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Narratives of Anatomy: Arranging Identity and Regulating Visibility in the Nineteenth Century Anatomical Museum

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Georgia State University

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NARRATIVES OF ANATOMY: ARRANGING IDENTITY AND REGULATING VISIBILITY
IN THE NINETEENTH CENTURY ANATOMICAL MUSEUM

by

STEPHANIE ALANA WOLF

Under the direction of Maria P. Gindhart

ABSTRACT

During the nineteenth century, museums dedicated to the collection, preservation, and display of human anatomy became familiar institutions in America and Europe. The anatomical museum operated under one of two guises: popular museums run as commercial establishments, or medical museums attached to a professional medical society or college. Over the course of the century, the medical establishment sought to cement its authority over anatomy by legitimating its expertise through specialized training. Doctors criticized commercial anatomical museums, which were eventually closed under accusations of obscenity, yet there was considerable overlap in the types of objects on display at both museums. This paper examines how the medical museum was permitted to supersede its commercial cousin and explores the exhibitionary narratives at the sites of both types of institutions.

INDEX WORDS: Anatomical Museums, dissection, body snatching, medical training, Anatomical Venus, anatomical theater, Mütter Museum, medical identity.

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STEPHANIE ALANA WOLF

A Thesis Submitted in Partial Fulfillment of the Requirements for Graduation with
Undergraduate Research Honors
in the College of Arts and Sciences
Georgia State University

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Honors Thesis Director: Maria P. Gindhart PhD

Honors Program Director: Robert Sattelmeyer PhD

Electronic Version Approved:

Honors Program
College of Arts and Sciences
Georgia State University
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1 INTRODUCTION

This is a study conducted to examine the role of the anatomical museum in urban centers during the nineteenth century. Now largely forgotten, the anatomical museum was nearly ubiquitous in the cities of Europe and the United States by the second half of that century. Such museums exhibited preserved anatomical specimen as well as models and sculptures – some displaying no small reserve of artistic and technical finesse – which depicted human anatomy in graphic detail.

Anatomical museums appeared in New York by the 1840s, and in short order the phenomenon sprung up along the landscape of America, with museums in Boston, Philadelphia, Chicago, San Francisco, and Baltimore.¹ While originally popular in urban centers of Europe, by the 1880s, New York's Bowery district boasted an entire host of anatomy museums among its many inexpensive entertainments from which the public might choose to explore. Despite their ubiquity upon the urban cultural landscape, there were two distinct types of institutions which were in the business of preparing, conserving, and collecting anatomical artifacts for the purposes of display: medical museums, which were attached to professional medical societies and universities, and popular anatomical museums, which were commercial enterprises developed by private entrepreneurs.

In my research, I was particularly interested in how these museum displays fit within the larger context of a period of unprecedented institutional expansion. The nineteenth century witnessed a flourishing of goods produced by developing fields in the natural – and social – sciences, and alongside this emerged a burgeoning desire to put these goods on display. Medical institutions competed not only with one another to assert their superiority through their anatomy

¹ Michael Sappol, *A Traffic in Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, NJ: Princeton University Press, 2002), 275, 311-312.

collections, but against a backdrop of expanding popular commercial entertainments whose collections were sometimes difficult to distinguish from their own. Medical historian Michael Sappol's extensive examinations of the development of the medical profession during this time period have provided an invaluable launching point for my understanding of how anatomical museums were understood by and presented to the public. Medical institutions and professional societies used their museums as tools to establish themselves as the rightful producers of anatomical knowledge, and my analysis of how these institutions leveraged their claims to determine which bodies were sanctioned to produce and administer anatomical museums is guided by Sappol's review of the trajectory of professionalization of medicine.

To ground this examination, I uncover some of the conflicts that occurred which illustrate the struggle for such museums' claims to legitimacy. Out of this institutional examination, I suggest possible underlying narratives of display found within their walls. These suggestions are deeply indebted to historian Ludmilla Jordanova's keen observations on the role of gender in medicine,² which I believe can be applied to the phenomenon of the anatomical museum. It is my conclusion that the anatomical museum – far from a neutral site of popular education – was a highly gendered, class-indicative, and frequently sexualized space which revealed much about the anxieties and aspirations of those who created the displays as well as the social apprehensions of those audiences who observed them. Both medical and popular anatomical museums existed as forums where anatomy was visually illustrated for spectators, offering a graphically embodied lens from which it is possible to see claims of professional, racial, and gender identity emerge.

² See Ludmilla Jordanova, *Nature Displayed: Gender, Science and Medicine, 1760-1820* (Essex, UK: Addison Wesley Longman Ltd., 1999), and *Sexual Visions: Images of Gender in Science and Medicine between the Eighteenth and Twentieth Centuries* (Madison: University of Wisconsin, 1989).

Anatomical museums held a special position during the nineteenth century. Despite the international attention brought to current exhibitions such as *Body Worlds* and *Bodies: The Exhibition*, the earlier museums tend to be rarely-considered historical artifacts, but they are significant in laying a precedent for the anatomically-curious public. In their heyday, these museums became contested sites where citizens argued the appropriate circumstances for the display of the human body: Who was authorized to exhibit anatomy? What sorts of bodies were appropriate for display? Who ought to be permitted to view anatomy? Relevant in their own time, it is notable that these very same arguments are just as unsettled today as they when they were presented in the nineteenth century.

2 ESTABLISHING MEDICAL IDENTITY

2.1 Anatomically-Curious Origins

Neither the medical museum nor the public appetite to view the anatomical body sprung forth, Athena-like, from the inchoate forehead of the nineteenth century. Rather, both followed two longstanding traditions: one, of scientific instruction; the other, of popular entertainment with the human body on display as its central focus.

While it has been noted that the medical museum owes its heritage to earlier Renaissance-era curiosity cabinets,³ to leave it at that would be to oversimplify tensions which imprinted themselves upon institutional decision-making regarding the collection, management, and display of anatomical artifacts to audiences which shifted over time. Nineteenth-century medical museums were typically founded as the result of the collection of one medical practitioner who would then bequeath his assemblage to an institution or professional society.⁴ These collections would then be added to over time, enhancing the eminence of the institution. Interest in these collections was by no means limited to would-be medical professionals, but was shared by what might be understood as an “anatomically-curious” public audience. It was to this larger audience that popular anatomical museums catered. But just how did this anatomically-curious public develop in the first place?

Until the late eighteenth century, natural science collections were accessible to an audience limited to elites who, most frequently by dint of birth or occasionally by educational attainment, possessed the status necessary to view them.⁵ Although there are records of temporary public exhibitions of anatomical waxworks in London as early as the 1720s,

³ Sappol, 275; Francis Joseph Cole, “History of the Anatomical Museum,” in *A Miscellany Presented to John Macdonald Mackay, July, 1914* (Liverpool: University of Liverpool, 1914) 302-317.

⁴ Cole, 302-303; 312-317.

⁵ See Tony Bennett, *The Birth of the Museum* (London: Routledge, 1995) for an account of the history of public display and the development of the museum.

admission prices ensured that audiences would be limited to the few well-off enough to afford entry.⁶ It is only toward the end of that century in Italy that the first account of an anatomical museum truly accessible to a general public – including, specifically, the “lower classes” – can be found.⁷

Before the anatomized body was viewed by a popular audience in the exhibition hall, however, it was on display in another forum: the anatomical theater, where surgeons performed dissections before medical students and general citizenry alike. It is my belief that it was here that audiences developed a taste for the anatomical and that the anatomically-curious public was born. During the eighteenth century, lecture halls across Europe filled with audiences who might purchase a subscription series of lectures that included anatomical demonstrations of dissection upon human cadavers.⁸ Not content to present dry pedagogical pabulum, anatomical theaters eventually became sites of high drama, with some dissections enhanced by musical accompaniment⁹ and pathos-laden presentations by physicians skilled equally in both sentiment and surgery.¹⁰ Although the public anatomical theater began a marked decline from the end of the eighteenth century to the middle of the nineteenth, pockets of popularity persisted from Paris to Philadelphia as late as the 1860s.¹¹ Their decline was less due to popular demand than it was to professional concerns. It is unsurprising that the anatomical theater would eventually fall under criticism. Taking measures to broaden its audience, the anatomical theater found it increasingly

⁶ Richard D. Altick, *The Shows of London*, Cambridge: Belknap, 54-55.

⁷ Marta Poggesi, “The Wax Figure in ‘La Specola’ in Florence,” in *Encyclopedia Anatomica* (London: Taschen 2001), 6.

⁸ Giovanna Ferrari, “Public Anatomy Lessons of the Carnival: The Anatomy Theatre of Bologna,” *Past and Present* 117 (1987): 52; Jonathan Simon, “The Theater of Anatomy: The Anatomical Preparations of Honore Fragonard,” *Eighteenth-Century Studies* 36, no. 1 (2002): 63-79.

⁹ Ferrari, “Public Anatomy,” 83.

¹⁰ *Ibid.*, 50; Lucia Dacome, “Women, Wax and Anatomy in the ‘Century of Things’,” *Renaissance Studies* 21, no. 4 (2007): 526.

¹¹ Amy Beth Werbel, *Thomas Eakins: Art, Medicine, and Sexuality in Nineteenth-Century Philadelphia* (New Haven: Yale University Press, 2007), 31.

difficult to justify its pedagogical merits to the universities to which they were attached. Some who taught medicine were highly critical of the anatomical performances¹² and worried that the presentations too closely resembled those in the popular theaters which accommodated the very same audiences that the anatomical theater served. They were, in short, *too* theatrical. This impulse to reign in and wrest control of a popularized anatomy by medical authorities was to repeat itself over the course of the nineteenth century in the anatomical museum.

There was another thorny issue that darkened the dissection tables of anatomical theaters: the matter of how to source the bodies. Demand for bodies consistently outstripped supply. Anatomical models might have provided one answer to the scarcity of available bodies, both for students of medicine as well as for the anatomically-curious public. The problematic issue of obtaining bodies blossomed in dramatic fashion in the nineteenth century, but for eighteenth-century audiences, dissection became strongly associated with criminality, as many bodies sourced for the purposes of dissection were those of executed criminals.¹³ As I have noted in earlier work, the increase in Italian production and display of anatomical models correlates inversely to the decline of public punishment – most notably, the abolition of corporal punishment.¹⁴ Demand for representations of the body increased when bodies themselves were in short supply.

It was in Florence that the first ceroplastics studio dedicated solely to producing anatomical wax models originated.¹⁵ These were placed in the Imperial-Royal Museum for Physics and Natural History, which opened to the public at the behest of Peter Leopold, Grand

¹² Ferrari, “Public Anatomy,” 50.

¹³ *Ibid.*, 60.

¹⁴ S. Alana Wolf, “Seeing Anatomically: Displaying the Body in the Eighteenth Century,” unpublished manuscript, 2008.

¹⁵ Poggesi, “The Wax Figure,” 6; Ludmilla Jordanova, *Sexual Visions*, 49. These models were subsequently produced for public displays in Europe and America.

Duke of Tuscany (r. 1765-1790).¹⁶ Providing anatomically-curious audiences with a venue to observe the workings of the human body in sculptural form addressed the problem of how to display anatomy without going to the trouble of finding a human cadaver. This problem was particularly relevant in Florence, where the Duke was the first leader in Europe to abolish corporal punishment.¹⁷ The Florentine anatomical museum opened to the public within five years of the edict that would annul the anatomical theater's favored source of corporal material. It also provided an institutional model for displaying anatomy which was subsequently copied in Europe and America. Models produced in the Florentine ceroplastics studio were widely distributed in the nineteenth century, entering into the European and American collections of both medical and popular anatomical museums.

As Michael Sappol has rightly noted, scholarly treatment of the popular anatomical museum has traditionally been dismissive¹⁸ in the few instances that historians of popular culture have deigned to address them at all.¹⁹ Surely this is due in no small part to similarly trivializing nineteenth-century accounts chronicling exhibits which were reported to "... depend upon some morbid relish of the public. Abominations... [are] prepared for a permanent display in the Anatomical Museum, and will continue to smile, ghastly and horribly, in alcohol or glass case, to the new crowds who feed the same appetite with a pathological excuse."²⁰ While popular historians acknowledge the existence of these exhibits – even if they rightly identify them as scraping along the lowest end in the hierarchy of available popular entertainments – medical

¹⁶ Poggesi, "The Wax Figure," 6.

¹⁷ Peter Leopold, Grand Duke of Tuscany, *Edict of the Grand Duke of Tuscany, for the reform of criminal law in his dominions: translated from the Italian: together with the original* (Warrington, 1789), 26-27.

¹⁸ Sappol, *A Traffic in Dead Bodies*, 275.

¹⁹ See, for instance, George C. D. Odell, *Annals of the New York Stage* (New York: Columbia University Press, 1931) vol. 6: 80-81, vol. 15: 771.

²⁰ "Cheap Amusements," *The New York World*, April 5, 1863:3.

historians have been nearly silent on the matter.²¹ I would suggest that this silence is reflective of the path of professionalization of the medical establishment, which sought to distance itself from questionable practices and charges of quackery that were urgent issues during the very time period in which the popularity of the anatomical museum was reaching its apotheosis.

