anatomy Board, consisting of representatives from the state's medical schools, who were tasked with regulating the transportation and distribution of bodies.⁴⁵ For the first time, the medical field had a direct, legal authority to affect the use of cadavers. Other states began to pass anatomy

⁴³ Venetia M. Guerrasio, "Dissecting the Pennsylvania Anatomy Act: Laws, Bodies, and Science, 1880-1960" (PhD diss., University of New Hampshire, 2007), 3.

⁴⁴ Guerrasio, "Dissecting the Pennsylvania Anatomy Act," 280.

⁴⁵ Guerrasio, "Dissecting the Pennsylvania Anatomy Act," 279.

acts similar to the one in Pennsylvania, and in the twentieth century, anatomical gift acts were passed to regulate bodies that were donated to the advancement of science, a dramatic change from the fear of dissection many people held a century before.

In the nineteenth century, an increased interest in anatomy by American doctors led to a new market for human bodies. This new market, along with the developing professional identity created by those in the medical field and the sharp societal divisions by class and race, resulted in a dramatic increase of grave robberies and the rise of the resurrection men. The online exhibit created in conjunction with this thesis offers visitors a visual interpretation of these themes. A variety of images, including maps of New York City and Philadelphia and an eighteenth-century drawing of the Negroes Burial Ground, allows for further exploration of the locations associated with early American dissection and grave robbing. The website also includes a page devoted to the participants in the dissection room—the subjects, the dissectors, and the workers—giving website viewers a deeper understanding of the medical field’s exploitation of bodies, as examined here in the written work.

The online exhibit also displays an interactive timeline of select anatomy acts to help visitors visualize the evolution of this legislation and how it endeavored to mediate the needs of the medical field and the general public’s beliefs about dissection. While most of the public shunned the deeds of the grave robbers, they shared with the medical

field an interest in learning about the human body. This is evidenced by another growing trend in nineteenth century America – the use of human bodies for public entertainment.

CHAPTER 2

THE PUBLIC: USING HUMAN REMAINS FOR ENTERTAINMENT

On Friday, May 15, 1835, Joseph Damon sat upright on a wooden box and listened to Reverend Sawyer preach. Damon himself had requested Sawyer and listened intently as he spoke from Proverbs 11:19.¹ When the preacher finished, Damon took his turn, having a considerable amount to say. The crowd of nearly 15,000 men, women, and children, a quarter of Chautauqua County New York's population, gathered that spring day not to hear the reverend's words, or even Damon's, but for the spectacle to follow. When Joseph Damon finished speaking, the noose was placed securely around his neck with the knot likely just behind his left ear, the best location to ensure rapid loss of consciousness. The floor dropped and Damon fell, but the rope came loose from the

¹ Proverbs 11:19 (King James Version); "As righteousness tendeth to life, so he that pursueth evil pursueth it to his own death."

gallows and cascaded along with the murderer to the ground below. The excited crowd fell silent and somber as Damon begged the sheriff for his life. Alas, the rope was reset, and the deed was done.²

But death would not be the end of Joseph Damon's story. His brothers, Martin and North, retrieved his body from the gallows and traveled back to their hometown of Fredonia, New York, where Joseph was buried in Pioneer Cemetery.³ When word began to spread that a local doctor planned to "resurrect" poor Joe's body for dissection, North held vigil at a nearby tavern, checking on the grave every two hours. After a few nights, overcome with exhaustion and convinced by another local doctor that the threat had passed, North headed home. A few hours later, Dr. Thomas Mann and three of his students snuck into the cemetery and exhumed Joseph's body.⁴

This story of grave robbing for dissection became all too common in the nineteenth century, as discussed in Chapter One. Damon's story, however, also incorporates another trend – the use of human remains for public entertainment. Around the time of Damon's execution and subsequent resurrection, the young United States was changing rapidly. Westward expansion offered the promise of growth to the nation, and excitement about the railroads fueled dreams of American technological leadership. Many citizens felt a new sense of nationalism and pride of country. More people than ever had the right to vote, and while this right did not extend to women or African

² John P. Downs, ed., *History of Chautauqua County New York and its People*, Vol. 1 (Boston: American Historical Society, 1921), 46–47.

³ Martin Damon is the author's five times great grandfather.

⁴ Franklin Burritt, "A Grave Story," *The Fredonia Censor* (Fredonia, NY), Feb. 2, 1898.

Americans, the barriers to enfranchisement had begun to break down. Advancements in science and industry filled newspaper headlines and opened new markets, and American innovators began to take their place alongside their once superior European colleagues. In the midst of these changes, the American people began developing a new sense of identity as the strict social distinctions that existed under British rule loosened after the Revolutionary War.

This chapter contends that the environment of the early nineteenth century not only contributed to the growth of a new urban middle class, who quickly became a vital part of the American economy, but also to the rise of dubious entrepreneurs set on leveraging this new market for their own personal gain. This resulted in popular dime museums and phrenology lectures, which often relied on the exploitation of human bodies, many of which were stolen from their graves, and became an extension of the body trade spawned by the medical field by further promoting various uses of stolen bodies. Newspaper advertisements and museum catalogs provide an important insight into these enterprises and allow a glimpse into the way they provided the public with this new form of entertainment.

American culture in the nineteenth century has been examined by many historians, and this study utilizes the works of Karen Halttunen, Andrea Stulman Dennett, and James Harvey Young, among others, to discuss the evolution of this culture and how it affected the use of bodies for entertainment. Halttunen's 1983 book, *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830-1870*, offers a detailed view of the rise of the "confidence man," or con man, in the early nineteenth century and the development of a general mistrust of another's intentions that resulted

from the actions of these swindlers. Focusing on dime museums and the role of P. T. Barnum, perhaps the greatest swindler and showman of the time, Dennett's *Weird and Wonderful: The Dime Museum in America* (1997) offers a comprehensive overview of this unprecedented phenomenon that peddled the bodies of freaks and outcasts for public entertainment. James Harvey Young's 1961 work, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation*, supplements the discussion by considering the parallel narrative of medicine shows of the time.

