

University of Nevada Reno

**Addressing the Evidence of Historical Medical Grave Robbing: Past Practices and their
Influence on modern memory and Western Uses of the Body**

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by

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Abstract

In this thesis I compare two cases where human remains were found on the grounds of two historical medical colleges, the Medical College of Georgia and the Medical College of Virginia. These remains are presumed to be the remnants of dissected corpses from nineteenth century medical education. I will address how these two medical schools, among many other teaching institutions of the nineteenth century, procured and used African American bodies for dissection far more often than white bodies. This study will also look at the local reaction to the twentieth century discoveries at the two colleges. Between the two cases, the Medical College of Georgia appears to have been less involved with reburial and handled the identification of the remains with less public input than the Medical College of Virginia. Why does there appear to be a discrepancy between the two campuses and their treatment of victims of nineteenth century medical abuses? Is the lack of attention a case of collective public and academic embarrassment over past misdeeds? Is the difference between the two cases due to different recovery protocols or techniques that are more advanced in one case or the other? The discovery of skeletal remains at historical colleges is not an uncommon occurrence. Many of the remains uncovered at historical colleges, including the remains found in Virginia and Georgia, provide insight into the anatomical medical and dissection training in the United States, a practice that created intense conflict between the public and medical educators. I look at the history of dissection, the abuses of the corpse in pursuit of medical education, and finally the lingering issues of uses of the body in Western society. I argue that dissection in the nineteenth century demonstrates not only racism but also violence against the bodies of the poor and African Americans. Anatomy laws in

the nineteenth century and the twentieth century display relationships within social structures that leave the poor, indigent, and African American populations powerless and vulnerable in death. It is important to investigate these activities in particular because of the nineteenth century attitudes towards poverty, and more importantly, death in poverty. I also show how this postmortem structural violence effects the living, particularly the impoverished families that seek proper burials for their loved ones.

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Chapter 1: Introduction

On July 27, 1989 a construction crew from R.W. Allen Co., began renovations on one of the Medical College of Georgia's buildings.¹ The renovations of the original basement on the Augusta campus revealed the skeletal remains of multiple individuals. After forensic pathologists determined that the skeletal remains held no criminal significance anthropological research and excavation began. By August of 1989, forty boxes of skeletal remains—at least 10,000 skeletal pieces, were recovered by a team of students and volunteers from the medical college and the Augusta Archaeological Society. An estimated 250 men, women, children, and fetuses were discovered in the excavated 216-square foot area of the basement.² While the Medical College of Georgia discovery is significant for the sheer number of nineteenth century skeletal remains uncovered, it is not the only case of skeletal remains found related to nineteenth century anatomical studies at historic medical colleges.³

1. Bill Montgomery and Bill George, "Remains of Cadavers Unearthed. Scores of Bones Found at College in Augusta", *The Atlanta Journal and The Atlanta Constitution* (1989): 1; 2, http://nl.newsbank.com/nlsearch/we/Archives?p_action=doc&p_doc...

2. Charles Seabrook, "The Body Snatchers of Augusta: Medical faculty of a century ago needed corpses for dissection-and raided African American graves", *The Atlanta Journal and The Atlanta Constitution* (1998): 3, http://nl.newsbank.com/nlsearch/we/Archives?p_action=doc&p_doc...

3. From 1833 to 2011 the name of the institution was the Medical College of Georgia. The current name of the institution is the Georgia Health Sciences University (GHSU), is the state's public university for health sciences in located Augusta. <http://www.georgiaencyclopedia.org/articles/education/georgia-health-sciences-university#Early-History>

Less than a decade later, in April of 1994, a similar discovery was made at the Virginia Commonwealth University's medical college campus in Richmond, Virginia. A nineteenth century well was discovered during the construction of the Hermes A. Kontos Medical Science Building. The construction crew removed a section of the well wall and discovered human skeletal remains. A team of archaeologists from VCU's Sociology and Anthropology Department assisted in the recovery of the remains. The well site, Archaeological Site 44HE814, dubbed the East Marshall Street Well Project contained skeletal remains, possible hair, and traces of formalin. Anthropological examination confirmed the skeletal remains belonged to at least 53 individuals.⁴ While the Virginia Commonwealth University site did not contain as many individual remains as the Medical College of Georgia site there are several similarities between these two historical medical colleges of the southern United States. However, the way the remains were treated after discovery differs substantially.

In this thesis, I will compare these two cases. The human remains found at these two historical medical colleges are the presumed to be the remnants of dissected corpses from nineteenth century medical education. I will address how these two medical schools, among many other teaching institutions of the nineteenth century procured and used African American bodies for dissection far more often than white bodies. This study will also look at the local reaction to the twentieth century discoveries at the two colleges. Between the two cases, the Georgia Medical College appears to have been less involved with reburial and handled the identification of the remains with less public input than the Virginia Medical College. Why does

4. Virginia Commonwealth University, "Resources-VCU East Marshall Street Well Project", (2017): 2, <http://emsw.vcu.edu/resources/>.

there appear to be a discrepancy between the two campuses and their treatment of victims of nineteenth century medical abuses? Is the lack of attention a case of collective public and academic embarrassment over past misdeeds? Is the difference between the two cases due to different recovery protocols or techniques that are more advanced in one case or the other? The discovery of skeletal remains at historical colleges is not an uncommon occurrence. Many of the remains uncovered at historical colleges--including the remains found in Virginia and Georgia--provide insight into the anatomical medical and dissection training in the United States, a practice that created intense conflict between the public and medical educators. In the following sections I will show a small section of the history of dissection, the abuses of the corpse in pursuit of medical education, and finally the lingering issues of uses of the body in Western society.

I will argue that dissection in the nineteenth century demonstrate not only racism but also violence against the bodies of the poor and African Americans. Anatomy laws in the nineteenth century and the twentieth century display relationships within social structures that leave the poor, indigent, and African American populations powerless and vulnerable in death. It is important to investigate these activities in particular because of the nineteenth century attitudes towards poverty, and more importantly, death in poverty. These attitudes influence the postmortem violence inflicted on the dead in the twentieth and twenty-first centuries. In the final chapter I will also show how this postmortem structural violence effects the living, particularly the impoverished families that seek proper burials for their loved ones.

Afterlife of the Corpse

I. *Burial and Protection- The vulnerable corpse*

The procurement of bodies for dissection violated the social practices of death. James Farrell's subject is the institutional and intellectual changes surrounding death in America between 1830 and 1920. He argues that the scientific naturalism movement was crucial in the transformation of the interpretation of the nature of death. Naturalists attempted to redefine the individuality of death, the painlessness of death, and the nature of a natural death.⁵ The idea of the "painlessness of death" was meant to redefine death as a natural process, a manifestation of nature that could be explained by science.⁶ By the 1700s, the increased influence of commercialization, mercantile activity, and British imperialism affected funeral traditions. Elaborate and expensive ceremonies took the place of the simple and solemn funerals rituals of the Puritans. The advent of the Enlightenment brought the idea of God as the benevolent and loving creator rather than the wrathful omnipotent figure of old. In the early nineteenth century, Romanticism embraced submission to nature, humanity, and new methods of spirituality in their worship of God and perspective about the world.⁷ The two-tiered development of the cemetery between 1830 and 1920 displayed this new-found enthusiasm for nature. The first stage of development between 1830 and 1855 created the idea of the 'rural' or 'garden' cemetery. The second stage of cemetery development was the 'lawn' or 'park' style cemetery. The creation of

5. James Farrell, *Inventing the American Way of Death 1830-1920* (Philadelphia: Temple University Press, 1980), 213.

6. *Ibid.*, 51-52.

7. *Ibid.*, 23; 30.

Boston's Mount Auburn in 1831 marked the replacement of graveyards and churchyard in favor of a rural setting for the cemetery.⁸

In a viewpoint similar to Farrell, Gary Laderman describes the transformation of the death industry "in the post Puritan world of the North".⁹ Essentially, Laderman traces how the Puritan view death practices gave way to more elaborate ceremonies under certain circumstances. There was a marked discrepancy between the burials of the poor and the wealthy. But burial became more egalitarian during epidemics, particularly cholera, as well as yellow fever and smallpox. As Laderman states:

Epidemics might have disproportionately affected the lower class, but once the disease had stricken its victim and brought about the end of life, the corpse could rarely escape being seen as a source of contagion and danger to the living community. The overwhelming number of dead victims necessitated expedient and practical forms of disposal that often did not discriminate based on class standing.¹⁰

With a lack of resources, and with the victims of disease quickly multiplying, many of the deceased, regardless of class standing, were piled onto carts and taken to the Potter's Fields for burial. The bodies were deposited in wide trenches or anonymous collective pits, covered with earth and on occasion quicklime. However, as Laderman points out, for the very poor, such burials by church agencies or city governments were the norm. The accoutrements of the funerary procession were simply not affordable to the urban poor. The poor who died in the public and private quarters were only given more elaborate burials if their friends or relatives

8. *Ibid.*, 99-100.