If we examine the contents of the popular anatomical museum, however, it becomes clear that to deny its kinship with the medical museum would be disingenuous at best. Collection catalogues show that the medical and commercial museum displayed considerable overlap in the types of objects that they collected; indeed, it is highly likely that many an object that found its way into a commercial museum was once part of the holdings of a medical museum. But if overlap existed in the objects on display at both types of museums, the audiences they targeted were quite different. Medical museums were aimed at professional societies or institutions where men learned to become doctors while popular museums were geared toward the anatomically-curious public. The nineteenth-century medical museum became a contested site that offered the possibility to establish visual legitimacy in a profession that, for a host of reasons, faced a dubious public. Battling for authority, the medical establishment used its museums as a counterpoint to commercial museums in order to stabilize its claim as the rightful keeper of the mysteries of the human body.

21 Scholarship on the natural history museum has been similarly largely silent on the matter of anatomical museums. While on the face a somewhat puzzling omission, it is my suggestion that perhaps this omission may be a deliberate distinction, as the discipline of medicine was itself claimed by practitioners and educators as separate from other natural sciences beginning as early as the eighteenth century.

2.2 A Professional Display

The story of nineteenth-century anatomical museums unfolded amid tensions that occurred between the medical institutions which sought to eke out a definable professional identity through the emerging standardization of medical training²² and the larger anatomically-curious nonprofessional public. While the discipline of anatomy afforded obvious contributions specific to the creation of the medical professional's identity, the discipline became imprinted upon the public psyche in ways that frequently unsettled medical professionals when distributed to audiences in commercial venues. The tensions between commercial and medical anatomical museums in the nineteenth century highlighted the larger issue of how the medical establishment might present itself as the rightful arbiter of anatomical knowledge to a wary public that frequently challenged professional medical practices. Indeed, the role of popular anatomy is impossible to understand without a consideration of the medical profession that was responsible for disseminating, refuting, and in some cases cloistering information about anatomy to a larger audience.

Several shifts occurred in medicine over the course of the nineteenth century which contributed to professional-public tensions. Most important among these, from the medical practitioner's point of view, was the push toward the standardization of education for those entering the field. The expansion of the medical profession in nineteenth-century America was considerable: in 1800, there were four medical schools; by 1900 there were more than 160.²³ This expansion did not occur without criticism from medical societies, whose constituents sought to guard their elite membership and denounced the inferior social and intellectual quality of the

²² See Sappol's introduction to *A Traffic in Dead Bodies*.

²³ Sappol, *A Traffic in Dead Bodies*, 2.

encroaching middle class that sought to enter the profession.²⁴ Leading up to the nineteenth century, the practice of the natural sciences was seen as the domain of a privileged group of gentleman scholars, and medicine was no exception.²⁵ Members of medical societies who protested the expanding accessibility of medical education in the nineteenth century not only expressed anxieties about losing control over their own profession – which had marked them with a very distinct identity – but also reflected larger shifts over the course of a century which saw the unprecedented expansion of a middle class whose very existence threatened to destabilize class boundaries in place from the century prior and before.

In America, the status of medical doctors underwent dual pressures, for the question of the doctor's role in society would be answered not simply in terms of class alone, but would also be weighted with the added responsibility of expressing attitudes about national identity as well. The relatively new nation's unease over establishing a national character, ripe as it was at the dawn of the nineteenth century, was still far from settled by its close. After more than a century of independence, America was nowhere near prepared to shake the sense of existing in the cultural shadow of its European forebears. The lack of national confidence could be seen in popular references to quality: whether the consumable was a cigar, a fireplace mantle, or ladies' undergarments, entrepreneurs would describe their goods as being of the same quality as those of European origin whenever they wanted to signal to readers that what was for sale was particularly fine. Medical schools were no different in this regard. A respectable medical college would identify European alliances by boasting of their adoption of current methodologies from

²⁴ Sappol, *A Traffic in Dead Bodies*, 2.

²⁵ See Susan C. Lawrence, "Anatomy and Address: Creating Medical Gentlemen in Eighteenth-Century London," in Vivan Nutton and Roy Porter, eds, *The History of Medical Education in Britain* (Amsterdam: Rodopi Press, 1995), 199-228.

across the Atlantic into their curricula.²⁶ By 1877, the University of Pennsylvania's training for doctors – considered among the very best in the United States – flaunted the fact that it followed a European model, increasing the number of required hours of lab work in biology and chemistry as well as time spent in the lecture hall.²⁷ Students faced the rigors of lengthy qualification examinations that would determine their suitability for apprenticeship and medical colleges across America replicated the Philadelphia example of modeling curricula on current European pedagogical practices.

Ironically, while medical colleges in the United States proudly advertised their ability to offer a European education to students, standardized curriculums were a nascent phenomenon overseas. While state regulation of licensure to medical practitioners was practiced in France and Germany by the beginning of the century, Britain dragged its heels to develop a state-regulated licensing board.²⁸ Instead, there existed nineteen medical licensing bodies associated with British royal colleges and universities, each of which was permitted to set its own standards.²⁹ Efforts to achieve statewide standardization were slow, but it was such measures which universities at home and abroad used to shape the identity of the medical professional.

In the nineteenth century, physician training was not simply an alliance among medical professionals, but also served to affiliate medical practice with science. The eighteenth century's enlightened emphasis on empirical methodologies³⁰ led to key scientific advances by the nineteenth, and these advances paved the way for new specializations within the field of

²⁶ Werbel, *Thomas Eakins*, 32; Gretchen Worden, *The Mütter Museum: Of the College of Physicians of Philadelphia*. (New York: Blast Books, 2002), 9; Sappol, *A Traffic in Dead Bodies*, 2.

²⁷ Werbel, *Thomas Eakins*, 32.

²⁸ A. W. Bates, "'Indecent and Demoralising Representations'," *Medical History* 52 (2008): 3.

²⁹ For a history of the teaching of anatomy in England from the eighteenth through the nineteenth centuries, see "Evolution of the Medical School (Continued)," *The British Medical Journal* 1, no. 3093 (April 1920): 505-508. The article introduces a cast of entertaining medical practitioners; also mentioned are the roles of anatomical theaters and museums, as well as the progressively enlarged built environment so characteristic of this time period's institutional expansion.

³⁰ See Jordanova, *Sexual Visions*, 13.

medicine.³¹ But the impetus behind all of this standardization of training was to ally medical practitioners with the ideal of the scientific mind in order to counter popular presumptions about medicine. Prior to the nineteenth century, medicine was used to describe a rather disparate assortment of practitioners who made their livelihood by treating the human body and its various conditions, and thus included an assortment of lay persons, privately-trained apprentices, part-time midwives, community healers, and even members of the clergy. Pointing to rigorous standards in training grounded in standardized scientific observation, nineteenth-century medical practitioners sought to shape popular opinion about physicians, elevating the status of their profession from earlier assumptions about its place as one of the practical occupations to a vocation of the mind.³²

Nineteenth-century popular opinion was understandably mixed. Newspaper accounts of medical students engaging in unsanctioned antics ranging from public rowdiness to dissection-room practical jokes showing little respect for the deceased, on up to body snatching appeared in print with enough frequency to make popular audiences doubt the profession's seriousness.³³ The efforts that went into shaping professional medical identity cannot be overemphasized. One 1845

³¹ During the nineteenth century, knowledge of gross anatomy had reached its peak. It continued to be part of a physician's training, but the physiology of the body was eventually considered far more critical than anatomy, which was then relegated to the most basic body of knowledge in medicine. Advances in chemistry and even physics became important to the study of medicine as well. Interestingly, medical advances and the branching out of numerous fields led to the production of a number of objects that became part of anatomical museum collections. Primary among these was the field of pathology, as Gretchen Worden has noted, "from the beginning, the value of artistic, realistic representations of disease was recognized." Medical models seemed to be an especially favored form of representation for the new field of dermatology as well: after the first International Congress of Dermatology met in Paris in the 1880s, dermatology museums sprung up across Europe and subsequent medical meetings note exhibitions which displayed models produced for the growing discipline. (Worden, *The Mütter Museum*, 180-181).

³² Jordanova, *Sexual Visions*, 16.

³³ Newspaper accounts are too numerous to mention, but with a frequency that would alarm even jaded urban dwellers of today, the occasional corpse (or corpses) were the unfortunate discovery of more than one unsuspecting member of the public, and wayward members of the local medical college were more often than not fingered as the responsible party. Michael Sappol covers some of this medical mischief-making in the chapter, "'Anatomy Is the Charm': Dissection and Medical Identity in Nineteenth-Century America," in *A Traffic In Dead Bodies*, 74-97. Visible evidence of both the pranksterism and poetics that suffused the dissection room and the relationship between dissector and cadaver can be seen in John Harley Warner and James M. Edmonson's *Dissection: Photographs of a Rite of Passage in American Medicine 1880-1930* (New York: Blast Books, 2009).

newspaper editorial sought to dispel public distrust and clarify the position of the newly-minted doctor for its readership thusly:

The profession of medicine is now acknowledged by all who possess any thing like average intelligence, to be a noble calling; and it is therefore not among the least of the praises due to [Philadelphia], that she has maintained the first position as a resort of medical students... Every profession and occupation has its peculiar trials. Among those which the young physician is compelled to meet, that cannot be a trifling one which arises from his being judged by incompetent persons... [T]he young physician suffers under the painful conviction that his patrons can form no well-founded judgment respecting his skill and fidelity. When he has made his diagnosis, the observers are totally unqualified to appreciate his acuteness if he be acute; and his prescription may be one which, in the case, could not have been improved by any veteran practitioner, and yet fail to elicit admiration. For these reasons he may find himself for a time not preferred to the ignorant and swindling quack, or at least not preferred to the unstudious and unobserving practitioner who abandoned his studies and his zeal for improvement.³⁴

But such apologetics could only go so far in counterbalancing public anxieties about medical practitioners, particularly when it came to keeping the bodies of their deceased loved ones out of strangers' hands and off of their dissection tables. The administrators of medical schools, therefore, found value in uniting their trade with scientific respectability and establishing stringent criteria for their graduates.

Beyond claiming an adherence to institutionally-sponsored regulations – state-sponsored or otherwise – one of the means by which medical schools sought to lure potential students to study at their university was by advertising an anatomy museum, considered an essential supplement in medical education (Fig. 1).³⁵ The anatomy museum was considered supplemental, in part because acquiring cadavers upon which one might learn the art of dissection was a challenging endeavor at best. Yet dissection remained a keystone in the training of the would-be medical doctor, and was a precise practice whose act separated the nineteenth-century medical

³⁴ “Our Medical Schools,” *The North American and Daily Advertiser*, April 7, 1845; Issue 1875, col A.

³⁵ Sappol, *A Traffic in Dead Bodies*, 276; Worden, *The Mütter Museum*, 15.

MEDICAL DEPARTMENT OF THE COLUMBIAN COLLEGE.—The annual course of Lectures in this Institution will commence on the first Monday of November and continue until the first of March.

During this period full courses will be delivered on the various branches of Medicine by—

THOMAS SEWALL, M. D. Professor of Pathology and the Practice of Medicine.

HARVEY LINDSLEY, M. D. Professor of Obstetrics and the Diseases of Women and Children.

THOMAS MILLER, M. D. Professor of Anatomy and Physiology.

JOHN M. THOMAS, M. D. Professor of Materia Medica and Therapeutics.

WILLIAM P. JOHNSTON, M. D. Professor of Surgery.

CHARLES G. PAGE, M. D. Professor of Chemistry and Pharmacy.

SAMUEL C. SMOOT, M. D. Demonstrator of Anatomy.

The entire expense of a course of Lectures by all the Professors is \$70. Dissecting tickets \$10.

Good board can be procured at from \$2 50 to \$3 per week.

By a recent act of Congress an extensive building has been granted the Medical Faculty for the purposes of medical instruction, for an infirmary, &c. This building, which is two stories high, presents a front of about one hundred and fifty feet, and will admit of all the conveniences desirable; extensive lecture-rooms, anatomical museum, laboratory, private rooms for Professors, &c.

The Infirmary will be opened as soon as the necessary arrangements can be made; the accommodations are sufficiently extensive for a large number of patients. Patients from the city or country will be admitted upon paying a very small sum to the steward for board; the medical attention of the Faculty will be furnished gratuitously; clinical lectures will be given daily. The poor of the city who apply daily between the hours of 9 and 10 A. M. will receive advice and medicines without charge, the same as during the last winter.

W. P. JOHNSTON, M. D.,
Dean.

June 27—2awtNov4.

Figure 1 - Medical School Advertisement. *Daily National Intelligencer*, October 7, 1844.

doctor's profession from allied fields. This act, considered a necessity whose completion marked an initiation into a specialized medical confraternity, was attended by difficulties quite similar to those found in the anatomical theatres dating from earlier times. As with anatomical theaters of the eighteenth century, bodies as "source material" were not easy to acquire,³⁶ and controversies over how medical colleges obtained these bodies was a matter of public debate. It was the questionable sourcing of these bodies that contributed in no small measure to a popular distrust of doctors and the medical profession.