This chapter begins with a look at the new urban middle class, its development of a cultural identity in the early republic, and the public's growing concern for authenticity and the ability to know a person's true character. Next, it reviews dime museums and the role the middle class played in assisting these museums and their owners in exploiting the bodies of others. The chapter then examines how the study of phrenology, using skulls and living heads, offered a scientific way for the average person to truly know another's character, a comfort to a society that struggled to trust the objectives of strangers around them. The chapter concludes with a brief discussion of the decline in popularity of these forms of entertainment at the end of the century, the victim of the continued evolution of American culture and its tolerance of the exploitation of human bodies.

THE GROWTH OF A NEW MIDDLE CLASS

During the early years of the American Republic, a large number of young workers moved to the cities to pursue their trades and to seek new opportunities. Much like in the medical field, many businesses in the eighteenth century trained future workers through an apprenticeship system. The trainees often lived with their employer or even

in the shop where they worked and always remained under the close supervision of their mentor. This system underwent a major change by the 1820s and 1830s as young workers who moved to the cities took up residence in hotels or boarding houses, away from the shops and the watchful eye of their masters. Less restrained, these young urban professionals sought new sources of social connection and entertainment during their leisure time.⁵ In doing so, they separated themselves from their families and employers and forged strong bonds with one another in the taverns, theaters, gambling halls, and dime museums.

These places became a source of entertainment for more than just the young workmen, however. It was there that members of the rising middle class interacted with the more elite and created what Lawrence W. Levine called a “public culture.” Levine states, “In the nineteenth century, especially in the first half, Americans, in addition to whatever specific cultures they were part of, shared a public culture less hierarchically organized, less fragmented into relatively rigid adjectival boxes than their descendants were to experience a century later.”⁶ This shared culture contributed to the developing identity of the middle class, and establishments such as popular museums and educational forums gave the group a place to spend their earnings and express themselves as respectable and powerful members of American society.

⁵ Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830-1870* (New Haven, Conn: Yale University Press, 1983), 13.

⁶ Lawrence W. Levine, *Highbrow/Lowbrow: The Emergence of Cultural Hierarchy in America* (Cambridge: Harvard University Press, 1988), 9.

CONFIDENCE MEN AND HUMBUGS

This growth of a community with disposable income and a belief in the promise of upward mobility created a climate that inspired “a wide variety of swindles, frauds, forgeries, counterfeiting activities, and other confidence games” and the rise of “confidence men.”⁷ First used in an 1849 newspaper article, the term referred to a new type of swindler in the early and mid-nineteenth century. According to Karen Halttunen in her work, *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830-1870* (1982), a confidence man was adept at convincing others that he wanted to help and promote the common good, but in reality he set out only to help himself.⁸ The young, eager citizens who were new to the cities became prey for the confidence men. As the 1849 article warned, the swindler, William Thompson in this instance, began by engaging a stranger on the street in a friendly chat. He then asked if the stranger was confident enough in the inherent goodness of another to loan him his watch. Having no reason as yet not to trust this man, the unsuspecting victim handed over his watch to the confidence man, who in turn disappeared down the street.⁹ These swindlers’ actions exposed the gullibility of the greenhorns, showing them to be easy marks for exploitation.

⁷ Halttunen, *Confidence Men*, 7.

⁸ Halttunen, *Confidence Men*, 14.

⁹ Halttunen, *Confidence Men*, 6.

Urban guidebooks warned newcomers of the dangers of these confidence men, and Americans became concerned with determining the sincerity of people in a society characterized by one's ability to become someone else.¹⁰ Additionally, the unprecedented mobility of goods via new transportation systems and the "psychological lures" of newspaper advertisements raised concerns about the authenticity of products in the marketplace.¹¹ Unsure of both people and products, many Americans were fascinated with determining the true nature of things. This fascination manifested itself in the dime museums, where seemingly unbelievable displays – such as the "Two-Headed Nightingale," conjoined twins Christine and Millie McCoy – could be seen with one's own eyes.¹² Wrapped in the right kind of packaging and with the right amount of humbugging, in other words trickery or exaggeration, dime museum owners could draw in customers seeking to know the truth behind the curiosities on display.

WE STUDY TO PLEASE: ENTERTAINMENT AND EXPLOITATION DISGUISED AS EDUCATION

Considered an expert showman and the "prince of humbugs," Phineas Taylor "P. T." Barnum revolutionized the popular dime museum.¹³ While his name lives on in

¹⁰ Halttunen, *Confidence Men*, 8.

¹¹ James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton: Princeton University Press, 1961), 190.

¹² Andrea Stulman Dennett, *Weird and Wonderful: The Dime Museum in America* (New York: New York University Press, 1997), 73–74.

¹³ Dennett, *Weird and Wonderful*, 32.

the circus he produced, his role as museum owner changed the landscape of entertainment in the nineteenth century. Barnum's American Museum in New York City showcased entertainment as education in a way that all classes of citizens could enjoy. Without an educational façade, a display containing a skull of a murderer or the finger of an assassin would be shunned by decent, Victorian Americans. Under the skillful influence of an adept showman like Barnum, however, the same display argued against the sins of alcoholism and represented a prime example of the need for temperance, thus being something members of all classes could support. This "appropriate for everyone" environment resulted in more visitors to the museum and more revenue for museum owners.

The dime museum offered patrons a wide variety of entertainment from freak shows to wax tableaux of famous people and events to theatrical stage shows. It was truly a one-stop shop for entertainment. If one exhibit did not appeal to someone, the next exhibit might. And the more extravagant or outrageous these exhibits seemed, the more paying customers came through the doors. A popular draw was the Chamber of Horrors. Nearly every dime museum included this kind of exhibit, which highlighted the horrors of executions, murder, and death. While much of the exhibit was created with wax figures, some of the more gruesome displays used real skulls, severed fingers, and other body parts, likely from bodies robbed from their graves. For example, the Western Museum of Cincinnati exhibited in 1837 the head, arm, and heart of Mathias Hoover, a local man executed for murder. Charles Willson Peale's Philadelphia museum boasted a "trigger-finger of a convicted murderer" in one of its exhibits.¹⁴

¹⁴ Dennett, *Weird and Wonderful*, 12, 21.