9. Gary Laderman, *The Sacred Remains: American Attitudes toward death, 1799-1883* (New Haven: Yale University Press, 1996), 10.

10. *Ibid.*, 40-41.

could afford to do so. In other cases, the body would simply be taken at the city government's expense to its anonymous resting place to be interred in the nearest potter's field without religious sermons. There they shared their eternal rest with the other former members of the margins of society. In the larger northern cities prior to the Civil War, the potter's fields were under the jurisdiction of the city. These potter's fields were also used as a burial ground for members of society who were deemed part of the criminal classes. If a potter's field had not been established or was inconvenient, the individual was buried in the public square. Eventually, the burial of any individual in the public square was viewed as an intrusion into the public living space so the potter's field became the favored burial place for all people on the margins of society.¹¹

In the mid nineteenth century, the practice of burial in church yards shifted to the burial of the dead in rural spaces, or just outside the urban area, in park like settings. Farrell argues that the creation of the rural cemeteries served as a "spatial segregation of the living and the dead".¹² He builds on this by stating that cemeteries became the equivalent of the suburbs, an escape from city life and a place of rest for the bourgeois urban population. The ability to obtain a burial in the beauty and well-kept areas of the pastoral cemetery became an external emphasis on social position.¹³ Michael Sappol states that during the 1830s the American upper class used the pastoral rural cemetery as a means to separate their dead socially, hygienically, and aesthetically from the lower-class poor. In turn, the poor working class began to attempt to assure themselves a proper burial equivalent to those in the bourgeois cemetery in church yards or cemeteries by

11. *Ibid.*, 41-42.

12. Farrell, *Inventing the American Way of Death*, 110.

13. *Ibid.*, 110.

joining burial societies. The alternative, burial in an anonymous potter's field or sold to be dissected, was seen as socially unacceptable. Sappol further states that, "For working men and women, burial in the cemetery or churchyard symbolized inclusion in the social order. It also at least potentially signified a leveling of the social order: in death everyone was equal, an ancient trope, but one continually reworked".¹⁴

II. *Embalming and Preservation*

The fear of disease, the new way of death, and funerary customs of the nineteenth century contributed to the rise of embalming as well. The need to move the bodies of fallen soldiers from the battle fields of the Civil War in order to be buried at home also contributed to the rise of the science of embalming. The body needed preservation for a family funerary service. The advocacy of embalming, injection of chemicals into the vascular system and visceral cavity developed with the claim that the practice ensured public health by preserving the corpse for transport over long distances.¹⁵ Embalmers claimed that the preservation of the corpse also prevents the spread of infectious disease to mourners or into the ground when the body's fluids disperse after burial.¹⁶ The first U.S. patent for embalming was issued in 1856. The process was an injection of an electrically charged arsenic alcohol mixture, then washing the body with

14. Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-century America* (Princeton, N.J.: Princeton University Press, 2002), 35.

15. Hugh E. Berryman et al., "Recognition of Cemetery Remains in the Forensic Setting", In *Forensic Taphonomy: The Postmortem Fate of Human Remains*, edited by William D. Haglund et al. (Boca Raton: CRC Press LLC, 1997), 165.

16. Kenneth V. Iserson, *Death to Dust: What Happens to Dead Bodies?* (Tucson: Galen Press, Ltd., 1994), 187.

chemicals, covering it in oils, and finally, placing the body in a hermetically sealed coffin filled with alcohol. Some speculative numbers suggest that between 30,000 and 40,000 bodies were embalmed during the Civil War.¹⁷ In the nineteenth century, aluminum sulfate, potassium carbonate, copper sulfate, zinc chloride, arsenic, and bichloride of mercury were used in an attempt to preserve the body in the home before burial. A simple injection of the thoracic and abdominal cavities using a trocar and rubber bulb syringe was the method used. Additional injections were made through the foramen magnum, the corner of the eye, or the nostril. The need for a proper burial, even from the battlefield, was considered a necessity for society in the nineteenth century, as it still is today.

III. *Grave Robbing*

Grave robbing for the purpose of providing medical establishments with specimens became a critical issue in the late eighteenth and early nineteenth century.¹⁸ Grave robbing was such a problem in eighteenth century Britain that the wealthy began to protect their loved ones' graves with "mort safes" and cast-iron coffins.¹⁹ The rich could afford to bury their dead and

17. *Ibid.*, 196.

18. Susan Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth century America* (North Carolina: McFarland, 1992), x. Grave robbers were on occasion given the title of body snatchers or 'resurrection men'. The term Resurrection men was given because it was commonly believed that a burial ground was sacred, and removal of the body would interfere with the great Resurrection.

19. Susan Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth century America* (North Carolina: McFarland, 1992), 42. The mort safe was a cage of iron bars surrounding either the coffin itself or built up above the surrounding dirt. It was more common in Britain than in North America.

they could afford to take numerous measures to prevent grave robbing. These measures were often out of reach for the poor or unidentified persons in the community.

Grave robbing was generally confined to the potter's fields and the Negroes Burying Grounds in America.²⁰ African Americans, transient people, and the poor were the groups most susceptible to body snatching. In the case of enslaved African Americans, slave owners sold or 'donated' the bodies of the deceased enslaved to southern medical school. Since the enslaved person was viewed as property, the owner was at liberty to dispose of the deceased as they wished.²¹ Dissection of these people was both less objectionable and less noticeable due to these groups' social status on the margins of society. Secondly, these groups gave little resistance to grave robbing for dissection because of their position as social outcasts in a society that was sharply divided by socioeconomic status and race.²²

Burial practices also made African American graves more susceptible to grave robbing. Many burials in structured, fenced church cemeteries with headstones identifying the deceased community members were 'respectable' white Christian people. African Americans and the unclaimed members of the community were buried in separate and remote graveyards, often

20. Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-century America* (Princeton, N.J.: Princeton University Press, 2002), 107. The Negroes Burial Ground was a segregated section of potter's field adjacent to the almshouse. African American women and men were buried in the section regardless of status or indigency.

21. Edward C. Halperin, "The Poor, the Black, and the Marginalized as the Source of Cadavers in United States Anatomical Education", *Clinical Anatomy* 20, Wiley-Liss, Inc. (2007): 493.

22. Megan J. Highhet, "Body Snatching & Grave Robbing: Bodies for Science", *History and Anthropology* 16, no. 4 (December 2005): 420.

without identifying markers.²³ The separation of these graves from the rest of the community further enabled violation due to lack of protection.

According to Suzanne Shultz, the people in North America were far more likely to employ grave watchers, patterned graves, booby traps, and trip lines to deter grave robbing.²⁴ The burial vault was another means of protecting the dead from the living. The burial vault was a building used as a depository for the safekeeping of the dead until interment could be finalized. The walls of the burial vault were thick with heavy locked doors that were sometimes guarded. In the case of the Philadelphia Almshouse, strict rules were adopted to preserve the dead until a known family member or friend could be contacted.²⁵ Traditionally, the bodies of hanged criminals had been given to the medical schools, however, this was no longer a sufficient source for all the medical schools for dissection in both American and British schools in the nineteenth century. The distinction between the use of the poor and wealthy dead for dissection in anatomy regulations, and the laws that dictated how and where medical schools received their specimens for medical dissection, made them extremely unpopular with the lower class. The issue of protection for the dead, particularly the impoverished, was a key issue in dissection and its regulations.

The fascination with empirical medical practice and science led to dissection becoming an upper-class interest; intellectually on par with philosophy and literature during the mid-

23. *Ibid.*, 421.

24. Susan Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth century America* (North Carolina: McFarland, 1992), 41. Patterned graves refers to graves that were marked with a particular pattern of sticks, stones, and flowers. The goal was to detect an incident of grave robbing if the pattern was disturbed or redone incorrectly.

25. *Ibid.*, 44.

nineteenth century. Anatomical study was considered exotic and modern entertainment to attend a dissection in an amphitheater by an upper class.²⁶ It was apparent that the middle and upper classes understood the need for dissection. They understood it meant advances in medicine, particularly to their benefit. However, they were unwilling to degrade themselves by allowing their bodies to be used for dissections. The prevalent idea at the time was that white and African American bodies were different, but dissection of African American cadavers could make valuable contributions to medicine for the white population. It was further viewed that because groups like African Americans and the indigent did not contribute to society, dissection gave these groups an opportunity to repay their “debt” to society.²⁷ With a casual attitude toward human dissection, it is easy to see the resentment of the lower class.