The medical anatomy museum, then, was suggested as a teaching tool where the medical trainee could familiarize himself with anatomy without taking an active role in acquiring the bodies of the dead. This was the theory, at least. In practice, it would seem that the medical museums that were attached to colleges and medical societies served more as a showcase for those associated with the institution than as a substitute for the hands-on experience that only dissection and subsequent surgeries could provide. Even though medical museums failed to erase the need for dissection and other types of medical training, the venues proposed to meet professionalizing needs similar to those of natural science museums in the nineteenth century, with collections ostensibly intended to operate as both pedagogical contrivances filled with examples and as sites where knowledge production and experimentation could flourish. As Erin McLeary reflects on the role of the medical museum in her essay, "The Mütter Museum: Education, Preservation, and Commemoration," "In its ideal form, the medical museum was more than simply a storehouse, classroom, or library. The museum also functioned as a

³⁶ Sappol acknowledges that medical colleges were not above obtaining cadavers by questionable – and even outright illegal – means, and that the bodies were typically the poor and the criminal, as is the case for the earlier medical theaters. He states, "Not surprisingly, the mobs that invaded medical school, seeking to reclaim and rebury their dead, often vented their fury by destroying anatomical collections," 277.

laboratory, a site of medical research and experimentation for both students and researchers.”³⁷

McLeary goes on to recall the 1897 case involving Oscar Allis, a physician who was offered work space at the Mütter to conduct his work on dislocations and fractures. In exchange for the privilege of working at the Mütter, Allis donated to the institution the specimens that were part of his experiments.³⁸ But, as we shall see, moments of anatomical knowledge production in the medical museum were the exception rather than the rule.

A great collection was, however, a mark of status which would not only distinguish a college not only from other universities, but also serve as an assertion of legitimacy which grounded itself within the larger context of the natural sciences.³⁹ It was hardly surprising that colleges might use their museums as a means to legitimate authority. After all, natural science museums of the time were sites against which universities competed to decide which type of institution would eventually gain dominance and claim authority as the legitimate site of knowledge production. Museums of all stripes, but especially the natural history museum, were seen not merely as sites to educate a general public, but as spaces where professionals might actively participate in doing the work of their discipline.⁴⁰ In the nineteenth century, it was common for natural history museums to retain scientific equipment in order to permit laboratory work to be done on site, and a museum’s ability to house a large collection of specimens and have space available to scientist and scholars was considered a primary role of the institution.⁴¹

Medical museums inevitably proved inadequate to meet growing demands for the dispensation of anatomical knowledge that could only be met by more hands-on methods, and

³⁷ Erin H. McLeary, “The Mütter Museum: Education, Preservation, and Commemoration,” *Annals of Internal Medicine* 132, no. 2 (April 2000): 600.

³⁸ *Ibid.*

³⁹ Sappol, *A Traffic in Dead Bodies*, 276.

⁴⁰ Stephen Conn’s chronicles the institutional struggle for legitimacy in *Museums and American Intellectual Life, 1876-1926* (Chicago: University of Chicago Press, 1998).

⁴¹ *Ibid.*; McLeary, “The Mütter Museum,” 600.

the shift toward regulation of medical training exerted pressure which demanded that institutions be responsive to the changing requirements of professional standardization. When anatomy and dissection classes became compulsory for admittance to the Royal College of Surgeons at the beginning of the nineteenth century, students competed fiercely to procure one of the limited slots in the dissection classes offered at local universities. This led some anatomists to hold private lessons, competing directly with classes held at London's teaching hospitals. Eventually, the exercise of the Anatomy Act of 1832 – which regulated how human bodies would be sourced for dissection – privileged hospital schools at the expense of private instructors. The state was thus effectively able to regulate what types of institutions could award their students the stamp of approval for practicing medicine by limiting the number of cadavers available to private medical institutions.⁴² Individuals teaching medicine privately were therefore more likely to have a collection of anatomical specimen in order to deal with the shortfall of available corpses for dissection, which led to a struggle for legitimacy between the two medical groups and accusations of quackery were lodged at private instructors who chose to remain detached from medical colleges.

Medical schools in America faced similar troubles in obtaining enough bodies for their students to dissect, and the proliferation of these institutions only exacerbated matters. Though executed criminals were considered fair game for surgical training, there were never enough criminal corpses to fill dissection tables. One year prior to Britain's passage of its anatomy act, Massachusetts passed an anatomy act of its own, permitting medical schools to collect the bodies of criminals as well as the indigent poor who did not have the means to afford a proper burial. Although many opposed the passage of the acts, by 1913, every state in America besides Alabama, Louisiana, Tennessee, and North Carolina had adopted laws that allowed medical

⁴² Bates, “‘Indecent and Demoralising’,” 4.

schools to obtain bodies of the poor for dissection.⁴³ While there were legal mechanisms in place for schools to obtain bodies, the demand of medical schools grew such that at times even this was not enough, and a black market which relied on grave robbers developed to keep the supply of bodies steady. More prominent citizens situated their gravesites to make them less appealing to thieves who might be tempted to disinter their bodies for a considerable sum that could be obtained from a would-be dissector. But even in instances where the acquisitions were legal, Sappol has noted the stigma that clouded those whose bodies ended up in the hands of the dissector: “incarceration in the almshouse and burial in potter's field already signified social death: anatomy acts added to that the penalty of dissection, hitherto associated only with capital crimes.”⁴⁴ It was in this climate that the public, no matter what their social rank, harbored some understandable anxieties regarding anatomy and its practitioners.

Medical professionals used their authority over anatomy via multiple streams, but foremost among them was the successful development of a confraternity of medical practitioners whose initiation was undertaken through a burgeoning code of orthodox medical instruction. Part of this initiation was the act of dissection, and by giving that act a veneer of legality in name if not necessarily in practice, physicians at the very least were borne by rhetoric that admonished unauthorized body snatching. Joining claims of professionalism through training was the reliance on and alliance with a code of science which increasingly distanced itself from medical practitioners such as midwives, folk and lay healers, clergy, and untrained but popular lecturers who asserted that it was possible to link the physical condition of the human body to a moral code which could be read upon the surface of the body.

Medicine, in essence, became a closed field. By century's end, the specialized training of

⁴³ Sappol, *A Traffic in Dead Bodies*, 4.

⁴⁴ *Ibid.* Sappol notes that a disproportionate number of anatomical subjects were black, Indian, or Irish, 5.

doctors gave practitioners the keys to human anatomy and the cultural authority to transmit knowledge to an anatomically-curious public. Aspiring doctors had not only weathered criticism from elites who struggled with the profession's expansion into the middle class, but also eventually triumphed over those who questioned whether medicine was a true science to begin with.⁴⁵ Physicians strove to downplay their profession's role in body snatchings while adopting a scientific vernacular. Sequestered knowledge regarding the pathological identification and treatment of the human body rested on an assuredly empirical foundation, leaving the actors of medicine in a position which departed from the medical performances of the century before. But if physicians demanded that human anatomy was no longer the proper forum for spectacle, other performers were more than happy to take up their place and serve an anatomically-curious public whose appetite had by no means disappeared.

2.3 On View at the Medical Museum

By the time the popular anatomical museum was regarded to have sunk to the “rock bottom of the cultural hierarchy of entertainments, with no consideration of their links to the high medical museum tradition,”⁴⁶ it appears they retained little of the high-minded enlightenment promised in the public displays organized by medical professionals at the century's dawn. At the end of the nineteenth century, commercial museums' claims to moral and scientific instruction were lifted straight from earlier catalogues, just as their collections of waxworks were taken from the remains of earlier, respectable exhibits. By successfully establishing a professional identity, the medical establishment was eventually triumphant in superseding commercial proprietors against whom they competed for institutional authority.⁴⁷

⁴⁵ Sappol, 2.

⁴⁶ *Ibid.*, 275.

⁴⁷ In certain cases, outright attacks on the popular anatomy museum by the medical establishment are documented, such as Joseph Kahn's Oxford Street Anatomical and Pathological Museum in London; see A. W. Bates, “Dr

It has been argued that the curatorial choices and collections emphasis of the popular anatomical museum appealed to popular if not downright prurient tastes, and that the method and content of their displays were what differentiated them from their professionally-sponsored counterparts.⁴⁸ Most revealing, I propose, is not the degree to which displays in medical museums were distinct from their commercial cousins, but the surprising overlap that occurred between the two institutions. Strategic claims of alliance with science and education combined with the establishment of professional authority allowed the medical museum to escape persecution by nineteenth-century anti-vice societies who rallied against anatomical museums. The medical establishment was able to leverage its authority to elude the purview of obscenity laws which hastened the decline and eventual closure of popular anatomical museums. The fact that many a medical museum displayed similar “offensive” material was all but ignored. While I do not mean to suggest that true differences did not exist between the two types of institutions, it is my belief that an assessment of what they held in common is overdue. The case of the Mütter Museum, still extant in Philadelphia, illustrates these commonalities.

The Mütter Museum is now a popular attraction whose mission is to educate the public about the history of the medicine and to “tell important stories about what it means to be human,”⁴⁹ but in the nineteenth century it was an important facet of the College of Physicians of Philadelphia in its role as a medical museum. The College of Physicians of Philadelphia, founded in 1787, was itself not an educational institution, but a private medical society. Established during a time period when such associations were largely the domain of social elites, it is not difficult to understand why the College of Physicians of Philadelphia was founded by twenty-

Kahn's Museum: Obscene Anatomy in Victorian London,” *Journal of the Royal Society of Medicine* 99 (2006): 618-624. Later in the United States, Dr. Kahn’s commercial enterprise, Kahn’s Museum of Anatomy, fell to similar prosecution under the Comstock raids in January of 1888. Sappol, *A Traffic in Dead Bodies*, 304-306.

⁴⁸ Sappol, *A Traffic in Dead Bodies*, 300.

⁴⁹ Web site: <http://muttermuseum.org/> accessed November 6, 2009.

four of the most illustrious citizens of the city, including one of the signers of the Declaration of Independence.⁵⁰ The purpose of the medical society was to encourage high standards of professional practice in medicine, to keep its members abreast of the developments in science and medicine, and to “use this knowledge for the public welfare.”⁵¹

Philadelphia, central in American cultural and intellectual life as the nation’s earliest metropolis, was a likely location for establishing this most elite of organizations. The city was also the site of the first medical school in the United States. The University of Pennsylvania, which inaugurated a trend soon copied by subsequent universities, followed the educational model of physician training in Paris, considered the “medical Mecca of the period.”⁵² It was not long thereafter that Philadelphia could claim itself the American counterpart of Parisian medicine, rising to become the nation’s most esteemed city for physician training and practice,⁵³ due in no small part to the strong alliances that were cultivated between the College of Physicians and the University of Pennsylvania.

One of the original goals of the College of Physicians was to establish a library and medical museum for use by its members, and although the first goal was reached by 1788, by 1849 the College possessed little more than a “small cabinet of pathological specimens”⁵⁴ in its inventory which had been donated by Dr. Isaac Parrish, a College fellow.⁵⁵ However, the most significant early moment of the medical museum that would eventually become the Mütter

⁵⁰ Worden, *The Mütter Museum*, 9. That signer would be Benjamin Rush, himself a professor of medicine at the University of Pennsylvania.

⁵¹ *Ibid.*, 10.

⁵² *Ibid.*, 9; Sappol, *A Traffic in Dead Bodies*, 111. It is worth noting that the ascendance of Paris as the universally-acknowledged global leader in the science of anatomy was due in no small part to the ample availability of bodies for the purposes of dissection, which were supplied by charity hospitals which were more than happy to be relieved of their dead. Similarly noteworthy is the fact that Philadelphia was host to its own charity hospital with provisions for depositing the bodies of the impoverished deceased in the hands of University of Pennsylvania medical students for the practice of dissection.

⁵³ Sappol, *A Traffic in Dead Bodies*, 111. The University of Pennsylvania had double the number of enrollees as its nearest competition, the College of Physicians and Surgeons in New York City.

⁵⁴ Worden, *The Mütter Museum*, 10.

⁵⁵ *Ibid.*, 15.

would not arrive until nearly seventy years after the College was founded. It was at this time that one alumnus of the University of Pennsylvania, whose fellowship in the College of Physicians of Philadelphia was accepted after his 1831 graduation, was determined to have a hand in ensuring that the society reached its long-awaited goal. That fellow was Dr. Thomas Dent Mütter, who upon his retirement as a professor of surgery at Jefferson Medical College bequeathed his personal anatomical collection to the College of Physicians of Philadelphia in 1856.⁵⁶

Among the objects donated to the College by Mütter were numerous anatomical preparations. These consisted of specially-preserved organic matter from humans and animals meant to demonstrate various aspects of anatomy. Wet preparations were preserved in liquid and stored in sealed glass, dry were prepared by extracting all liquid from the specimen and then injecting the object with wax. Mütter donated an assortment of each. Also bequeathed was a series of anatomical casts which had been prepared in plaster from molds created from actual anatomical subjects. To that he added a collection of hair, oat, and grass balls. Mütter's inventory continued with anatomical models rendered both in wax and papier-mâché, and rounding out his donation was a series of oil and watercolor paintings, fourteen of which took plastic surgery procedures as their subject.⁵⁷

Mütter was not, however, merely content to enlarge the College's already-extant pathological cabinet. Instead, he entered into a complex agreement with the College which was not fully formalized until 1858, just a year before the physician's death. This contract between Mütter and the organization called for a true museum, and the careful stipulations of the endowment – to say nothing of its size – make it apparent that the physician believed strongly in the significance and importance of instituting a medical museum that would be available to

⁵⁶ Ibid., 9.