Within the Chamber of Horrors, visitors came face to face with the atrocities of life without ever being in real danger. This controlled horror, a “commodified horror” as historian Andrea Stulman Dennett calls it, left visitors both excited and relieved.¹⁵ By exploiting real human skulls and other body parts, the dime museum owners enhanced the visitor’s experience, offered a dramatic sensual experience, and provided a context that allowed the viewer to walk away with a feeling of moral superiority over the murderers and criminals in the exhibit.

The dime museums’ success largely resulted from the effective humbugging put forth by a museum owner, and Barnum in particular harnessed the power of the press in this regard. He often started rumors or published notes in the newspaper – under a pseudonym, of course – calling into question the validity of one of his own exhibits. Visitors would flock to his museum to decide for themselves if the attraction was real, while others who had already been there returned again to try to decipher how the trick had been produced.¹⁶ Capitalizing on the obsession of nineteenth-century Americans with knowing the true nature of something, Barnum also increased his museum’s profits exponentially. His actions, however, kept the audience constantly questioning the truth or deceit of a display and the believability of the museum’s promoter. To truly understand a person’s character, some argued, one need only observe the bumps on a person’s head.

¹⁵ Dennett, *Weird and Wonderful*, 114.

¹⁶ Dennett, *Weird and Wonderful*, 28–29.

KNOW YOURSELF: THE POPULAR PHRENOLOGY BOOM

The simultaneous popularity of dime museums and their sensational exhibits, the rise of confidence men and humbugs, and the cultural desire for knowledge created the perfect environment for the study of phrenology. Based on the belief that the size and shape of a person's skull (i.e., the bumps) could be "read" in order to understand his or her character, phrenology was popularized in Europe at the end of the eighteenth century and arrived in America in the 1830s. German doctor Franz Joseph Gall, considered the father of phrenology, studied anatomy in Vienna in the 1780s where he had access to the bodies of the occupants of the city's abundant asylums and prisons.¹⁷ Through continued research and brain dissection with his student, Dr. Johann Gaspar Spurzheim, Gall developed a map of thirty-two separate areas or "organs" of the brain that, upon determining the size and development of these organs, could tell a trained specialist about the person's character and personality traits.

In the first decade of the nineteenth century, Gall and Spurzheim toured Europe reading the skulls of dignitaries and inmates, determining their personalities and, in the case of the latter, the crime they had committed that led to their incarceration. Arousing both intrigue and skepticism, the phrenologists became celebrities with their "crates of skulls and casts."¹⁸ After Gall's death in 1828, Spurzheim continued to spread his mentor's teachings throughout Europe and to North America. In 1832 he crossed the

¹⁷ Stephen Tomlinson, *Head Masters: Phrenology, Secular Education, and Nineteenth-Century Social Thought* (Tuscaloosa, AL: The University of Alabama Press, 2005), 57.

¹⁸ Tomlinson, *Head Masters*, 60.

Atlantic, and in September he began a series of phrenological lectures in Boston. His lectures captivated the audiences. This new science taught that man could empirically understand the true nature of others as well as his own character and personality based on the current development of his own brain. Beyond this, phrenology asserted that a person's future was not defined by his or her current "phrenological" status. Anyone could learn ways to enhance the desirable organs of their mind and decrease the development of the undesirable ones. In effect, Spurzheim argued that every person could take charge of his or her own destiny. This democratic science appealed to the citizens of a young American republic. By November Spurzheim was dead, a victim of typhoid, but America was hooked on phrenology.¹⁹

One Bostonian in particular embraced Spurzheim and his teachings. J. Stanley Grimes, a twenty-five-year-old lawyer at the time of Spurzheim's lectures, began touring and lecturing on phrenology by the mid-1830s and, in time, became a well-known phrenologist, evolutionist, and philosopher.²⁰ In his first book, *A New System of Phrenology*, published in 1839, Grimes wrote about a skull he possessed in his collection that exhibited a very large "Destructiveness organ" and a correspondingly small "Kindness organ." Grimes first encountered this skull when he was giving a lecture on phrenology in Fredonia, New York, just a few years earlier. Given no additional

¹⁹ James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (Oxford: Oxford University Press, 2002), 97; Madeleine B. Stern, *Heads & Headlines: The Phrenological Fowlers* (Norman, OK: University of Oklahoma Press, 1971), x-xii, xiv.

²⁰ John R. Shook, ed., *Dictionary of Early American Philosophers* (New York: Bloomsbury Academic Publishing, 2012), 476.

information, he was asked to read the skull and report his findings. After the examination, Grimes was likely not surprised to hear that he had read the skull of a murderer, Joseph Damon, the same person whose hanging and resurrection opened this chapter.²¹ The phrenologist then absconded with the specimen, adding it to his personal curio cabinet for use in his traveling phrenology shows.²² The skull of a murderer added intrigue to a phrenologist's presentation and could provide an advantage over his competitors. This avaricious action of Grimes indicated the great value placed on body parts in the nineteenth century, both as a tool for teaching as well as for entertainment.

Collecting skulls also appealed to those interested in craniology, a sister science to phrenology. While phrenology studied the skull to determine character, craniology measured the skull to analyze capacity, which was then used to compare the intellectual capabilities of different races. Philadelphian Samuel George Morton, a prolific collector in the nineteenth century, amassed roughly 1,200 skulls, many of which were procured from bodies in graves.²³ One of Morton's hired resurrection men boasted about his grave robbing exploits and of the "rascally pleasure" that it afforded him.²⁴ Morton's skull collection, which is housed today at the University of Pennsylvania Museum, includes

²¹ J. Stanley Grimes, *A New System of Phrenology* (Buffalo: Oliver G. Steele, 1839), 168.