IV. *Medical Education*

The fervent study of medical anatomy and dissection did not begin in the nineteenth century. Anatomical practices and its significance to medical study had roots in early European society. In the early years of anatomical study medical texts utilized anatomical knowledge set down by Galen, a prominent Greek philosopher who lived during the 2nd century AD.²⁸ The advent of the printing press in the sixteenth century led to a resurgence of interest in Galen’s work *On the Natural Faculties* in 1523. Galen’s work continued to inspire discussions on

26. Sappol, *A Traffic of Dead Bodies*, 48-49.

27. Megan J. Highhet, “Body Snatching & Grave Robbing: Bodies for Science”, *History and Anthropology* 16, no. 4 (December 2005): 421-422.

28. Ruth Richardson, *Death, Dissection, and the Destitute*, 2nd ed. (London: Routledge & Kegan Paul, 1987; Chicago: Chicago University Press, 2000), 32. Citations refer to Chicago University Press edition.

anatomy and dissection, particularly his work *On Anatomical Procedures*, which was rediscovered in 1531. During the sixteenth century, 590 editions of Galenic treaties appeared in major publishing centers such as Venice, Basel, Lyons, and Paris.²⁹ It was during the Renaissance that attitudes changed towards anatomy and dissection in Europe. In Italy, for example, this change of attitude manifested as influential patronage and the establishment of anatomy schools. Cities like Padua became preeminent centers for the study of anatomy and medical learning in Europe. The shift in the influence of dissection and anatomical study led the publication of Andreas Vesalius's *De Humani Corporis Fabrica* in 1543. According to Ruth Richardson, "*De Fabrica* revolutionized Western perceptions of human anatomy, replacing the inaccurate medieval rote descriptions with careful observations from real dissections of the body".³⁰ From the sixteenth century onward, dissections became public events. In Bologna, dissections were staged during the annual carnival, appealing to the general public's macabre fascination with *momento mori*. Roy Porter argued that art pieces like Rembrandt's 1632 painting, 'The Anatomy Lesson Dr. Nicolaes Tulp' showed that anatomy had become one of the spectacles of the age.³¹ Education for physicians continued to change through the European continent, particularly Great Britain and France, which later influence American medical education.

29. Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity* (Cambridge, England: Cambridge University Press, 1994), 171.

30. Ruth Richardson, *Death, Dissection, and the Destitute*, 2nd ed. (London: Routledge & Kegan Paul, 1987; Chicago: Chicago University Press, 2000), 32. Citations refer to Chicago University Press edition.

31. Roy Porter, *The Greatest Benefit to Mankind*, 186.

In Europe, especially in France, elite physicians aspired to create medicine and procedures based on science and detailed observations. Reforms in medical policies and institutions led to new medicine and opportunities for physicians. Paris's vast public hospitals afforded ambitious physicians salaried appointments to practice and teach their craft. The outcome of these reforms was a distinctive Parisian hospital medicine characterized by scientific observation and pathological anatomy. While French hospitals had traditionally been pious foundations devoted to tending to the sick, the influx of physicians turned them into scientific institutions for investigating disease and teaching vast numbers of students.³² In the Paris method of medical observation and investigation, outward symptoms of disease were prized as the key to pathogenesis. Medical training, therefore, was a matter of drilling students to interpret the sounds, smells, and sights of disease. Other departments of medicine fell by the wayside as a result of some of these emphases.³³ According to W.F. Bynum, many of the Paris schools did not teach 'basic sciences' like chemistry and microscopy. Bynum also argued that the Paris school did not maintain a cohesive philosophy of medicine nor were its teachers able to summarize the values and attitudes of the teachers that preceded them.³⁴ In spite of this, the Parisian medical schools saw an influx of students from Europe and North America from the end of the Napoleonic Wars (1803-1815) and for thirty to forty years after.³⁵

32. *Ibid.*, 306.

33. *Ibid.*, 312.

34. W.F. Bynum, *Science and the Practice of Medicine in the Nineteenth Century* (New York: W.W. Norton, 1997), 46-47.

35. *Ibid.*, 46-47.

Several European countries had their own methods of regulating formal medical profession. According to Roy Porter, “In England, the formal regulation of the medical profession instigated in the sixteenth century was weakened by socio-economic change”.³⁶ The Royal College of Physicians became more of a gentlemen’s club, reserved for the elite of society. The statutes restricted the fellowship to graduates of Cambridge and Oxford. The college had little power to restrict medicine, hence organizations like apothecaries could prescribe treatment or act as doctors. By the eighteenth century, London’s College of Surgeons failed to become a modern teaching body, though it formerly separated from the Company of Barbers in 1745. This separation signaled, at minimum, that surgery was a craft in its own right.³⁷ The Society of Apothecaries regulated pharmacy in London but was unregulated outside of the capital which led to unorthodox practitioners prescribing treatments. There was no uniform system of medical education in Britain. Few had degrees or diplomas from English universities, many possessed degrees from Italian or French universities; many more completed their education in Scotland in Edinburgh. Many individuals practiced medicine without any formal qualifications. France had the advantage over the British system with their provincial medical facilities and regional system of medical licensing.³⁸ While Britain lacked key elements that made France successful at early medical training, it did possess talented surgeons that contributed to the continuation of anatomical study.

Alexander Monro (Munros) and the work of his family as an Edinburgh medical fraternity played three different roles in the further education of anatomists. The prominence of

36. Roy Porter, *The Greatest Benefit to Mankind*, 288.

37. *Ibid.*, 288.

38. *Ibid.*, 289.

the techniques used in Edinburgh, the work of the English doctors, John and William Hunter, and the fondness for Paris medicine all influenced further education in the surgical arts. According to Russell Maulitz, even though the Munros emphasized necropsy (autopsy), Edinburgh did not offer an ample environment for the development of pathological anatomy nor did it offer a breadth of surgical and medicine topics.³⁹ Nevertheless, the work performed in the Edinburgh school influenced scores of others in the practice of anatomy.

William and John Hunter were the preeminent anatomists of late eighteenth-century Britain. The Hunterian method of anatomy advocated “highly detailed investigations of gross anatomy, comparative anatomy, and a preoccupation with ‘morbid anatomy’, post mortem dissections that sought to locate specific ‘seats’ of disease in the body, and to construct a narrative of the progress of the disease and cause of death”.⁴⁰ By the late eighteenth and early nineteenth century, the student was expected to engage in the dissection rather than observe. The student needed to gain experience in the physical dissecting experience. It was by this point in time that ‘practical anatomy’ or dissection was considered a prerequisite for a successful and distinguished medical career.⁴¹ The precision of Hunter’s methods was implemented by John C. Warren upon his return to Harvard Medical School in Massachusetts. Warren was also influenced by the Parisian schools and Bichat’s method of anatomy in the early century.⁴²

39. Russell Maulitz, *Morbid Appearances: The Anatomy of Pathology in the Early Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 114.

40. Sappol, *A Traffic of Dead Bodies*, 51. (see page 7, footnote 14).

41. *Ibid.*, 51.

42. *Ibid.*, 52-53.

Many would be physicians in America, still absorbed in the scientific and medical thinking of the Old World, sought their education abroad. The education of physicians was crucial to the development of medical theories and practices in North America. According to Paul Starr, in the eighteenth century, the American colonists modeled their social structure of medicine and medical professional hierarchy based off England's system. In England, the physicians formed a small elite group of learned professionals while surgeons and apothecaries followed a trade.⁴³ The American medical professionals followed the British model and theories on disease but did not develop along the same lines. The seventeenth and eighteenth-century doctors of the American colonies were the equivalent of apothecaries and surgeons. Starr also states that because the Americans did not follow the same rigid, stratified system as the British, Americans came to regard anyone who practiced medicine as a doctor.⁴⁴ The establishment of medical schools served to create a profession in the European image. Apprenticeships served as the primary form of education in the colonial period even and remained central even after the establishment of medical schools. The first medical school to open in North America was the University of Pennsylvania, formerly called the College of Philadelphia in 1765.⁴⁵ The original requirements for an M.D. in the eighteenth century were knowledge of Latin, experimental philosophy, a three-year apprenticeship, attendance to two terms of lectures, passing all examinations, and a thesis. As Starr states:

These requirements were not well enforced. Latin was neglected; many schools failed to require certificates for the three years' apprenticeship; the theses were generally

43. Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books Inc., 1982), 37.

44. *Ibid.*, 39.

45. *Ibid.*, 40-41.

unoriginal and occasionally barely literate. The examinations were less rigorous in part because professors were paid by a student only if he passed. Periodically, reformers made attempts to stiffen requirements, but failed for want of cooperation among medical schools.⁴⁶

The goal of American physicians was to emulate the high status and privilege of the European medical men, but they could not prevent other doctors from opening medical schools elsewhere in the country.⁴⁷ The professional aspirations of American medical students led to educations in the British medical schools as well as the medical schools of Paris.