⁵⁷ Ibid., 177-178.

College members in perpetuity. In addition to anatomical specimens from Mütter's personal collection, the physician donated to the College \$30,000 – a considerable sum at the time – as funds for the College to draw upon in order to bring the museum to fruition. Among the contractual stipulations, these funds were to be used not only to enlarge and enhance the College's anatomical collection, but to construct a fireproof building that would serve as a physical space for the museum. Mütter further stipulated that the College hire a curator to manage the collection and have a dedicated lecturer attached to the institution in their employ.⁵⁸ It was Mütter's hope that the museum his donation helped to found would become a valuable medical instruction resource for College fellows.⁵⁹

When the College of Physicians finally completed construction of the Mütter Museum in 1863, their collection had graduated from that first small cabinet to a respectable 1,344 anatomically-related items. Although the collection was sizable, the objects in the museum were similar to those which might be found in any of the medical schools or teaching hospitals scattered throughout America. As popular anatomical museums sprouted up across the urban landscape to meet the demands of an anatomically-curious public, medical institutions kept their distance, maintaining collections “intended only for the eyes of medical students.”⁶⁰ By the time that those same popular anatomy museums were under attack toward the end of the nineteenth century, medical institutions had already established a pattern of separation, laying a strong foundation of distinction for their medical museums. The medical museum's audience, an ever-professionalizing collective of men who had received initiation into a field of specialized knowledge, made the contrast between popular and medical museums clear. It was this

⁵⁸ Ibid., 10.

⁵⁹ Ibid., 14; McLeary, “The Mütter Museum,” 599.

⁶⁰ Worden, *The Mütter Museum*, 10.

distinguished audience that could claim allegiance with science, and no medical audience in America would have been more distinguished than those who visited the Mütter.

The Mütter was hardly alone in proclaiming its status as distinct from the popular entertainments of the day. One of the means by which natural history museums separated themselves from the popular “dime museum” – a category to which the popular anatomical museum firmly belonged – was by rigorous adherence to systematic categorization. Natural science displays shifted away from earlier curiosity cabinets, in which objects were exhibited for their rarity or unusual characteristics. The natural scientist of the nineteenth century was focused on emergent commonalities in order to establish credible theories and develop overarching, scientific principles.⁶¹ Displays in science museums were designed to reflect this sense of natural order. Critics eventually contended that popular anatomy museums featured the anomalous and the pathological, and therefore fell short of the approval of medical authorities who strove to align themselves with the orderly world of science.

Yet delineating the boundaries of the natural world into a logical, orderly procession must have been a messy, problematic endeavor when the subject at hand was pathology, a science that – by definition – seeks to examine the anomalous. Behind the rows of deformities and viscerally charged preparations of medical museums, it must be remembered that the impetus behind these collections was the advancement of scientific knowledge. Slipping from the grip of that most nineteenth-century of passions – classification – a nebulous zone unfolds on the anatomical landscape. Perhaps this explains why, despite claims of alliance with the rigors of scientific organization, from the outset the Mütter was formulating itself *against* scientific convention, as,

⁶¹ An account of the natural history museum written early in the twentieth century can be found in Oliver Cummings Farrington’s “The Rise of Natural History Museum,” *Science* 42, no. 1076 (August 1915): 197-208. Farrington begins his history, which was delivered at the meeting of the American Association of Museums in San Francisco that year, with examples from antiquity. There is little mistaking his emphasis on and admiration for the great strides toward categorization in the natural science museum during the nineteenth century.

“(i)t required no elaborate classification system, as it was not intended for view by the public.”⁶²

Such an admission is curious, for it seems to run counter to all of the efforts in the natural sciences to apply systematic classification to their study collections. Was classification not all the more necessary for professionals than for a curious public? The lack of the expected systematic classification, then, suggests an unintentional admission that even at the “professional” medical museum, the displays contained unruly objects which defied classification when they failed to operate as functional items of pedagogical value to the student or medical professional.⁶³ It is useful, then, to consider the artifacts on display within the Mütter’s walls, where it becomes evident that numerous objects were of dubious scientific value to the medical community.

Among the curiosities at the Mütter is an 1865 donation from the U.S. Surgeon General. The doctor bequeathed to the museum of portion of the thorax that once belonged to Lincoln’s assassin, J. Wilkes Booth.⁶⁴ Bladder stones removed from the body of Chief Justice John Marshall also made their way into the collection.⁶⁵ Philadelphia surgeon W. W. Keen, after having removed a cancerous growth from President Grover Cleveland’s jaw in 1893, donated the tumor to the Mütter.⁶⁶ In 1874, the museum acquired a substantial collection from the estate of Viennese anatomist Joseph Hyrtl, principally an amassment of 139 skulls. Especially notable was the skull of one Francisca Seycora, whose fame as a Viennese prostitute and death at the tender

⁶² Worden, *The Mütter Museum*, 177.

⁶³ The Mütter was hardly exceptional in its lax approach to identification in its collection. Note the account of one reporter from England, who, upon visiting the London Anatomical Museum of the College of Surgeons, wrote, “The great defect in this large collection is, that the names of the different objects are not written on or near them. It is true that visitors receive every attention from Mr. Cliff, a very clever surgeon, who is the curator of the museum; but still no visiter [sic] can orally receive information, even as far as the names of 20,000 objects; but if names were affixed to each, he might learn for himself what every particular things was, and then inquire for any information respecting any object that particularly attracted his attention.” “A London Anatomical Museum,” *The Pennsylvania Gazette*, November 24, 1827; Issue 8; col E. It should be noted that admission to the Anatomical Museum could be procured solely through members of the College, and the visits were restricted to Mondays and Fridays. Restrictions to admission to such collections were typical in America and Europe throughout the nineteenth century.

⁶⁴ Worden, *The Mütter Museum*, 13.

⁶⁵ *Ibid.*, 10.

⁶⁶ *Ibid.*, 12-13.

age of nineteen was considered sufficient reason for inclusion among the collection.⁶⁷ In each of these instances – and they are but examples among many – anatomical preparations were collected by the College of Physicians and displayed not merely for their pedagogical value, but for the celebrity or notoriety of the subjects from which they came.

Other objects entering the Mütter’s collection rode a surprisingly fine line between scientific application and spectacular affectation. During the same year that the museum acquired the Hyrtl skull collection, the College of Physicians was afforded the opportunity to conduct the autopsy of the famed conjoined twins, Chang and Eng Bunker. Before their bodies were returned to the twins’ wives and children for burial in North Carolina, the College acquired their connected livers and a plaster cast of their torsos, “showing the band of skin and cartilage that connected them,” for the museum to put on display.⁶⁸ Stereocards – apparently produced by a commercial landscape and portrait photography studio in Philadelphia – depicted the post-operative stitching across the deceased twins’ naked torsos (Fig. 2).⁶⁹

A fortuitously-timed cemetery relocation, also in 1874, led to an additional item that is one of the more popular attractions of the Mütter to this day. Acquired by the eminent Philadelphia anatomist Joseph Leidy, the unusually-preserved corpse of the “Soap Lady” still rests in her own specially-designed case. So named because of the waxy, brownish-gray fatty tissue which not only physically resembles, but due to unique conditions of decomposition, bears a similarly stable chemical composition to that of ordinary soap, she was one of two known corpses of this type to be acquired by medical museums during the graveyard’s relocation.⁷⁰ The other corpse was a male specimen, similarly preserved, which was acquired by the University of

⁶⁷ Ibid., 178.

⁶⁸ Ibid., 11.

⁶⁹ While beyond the scope of this study, I believe that the circulation of these images deserves examination in its own right.

⁷⁰ Worden, *The Mütter Museum*, 11.

Pennsylvania's own Wistar Museum before finally finding its way into the Smithsonian Institution's collection in Washington, D.C.⁷¹

Added to this assortment were a number of specimens which again prove difficult to categorize, such as a wax model of the head of a Parisian widow, known as “Madame Diamanche,” whose forehead sports a six-inch long protuberance which appears to be a horn (Fig. 3). Joining this is the skeleton of a woman whose compressed rib cage afforded spectators a visible illustration of the effects of corset tight lacing.⁷² Following the 1876 Centennial Exhibition in Philadelphia, Leidy managed to arrange for yet another prize to be brought into the Mütter's collection: a seven-foot, six-inch (2.3 m) skeleton of a “human giant” from Kentucky. Previously on exhibition in Philadelphia's Academy of Natural Sciences, Leidy urged that the College of Physicians purchase the skeleton from the company – purveyors of “biological materials” – which had loaned the skeleton to the Academy for its display, “and thus, for \$50 and no questions asked, the Museum acquired the largest human skeleton on display in North America.”⁷³ To emphasize the effect, the skeleton of a female achondroplastic dwarf was placed next to the giant. Mary Ashberry developed complications following an emergency caesarean section in 1856. To this day, the pair is displayed thus, with Ashberry holding the skull of her infant, which is clearly fractured from the craniotomy that doctors performed in order to save Ashberry's life during childbirth (Fig. 4).⁷⁴ Later the College of Physicians chose to acquire and exhibit the evidence of bronchoesophagologist Chevalier Jackson's path-breaking work in his

⁷¹ Ibid., 11.

⁷² Ibid., 10.

⁷³ Ibid., 12. The College of Physicians was hardly the only professional medical society busily collecting human specimens based on their superlative features. The anatomical museum of London's College of Surgeons boasted an even larger skeleton known as “O'Brien,” clocking in at eight feet, two inches. “A London Anatomical Museum.”

⁷⁴ Worden, *The Mütter Museum*, 174.

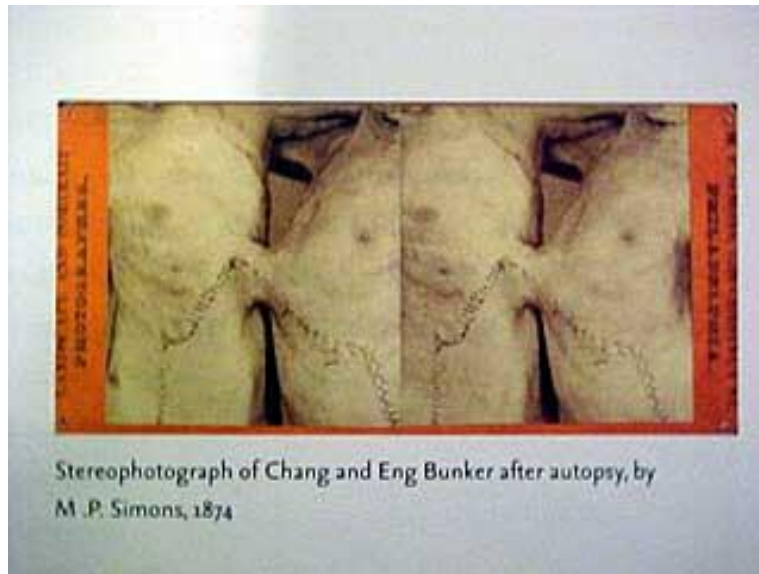


Figure 2 – Postmortem stereocard depicting Chang and Eng Bunker.
Text reads: “M.P. Simons, 1320 Chestnut Street, Landscape and Portrait Photographer,” 1874.



Figure 3 – *Madame Diamanche*, Arne Svenson, 1993.