²² Burritt, "Grave Story."

²³ Penn Museum's Morton Skull Collection at Center of Scientific Dispute, "The Morton Collection of Human Skulls: Full Interview at Penn," University of Pennsylvania video, 17:54, <http://www.upenn.edu/spotlights/penn-museum-skull-collection>.

²⁴ Ann Fabian, *The Skull Collectors: Race, Science, and America's Unburied Dead* (Chicago: The University of Chicago Press, 2010), 187.

skulls annotated with the phrenological map, showing the intrinsic connection of the two sciences.

Perhaps the most well-known of the American phrenologists, Orson Squire Fowler and his brother Lorenzo developed a passion for the field. They opened an office in New York City, which they called their “Phrenological Cabinet” to perform examinations, display their collection of skulls, and train others in phrenology. Admission to see the thousands of skulls on display was free, but the brothers remained nearby, ready to perform readings on the visitors for a fee and to tell them about their own character traits. Phrenology busts could also be purchased for personal use. Lorenzo especially was a skilled salesman and showman, and the Phrenological Cabinet became a popular destination for both locals and tourists alike.²⁵

The Fowlers also traveled extensively lecturing to the public, and their lectures often walked the line between education and entertainment. In addition to teaching the tenets of their science, the phrenology shows included blind readings where one brother removed himself from the stage while the other examined a patient, occasionally while blind-folded.²⁶ They then switched places, and the second brother confirmed the first’s findings. Dramatic performances by the Fowlers often accompanied the demonstrations, including recoiling in horror when a head with a negative result was examined.²⁷ Selling

²⁵ John D. Davies, *Phrenology: Fad and Science, A 19th-Century American Crusade* (New Haven, CT: Yale University Press, 1955), 48–49.

²⁶ “A Phrenological Lecture,” *New-York Daily Tribune* (New York, NY), Dec. 14, 1843.

²⁷ Stern, *Heads & Headlines*, 18; Andrew E. Norman, introduction to *Phrenology: A Practical Guide to Your Head* (New York: Chelsea House Publishers, 1969), vii.

the performance could result in a greater number of audience members who paid to have their own heads read, increasing not only the practitioner's acclaim but also his income.

Utilizing the same flare for the dramatic, the growing trade in patent medicines and so-called "medicine shows" demonstrated the supposed healing powers of these secret remedies to roadside audiences. Beating a drum, reciting poetry, or singing ballads contributed to the performances. According to James Harvey Young, "A proper mood needed creating. [...] The mood was something that beguiled a crowd, drove from their minds extraneous concerns, and focused attention upon a novel and entrancing spectacle."²⁸ Once the audience was hooked, the showman then introduced his tonic often displayed alongside a diseased organ or a skull, the unfortunate remains, as the performer recited, of a person who could have benefitted from the elixir.²⁹ More likely, these remains were a part of the trade in human bodies, removed from their graves for the benefit and entertainment of others.

The use of human bodies, skulls, and other body parts in dime museums and traveling phrenology shows in the nineteenth century signifies the American fascination with the human body and a desire for knowledge and understanding, both to determine one's own class identity as well as to understand the character of others. The number of

²⁸ Young, *Toadstool Millionaires*, 194–95.

²⁹ Young, *Toadstool Millionaires*, 198.

museums and shows peaked in the years after the Civil War, but the saturation of the market and the introduction of state legislation began the decline of these types of public entertainment. While the passage of the Pennsylvania Anatomy Act in 1883 marked an important moment in the procurement of cadavers for medical dissection, as discussed in Chapter One, it also reduced the number of active grave robbers, the regular source for those looking to add to a skull collection. Additional state legislation proposed in the 1880s presented limitations on the patent medicines peddled in traveling shows, and as the roadside healers lost their ability to produce their medicines, they also no longer needed “diseased” organs or skulls to aid in their sales pitch.³⁰ Some patent medicine shows continued into the first decade of the twentieth century, but by the 1890s dime museums, according to Dennett, “were being protested against as demoralizing, [and] a number of them provided amusements that now were considered inappropriate for women and children.”³¹ This all resulted in a deceleration of grave robbing by the end of the nineteenth century.

The associated online exhibit follows this discussion and includes dime museum advertisements and other prints as examples of the sensationalism of the industry and the exploitation of bodies to draw in paying customers. Additional information on the study of phrenology and phrenological mapping enhances the website visitor’s understanding of the popular science, and photos and external links give additional information on the

³⁰ Young, *Toadstool Millionaires*, 228.

³¹ Dennett, *Weird and Wonderful*, 59.

collecting of skulls for study, continuing the examination of the commodification of bodies.

This commodification of bodies for potential profit by showmen like Barnum, Grimes, and the Fowlers helped fuel the demand for grave robbers throughout the nineteenth century, much like the academic and professional potential that bodies for dissection offered to doctors. Whether used to educate, as Grimes did with the skull of Joseph Damon, or used to entertain, as dime museums did with other murderers' fingers, heads, and more, bodies and body parts were valuable possessions, capable of generating income in the form of ticket sales or medical school tuition. The growing middle class, while establishing its identity and embracing the freedoms of the new American culture, delighted in the stories told to them through the use of bodies.

As for Joseph Damon, his articulated skeleton, sans skull, remained in Western New York. Dr. Charles Smith, one of the medical students who assisted Dr. Mann in procuring the body that night in 1835, hung the skeleton in his office for many years. Around the turn of the twentieth century, it became a part of a private collection and is believed to have been destroyed in a hotel fire in 1918.³² Damon's skull, however, has been lost to history.

³² Douglas H. Shepard, "The Joseph Damon Skeleton," published 2012, http://app.co.chautauqua.ny.us/hist_struct/Pomfret/Shepard2012-DamonSkeleton.html.