In the U.S. between 1760 and 1860, there was a rapid expansion of medical schools. The number of schools went from five schools to sixty-five medical schools by 1865. This led to what one critic labeled as a ‘medical school mania’. According to Suzanne Shultz, the problem for multitudes for doctors in training was that there were very few bodies to dissect. This problem began early in North America. Pennsylvania established the first medical school in the United States in 1765 as the Medical Department of the University of Pennsylvania. By the 1870s there had been eleven schools chartered in the state, with six of those schools providing regular curricula. Within six years of this time, 16,819 students graduated from the various programs. During the time between the establishment of Pennsylvania’s first school and the figure provided of graduated medical students, 1768-1876, the lowest possible estimate for the number of bodies that had been dissected was somewhere between 4,200 and 8,000.⁴⁸

46. *Ibid.*, 41.

47. *Ibid.*, 43.

48. Susan Shultz, *Body Snatching: The Robbing of Graves for the Education of Physicians in Early Nineteenth century America* (North Carolina: McFarland, 1992), 14-15.

V. *Laws*

The laws set in place for use of the corpse and protection of the dead are the result of several centuries of procedures and ideas. Many of legal statutes applied to the dead were a reaction to the act of grave robbing. However, many aspiring surgeons and physicians were in need of specimens for dissection. This need led to the passage of the British law in 1540 under King Henry the VIII. Henry the VIII allowed the Company of Barber Surgeons to have the bodies of four criminals executed by the state for dissection. The legalized need for dissection subjects was often hindered by supernatural beliefs in the power of the corpse.⁴⁹ The belief that the corpse held supernatural or curative power led to the passage of an English law in 1604 that forbade the disinterment of a dead body in order to remove parts for use as charms or sorcery in witchcraft. The 1604 English law made it a felony, punishable by death, to disinter the dead. Laws that forbade disinterment were conspicuously absent in colonial America. Therefore, the 1604 British law was applied to cases of grave robbing, particularly for medical purposes, in Massachusetts, Pennsylvania, and South Carolina. Under the rule of the British monarch Charles II in 1663, the number of convicted criminals allowed for dissection grew from four to six. The pivotal movement in the history of the regulation of anatomy was during the reign of George II. In 1752, under Act of 22 of Parliament, felons convicted of murder by the state were required to be executed and dissected or to remain hanged in chains. The use of dissection or the gibbet as

49. It was believed that corpses held certain magical and healing properties. Corpses from the execution gallows were believed to have these properties; “cures for skin complaints, scrofula, goiters, wens (epidermal cyst), ulcers, bleeding tumors, cancers, and even withered limbs were said to be effected by the touch of a recently hanged person”. Ruth Richardson, *Death, Dissection, and the Destitute*, 2nd ed. (London: Routledge & Kegan Paul, 1987; Chicago: Chicago University Press, 2000), 53. Citations refer to Chicago University Press edition.

postmortem punishment was intended so that “some further Terror and peculiar Mark of Infamy might be added to the Punishment of Death”.⁵⁰ The concept of postmortem punishment through dissection was found in the colonies after the passage of this law. After the Revolution, Massachusetts passed a law in 1784 that stated that any man killed in a duel or executed for killing someone in duel would be dissected and deprived of a Christian burial.⁵¹ It was not until the 1788 case of *Rex v. Lynn* that the theft of a body was not considered to be a felony because a body was not property.⁵² According to similar British laws in 1828, theft of body was viewed as absolutely distasteful but was not considered a felony because the body was not considered property. Theft of the grave material, the clothing, jewelry or any other goods the body might be buried with was considered a misdemeanor.⁵³ The constant demand by medical professionals for fresh corpses led to a key event in the history of anatomy. The statute of postmortem punishment by dissection was not removed until after 1832 and the passage of the Warburton Anatomy Act with the 1831 Massachusetts anatomy act respectively.⁵⁴ The concept that dissection was a postmortem punishment set aside for the worse offenders of social decency resonated throughout the years and would prove to be a huge hurdle for public opinion of anatomy practices.

The largest issues with the anatomy laws in America and Britain were the provisions that allowed the dissection of the unclaimed bodies of the poor and those provisions offered little to

50. Sappol, *A Traffic of Dead Bodies*, 101.

51. Ruth Richardson, *Death, Dissection, and the Destitute*, 2nd ed. (London: Routledge & Kegan Paul, 1987; Chicago: Chicago University Press, 2000), 100-101. Citations refer to Chicago University Press edition.

52. Sappol, *A Traffic of Dead Bodies*, 101.

53. Richardson, *Death, Dissection, and the Destitute*, 68-70.

54. *Ibid.*, 101; 105.

no protection against disinterment until several years after the initial passage. The wealthy could contribute their bodies to science freely if they wished to do so. The poor were not afforded such luxuries. According to Ruth Richardson, the text of the British 1832 Warburton Anatomy Act primarily dealt with the administration and interpretation of the laws, one clause abolished the use of dissection as punishment, and it made the unclaimed bodies of the poor from workhouses and parish houses available for dissection. The initial act did not mention a proper Christian burial for the subjects, nor did it address grave robbery or the legality of the removal of body parts.⁵⁵ The laws of America followed suit. The consequence after such a law's passage was rioting by the terrified and justifiably unhappy masses.

According to Michael Sappol there were no less than seventeen riots in America between 1785 and 1855. He mentions one riot in particular known as the 'Doctors Mob or Doctors riot' of 1788. There are conflicting accounts of how the riot began. In 1787, roughly a year before the onset of the riot, formerly enslaved people approached the city about the removal of bodies from the Negroes Burial Ground. They presented a petition that expressed concern over the manner treatment of the bodies and requested the city resume the use of convicted criminals for dissections instead of disinterment. City officials willfully ignored the grave robbing of the graves of the poor and African Americans. The events of April 1788 revealed the public's general unease with the disinterment of graves for dissection subjects. It started when one account stated that two boys witnessed a dissection in New York Hospital. The accounts vary from whether it was a recently disinterred loved one on the dissection table or the gross mishandling of the body. The evidence was sufficient enough for many citizens to rally an angry

55. Richardson, *Death, Dissection, and the Destitute*, 207-208.

mob of working-class men. The crowd raided the hospital. They threw anatomical specimens out into the street and burned them. Hospital staff and students relocated to the jail for protection. When the crowd could not find any students or staff, they marched on the jail. By end of the riot, the size of the crowd was estimated to be nearly 5000 strong and had an estimated death toll of twenty.⁵⁶ In the year after the Doctor's Mob Riots, the New York State legislature passed an "Act to Prevent the Odious Practice of Digging up and Removing for the Purpose of Dissection, Dead Bodies Interred in Cemeteries or Burial Places". This law was the first to sanction dissection in the United States. While the law outlawed body snatching and made it punishable by fine or imprisonment, it did not provide enough cadavers for the medical school through executed prisoners alone. In a little more than four years after the law was passed a newspaper column published a complaint that stated that body snatching for dissection had resumed.⁵⁷

By the first part of the nineteenth century New York, Connecticut, Maine, Ohio, and Massachusetts passed anti-grave robbing laws. Although the laws were ineffective against the practice, particularly for those groups most targeted, it led to some medical professionals to focus on the growing social issue of poverty. In much the same way the postmortem punishment of dissection was meant to deter criminal behavior it was also reframed as a deterrent against indigence.⁵⁸

With or without laws in the nineteenth century certain groups were the target of body snatching to sustain the demand for medical school cadavers. The information throughout this

56. Sappol, *A Traffic of Dead Bodies*, 105-107.

57. *Ibid.*, 109.

58. Kristina Killgrove, "How Grave Robbers and Medical Students Helped Dehumanize 19th Century Blacks and the Poor", *Forbes* (July 2015): 3.

chapter is meant to give a background for the following chapters about the Medical College of Georgia and the Medical College of Virginia. Finally, the information in this chapter is primarily about the nineteenth century but there is evidence that some of the issues with the medical use of the corpse from the past still manage to find their way into the modern day.

Chapter 2: *Medical College of Georgia: Nineteenth Century History and the Twentieth Century Discovery*

I. Early History and Architecture of the Medical College of Georgia

As the Medical College of Georgia skeletal remains were discovered first between the two colleges, I will begin by establishing some of the early history of the college, some the key figures involved in the medical college, and a more detailed description of the 1989 discovery. In discussing the history and the complete narrative surrounding the recovered remains, I hope to set the stage to discuss the reactions that followed the discovery.

In this chapter and the subsequent chapter, I begin with a discussion of the architecture of these two medical schools. I did this to illustrate how medical schools in the nineteenth century worked to attract students to their programs by having the most extensive laboratory space available, the most scientifically advanced learning environments, and finally, the most clinical material available to prospective students. These visually elaborate buildings were also important to the cities as they served as a mark of community pride.