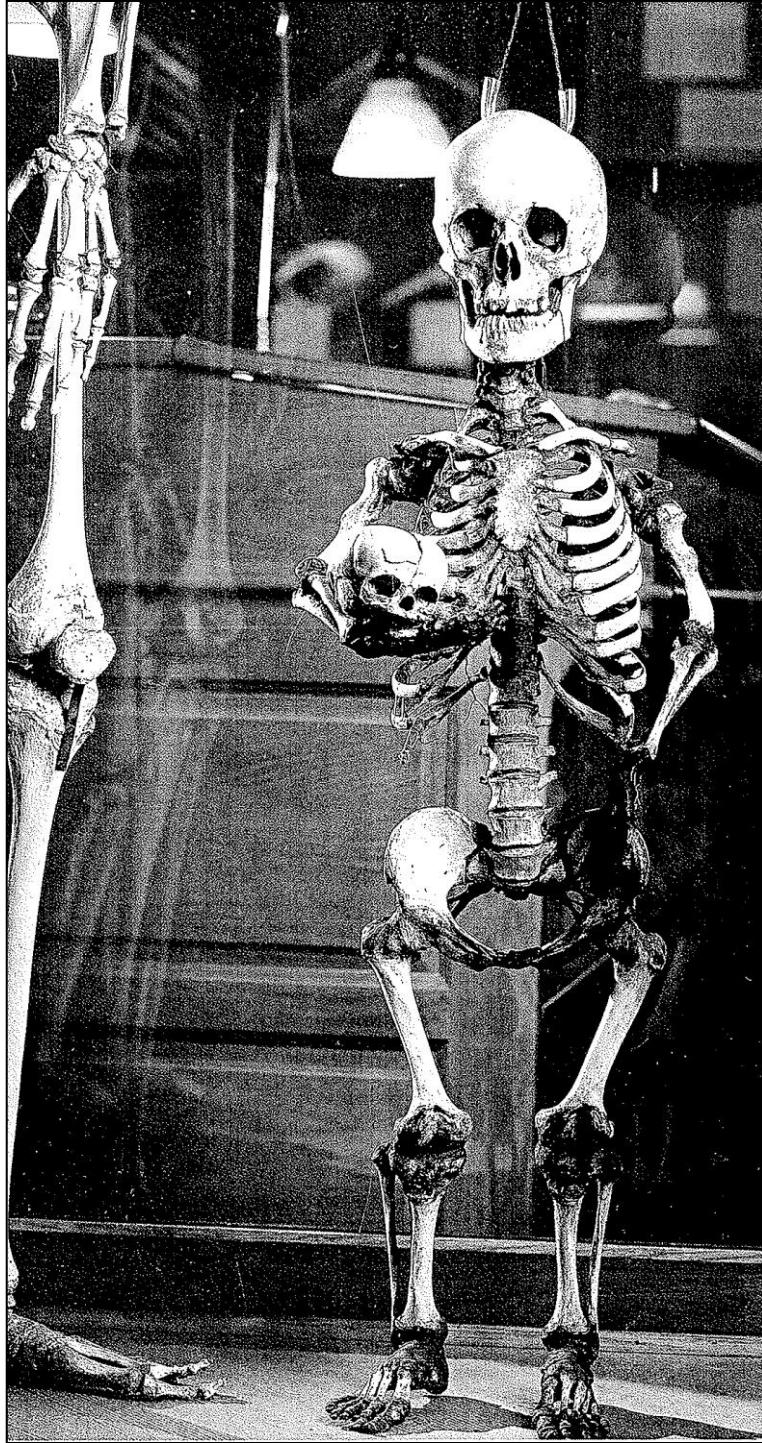


Figure 4 – Ashberry and infant skeletons. *Mary*, Scott Lindgren, 2000.

field: over two thousand objects, once lodged in patients' throats and airways, which the doctor had managed to remove.⁷⁵

While I have stated earlier that many of the Mütter's acquisitions were of dubious scientific value, one might be tempted to counter that the above-mentioned objects were of at least arguable medical value to College Fellows. This argument is weakened, however, by closely examining what the functional role of the collection to medical professionals of nineteenth-century Philadelphia was in practice. As it turned out, the College never did in fact make use of their collection in the manner that Thomas Mütter had originally intended. That said, it is not my intent to discount instances in the museum's history of collecting that served to further the College's mission of keeping its members abreast of medical developments. Apart from the Mütter's "foetal monstrosities,"⁷⁶ obstetric anomalies, and artifacts of celebrity surgery were objects which indeed advanced medical science, such as a collection donated by Austrian otologist Adam Politzer in 1874. The work of fourteen years of assembly, Politzer's collection featured wax preparations comparing the ossicles of the ears across species and demonstrated the function of normal and abnormal tympanic membranes. The College elected to put the Politzer collection on display at the 1876 Centennial Exhibition, provoking a critical turning point in the field which spurred American otologists to make significant changes in their practice.⁷⁷

However, these moments for the Mütter were rare. By the end of the nineteenth century, the museum was quickly becoming an artifact itself, subject as it was to the reality that the practice of medicine refused to be static. The lectures and medical meetings of the College of

⁷⁵ Ibid, 12. This collection also remains on display at the museum today, and is said to be very popular among visitors.

⁷⁶ Ibid., 177. The museum's director noted that few of these examples remain in the collection today, Ibid.

⁷⁷ S. E. Stool, M. J. Kemper, and B. Kemper, "Adam Politzer, Otology and the Centennial Exhibition of 1876," *Laryngoscope* 85, no. 11 pt 1 (1975): 1898-1904. Mention of the collection entering the Mütter is also noted in Worden, *The Mütter Museum*, 11.

Physicians rarely relied on the Mütter's holdings, and the museum's objects were employed far less frequently in exhibitions or for other pedagogical purposes than Mütter had intended.⁷⁸

Perhaps there even existed an early self-awareness of sorts among Fellows who apprehended the tensions that might be wrought between collections management and the advancement of medicine, for in 1871 the College passed a resolution to begin acquiring "obsolete medical instruments" for the Mütter.⁷⁹ Yet the museum continued to enlarge its anatomical holdings well into the twentieth century, requiring the institution to move and construct larger buildings in which to house their growing collections.⁸⁰

That the museum was rarely in use for its intended purposes was certainly not due to a failure on the part of the College of Physicians to make provisions for an outstanding collection. Rather, it was the advances in medicine and attendant developing fields of specialization which impacted the relevance of the objects on display at the museum. The giant skeletons and models of conjoined twins were not merely the silent performers of a professionally-sanctioned sideshow. Instead, they had become artifacts of a past which had once favored gross anatomy, bypassed by professionals in the field who were busily pursuing increasingly complex biological theories. The landscape of anatomy was a known entity. Exhaustively examined and displayed, there was little a College fellow might hope to incorporate into his medical practice by observing yet another uniquely-preserved corpse. Despite these disciplinary shifts, the medical establishment was by no means willing to relinquish its claim as rightful possessor of anatomical knowledge. Their efforts to professionalize had brought them too far to allow for that.

⁷⁸ Ibid., 14-15.

⁷⁹ Ibid., 12.

⁸⁰ Ibid., 13. It would appear that when the museum's collection was delivered to its location on Chestnut Street in 1905 (Worden, 13), it was located only blocks away from the European Museum – a popular anatomical museum – according to the address listing of the museum's catalogue publisher in Philadelphia. (Descriptive catalogue of the Drs. LaGrange & Jordan European Museum, Atwater Pamphlet Box 49/24, Miner Library Rare Books & Archives, University of Rochester).

To my mind, the example of the Mütter allows us to go beyond simple assessment and determination of whether the collection was of “value” to the College of Physicians. It is not my intent to submit the above examples on display at the Mütter as proof that anatomical museums sponsored by medical institutions were of marginal use to the institutions they purported to serve, although the evidence does point in that direction. Instead, what seems at least as compelling is that the very objects which were displayed for medical audiences were the same objects – and as we shall see in some instances, exact copies of – those displayed in popular anatomy museums as well.

3 OUSTIDE THE ESTABLISHMENT

3.1 An Anatomy for the People

While medical museums had every reason to be concerned with human anatomy, their commercial counterparts – belonging to no elite knowledge-production institutions – struggled to convince suspicious audiences that they, too, had a right to be in the business of human bodies. Absent a ready-made audience of medical students and professionals, the popular anatomy museum aimed to satisfy the curiosity of a paying public, but their exhibits were hardly without controversy. And no other matter in the anatomical museum was surer to inflame the fans of controversy as effectively as the matter of museums displaying human nudity for the public eye. The representation of sexual organs – both real and sculpted – could fill an entire wall or more, and amid the multiple renditions of “organs of generation” was laid one of the crown jewels of many a collection: the Anatomical or Florentine Venus (Fig. 5).⁸¹ Taking the Florentine moniker from the location of the ceroplastics studio which began producing them for La Specola at the end of the eighteenth century, the sculptures were feats of realism, rendered in wax to give the skin a supple, naturalistic finish. The full-scale model of the female form was displayed on a soft bed or cushion and encased in a specially-constructed cabinet of wood and glass. Prone models were designed to be displayed in a variety of ways, but they always included a cutaway section of the torso. The Venus’ thorax and abdomen could be removed to expose the underlying organs, which could also be removed several layers deep; most models allowed viewers to observe the interior of the sexual organs and included a small fetus lying in utero. The Venuses included details that would hardly appear essential to convey anatomical knowledge: a string of pearls worn about the neck, or a single flower held in the model’s hand. Extravagant embellishments

⁸¹ These models, which had their origins in La Specola’s Florentine workshops of the late eighteenth century, were also to be found in medical museums.



Figure 5 – Nineteenth-century “Anatomical Venus,” artist and workshop unknown. Joanna Ebenstein, 2008.

were lavished upon the model's hair: long and flowing or improbably styled or braided on the head, clustered eyelashes, and that final detail of public hair to match – all sourced from human subjects. Even the facial expression of the Venus was attended to, often somewhere between a calm serenity and an ecstatic rest that bordered on the effusiveness of Bernini's rendition of St. Teresa of Avila. The nod to fine art would hardly be unintentional. As Michael Sappol notes, "In the nineteenth century, the anatomy museum was one of only two public arenas where naked bodies were permitted representation."⁸²

The other permissible forum, of course, was fine art. To meet the demands of spectators who sought such representations, a number of private art galleries opened which specialized in exhibiting images of the nude. It would appear that some galleries were, indeed, aimed precisely at more prurient proclivities, and at any rate there existed galleries wherein separate special collections could be examined – for an additional fee – which featured the human body covered by little more than the flimsy garment of mythology, allegory, or medicine to excuse its exhibition.⁸³ As Amy Beth Werbel suggests in *Thomas Eakins: Art, Medicine, and Sexuality in Nineteenth-Century Philadelphia*, "It is doubtful that all the 'medical gentlemen and connoisseurs' who showed up at the 'Museum' were interested in high art."⁸⁴ Werbel also notes that the word "medical" was frequently employed as code for imagery which would be considered scandalous to respectable audiences of the day.⁸⁵ And if it was true that visitors to the fine art "specialty" galleries were sometimes seeking to slake less-than-virtuous appetites, the

⁸² Sappol, *A Traffic in Dead Bodies*, 291.

⁸³ Werbel, *Thomas Eakins*, 19-20.

⁸⁴ *Ibid.*, 19-20.

⁸⁵ Toward the last quarter of the century, Anthony Comstock paid special attention to identifying, censoring, and confiscating items which used either the descriptors "medical" or "fine art." See Amy Werbel's, "Searching for Smut: Hot on the Trail of Anthony Comstock," *Tales from the Vault*, *Common -place* 11, no. 1 (October 2010): <http://www.common-place.org/vol-11/no-01/tales/>. Accessed October 22, 2010. As Werbel has pointed out in her earlier work, even at the beginning of the nineteenth century, "The term 'medical' was used quite brazenly here to signify nudity, and conventions of viewing the body not otherwise allowable." Werbel, *Thomas Eakins*, 20.

spectators of popular anatomical galleries were more culpable still, for, as Sappol points out, “anatomy museums went much further, displaying sexual organs.”⁸⁶ Under the halo of a multiplicity of burgeoning entertainments, the glowing waxworks frankly illustrating what could not otherwise have been seen in polite society were a temptation that urban audiences proved eager to consume. It is likely that many a savvy spectator would have understood precisely the double meaning of the word “medical” in the popular anatomy setting.

Sappol speculates that one reason why popular anatomy museums were tolerated if not outright ignored by many moral societies and social reform organizations until late in the century was due in part to the moralizing rhetoric that the commercial institutions employed to cushion themselves from anticipated criticism.⁸⁷ As early as 1819, an advertisement for a temporary anatomical exhibition claimed that, “No man, except he be already acquainted with the subject, can leave this exhibition wiser, and of course happier, than when he entered it.”⁸⁸ Another publication from 1847 produced by the New York Anatomical Gallery and Academy of Natural, Medical, and Moral Sciences proclaimed that its purpose was “to improve the intellect and elevate the morals of the people by the dissemination of a minute and intimate acquaintance with Human Physiology and the laws of life.”⁸⁹ It is impossible to know whether the museum’s spectators took this message of moral uplift to heart, but like the institution’s grandiose appellation, the elevated prose found in the few remaining print publications circulated by such museums suggests that moral instruction was a frequently-cited cause around which their proprietors claimed to rally.

⁸⁶ Sappol, *A Traffic in Dead Bodies*, 291.

⁸⁷ *Ibid.*, 300.

⁸⁸ *The New-York Morning Herald*, May 15, 2830; Issue 114; col C. Description is for the Anatomical Museum at 214 Broadway by Mr. Edwin W. Jackson.

⁸⁹ *Catalogue of the New York Anatomical Gallery and Academy of Natural, Medical, and Moral Sciences* (New York, 1847, np.), as quoted in Sappol, *A Traffic in Dead Bodies*, 282.

Popular anatomical museums also claimed to serve the public as sources of education. Museum programming included lectures and presentations delivered by men billed as professors or doctors who were often mysteriously silent about their credentials.⁹⁰ Museum proprietors also distributed supporting literature on a range of health topics. The combination of objects on display, ostensibly for the purposes of education, along with lectures delivered by learned – if not precisely credentialed – specialists, and reinforcing print material helped to situate the commercial anatomical museum within a familiar nineteenth-century framework that would have been attractive to middle-class concerns: that of personal betterment. Museums could thus use these features to create at the very least a veneer of respectability. This gloss was further reinforced by the impossibly-weighty sounding names of the galleries: San Francisco’s L. J. Jordan’s Pacific Museum of Anatomy and Natural Science; Boston’s Dr. Hallock & Co’s Museum of Anatomy and Medical Institute; Philadelphia’s European Anatomical, Pathological, and Ethnological Museum; and the Dr. DiBol College of Anatomy and Gallery of Science, Art, and Mysteries of Man and Woman, as well as the New York Anatomical Gallery and Academy of Natural, Medical, and Moral Science – both of New York City – are some examples among many.⁹¹ Ironically, these commercial enterprises leaned on the same justification to show the human body that the medical museums relied upon: a professed allegiance to the life of the mind and the rationality of science. Behind such distinguished-sounding titles and programming, however, lurked objects that enticed audiences eager to satisfy their desires for novelty and spectacle. There existed a silent acknowledgement between proprietors and audiences in which there was an understanding that terms such as “anatomy” could be exchanged for the explicit display of the human form.