CHAPTER 3

THE ONLINE EXHIBIT: EXTENDING THE DISCUSSION TO THE PUBLIC REALM

Stories like that of Joseph Damon in Chapter Two offer a unique insight into the past, serving as a catalyst for studying a broader historic event or trend. The study of grave robbing and the use and abuse of bodies in the nineteenth century makes an important contribution to academic history, as seen in the first two chapters; however, advancing the study through public history is equally important because it provides an accessible window through which people in today's world can learn about the past. The value of public history is its ability to take the historical narrative beyond the traditional walls of academia, and this discussion about human bodies translates well into the public forum of an online exhibit, using a variety of formats that include text, images, videos, and more. By harnessing the strength of the internet, the online exhibit that accompanies this master's thesis, referred to here as *Market for Death*, serves as the public face of the

project and offers a new way to learn about the history of grave robbing, dissection, and other the uses of bodies in early America.¹

Several resources offered valuable information for planning the exhibit. The American Alliance of Museum's "Standards for Museum Exhibitions and Indicators of Excellence" served as a guide for outlining the structure and contents of the website. These standards challenge those putting together a project for exhibition to consider the effect each choice has on the exhibit's ultimate success. The National Council on Public History's journal, *The Public Historian*, occasionally includes reviews of leading online exhibits, and its past reviews provided significant case studies for comparison and ideas that were incorporated into the *Market for Death* exhibit. Finally, the Smithsonian Institution's "Smithsonian Guidelines for Accessible Exhibition Design" offered specific details on creating text panels that are consumable and accommodating to the greatest number of people. These recommendations, such as sentence and label length, were also integrated into the exhibit where possible.

This chapter discusses the importance of the online exhibit, *Market for Death*, as a part of this master's thesis. First, it examines the goals of the online exhibit, including a discussion of the intended audience. Next, an overview of the exhibit content highlights many of the items that were chosen for inclusion as well as what purpose they serve in communicating to the viewer the history of the use of bodies in early America. This section also presents a discussion about how the viewer interacts with the exhibit. Interspersed with this overview are explanations of the organizational choices and principles that went into putting the exhibit together. Finally, this chapter considers the

¹ The online exhibit can be viewed at www.marketfordeath.com.

future potential of *Market for Death* along with specific ways the exhibit can grow and evolve over time.

GOALS OF THE ONLINE EXHIBIT

The online exhibit, *Market for Death*, has three major goals: (1) to give the public a new, unique way to learn about grave robbing, dissection, and the use of bodies in early America that is presented in an academic and interesting way, avoiding an overly shocking or gruesome interpretation of the topic; (2) to serve as a place where people can interact with the exhibit as much or as little as they see fit and still leave the website having acquired new information; and (3) to act as a starting point or a model for future online public history projects that can be adapted as necessary for a new project's purpose and needs.

The number of written works on the history of death and dissection in America is great, and many leading medical and social historians have addressed the topic. On the internet, however, the discussion is often inadequately sourced, potentially inaccurate, and frequently accompanied with stories of ghosts and hauntings. Legitimate, well-researched information based on historic methodology is at present a rarity online, and *Market for Death* seeks to fill this gap. As a public project available to anyone with an internet connection, the exhibit gives its viewers a new opportunity for researching and understanding the role that dissection and grave robbing played in the lives of nineteenth-century Americans.

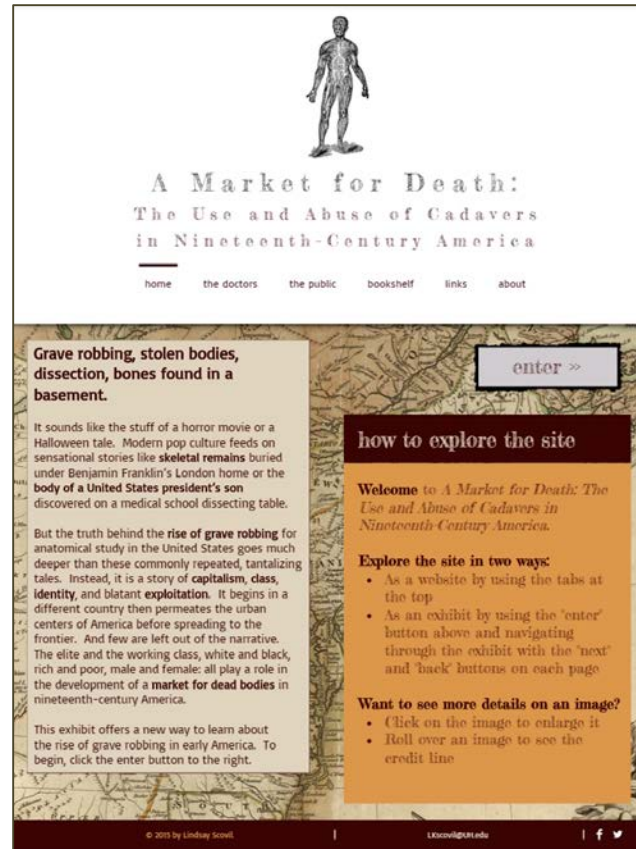


Figure 1. The *Market for Death* homepage, shown here, features an introductory text panel that engages the viewer in the topic. By placing emphasis on specific words, the panel also draws attention to the themes of the online exhibit. Details on how to use the site are also presented.

An average internet user spends approximately one minute looking at a specific online page.² Because of this, a successful online project must be presented in a way that draws the visitor's attention and communicates information quickly. *Market for Death* has been built to convey historically relevant information in a concise yet entertaining format. As in a physical exhibit in a museum, a visitor to the online exhibit may choose to spend a number of minutes on a particular display or page, yet may only spend a few

² Jakob Nielsen, "How Long Do Users Stay on Web Pages?" *Nielsen Norman Group: Evidence-Based User Experience Research, Training, and Consulting*, Sept. 2011, <http://www.nngroup.com/articles/how-long-do-users-stay-on-web-pages/>.

seconds on another page that may not speak as closely to their needs or interests. To achieve the goal of allowing visitors to spend as much or as little time as they like with each section, the web pages have been created in a variety of formats, from pages with more images than others, to pages with a greater amount of text, to pages presenting material with bullet points.