The Medical College of Georgia in Augusta is the thirteenth oldest medical school and the sixth public medical school to be established in the United States. It was founded in 1828 through the efforts of Dr. Milton M. Antony as the Medical Academy of Georgia when Governor John Forsyth signed the school's charter. After its establishment, the school was given permission to run a one-year program for a Bachelor of Medicine degree. On October 1, 1829, the academy officially opened with three faculty members and seven students. The institute's name was changed to the Medical College of Georgia (MCG) in 1833. The state legislature granted funds to acquire adequate facilities and the Academy of Richmond County donated

property. Faculty members donated money to build a museum and a library; the city of Augusta supported the college in exchange for medical services for the indigent of the community.⁵⁹

Many public and private buildings were constructed in the Greek Revival style, brought over to the US by European architects in the late 1820s.⁶⁰ The original Medical College of Georgia buildings, and the subject of this study, were designed and constructed by Charles Blaney Cluskey in the favored Greek Revival style. The original, often referred to as the “old” Medical College of Georgia building, was completed in 1837.⁶¹ It stood on the corner of Telfair and Sixth Street and was designed with a central rotunda, large lecture rooms, a library, museum, and dissecting rooms. Cluskey’s functional and distinctive Greek Revival designs for the building not only satisfied the requirements for teaching space for years to come it also became a landmark for the city of Augusta that both residents and visitors held with pride.⁶² Contemporary

59. <http://www.augusta.edu/mcg/documents/mcghistory.pdf>

60. The Greek Revival style refers to the movement that started in Europe in the mid-eighteenth century due to the interest in the ruins of Greek antiquity. By the 1790s, disorder in Europe sent many professionally trained French and English architects familiar with the European Greek Revival style to the US. Pierre-Charles L’Enfant, who designed the layout of Washington D.C. was the most notable.

Mark R Barnes, “Architectural, Archaeological, and Historical Investigation of the old Medical College of Georgia Building” Mark R Barnes *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Blakely Robert L., and Judith M. Harrington, (Washington: Smithsonian Institution Press, 1997), 32.

61. Mark R Barnes, “Architectural, Archaeological, and Historical Investigation of the old Medical College of Georgia Building” Mark R Barnes *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Blakely Robert L., and Judith M. Harrington, (Washington: Smithsonian Institution Press, 1997), 34.

62. *Ibid.*, 35.

accounts from the nineteenth century praised the building for its design and function. As one observed noted in *The Augusta Chronicle* in October of 1834:

The interior contains a wide passage from front to rear-a large rotunda from the floor to the dome, containing a circular staircase to the second story-three large lecture rooms, two of them with raised seats-a laboratory-a dissecting room-a museum, furnished with an extensive variety of specimens, anatomical, mineralogical, etc., beautifully arranged and presenting a most attractive and pleasing appearance- and several anterooms and private apartments-the whole now finishing in a tasteful and elegant style, and to be suitably warmed throughout with hot air pipes-an improvement most important and desirable.⁶³

Another observation posted in the *Southern Medical and Surgical Journal* in August of 1837, noted the large amounts of space afforded to the students for student and lecture:

...its laboratory and library rooms are spacious, and its suite of lecture rooms is ample for the accommodation of 250 pupils, and affords the student the comfortable opportunity of changing rooms between each lecture as constantly as the subjects will allow...Two large rooms are appropriated to the museum, another to microscopic observation...and another...to the preparation room for the lectures on anatomy and surgery.⁶⁴

According to Mark Barnes, a Senior Archaeologist with the South Regional Office of the National Parks Service and periodic instructor for Public and Historical Archaeology at Georgia State University (GSU), based on the standards described by Todd Savitt, the facilities at the old Medical College of Georgia building were comparable to and even exceeded in some areas those provided at typical antebellum medical schools around the country.⁶⁵ A typical medical school

63. *Ibid.*, 35.

64. *Ibid.*, 35.

65. Todd Savitt, Old Medical College National Historic Landmark Nomination. Copy on file with National Register Programs Division, National Parks Service, Atlanta, Georgia. 1994.

before the Civil War consisted of one main building with two lecture halls. The lower floor of the building was used for chemistry, and theory and practice of medicine. The upper floor of the building, which had a skylight, was used for anatomy, surgery, and physiology. Another building held facilities for dissection and a museum of anatomical specimens and *materia medica*.⁶⁶

The 1850s marked a general period of prosperity for Georgia, Augusta, and the Medical College. However, despite its prosperity, Sectionalism continued to be a facet of culture and science. For example, in the decade preceding the Civil War, the *Southern Medical and Surgical Journal* began to focus on more political topics and on “southern diseases”.⁶⁷ It was widely believed that the African American man was more susceptible to certain disease and had stronger immunities than whites to other diseases. These immunities and susceptibilities were taken as evidence of “difference” and therefore of inferiority. In Augusta, physicians worked from the basic premise that diseases and their effects were also altered by climatic and regional differences for whites as well as blacks. Due to this premise, the conclusion was that if a physician wanted to practice medicine in the South, he should complete his medical education in the region. One of the trends found in the *SMSJ* was that more attention was devoted to fevers and what were seen as diseases of the South than the rest of the country. The journal also published articles that described hypotheses on the origin of race.⁶⁸

Although the city of Augusta, with a population of roughly thirteen thousand people in 1860, managed to avoid most of chaos of war, the Medical College of Georgia was not immune

66. *Ibid.*, 28;35

67. Phinizy Spalding, *History of the Medical College of Georgia*. (Athens: University of Georgia Press, 2006). Accessed January 22, 2018. ProQuest Ebook Central. Created from knowledgedcenter on 2018-01-22 12:49:06. 63

68. *Ibid.*, 63-64

to the upheaval caused by the Civil War. Both students and faculty withdrew from the program to offer their services in the war effort. Efforts were made to carry on normal instruction for the 1861-62 term, but this was not achieved and the institution closed for the remainder of the war. The campus reopened for classes in the fall of 1865 with forty-seven students enrolled. The war had negatively affected the enrollment and financial status of MCG.⁶⁹ In a possible effort to reestablish its prominence in the antebellum south, two additions were attached to the old MCG building. The first was a City Dispensary for Medicine established in 1867. The building, which was a wing off the original building, was completed in 1869. The second addition was an amphitheater at the south (rear) of the building. The amphitheater was built in 1897 to provide a larger meeting space for anatomical demonstrations.⁷⁰

The original MCG building was vacated in 1912 and turned into a school for boys, the Richmond Academy. The grand mahogany stairwell and interior partitions were removed to create a large open space for shop machines and forges. The Richmond Academy left the medical college building in 1926 which was left unoccupied until 1930. In 1930 the Augusta Council of Garden Clubs took over the building and restored it as a city museum. By 1996, seven years after the skeletal remains were discovered in the original basement, “it was recognized by the Secretary of the Interior as National Historic Landmark for its significance as an outstanding architectural Greek Revival-style building and its associated medical history.”⁷¹

69. <http://www.augusta.edu/mcg/documents/mcghistory.pdf>

70. Mark R Barnes, “Architectural, Archaeological, and Historical Investigation of the old Medical College of Georgia Building” Mark R Barnes *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Blakely Robert L., and Judith M. Harrington, (Washington: Smithsonian Institution Press, 1997), 35-36.

71. *Ibid.*, 36.

II. *Anatomy, Dissection, and a Grave Robber for Hire*

The history of the physical building is outlined up into the twentieth century, due to its significance in Augusta. Beyond the history of the physical building is the history of the medical department itself, beginning in the nineteenth century.

Soon after its founding more students enrolled, obtaining cadavers for their anatomy dissections became a problem. The faculty found a person who could act as MCG's "resurrection man", a man by the name of Clegg. Clegg obtained anatomical specimens for the school for seventy-five cents per cadaver. Despite his low per cadaver recovery fee, Clegg tended to have "drunken excursions" that "were an occasional source of trouble" and an embarrassment to the school.⁷² In order to meet demand and avoid some public embarrassment, the school often had subjects brought in from out of town. In 1839, the Medical College ordered one hundred dollars' worth of cadavers from New York. The cadavers were shipped in brine by boat to Charleston, a port city in South Carolina, and then were loaded aboard the train, *The Best Friend of Charleston*; from Charleston the cadavers journeyed by rail to their destination.⁷³ By 1842 the College resorted to Baltimore for its supply of cadavers for dissection. By the late forties and early fifties, officials found it increasingly difficult to provide their students with the minimum sixteen bodies per term needed for a proper anatomy course.⁷⁴ By this time that several "resurrection men" were retained to obtain cadavers, and the price had risen to five dollars per cadaver. In 1852, the College's faculty made the decision to buy an enslaved man whose duties

72. Phinizy Spalding, *History of the Medical College of Georgia*, 35.

73. *Ibid.*, 36.