⁹⁰ John S. Haller, Jr. and Robin M. Haller, *The Physician and Sexuality in Victorian America* (Urbana: University of Illinois Press, 1974), 263.

⁹¹ Sappol, *A Traffic in Dead Bodies*, 310-312.

Undoubtedly, the high-minded messages of moral and educational improvement were a necessary foil to justify what was to be found inside the museum. Although one might observe items in the commercial gallery that were duplicates of those displayed in the medical museum, it appears as though popular anatomy museums adopted a collections strategy which served to weaken their educational and moralizing claims: Sappol has observed that by the century's end, these museums had a disproportionate number of sexual organs on display.⁹² Depictions of venereal diseases figured heavily in the galleries. Added to this narrative of anatomical knowledge were wax models depicting grisly scenes of bodies in pain: vignettes of torture, execution, or murder.⁹³ Like wax museums still extant today, the "chamber of horrors" genre was alive and well at Philadelphia's European, Anatomical, Pathological and Ethnological Museum, which touted its 1876 exhibition, "The Inquisition, Their Implements of Torture and Torments, Represented in Life-Size Natural Preparations," complete with wax figures in various vignettes of horror.⁹⁴ While potentially dismissible as a lurid competitor for the Centennial Exhibition, accounts indicate that the European Anatomical Museum was hardly alone in its offerings.⁹⁵

More vexing to doctors of the day, it became common for these museums to have self-proclaimed medical practitioners who would offer counsel and sell remedies of questionable merit to audience members who viewed the displays and via self-diagnosis feared they required a

⁹² Sappol, *A Traffic in Dead Bodies*, 300. Due to a combination of the transience of some popular anatomical museums and the outright destruction of associated material goods following legal proceedings against them, the existence of artifacts, objects, and related museum publications that remain as documentation of these institutions are few and far between. However, Sappol estimates suggest that the ratio of representations of female to male sexual organs, whether in wax, papier-mâché, or dry preparations, number a sizable twenty to three in favor of female forms (283). Such ratios would seem a clear curatorial admission of a heterosexual, sexually-curious male viewership on the part of museum proprietors.

⁹³ *Ibid.*, 300.

⁹⁴ *Guide to the European, Anatomical, Pathological and Ethnological Museum of Professor Charles Kreutzberg* (Philadelphia, 1876) 45-46, quoted in Sappol, *A Traffic in Dead Bodies*, 300

⁹⁵ Sappol, *A Traffic in Dead Bodies*, 300.

cure for an illness about which it would have been impossible for them to approach their family practitioner.⁹⁶ The anatomical museum, then, served the additional purpose of operating as a sort of clinic, at which visitors could receive, for an additional fee, a private consultation with an individual who claimed some form of medical expertise. After viewing numerous illustrations of venereal disease (in some cases running into the hundreds) in the galleries, the museum was sure to spur more than a few worried well – to say nothing of those who bore legitimate, if private, concerns based on the examples they had so recently viewed – to pay a visit to the medical proprietors attached to the institution in order to seek advisement or remedies for a variety of ailments, particularly those concerning sexual health.

Unauthorized medical treatment was certain to raise alarm within the medical institutions of the time. Medical societies could claim a triad of reasons: educational, moral, and fiscal – for exercising increased pressure to put these “quacks” out of business. Never mind the fact that practitioners with institutionally-legitimized medical training who deigned to treat venereal diseases were few and far between. As Chicago medical doctors James Hyde and Frank Montgomery acknowledged in their book *A Manual of Syphilis and the Venereal Diseases*, “[T]he department of medicine was largely relegated to the charlatan, who, under the control of ignorance and avarice, contributed to the exaggeration and confusion which still cloud the minds of many when they consider the subject.”⁹⁷ Public hospitals in many American cities adopted policies which specifically prohibited the treatment of venereal diseases. As hospitals refused

⁹⁶ A. W. Bates, “Dr. Kahn’s Museum: Obscene Anatomy in Victorian London,” *Medical History* 52, no. 1 (2008): 619-620, details one practitioner whose popular anatomical gallery evaded before finally succumbing to legal prosecution under obscenity charges. A contemporary account can be found in “The Prosecution of Obscene Quacks,” *The British Medical Journal* 2, no. 654 (July 1873): 44.

⁹⁷ James Nevin Hyde and Frank H. Montgomery, *A Manual of Syphilis and the Venereal Diseases* (Philadelphia: W. B. Saunders, 1897), 263. A broader examination of the issue of quackery’s persistence in the United States can be found in James Harvey Young’s *The Medical Messiahs: A Social History of Health Quackery in Twentieth-Century America* (Princeton: Princeton University Press, 1992). A brief introduction to both quackery’s past and present is reviewed in Maxwell J. Mehlman’s “Quackery,” *American Journal of Law & Medicine* 31 (2005): 349-363.

treatment, “respectable” citizens could consult with their private physicians.⁹⁸ Those who had too much pride or insufficient means to visit the private physician had to resort to the more anonymous, less pricey medical treatment available in the anatomical museum. Ironically, the nostrums offered by museum proprietors were likely less harmful than the mercury treatments medical doctors of the time prescribed to treat venereal diseases.⁹⁹ For many a citizen, a visit to the anatomical museum delivered treatment for venereal diseases in a far more efficient manner than the professional medical field was able or willing to offer.

Yet for all that was subject to ridicule at the popular anatomical museum, it would not have taken long for the aficionado of the medical museum to see some very familiar objects there. Preparations of dehydrated organs were placed on plaques in rows; specimen jars filled with wet preparations were available for spectators to examine on shelves similar to the collections of medical societies, teaching hospitals, and colleges (Fig. 6). Moulages in wax demonstrated pathologies of various stripes, partial and whole skeletons lined the walls, and every imaginable organ known to the discipline of anatomy were on view. But there was more: the “Madame Diamanche” figure in the Mütter seems to have been widely reproduced and distributed to popular anatomy museums (Fig. 7).¹⁰⁰ Another establishment advertised a rare anatomical exhibition aimed at women to demonstrate the effects of tightlacing,¹⁰¹ the very same type of figure displayed at the Mütter.

The celebrity reliquary of the medical museum was a convention in full force at the popular anatomical museum as well. Of particular note were the body parts of famed criminals who had been executed, and the more notable the deceased, the more marketable was the

⁹⁸ Haller and Haller, *The Physician and Sexuality*, 263.

⁹⁹ *Ibid.*, 264-265.

¹⁰⁰ Sappol, *A Traffic in Dead Bodies*, 289.

¹⁰¹ Anatomical exhibition. *Med Circular Gen Med Advertiser* 1854; 5: 167, in Bates, “Dr Kahn's Museum”: 620.



Figure 6 – Wax models ca. 1850-1920 from the Mütter collection,
Wax Models, Arne Svenson, 1993.

Last Week! Last Chance!

EUROPEAN

ANATOMICAL

MUSEUM.

OPEN AT

Garrett's Hall,

DAILY,

AND SUNDAYS,

for Gentlemen only,

FROM

9 A. M. to 10 P. M.

Admission 50 Cts.



Figure 7 – Madame Diamanche figure. *Cleveland Daily Herald*, September 16, 1874.

exhibition. Here too was a rare moment of partnership between popular and medical museums, for popular anatomical museums frequently sourced these specimens from the medical societies that had performed the original dissection of the subject in question. For instance, the New York Museum of Anatomy displayed the head and arm of a man who was executed for the crime of murdering a family; the museum advertised that the body itself had been dissected by none other than the illustrious members of the Philadelphia College of Surgeons.¹⁰² The 1850 catalogue of Dr. Wooster Beach's New York Anatomical Gallery and Academy of Natural, Medical and Moral Science shows that the gallery had on display a facsimile of the penis of a pirate. Replicated from the body of Charles Gibbs, the maritime criminal's member was described in the museum's exhibition catalogue as being "in perfect health." Gibbs was widely recognized for his nautical exploits which included the hijacking of eight ships and the murder of nearly 400 crew members. After his confession to the crime, Gibbs's executed body was given to the New York College of Physicians and Surgeons. In another twist of object-overlap between medical and popular anatomical museums, the Society likely kept Gibbs's actual organ while the popular museum acquired the replica.¹⁰³ Such institutional intersections are notable in light of the fact that the contents of popular anatomical museums were sometimes destroyed on obscenity charges – yet these were the very same types of objects, if not exact replicas, of those displayed in medical museums.

¹⁰² Sappol, *A Traffic in Dead Bodies*, 290.

¹⁰³ *Ibid.*, 283, 290; *Mutiny and Murder; Confession of Charles Gibbs* (Providence: 1831), 24, New York Historical Society, in *Ibid.*, 379.

3.2 Regulating Spectators

Great Britain's medical authorities appear to have led the way in a concentrated, organized approach to enforcing legislation that would exert pressure on the popular anatomical museum. Claiming that such museums were in flagrant violation of the Obscene Publications Act of 1857, medical societies ensured that the contents of British popular anatomical museums were destroyed through the end of the nineteenth century.¹⁰⁴ Considering the greatest objections and persecution under obscenity laws stemmed from the General Medical Council and the medical establishment,¹⁰⁵ their move to shut down the commercial museums can be understood as a means to legitimize the Royal College's authority and create a distinction between the medical and commercial anatomical museum.

The official move to employ obscenity legislation against the popular anatomical museum in the United States would not be exercised until more than twenty years later. Anthony Comstock, who was head of the New York Society for the Suppression of Vice and famously exercised his authority in his raids against obscenity, turned his eye to the anatomical museum at the behest of one Inspector Williams in New York in 1888. The officer's investigation resulted in fourteen arrests of employees and proprietors of anatomical museums under charges of "exhibiting obscene figures and images," during which objects from the museums were confiscated as evidence, including "five or six van loads of female figures in wax and clay."¹⁰⁶ While the proprietors of commercial anatomy museums claimed they served a public good by means of medical-moral instruction, Comstock, like many others, saw things differently.

¹⁰⁴ Bates, "Dr. Kahn's," 621; "'Indecent and Demoralising'," 7-9.

¹⁰⁵ Bates, "Dr. Kahn's," 621.

¹⁰⁶ *The New York Times*, January 10, 1888: 8, in Sappol, *A Traffic in Dead Bodies*, 275. Most of these figures, as later noted, were destroyed.

Strong objections to the anatomical museum claimed that the depictions of venereal diseases might actually encourage rather than dismiss promiscuity. While frankly grotesque representations of morbid sexual anatomy would hardly seem enticing, postbellum anti-vice societies insisted it was cause enough to shut down establishments where proprietors had the audacity to show such organs to an audience uninitiated to the sphere of specialized medical knowledge. Indeed, any material featuring nudity that was geared toward a general audience was fair game for confiscation once the Comstock Act was passed in 1873 in America. States that took measures to enforce the act exercised their power to regulate sexuality by limiting the public's access to representations of the physical ravages of sexual activity, but especially in settings in which the low cost of admission proved no barrier to the sorts of persons who had little discretionary income to spend on entertainment in the first place.

If Sappol is correct in stating that, at the beginning of the nineteenth century, the commercial anatomical museum was still a place that held some social esteem, it should also be noted that admission for viewing the gallery in those earlier days was also significantly higher. Early galleries associated with medical institutions, too, were ostensibly open to the public during the earlier part of the century. There is record, for instance, of the museum at the Pennsylvania Hospital in Philadelphia, which featured “a collection of the human body in wax, fine paintings &c. which may be worth three thousand dollars,” as being open to the public, provided they were able pay the relatively-steep admission fee of a dollar, a substantial sum when compared to the dime galleries open to audiences in the latter third of the century.¹⁰⁷ Although there are a variety of possible suggestions to account for the dropping admission prices over the course of the century, the effect it had was the same: it opened the doors for new groups of spectators who might not otherwise have viewed the anatomized body on display.

¹⁰⁷ Advertisement, *Daily National Intelligencer*, May 31, 1817, Issue 1372; col A.

This is why it is useful to consider historian Collette Colligan's suggestion that obscenity laws were based not on objections to content, as much as the potential for objectionable material to fall into broad circulation.¹⁰⁸ And it is true that cheaper, more easily-obtained items – whether print or otherwise – seem to have been targeted more frequently for prosecution and identified as obscene material, though this was in part no doubt a response to the explosion of new media and technologies upon which it became possible to reproduce, circulate, and display sexual images. With this expansion, there was a concurrent blossoming potential not only for the number or persons who could view obscene images, but the types of persons who had access to them. Shifting demographics hinted that the only thing keeping class lines of demarcation in place were how deep an audience's pockets were, and this extended to the realm of what it was possible for audience members to pay to view.