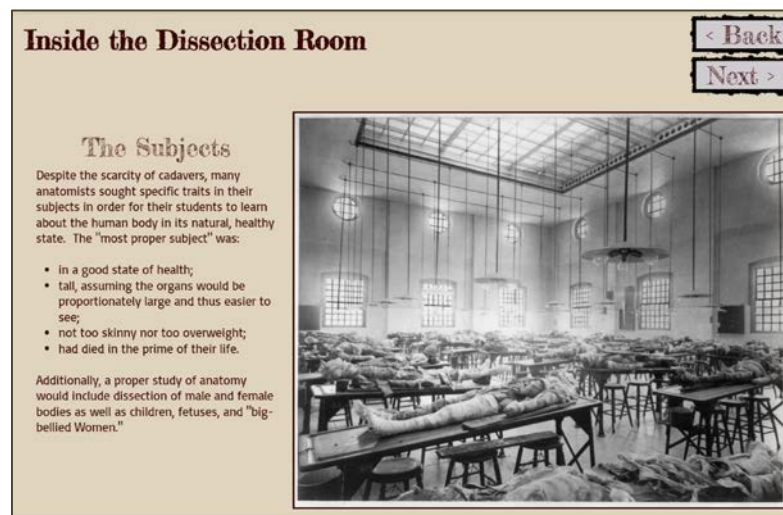


Figure 2. The page "Inside the Dissection Room" offers viewers a breakdown of the anatomy lab based on the roles played by the participants (the subjects, the dissectors, and the workers). By utilizing short paragraphs and bullet points, this page appeals to visitors in a different way and takes less time to absorb than the text-heavy page before. The navigational buttons also help guide people through the online exhibit. Inset image courtesy of the Library of Congress, Prints and Photographs Division.

The final goal, to act as a starting point or a model for future online public history projects, hints at the future of the field. According to the National Council on Public History, "As with public scholarship in general, digital technologies play an increasingly important role in the work of public historians, creating new spaces where they share their work and encounter fresh and varied audiences."³ Ideally, *Market for Death* will

³ "What is Public History?" *National Council on Public History*, <http://ncph.org/cms/what-is-public-history/>.

provide an opportunity for future similar projects and, by analyzing web traffic and interaction, can track the exhibit's success and serve as a teaching tool of the best practices for merging technology with history.

OVERVIEW OF THE EXHIBIT CONTENT

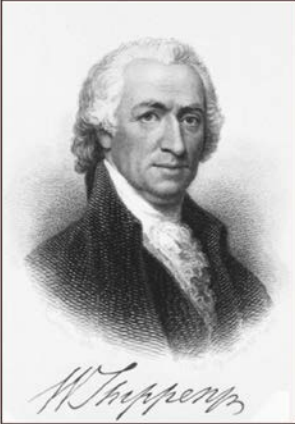
Market for Death was designed to be educational, entertaining, easily navigated, and well organized in order to engage the public in the historical narrative. On the homepage, the visitors are greeted with a short text panel introducing the exhibit and a box telling them how to use the site. To mimic the feeling of walking through a physical exhibit in a museum, an “enter” button leads the user to the first section, while “next” and “back” buttons on each page urge the user to continue forward through the exhibit or return to a previous page. Alternatively, viewers may explore the site using the tabs on the top instead of following the navigational buttons.

The first major section of the site, “the doctors,” focuses on the study of anatomy in the eighteenth and nineteenth centuries in America and the resulting rise of grave robbing to fill the need for cadavers for dissection. Five pages make up this section: (1) “robbing graves for the greater good;” (2) “inside the dissection room;” (3) “timeline of anatomy acts;” (4) “a case study: Joseph Damon;” and (5) “cadaver procurement today.” Taken together, these pages share with the viewer the history of anatomical studies from a variety of viewpoints, as recommended by the American Alliance of Museums’ standards.⁴

⁴ “Standards for Museum Exhibitions and Indicators of Excellence,” *American Alliance of Museums*, updated Aug. 2012, <http://name-aam.org/about/who-we-are/standards>, 2.

Page one of the section, “robbing graves for the great good,” presents the themes of the project using text panels, images, and quotes. While this page contains a greater amount of text than other pages, it is divided into consumable and separate panels of less than 500 words each.⁵ Moreover, images and block quotations keep the viewer engaged with the information while amplifying the themes.

Dissection and Anatomical Lectures in Colonial America



Formal anatomy lectures were held in Philadelphia as early as the 1730s, but these early exceptions were rare. By the 1760s, **Dr. William Shippen, Jr.**, just one of the many American elites who studied in Europe, began offering anatomy lectures with **dissection demonstrations** and **organs in display cases** that he brought home from London as teaching tools.

These lectures proved to be quite popular, and in 1765 Shippen co-founded the **first medical school** in the colonies at the **College of Philadelphia** (now known as the Perelman School of Medicine at the University of Pennsylvania). The medical school at **King's College** (now Columbia University) in New York followed shortly after. Clearly, with the rise of anatomy lectures and two new medical schools, the leaders of American medicine were beginning to express their interest in not only exploring the human body and expanding the limits of their own knowledge, but also spreading this knowledge to others in the United States.

William Shippen, Jr.
1736-1808

Anatomy lectures required cadavers, but **religious beliefs** and customs of the time considered dissection of a body to be offensive and potentially damning to a person's soul. As a result, most dissection subjects were procured from a nearby graveyard, usually the **poor's burial grounds**. In addition to these bodies, social custom also allowed **dissection of criminals' bodies** and the **bodies of those who committed suicide**. When Dr. Shippen's anatomy lectures in 1765 met concern from the Philadelphia public regarding the source of the cadavers, he circulated an advertisement assuring the people that the cadavers were procured from only appropriate sources. The ad read in part:

“ The Bodies he dissected, were either of Persons who had willfully murdered themselves, or were publicly executed, except now and then one from the Potters Field, whose Death was owing to some particular Disease; and that he never had one Body from the Church, or any other private Burial Place. ”

September 26, 1765, *Pennsylvania Gazette*

This denial of impropriety, while dubious at best, calmed the fears of Philadelphia's upper and middle classes.