74. *Ibid.*, 36.

would include providing the dissection rooms with ample and appropriate material, at a lower cost.

In 1852 Dean George Newton and the institution's seven faculty members sent aides to a slave auction in South Carolina. Grandison Harris was bought on the auction block in Charleston for \$700. Harris was described as a powerful Gullah, whose talents for grave robbing would allow him several privileges unavailable to most other African Americans in the nineteenth century.⁷⁵ Harris was owned jointly by all seven members of the school's medical faculty. His official title was porter and janitor although his notable historical role was as the school's resurrection man. Grave robbing and human dissection were illegal in Georgia as late as 1887. The exception to this law was the use of executed criminals' bodies in medical education dissection. Despite the illegal nature of Harris's duties, his status as a slave protected him from arrest.⁷⁶ Harris was also taught to write and read (illegal for enslaved people at the time) so that he could monitor the local funeral announcements. Harris trained himself to memorize the flower arrangements, so he could recreate them after removing the cadaver from the grave.

The cemetery of choice for Harris's work was Cedar Grove Cemetery, which was reserved for Augusta's impoverished and black residents, where there was no fence, and where

75. Tanya Telfair Sharpe, "Grandison Harris: The Medical College of Georgia's Resurrection Man", *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Blakely Robert L., and Judith M. Harrington, (Washington: Smithsonian Institution Press, 1997), 222.

"Gullah refers to the language and culture of black slaves and their descendants from the sea islands of Georgia and South Carolina. The name is thought to be a derivation of the Gola culture of West Africa."

76. Bess Lovejoy, "Meet Grandison Harris: The Graverobber Enslaved and then employed by the Georgia Medical College", *Smithsonian Magazine* (2014): 2. www.smithsonianmag.com/history.

poor blacks were buried in plain pine coffins sometimes called “toothpicks.”⁷⁷ Harris entered Cedar Grove late at night and dug down to the upper end of a fresh grave, smash open the top half of the coffin lid with an ax, and then hauled the body out. He tossed the body into a sack on a waiting wagon and covered up his work before taking the body to the school. The cadaver was preserved in vats of whiskey until the dissection took place.⁷⁸ Grandison Harris’s position at the medical college was an unusual one, one that allowed him privilege and an odd position in the community of Augusta.

Harris’s position allowed him to make frequent trips by train to Charleston to visit his wife and son. In 1858, six years after he began his work at the MCG, the college purchased his family for \$1,250, partly to save the expense of so many round-trip fares at \$12 each.⁷⁹ James E. Carter III, a retired director of minority affairs at MCG recalled the stories handed down by his parents and grandparents of how Harris set himself apart from the community. “He was a flashy dresser—a Panama hat in the spring and summer and a derby in the winter. He wore a boutonniere in his lapel on Sunday. He gave elaborate parties and the whole of who’s who of black Augusta was invited.”⁸⁰ In addition to the responsibilities of his professional life, Harris held several personal accomplishments. He was a member in the Pythians Mason Lodge. The

77. *Ibid.*, 2.

78. *Ibid.*, 2.

79. Tanya Telfair Sharpe, “Grandison Harris: The Medical College of Georgia’s Resurrection Man”, *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, ed. Blakely Robert L., and Judith M. Harrington, (Washington: Smithsonian Institution Press, 1997), 214.

80. Charles Seabrook “Science Watch: The Body Snatchers of Augusta, Bought as a slave to rob black graves,” *The Atlanta Journal and The Atlanta Constitution* (1998): 2. http://nl.newsbank.com/nlsearch/we/Archives?p_action=doc&p_doc...

Colored Knights of Pythias was a secret society started in 1880 and membership in the Colored Knights of Pythias indicated Harris's leadership role among his contemporaries.⁸¹ The Civil War and the Reconstruction of the south changed Harris's position, albeit temporarily.

During the Civil War, the college was used as a Confederate corps hospital. It is believed that Harris was employed there throughout the war, but the role that he played during the years of the war is unclear. The only record that survives from this time is from accounts that list him as receiving money for medicine in July of 1863.⁸² In the postbellum south, Harris, now a free man, moved to Hamburg, South Carolina, where he became a judge. But after Reconstruction failed and Jim Crow took effect, Harris lost his position as a judge. Harris returned to the Medical College of Georgia as a full-time employee amid segregation and race riots in Hamburg.⁸³ He resumed his position as porter and unofficial grave robber. Many years after the end of the Civil War that word began to spread throughout the African American community about the grave robbing in Cedar Grove. In 1889, authorities faced civil disturbance when people from the community discovered their dead had been taken for dissection. James Carter explained, "When the old folks learned about that, Augusta almost its own riot. They were so upset because they didn't know whose family members had been taken."⁸⁴ There is no record of what happened after the discovery or what was done to calm the community.

81. Tanya Telfair Sharpe, "Grandison Harris", 216.

82. *Ibid.*, 214

83. Bess Lovejoy, "Meet Grandison Harris" 2.

84. Staff Reports. "Slave had vital role for MCG", *The Augusta Chronicle* (1995): 2. http://chronicle.augusta.com/stories/1999/03/21/met_256815.shtml#.WF3czX20L4B

Although several sources indicate that Harris was well-liked by the students and faculty there is some conflicting information on how he was received once he returned from Hamburg. According to a few sources, at some point the students gave Harris the nickname 'judge'. The students may have seen his former position during Reconstruction as disloyal to the south and thus derisively called him 'judge'.⁸⁵ The nickname given to Harris may have been derisive but it is disputed that he was ever bothered by it.⁸⁶ Nicknamed or not in postbellum Georgia, Harris still appeared to be well liked by MCG's faculty and students. He was included in group photographs of several graduating classes.⁸⁷ He was also a regular at the dissections both to clean and assist students with their lessons. Reportedly the students were even comfortable enough with Harris to play a prank on him. The school's former dean Dr. Eugene Murphy told the story of how, after one nighttime run, Harris went from a graveyard to a saloon. Two students then pulled a corpse from a sack from the wagon used to transport the bodies. One of the students then climbed in the sack himself. When Harris returned, the student in the sack moaned, "Grandison, Grandison, I'm cold! Buy me a drink!" Grandison replied; "You can buy your own damn drink. I'm getting out of here!"⁸⁸ While he may have been a valuable asset to the medical college, he was an outsider to the African American community in Augusta.

Within the African American community, Harris was both loved and hated. Some members of the community mistakenly thought Harris was Augusta's first black doctor. Tanya

85. Bess Lovejoy, "Meet Grandison Harris", 2.

86. Nick Garrett, "The Story of the Resurrection Man", *Jagwire*, 3-4.
<http://jagwire.augusta.edu/archives/27121>

87. Charles Seabrook "Science Watch: The Body Snatchers of Augusta", 2.

88. Bess Lovejoy, "Meet Grandison Harris", 2.

Telfair Sharpe, a GSU researcher who studied Harris's life, states that the community undoubtedly knew that Harris engaged in grave robbing. In her interview with a former Augusta civil rights leader Philip Waring, Waring recalled his accounts of Harris; "He would really sneak down and rob those graves. They say the black people here were really cautious to go around the cemetery and see if (any) of their relatives were dug up. He was powerful, physically powerful. He made money. And he was feared by a lot people."⁸⁹ These modern accounts, passed down from nineteenth and early twentieth century stories demonstrate that Harris was more than just a complicated figure in the city of Augusta.

Grandison Harris had become too old to continue his duties and retired in January of 1905, with a pension of \$10 a month. A year prior, his son took over his duties as janitor at the college. His son, although somewhat inept, retained his role as janitor, largely for sentimental reasons.⁹⁰ Although earlier accounts of the last few years of Harris's life argue that the son was kept on staff because of the nepotism that was commonplace for the Medical College of Georgia.⁹¹ The younger Harris was not up to his father's standards of keeping the laboratories clean and procuring specimens for dissection. An observation of the conditions in the dissection rooms described the appalling conditions:

The two lecture rooms, "by reason of spitting on the floor," were in disarray, and the dissecting room was similarly dirty—"from lack of proper cleaning up dissecting clippings." Poor ventilation and "much evidence of tobacco juice" marred the amphitheater. The cellars were particularly wretched and required "immediate abatement." In the southwest corner was found "an accumulation of filth and trash of long standing, also a lot of old cloths and rags taken from cadavers. "The northeast, in

89. Charles Seabrook "Science Watch: The Body Snatchers of Augusta", 2-3

90. Charles Seabrook "Science Watch: The Body Snatchers of Augusta", 3

91. Phinizy Spalding, *History of the Medical College of Georgia*,

addition to "other trash" held "an old vat used years ago in which have been thrown bones from the dissecting room. "There were no vents. The entire area "should be cleaned at once and a liberal distribution of lime be given to the ground. In fact, the entire building except for the Professors room displays great neglect on the part of the janitor."⁹²