So runs an interesting parallel in the discrediting of commercial museums by medical professionals in the second half of the nineteenth century who might have wanted to keep access to professional knowledge – both who could deliver it and who could receive it – closed. Identifying the anatomized body as “obscene,” which was easily done with the dual-meaning of the term “medical” already serving as a signifier for nudity and the representation of sexual organs, the regulation of commercial proprietors and spectators was a natural next step. Medical professionals considered anatomical knowledge acceptable for a certain class of person, and, “Professionals such as doctors and clergy were considered able, by virtue of their training and middle-class origins, to appreciate material that would corrupt weaker minds” – specifically, the lower classes and women.¹⁰⁹ The acknowledgment that exceptional entrees to knowledge posed no harm for certain classes of people held true for both those who could afford expensive,

¹⁰⁸ Collette Colligan, *The Traffic in Obscenity from Byron to Beardsley: Sexuality and Exoticism in Nineteenth-Century Print Culture* (New York: Palgrave Macmillan, 2006), 14-15.

¹⁰⁹ Bates, “Dr. Kahn’s,” 621.

smaller-scale publications and artifacts of what would otherwise be considered obscene material or pornography¹¹⁰ and those who benefited from the advantages of obtaining a medical education that resulted in both specialized knowledge and an assurance of escaping the social vulgarities and fiscal instabilities of the working class.

3.3 Constructing Identity in Anatomical Narratives

In her writings on eighteenth-century medicine, Ludmilla Jordanova has touched on a key point in her analysis of the anatomical models that were produced at the end of that century, which I believe can be broadened to understanding the nineteenth-century anatomical museum: a binary structure was critical to making determinations of classification and providing a framework for understanding natural phenomena. Within the binary code were opposing forces, such as nature/culture, rational/irrational, and so forth. Unsurprisingly, these binaries were gender-loaded, and had the effect of establishing an Otherness. The binaries required a presumption of the gentleman scholar, with himself as point of reference – or what I view as a “self-centrality” – for any opposing forces. It would be a mistake to assume that this self-central equilibrium implies a planar equality. To understand nature – and natural phenomena – one also gains mastery over the object in question. Otherness inevitably implies a hierarchy of power, and those favored at the top of the structure are admitted certain permissions. Otherness establishes a scopical privileging, and spectators in the anatomical museum stood witness to bodies that functioned outside socially normative parameters, yet were corralled into a collection whose depravities, threatening to spill over into polite society, were reassuringly kept in check behind the museum’s door.

In the representation of the body in its final resting state, the depictions of anatomical decay and the finality of death reminded spectators of their own mortality. Death could stand in

¹¹⁰ Colligan, *The Traffic in Obscenity*, 14-15.

to signify the ultimate Other. The absence of autonomy on the part of the dead is the most obvious of foregone conclusions; there could not be a binary more clear-cut than living versus dead. But faced with a series of anatomical models, the viewer must understand that there can be no mastery over death. Each spectator of the dissected (and assumed-dead¹¹¹) “patient” on display surely heightened the simultaneous sensation of both a divorce from and a reuniting with self-identification, for, as Jordanova so aptly describes in her writings on gender and science, “(o)therness... conveys the kinship, the fascination and the repulsion between distinct yet related categories of persons.”¹¹²

The popular anatomy museum was filled with “distinct but related categories of persons,” but categorization was slippery at best. If there was one overriding theme for the nineteenth-century museum, it was to assert mastery over the natural world and proclaim intellectual authority via categorization, but it seems that toward the end of the nineteenth century, proprietors of popular anatomy museums were less concerned with their exhibitions’ didactics than catering to an audience that actively sought out those moments of fascination and repulsion that anatomy promised to deliver. But, as we have seen, medical museums such as the Mutter struggled to find pedagogical justification for their existence, let alone exert an internally cohesive system of classification within their own collections. Asking a popular audience to be enlightened by a slippery narrative that had evaded even medical professionals would have been unrealistic at best. Even if the models on display *had* been subject to a neat categorization, they would still escape full mastery, for death refuses to be mastered by the living.

¹¹¹ Though even this seemingly clear-cut line becomes nebulous territory, as the “sleeping” motif, intimately tied to nineteenth-century ideas of morbidity, was also employed. These boundaries are even more problematic when one considers that as popular anatomy museums came under stronger criticism, the display of “Sleeping Beauty” scenes or tableaux – either in wax, or with live models, was gaining popularity. See Kathryn Hoffmann, “Sleeping Beauties in the Fairground: The Spitzer, Pedley and Chemisé Exhibits.” *Early Popular Visual Culture* 4, no. 2 (2006): 139-159.

¹¹² Ludmilla Jordanova, *Nature Displayed: Gender, Science, and Medicine, 1760-1820* (Essex: Addison Wesley Longman Limited, 1999), 14.

The anatomical museum became not only a place where the visitor might identify himself within its halls – particularly as a stage for self-diagnosis (with the encouragement, naturally, of the museum's proprietors), but it also was a larger venue for staging more generalized representations of Otherness. As the anatomy museum holdings increased their trade in images of disease, pain, and decay, they became not only a theater of alterity, but a theater of abjection. The line between pathology, criminality, gender, class and race were heavily borrowed from the earlier era of the anatomical theater, and within the popular anatomy museum, these categories blurred to produce a narrative which conflated Otherness as the source of dread or derision that defiantly escaped disciplinary reassurances.

3.4 “The Kinds of Persons We Take Ourselves and Others to Be”

Anatomy was the vehicle by which popular anatomical museums' proprietors delivered instruction on the human condition to their audiences. The bodies on display were offered to viewers as self-evidence of ideological constructs; physicality explained the intellect, industry, and indeed moral fiber of the individuals. To understand what effect this might have had on spectators, it is useful to consider Rom Harré's observation in *Physical Being: Theory for a Corporeal Psychology*, “Our social identities, the kind of persons we take ourselves and others to be are closely bound up with the kinds of bodies we believe we have.”¹¹³ On one hand, a visit to the anatomical museum was an unsettling stage where the repellent and the rejected comingled with self-identification, where the assurance of the cool hand of science was inextricably entangled with the colder, inescapable hand of death. It was almost certainly a lesson in the finite nature of the flesh. On the other hand, despite engaging in a trade of representations unsuitable for polite society, the anatomical museum was not the place to find flagrant transgressions of dominant middle-class social constructs. The normative exhibitionary narratives may, indeed,

¹¹³ Rom Harré, *Physical Being: Theory for a Corporeal Psychology*, (Oxford: Blackwell Publishers, 1991), 14.

have forestalled persecution of the museums by entities that would rather have seen them closed. Treading into the developing fields of ethnography and anthropology (to the point of incorporating these disciplines' names into the appellations of museums themselves), the lesson at the anatomical museum created a revelatory space in which self-evident principles could be more broadly applied to racial or ethnic populations. The bodies were, in essence, documentation of the types of persons on display. But this principle was not exclusive to the commercial realm. The nineteenth century is rife with examples of anthropologically-based racial constructions that issued from scientific institutions; it should hardly be surprising that central to these constructions was the body itself.

Samuel G. Morton's well-known work in physical anthropology stands as a case in point. A prominent Philadelphia physician, anatomist, and naturalist, Morton amassed the most substantial skull collection in America, topping 1,000 specimens, which were eventually donated to and displayed by the Academy of Natural Sciences in Philadelphia. His work in craniometry involved a methodology in which measurements of the human skull capacity – and by extension, intellectual potential – were arranged according to race. From this he developed a hierarchy of races, asserting that race was not merely correlative but causative to skull measurements. It was upon his work in this area that he was able to support a popular concept of a sort of “linear scale of increasing racial superiority.”¹¹⁴ The empirical evidence, such as it was, supported the existence of a natural hierarchy, and thus, according to Gretchen Worden, “Morton was able to rank the various races of man thorough this means, so that the Caucasian was on top and the Negro was on the bottom.”¹¹⁵ The human body, divided by race, functioned as an *a priori* by

¹¹⁴ Milford H. Wolpoff and Rachel Caspari, *Race and Human Evolution: A Fatal Attraction* (New York: Simon & Schuster, 1997), 79-85; esp. 81-82; see also Worden, *The Mütter Museum*, 179.

¹¹⁵ Worden, *The Mütter Museum*, 179.

which races were to be understood, a self-evident fact upon which men of science hung subsequent arguments for a natural order of races.¹¹⁶

The anatomical museum, then, was a forum for proposing social constructs of race, reinforced by the purported objectivity of science. In “Objects of Ethnography,” Barbara Kirshenblatt-Gimblett describes wax anatomical displays which were used as teaching tools for the public, noting Sarti's Museum of Pathological Anatomy in London, which “became the place to exhibit culturally constructed anatomical pathologies.”¹¹⁷ Kirshenblatt-Gimblett gives an example in which parts of a Moorish woman's anatomy were exhibited, but one does not have to go much further than the well-known case of Sara Baartman's remains on display in Paris, where they lingered on view well into the twentieth century, to see how racial constructions could be legitimated via the physical evidence that was presented by the dominant culture.

As Worden has noted, regarding the contemporary audiences viewing the Mütter's skull collections, “What matters perhaps most to the daily visitors in the Museum is that every skull was a life, and every life was a story, sketched in its barest essentials on the skulls themselves.”¹¹⁸ Visitors of the nineteenth century surely sought the same narratives from their visit to the anatomical museum. There, the stories that the objects told were underpinned by insistent narratives which, viewed through the lens of science and supported by physical evidence, reinforced popular racial and ethnic constructions (Figs. 8, 9). While medical museums organized their collections by race, popular anatomical museums were no different in this regard.

¹¹⁶ Wolpoff and Caspari have noted that Morton's *Crania Americana, or, a Comparative View of the Skulls of Various Aboriginal Nations of North and South America* (1839), and *Crania Aegyptiaca, or, Observations of Egyptian Ethnography, Derived from Anatomy, History, and the Monuments* (1844) were rapidly endorsed by pro-slavery advocates in America upon their publications; see *Race and Human Evolution*, 82.

¹¹⁷ Barbara Kirshenblatt-Gimblett, “Objects of Ethnography,” in *Exhibiting Cultures: The Poetics and Politics of Museum Display*, ed. Ivan Karp and Steven D. Levine (Washington, D.C.: Smithsonian Institution, 1991), 398-399.

¹¹⁸ Worden, *The Mütter Museum*, 180.

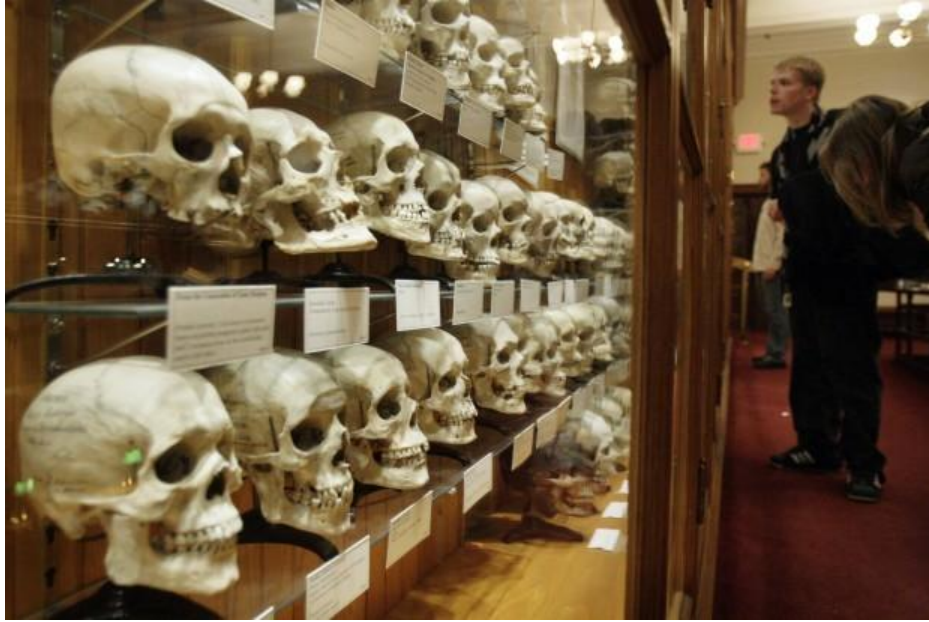


Figure 8 – Hyrtl Skull Collection at the Mütter Museum. Elizabeth Robertson, 2010.

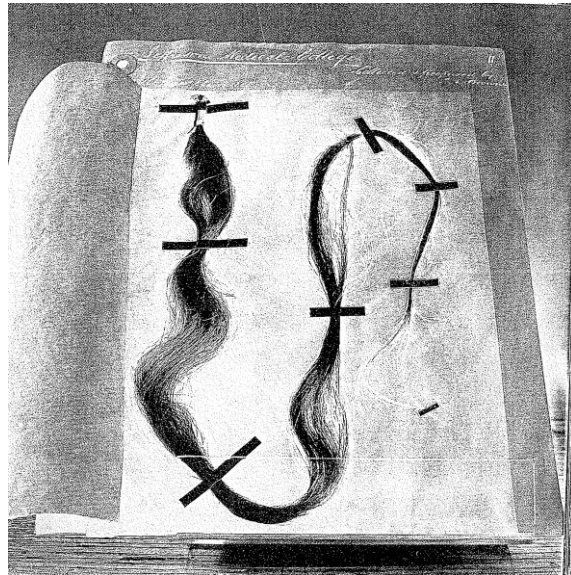


Figure 9 – “Oval hair/female” Part of an 1851 collection organized according to nationality and pathology at the Mütter Museum. Candace diCarlo, 2000.