Figure 3. This panel from the first page of “the doctors” incorporates emphasized text, a relevant image, and a block quotation to communicate dissection and anatomical lectures in colonial America to the viewer.

⁵ Ginger Berni (collections manager at The Heritage Society, Houston, TX) in discussion with the author, April 2015.

The following pages of section one offer interesting ways for the visitors to interact with the topic. “Inside the dissection room” uses short paragraphs and bullet points to show the divisions of labor within the anatomy room as a microcosm of American society. The major anatomy acts are featured on the next page in an interactive timeline that allows the visitor to see the passage of these acts over time. “A case study: Joseph Damon” introduces the story highlighted in Chapter Two, provides a link to a newspaper article about the incident, and includes an interactive map where viewers can explore the area. This page connects the theme of grave robbing in the nineteenth century to a specific event, illuminating the importance of local history and giving the viewer a chance to interact with the exhibit.

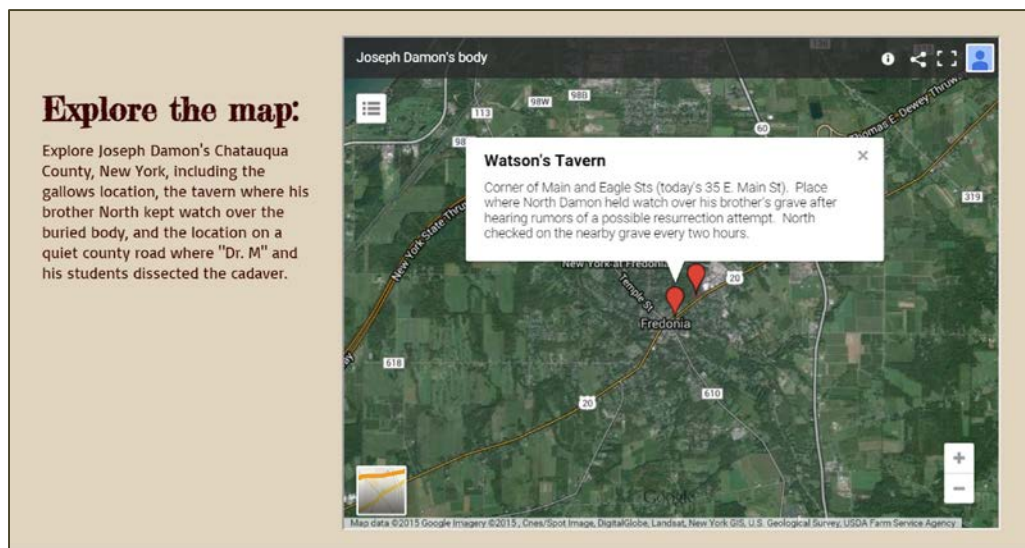


Figure 4. Interactive map from the page titled “a case study: Joseph Damon.”

The final page of the first section, “cadaver procurement today,” places the discussion within modern times. Viewers are presented with two videos, one featuring

the designer of a digital dissection table and another that gives the perspective of an anatomist at a Virginia community college and how her students interact with a teaching specimen. Videos are important for providing a diversity of elements and technology within an exhibit, and this page helps meet that need.

The second section of *Market for Death*, “the public,” explores the use of bodies and body parts in public entertainment in the nineteenth century. This section contains three pages: (1) “human remains as public entertainment;” (2) “dime museums;” and (3) “traveling phrenologists and medicine shows.” Similar to the first section, the opening page, “human remains as public entertainment,” contains more text than the other pages, and this format helps to contextualize public entertainment within the study.

The next page of the exhibit, “dime museums,” chronicles the rise of this type of entertainment for the masses through the exploitation of bodies. Designed with a greater number of images than the previous page to keep the viewer engaged, the captions communicate how these museums exploited humans, both living and dead. Dime museums were places of chaotic and boisterous entertainment, and the images included in this page’s design serve to show this culture to the visitor. “Traveling phrenologists and medicine shows,” the next page, incorporates a photo slideshow to introduce viewers to the leaders in the study of phrenology, and text panels feature cultural implications of the use of bodies within these entertainment venues.

The final section of *Market for Death* offers a virtual bookshelf, a place where the visitors may peruse literature related to the exhibit and can follow a link to purchase the books for their own use, similar to purchasing a book in a museum gift shop. A separate page lists a full bibliography for the project. This is important not only to aid in future

research for those interested, but it also gives the online exhibit credibility as an academic work. Finally, visitors are led to a page that gives background information on how this project began, and they are encouraged to leave feedback on the contact page with any recommendations or suggestions for the future of the project.