By 1905, the problems with the Medical College of Georgia the facilities were woefully inadequate for many of the new sciences of the Twentieth Century. An inspection by the City of Augusta's sanitary inspector reported the condition of the facility as filthy, covered with tobacco juice left by the students, dissection clipping and old cloths from the cadavers. A report created by Abraham Flexner in 1909, an agent of the American Medical Association and the Carnegie Foundation for the Advancement of Teaching, confirmed the disrepair that was found at the Medical College of Georgia building. The 1910 book, *Medical Education in the United States and Canada*, more popularly known as the Flexner Report, Flexner wrote this about the college building: "The school occupies a building which contains an exceedingly foul dissecting room, a meager equipment for elementary chemistry, a fair equipment for histology and pathology, and practically nothing for bacteriology".⁹³

In 1908, Harris made his last appearance at the school. He died at the age of 95 in 1911 of heart failure. Harris's body was buried in the Cedar Grove Cemetery. The flood of 1929 destroyed all records of the burial locations in Cedar Grove. It is not known where Grandison Harris's remains lie today.⁹⁴

III. *The Laws*

92. Phinizy Spalding, *History of the Medical College of Georgia*. (Athens: University of Georgia Press, 2006). Accessed January 22, 2018. ProQuest Ebook Central. Created from knowledgecenter on 2018-01-22 12:49:06.

93. *Ibid.*, 39-40.

94. Nick Garrett, "The Story of the Resurrection Man", 6.

Grandison Harris's career as the university's grave robber for hire appeared to have little legal consequence during its fifty-year span. As illustrated in Chapter 1, laws regarding grave robbing and body trafficking were far more difficult to construct. This meant that states were responsible for the creation of their own laws for grave robbing and medical dissection.

In Georgia, the original laws that sought to end grave robbing and ensure that the schools that trained physicians had an adequate number of bodies, were passed in 1895. These laws included a section on the traffic of human bodies that stated that whomever distributed a body without the oversight of a board of anatomy would be punished by imprisonment and labor in the penitentiary for anywhere from one to ten years. The same law applied to any person(s) that removed a body from the grave with the purpose or intent to sell or dissect.⁹⁵ The law outlined how many bodies were distributed, as well as the conditions in which the body had to be treated upon arrival at the institution:

The board shall- distribute them to and among the aforesaid schools or colleges, for lectures and demonstrations by said schools or colleges, the number assigned to each to be based upon the number of *bona fide* students in each dissecting or operative surgery class, which number of students shall be reported by said schools or colleges to the board at such times as it may direct: *Provided*, that said schools and colleges, upon receiving them and before any use is made of them, and without unnecessary mutilation or dissecting, shall cause them to be properly embalmed and carefully preserved and kept for a period of sixty days from the day of their reception, and shall deliver them properly prepared for burial to any person mentioned and described in Section II.⁹⁶

If, at the expiration of said sixty days, said body or bodies have not been claimed for burial, in the manner and by the person or persons herein described, said bodies shall then

95. *The Code of the State of Georgia* Prepared by John L. Hopkins, Clifford Anderson, and Joseph R. Lamar Vol. III, The Foote & Davies Company, Atlanta, Georgia: 1895. Tenth Division, Article 12, 414;415.

96. Part I-Title X- Miscellaneous. "Protection of Cemeteries to Provide Bodies for Scientific Purpose etc., No. 127", Section III, 89.

been used for the purposes specified in this Act by said schools or colleges; *and provided further*, that when said bodies have been so used and are no longer needed or serviceable for the objects herein mentioned, they shall be decently interred by the said schools or colleges.⁹⁷

As outlined by the law, bodies, particularly those of the poor or indigent, that were unclaimed after 60 days and utilized by an institution, needed to be interred by the institution once they were no longer needed or serviceable. There was a fair amount of evidence that the remains recovered in the basement of MCG were illegally obtained through grave robbing and body trafficking, and since at the time there was no legal order to bury the remains after dissection, these remains were thrown on the floor of the basement with the rest of the garbage.

IV. *The Discovery*

Two historic additions were constructed onto the old Medical College of Georgia building. Established in 1867 and completed in 1869, the first addition was a City Dispensary for medicine. The City Dispensary was built as a wing off the west side of the building. The second addition was the amphitheater constructed at the south of the building in 1897. The amphitheater, now called the solarium, was built to provide a larger meeting space. The solarium, with its large open plan and natural light, served as the one of the main auditorium spaces for anatomical demonstrations in the early twentieth century. The other component of the amphitheater's function was to connect the college building to the City Hospital. At one point there was a door in the south wall that exited the amphitheater and led to the old City Hospital. The old City

97. Part I-Title X- Miscellaneous. "Protection of Cemeteries to Provide Bodies for Scientific Purpose etc., No. 127", Section III, 89.

Hospital was torn down in 1933 and the exit has since been filled in with brick and a dolphin fountain.⁹⁸

The problems with the outdated facility as well as the underprepared faculty led to the Medical College of Georgia building being reverted to the Richmond Academy for Boys in 1913. The medical school moved its base and operations to the Augusta Orphan Asylum building (now in the location of Augusta University Health Sciences Campus). The Richmond Academy held classes in the Medical College of Georgia building from 1914-1926.⁹⁹ In the time that the Richmond Academy held classes, the interior partitions on the first floor were removed, along with the mahogany stairwell, for shop machines and forges. The Medical College of Georgia building did not have another occupant until 1930 when the Augusta Council of Garden Clubs used the building as its headquarters.¹⁰⁰ While it was used by the Augusta Council of Garden Clubs it was also used by civic and social organizations as well as housed a USO canteen during World War II. From 1948 to the late 1980s the Sand Hill Garden Club preserved the old Medical College building until it was taken over by the Augusta Council of Garden Clubs—in 1988 the Medical College of Georgia Foundation began renovations of the building to use it as a conference and events center.¹⁰¹ The building is now used for banquets, large meetings, receptions and weddings.

98. Mark R. Barnes, “Architectural, Archaeological, and Historical Investigation of the Old Medical College of Georgia Building”, *Bones in the Basement* 35-36.

99. “Old Medical College of Georgia”,
<https://www.nps.gov/nr/travel/augusta/oldmedicalcollega.html>

100. Barnes, “The Old Medical College of Georgia Building”, 36.

101. “Old Medical College of Georgia”,
<https://www.nps.gov/nr/travel/augusta/oldmedicalcollega.html>

The building that had housed generations of medical students and dissection specimens was renovated for special occasions and events, because historical, grand architecture made it desirable. The renovations in the late 1980s uncovered more of the building's sordid history than these various organization may have been aware of. On July 27, 1989 a construction crew from the renovation company R.W. Allen Co., began the renovations on the original basement of the Old Medical College building. In the excavation the crew uncovered a large cache of human skeletal remains. According to Augusta Police Sgt. J.W. Wylds, the workers first thought they had uncovered cattle bones.¹⁰² At first glance, it would not only be shocking to find so many bones in one area that was not a designated cemetery or ossuary but also easy to misidentify certain human skeletal remains for animal skeletal remains. It was not until a pelvis and two human leg bones were discovered that Sgt. Wylds observed, "Wait a minute- a cow can't walk like that".¹⁰³ As digging continued, a human skull was uncovered by one of the workers who promptly declared, "No more! I don't know who I'm digging up, but I'm not digging any more".

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The number of bones in the original basement prompted authorities to call the city coroner and a forensic pathologist to determine whether the bones were evidence of a mass murder or serial killer. According to Leroy Sims, the Richmond County Coroner at the time of the discovery, there was an unknown number of remains but by his observations there must be a

102. Bill Montgomery and Bill George, "Remains of Cadavers Unearthed. Scores of Bones Found at College in Augusta", *The Atlanta Journal and The Atlanta Constitution* (1989): 1; 2, http://nl.newsbank.com/nlsearch/we/Archives?p_action=doc&p_doc...

103. *Ibid.*, 2.

104. *Ibid.*, 2.

lot.¹⁰⁵ There were several pieces of skeletal remains, dated from the 1840s through 1912 found in a lightly excavated 15-by-20-foot area of the basement. The forensic pathologist with the State Crime Lab, Dr. K.R. Burns, examined some of the remains at the scene on July 28, one day after the initial discovery. Dr. Burns determined that the discovery “had no criminal significance”.¹⁰⁶ Along with the assessments of Leroy Sims and Dr. Burns, Dr. Russell Moores, a hematologist and historian from the medical college, made observations of the bones. Dr. Moores examined a skull that demonstrated clear evidence of tool marks used in dissections. Early speculations based on the discovery suggested that many of the bones dated from the era before dissection was legalized in the state of Georgia in 1887.