Frequently used as a bridge between the disciplines of anatomy and anthropology, the popular anatomical museum displayed representations of various races, and the demonstrations were nearly always comparative – sometimes to assess relationships between other races, other times to measure relationships between other species. The catalogue of one popular anatomical museum explained that the skulls of chiefs in its Native American collection “indicate very marked traits of character,”¹¹⁹ going on to describe those skulls which demonstrate the “National” character of each of the tribes on display, such as the Uchee, who were said to be “shrewd and cunning; have small heads, and are much less impulsive than most Indians.”¹²⁰ Meanwhile, the Shawnee example was described as exhibiting characteristics which evinced that the group was “more intellectual than is common to Indians.”¹²¹ The aim for displaying certain groups was not only to demonstrate physical difference, but to explain the larger implications of what these physical differences might mean.

The question of racial constructions flowed in both directions: who was on display, and who was authorized to view it. The authorization for viewership is an important one, because it highlights the pressures that were felt by proprietors of popular anatomical museums who were questioned by reformers concerned over the moral implications of what was on display for spectators. What was acceptable to view depended on who was doing the looking. Visual representation, in the wrong hands, had the power to morally corrupt. In Britain, for example, it was considered a particularly heinous offense to offer obscene material to those colonized under British rule, and it was only a matter of time before what was inside the popular anatomical

¹¹⁹ Catalogue, *Wooster Beach's New York Anatomical Gallery and Academy of Natural, Medical, and Moral Science*, New York, 1850, in Sappol, *A Traffic in Dead Bodies*, 286.

¹²⁰ Ibid.

¹²¹ Ibid.

museum was deemed as “obscene.”¹²² The issue of access to visible information, whether it was to be found in a pamphlet or in a gallery, could not help but raise anxieties over social structures and hierarchies whose clear boundaries were destabilized in nineteenth-century England.

Meanwhile, in the United States it seems that the low cost of admissions to the popular museum and the urban settings in which they were located would have afforded a broad audience – while nearly exclusively male – few barriers to viewing what was within their halls. This lack of exclusivity would have likely included immigrant populations, a burgeoning group that raised alarm among the American middle class on multiple levels. The social reformers of the later nineteenth century were often concerned with what was publicly available for consumption, and if this was true for persons within their own class, it was doubly so for immigrants who, it was asserted, would benefit from the betterment of wholesome images, whether they be in the fine arts, theater, the built environment, or the museum. Imagery, such reformers claimed, was an important tool not only for instructions on morality, but specifically, on American morality. When all was said and done, the popular anatomical museum, with its depictions of unruly anatomy and graphic sexual pathologies, did not fit within the nationalist agenda of the morally-concerned middle classes on either side of the Atlantic.

The bodies on display were also a forum for reinforcing cultural constructions of gender. Life-size and curiously lively despite her clearly visceral state, the Anatomical Venus was an object which lent the issue of gender an unavoidable immediacy. Ludmilla Jordanova says these sculptures demonstrate “that many distinct visual signs of gender are present in the waxes, and that the process of looking into the female ones by removing successive layers of organs may be understood in terms of the sexual resonances attached to the coupling of seeing and knowing.”¹²³

¹²² Colligan, *The Traffic in Obscenity*, 20.

¹²³ Jordanova, *Sexual Visions*, 45.

It is worth considering the presentation of these models: females are positioned prone, in a full covering of skin, and only exposed by progressively stripping away layers of the body. While that alone would seem unremarkable, and in fact a logical solution for providing visual instruction on anatomy, it is a more compelling argument when it becomes clear that it is only female models that are presented in this manner; male models are typically “either upright muscle men, with no flesh at all, or severely truncated male torsos.”¹²⁴ Gendered narratives reinforcing the binaries of active/passive and male/female were plainly embodied in the models on display, but these constructs did not stop at the objects on display, for the entire museum was a site where gender was rendered knowable by its visible signs.

Nowhere was gender a more obvious consideration than in the audience that came to visit the anatomical museum. As the nineteenth century progressed, segregating audiences by sex became the norm, which led some proprietors to remind their would-be viewers that despite the need for this separation, what was on view would be instructive, such as the editorial that appeared in *Frank Leslie's Illustrated Newspaper*, which reassured readers about an anatomical display in the Chinese Assembly Rooms in New York City:

It is growing into public favor fast, and we are happy to learn that on the days appointed for ladies alone a large attendance is always found. This is as it should be, for the more attention of the female human being is attracted to this subject, the better will she know herself, and the better will it be for her offspring.¹²⁵

More often, however, the anatomical museum was – as with so many other institutions – the domain where men prevailed. In advertisements and at the entrance to most commercial anatomical museums, the words “For Gentlemen Only” figured large (Figs. 7, 10). While the sights at the medical museum were fit only for the eyes of those initiated into the profession, the

¹²⁴ Ibid., 44-45. Jordanova notes, “I know of no male models which show the complete body either covered with flesh or recumbent” (44).

¹²⁵ *Frank Leslie's Illustrated Newspaper*, New York, NY, November 7, 1857; p. 359; Issue 101; col B.

**THE EDEN MUSEE AND WAXWORKS
EXHIBITION.**

Open daily from 9 A. M. until 11 P. M.
For all ages and sexes.

Admission.....15c | Children,10c

In the same building and in conjunction
with the Musee is
PROF. WILSON'S ANATOMICAL MUSEUM.
Open daily from 9 A. M. until 11 P. M.
For gentlemen only.

Ladies' Days, Tuesdays and Fridays from 2 to 6 P. M.
Admission to both exhibitions, 25c.

232 First st., cor. First and Main.

Figure 10 – Anatomical exhibit “For gentlemen only,” with special viewing days for ladies.
The Morning Oregonian, September 20, 1890.

anatomical museum acknowledged that certain things were fit only for the eyes of men. While some museums set aside one day a week for female audiences to enter, and there are even a few accounts of museums which admitted an exclusively female audience, the anatomical audience was emphatically male.¹²⁶ Even when female audiences were permitted, models considered to be unsuitable for the audience were strategically removed from sight.¹²⁷ As the century wore on, fewer and fewer museums were open to women, until eventually the only female presence to be found in the galleries was in the representations on display. Mute but visible, robbed of troublesome animation, the female form – and by extension, femininity – was both visible and knowable in the company of men.

In the same way that the bodies of the poor and the criminal were considered appropriate for display in the anatomical theater, the female body was another object to be viewed prone, in

¹²⁶ One exception was the Ladies' New York Museum of Anatomy. Its success was very short-lived, and the collection was eventually moved to a standard popular museum catering to a male clientele. (Sappol, *A Traffic in Dead Bodies*, 379-340).

¹²⁷ Bates, *Dr. Kahn's*, 620.

its final resting state; she represented knowledge that was to be excised, dissected, uncovered. Her representation here was the most labyrinthine of narrative constructions in the anatomical museum. While racial and class narratives pooled into a reflection of predominant ideologies contrasting an inferior Other to a superior Self, the narratives of gender took things further and were more complex still. Male spectatorship – specifically heterosexual male spectatorship – almost certainly accounts for the fact that the female bodies and body parts on display vastly outnumbered those of the male in the anatomical museum. But while the audience clearly fueled the demand for female representation, the types of representation countered one another. On one hand, an abundance of appealing flesh was sure to heighten desire. On the other, the display of the abundance of flesh turned pathological was not only a source of revulsion, but was evidence of the harm to be incurred by the very thing desired. Thus, a visit to the popular anatomical museum was a closed circle, in which a man could experience desire, which would draw then him into its devolution through disease. Once faced with the pathological – either symbolically or physically – he could touch the hem of disfiguration and death. Only then would he be offered the opportunity of salvation at the hands of the practitioners working in the back office who could redeem him from the original desire that had brought him to their doors in the first place.

It seems likely that this powerful transformation could only take place in a homosocial setting that, unsurprisingly, was not far removed from the confraternity of medical students of the day. Like students who bonded while confronting their natural revulsion of dissection, the visitors at the popular anatomical museum purposely exposed themselves to the lurid and the rotten, viewing what was unseeable by the fairer sex, conquering hesitancy, and leaving the museum initiated into a confraternity of masculinity wherein they had managed to overcome their fears. The narrative was as powerful as it was complex; it retained normative values of

gender, privileged and indeed encouraged the male gaze to be directed at the anatomized female, but simultaneously inverted moral codes regarding sexual conduct by offering physical evidence that suggested alternatives were possible. The dual messages of desire and decay at the anatomical museum did little to quell the visitor's anxieties surrounding sexuality, particularly at a time when doctors were as likely to pathologize sexual desire into a diagnosis as they were to acknowledge it as part of the human condition.¹²⁸ If there was a legible morality in the popular anatomical museum, it was a nebulous one at best. The ambivalent sexuality in the galleries only served to make the museum a target for those who preferred firm barriers and restricted access to the subject if it was to be broached publicly at all.

¹²⁸ For instance, the recommendation for spermatorrhea – a term which covered “abnormal” sexual symptoms in men from nocturnal emissions to premature ejaculation – was the application of nitrate of silver directly into the urethra when the cause was thought to be excessive excitability that resulted from “self pollution.” See W. H. Ranking, “Observations on Spermatorrhea; or The Involuntary Discharge of the Seminal Fluid,” *Provincial Medical Journal and Retrospect of the Medical Sciences* 7 no. 162 (November 1843): 94. Dr. Ranking supplements his recommendations for the preferred treatment by describing the particularly obstinate case of a young man whose masturbatory habits were deemed excessive; in this instance, leeches were applied to his patient's perineum and combined with the nitrite, the doctor reported great success. Other prescriptions ranged from the discomfort of chastity devices which mimicked iron-maidens constructed to encase the errant member, on up to surgical removal of the testicles. See both Kevin J. Mumford, “‘Lost Manhood’ Found: Male Sexual Impotence and Victorian Culture in the United States,” *Journal of the History of Sexuality* 3, no. 1 (July 1992): 33-57; and Ellen Bayuk Rosenman, “Body Doubles: The Spermatorrhea Panic,” *Journal of the History of Sexuality* 12, no. 3 (July 2003): 365-399. For the pathologization of female sexuality, see Carol Groneman, “Nymphomania: The Historical Construction of Female Sexuality,” *Signs* 19, no. 2 (Winter 1994): 337-367.

4 CONCLUSION

During the nineteenth century, the popular anatomical museum and the institutionally-sponsored medical museum were sites where the anatomized body was preserved and displayed, but the objectives of the commercial institution ran counter to the interests of medical authorities. Medical professionalization was a slow and oftentimes difficult process, but one that practitioners worked to construct in order to support their industry. It was not necessarily even a calculated move: many a doctor believed earnestly in the science that underpinned his practice. Stamping out unorthodox medical practices that were unconventional or worse and eradicating quackery was frequently a sincere endeavor, done out of concern for a potentially-duped patient's well-being.

As medical training began to standardize, commercial anatomical museums flourished and the popular anatomical gallery became a site that demanded no special introduction to its proprietors, no commitment to sustained study in the sciences, and no burdensome outlay of capital to enter. All that was required was a bit of curiosity and the willingness to confront dramatic and often gruesome sights. The specialized knowledge that medical authorities trained so arduously to comprehend were rendered visible to any man who could afford the small entry fee, yet doctors of the time disparaged the commercial museums and criticized their spectacular pathologies. Doctors and professors at the popular anatomical museums fared worse criticism still from the medical establishment.

Nineteenth-century medical authorities would naturally be highly critical of sites that highlighted the grotesque. Doctors were eager to distance their profession and its alliance with the scientific triumph of logic over the superstitions of "monstrosities" that characterized medical texts of the previous century. How ironic, then, that the curious and the grotesque could be found

in their own medical museums. The science that was invoked by commercial museums to illustrate racial constructions was just as much in evidence at the medical museum. Worst of all, in the eyes of many a physician, the proprietors of popular anatomical museums provided medical consultations to their visitors. After struggling to establish professional identity, medical authorities could not be silent on the matter. They had worked too hard collectively to allow charlatans to treat the unsuspecting, even if they themselves were unwilling or unable to treat those same patients. Medical practitioners sought to wrest anatomy back to its rightful place, within the established medical community. Identifying the objects on display as obscene was an easy way for medical professionals to bring the commercial museums into public disfavor, while simultaneously cementing their position of anatomical authority. Clearly, the distinction between commercial and medical institutions was less about what was on display than it was about who chose to display the objects, and who was permitted to view them. By century's end, medical institutions had insisted on the right to colonize the human body and its display in the medical museum, though the museum itself had lost much of the pedagogical value for the discipline which it had been founded to serve.

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