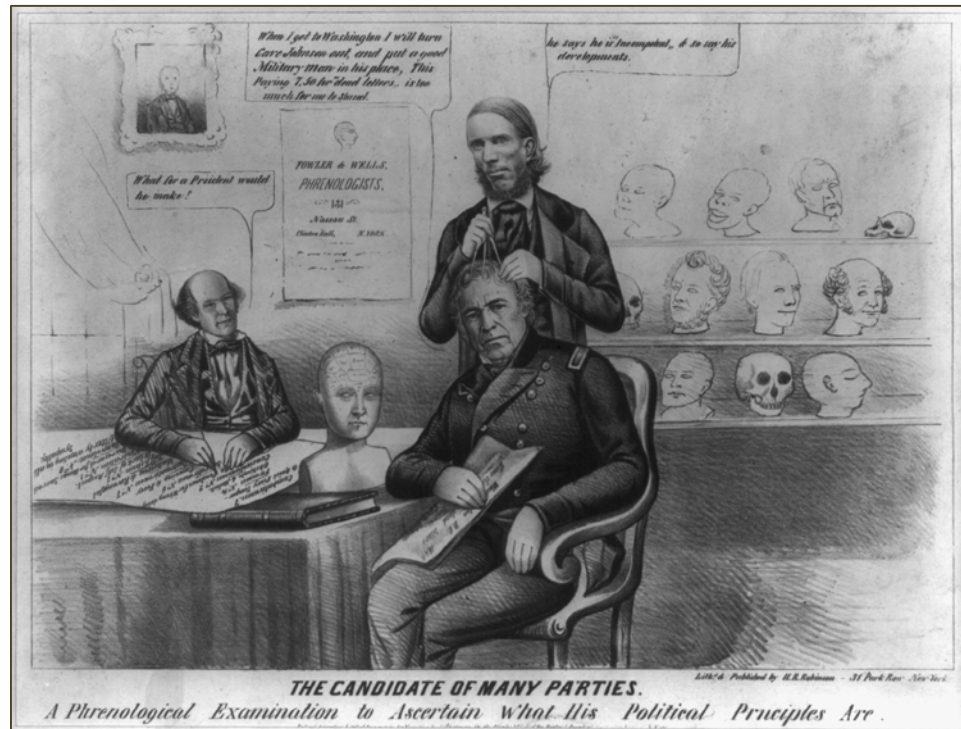


Figure 5. All photos on the site, including this political cartoon from 1848, may be enlarged for further exploration. This is especially important with an image such as this, where viewers may miss some of its detail at a smaller size. All photo credits can be seen by scrolling the cursor over the image or by clicking on the image. This is noted on the homepage for the visitor's information. Image courtesy of the Library of Congress, Prints and Photographs Division.

Throughout the online exhibit, visitors are able to click on an image to view more detail of the photo and to see the credit line. Allowing the public to click and expand the images encourages curiosity and furthers their interaction with the site.⁶

⁶ Erika Gasser, "Review of *Building the New World: The Women of Jamestown Settlement*," *The Public Historian* 30, no. 3 (Summer 2008): 117.

Any exhibit, either online or physical, that is open to the public must be cognizant of images that could be disturbing to some viewers.⁷ *Market for Death* only incorporates one such image: the preview photo for a video on the “cadaver procurement today” page. By placing a cautionary statement above the video and leaving significant space between the warning and the potentially upsetting picture, the viewer is able to decide for themselves if they would like to proceed on that page. If they choose not to continue, the navigational buttons on the top of the page will direct them forward in the exhibit.

The design plans for *Market for Death*, including the choice of background color, font, and type size that will allow the greatest number of visitors to view the panels with ease, the implementation of the interactive features, and the addition of a virtual bookshelf, were all based on fundamentals and best practices incorporated by leading American museums and other public history projects.

LOOKING AHEAD: THE FUTURE OF THE PROJECT

This project need not end with the conclusion of this thesis. Instead, it is able to grow and evolve in many ways. The current content can be expanded to include additional primary sources, such as newspaper advertisements and articles, writings by physicians and anatomists, and additional images and photos. The site could potentially become an archive of sorts, a place for researchers to be able to access additional primary source information. Moreover, this topic can be expanded into a variety of new sections. Future study of nineteenth-century American interaction with bodies may include

⁷ “Standards for Museum Exhibitions,” 5.

exploration of the cultural importance of post-mortem photography or the spiritual and religious beliefs that spurred much of the outcry against dissection and anatomical study. The Civil War also offers another opportunity for expansion by examining the employment of free blacks to clear the dead from the battlefields and the trend of some doctors to sell embalming services to soldiers and their families on the chance that they might die in battle. Much of this further discussion could be visually complemented with the abundance of images that exist relating to these issues.

Further, a look at contemporary uses of bodies in museums would connect the current study more directly with today, enhancing the experience of the modern visitor to the online exhibit. For example, Gunther von Hagens's BODY WORLDS exhibit, the fetus and embryo exhibit at Chicago's Museum of Science and Industry, and the National 9/11 Memorial Museum all incorporate human remains as a part of their narrative. A comparative study of these present-day uses of bodies within a museum and the use of bodies in anatomical and dime museums of the nineteenth century could be translated into a vibrant and engaging online exhibit either as a stand-alone project or as an addition to the existing *Market for Death* exhibit.

Market for Death offers the public a new way to learn about grave robbing, dissection, and bodies in nineteenth-century America. By utilizing the internet's strength as a visual medium and incorporating the best practices recommended by leaders in the

museum and curatorial field, the online exhibit is an exciting, vibrant learning tool that adds an important public history element to this master's thesis.

CONCLUSION

The history of grave robbing in the nineteenth century is a complicated study of class identity, market development, and human exploitation. Many people, especially those who were marginalized by society no longer had a reasonable expectation that their bodies would remain at rest after their death. While the growth of anatomical study and the need for cadavers for dissection in medical schools drove the development of the resurrection men, this macabre industry was also fueled by the world of public entertainment, phrenologists, and collectors. Despite public outcry, the market for bodies flourished until the passage of legislation marked a turning point in the trade near the end of the century.

The first half of the twentieth century saw a slow change in public attitudes toward dissection. By the 1960s, body donation became more culturally acceptable, and

the Uniform Anatomical Gift Act of 1968 made donating one's body for dissection a moral and acceptable act of volunteerism instead of the shameful punishment it once was. Still today, however, medical schools rely on unclaimed bodies for their dissection requirements.¹

By examining the growth of the medical field in the early United States, the development of a strong, urban middle class, and the rise of dime museums and other forms of social entertainment, this project has addressed a number of the questions posed in the introduction. There is much more to analyze in the future, however, including the role religion and spirituality played in the public opposition to dissection, the development of embalming practices and the effects the Civil War had on the body trade, and the modern uses of bodies in museums. The online exhibit, *Market for Death*, offers a channel to further explore these topics. Together, this thesis and its companion online exhibit give the public a new way to learn about grave robbing and the use and abuse of bodies in the nineteenth century, promoting the continued conversation about early America's market for death.

¹ Raphael Hulkower, "From Sacrilege to Privilege: The Tale of Body Procurement for Anatomical Dissection in the United States," *The Einstein Journal of Biology and Medicine* 27, no. 1 (March 2011): 25.

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