Dr. Burns stated that an agreement with the Medical College of Georgia would be made for the proper examination of the bones. A team of ten Georgia State University students, volunteers from the medical college and the Augusta Archaeological Society assisted Georgia State University anthropologist, Dr. Robert L. Blakely to excavate the 216-square-foot area of the basement.¹⁰⁷ The team was given a week to excavate the basement area before renovations resumed. The team worked day and night to recover as many of the skeletal remains as possible. By the end of the one-week time frame, the team uncovered forty boxes of skeletal remains from the earthen floor of the basement. The boxes were sent to Georgia State University for further examination.¹⁰⁸

105. *Ibid.*, 1.

106. *Ibid.*, 1.

107. *Ibid.*, 2.

108. *Ibid.*, 1;2.

Along with the recovery efforts of the construction crews, the excavation of the basement resulted in the removal of more than 9,000 human bones and bone fragments, almost 2,000 artifacts, and about 300 animal bones.¹⁰⁹ The excavation uncovered numerous human skeletonized remains—arms, legs, torsos, skulls—and thousands of individual bone fragments. The bones were well preserved because the structure of the building shielded the remains from the outside elements. The majority of the bones were thrown on the floor, covered with a layer of dirt and then a layer of quicklime to cover the stench of decay. Many of the skeletal remains exhibit pathological conditions and show signs of postmortem amputation and dissection. Some even had specimen numbers written on them with India ink, an indication of use of the material for future learning purposes after dissection. The majority of the remains were disarticulated or were pieces from various complete skeletons—with the exception of one complete skeleton found at the edge of the basement interred in a metal container. A dissected lower leg was also found in the metal container.¹¹⁰ A latrine containing some dissected material was also uncovered in the corner of the building. In addition to the latrine and the metal container, remnants of a large wooden vat with dozens of articulated and disarticulated bones was recovered. The way the skeletal remains were found during the recovery process indicates that the nineteenth century medical faculty and students viewed the cadavers brought to them as material for study.

To begin the salvage archaeology, a grid of two-meter squares was laid out in the area of the basement. After the basement was carefully mapped, an area for screening—a process used

109. Robert L. Blakely, “A Clandestine Past: Discovery at the Medical College of Georgia and Theoretical Foundations”, *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, Robert L. Blakely and Judith M. Harrington, eds. (Smithsonian Institution Press: Washington, 1997), 3.

110. *Ibid.*, 6.

to recover smaller material from the soil using sifting screens—was set up outside the building. “Approximately sixty square meters of nine hundred square meters were excavated”.¹¹¹ When artifacts or bones were uncovered, they were photographed in the position they were found and then removed. The test pits created in the excavation area revealed the presence of human remains in all parts of the basement with the exception of the front room where a stairway once led from the basement to the first floor.¹¹² The reason for the front room being devoid of human remains is likely due to issues with clean up and the desire to keep the stench of multiple cadavers exclusive to the basement area. Although there was a lack of accurate stratigraphic controls during the excavation, the team was able to collect a large number of bones and artifacts.¹¹³ When the allotted time allowed for the emergency excavation ended the construction crew in charge of the renovations agreed to use sifting screens for the dirt removed as the work progressed.¹¹⁴ The workers usually recorded the location of the remains in the basement by rooms.

111. *Ibid.*, 10.

112. *Ibid.*, 10.

113. The lack of stratigraphic controls mentioned by Blakely refer to how most of the artifacts and remains were found in the soil of the basement. Rather than being somewhat recognizable layers of debris varying between time periods of disposal, the material found in the basement was more of a jumble of objects and remains.

<https://www.encyclopedia.com/science/encyclopedias-almanacs-transcripts-and-maps/stratigraphy-archaeology>

“Stratigraphy is the study of layered materials (strata) that were deposited over time. The basic law of stratigraphy, the law of superposition, states that lower layers are older than upper layers, unless the sequence has been overturned. By digging from the top downward, the archaeologist can trace the buildings and objects on a site back through time.”

114. Robert Blakely, “A Clandestine Past”, 10.

The basement was composed of three rooms separated by north-south walls and columns. The east room (room 1) where the vat and the latrine were located, contained the most skeletal remains, followed by the middle room (room 2), and then the west room (room 3). The west room contained more cranial bones and fewer bones of the torso than either of the two rooms. According to Judith Harrington and Robert Blakely, at the time of the initial recovery, the minimum number of individuals represented by the bones was sixty-two. Both believed that this count substantially underestimated the number of individuals—a more accurate number was likely between two hundred and four hundred individuals.¹¹⁵

The project at the Medical College of Georgia basement began as an exercise in salvage archaeology but it needed to be expanded into a multidisciplinary approach with different hypotheses to test. This multidisciplinary approach forced the team to consider the applicability of processual archaeology and its theoretical applications.¹¹⁶ One idea that the recovery team found useful in the interpretation of the deposits of bones and artifacts in the basement is discard theory. The discard theory, which I will explain in greater detail in the following section, assumes that both the artifacts and the skeletal remains were considered trash by those who disposed of them in the basement.

The initial observations were used to generate hypotheses. These hypotheses were tested by means of data analyses. The results of the analyses prompted additional hypotheses which

115. *Ibid.*, 11.

116. Robert Blakely, "A Clandestine Past", 14-15.

William H. Krieger, "Processual Archaeology", *Oxford Bibliographies*. DOI: 10.1093/obo/9780199766567-0056.

Processual archaeology (new archaeology or scientific archaeology) is archaeology as a science utilizing theories, gathering data to set chronological timelines, and scientific explanations. One other feature of processual archaeology is the replacement of the solo archaeologist in favor of a team of experts.

were confirmed or refuted with additional data analysis.¹¹⁷ The idea of post processual archaeology was used in the research of the history and ethnography surrounding the remains. The ethnographic component lead to seek answers to questions that would not have been considered otherwise. For example, the post processual aspect of research lead to the information that grave robbing was one of several approaches to obtaining corpses for dissection for the Medical College of Georgia; and that “there was resistance to grave robbing in the African American communities of Augusta”.¹¹⁸

Discard Theory

The recovery team found useful in the interpretation of the deposits of bones and artifacts in the basement is discard theory. The discard theory assumes that both the artifacts and the skeletal remains were considered trash by those who disposed of them in the basement. Trash, at least in this context, normally consists of items that are abandoned, disposed of, or lost. In the discard theory an artifact is either a primary or secondary discarded item. A primary artifact is discarded at the location of its use whereas as secondary artifact is discarded elsewhere. In the Medical College of Georgia scenario, dissected cadaver parts were tossed into receptacles in the dissecting room or discarded on the dirt floor. Evidence suggested that cadaver parts in receptacles were later combined with trash from other rooms in the building. One important feature of the material found in the basement was the absence of funerary items such as coffins,

117. “A Clandestine Past: Discovery at the Medical College of Georgia and Theoretical Foundations”, Robert Blakely., 15.

118. *Ibid.*, 17-19.

headstones, grave offerings, or burial plots. The lack of the remnants of these items or any fully articulated skeletons, indicate that the basement had not been a cemetery. In addition to these findings, the historic records at the Medical College of Georgia, as we have seen, have compelling circumstantial evidence that the remains are dissected cadaver parts that were simply tossed aside like garbage.¹¹⁹

Another indication of the discard theory is the amount of material artifacts uncovered at the MCG basement. Hundreds of material artifacts were recovered such as ceramic jugs, medicinal and domestic glass bottles, belt buckles, leather shoes, glass buttons, thermometers, syringes, scalpels, and coffin linings. Faunal remains such as a partial deer skeleton and cock spurs from fighting cocks were also found.¹²⁰ The soil had traces of peanut shells and tobacco spit. The body parts disposed of in the basement no longer had a mortuary context. As we have seen, the poor, indigent, and people of color were often the target of grave robbers and the illegal body trade. Their bodies held little regard in society after burial though they were briefly considered a useful commodity that could be discarded once their usefulness was over.

Faunal Skeletal Remains

The basement of the Medical College of Georgia building was a dumping ground for human skeletal remains as well as a large amount of material artifacts. The faunal sample of

119. *Ibid.*, 16.

120. Judith M. Harrington and Robert L. Blakely, "Bones in the Basement: Bioarchaeology of Historic Remains in Nonmortuary Contexts", *Bodies of Evidence: Reconstructing History through Skeletal Analysis*, Anne L. Grauer, ed. (John Wiley and Sons Inc.: New York), 108.

primarily vertebrates was far smaller (297 elements) than the human skeletal sample deposited in the basement. All of the final specimens in the MCG sample exhibit similar levels of bone preservation but differ in their incompleteness and presence or absence of certain postmortem damage.¹²¹ Diet is one of two contexts used to interpret the animal remains at MCG. The other is that during the nineteenth century, it was deemed important for medical practitioners to have a basic knowledge of comparative anatomy. It was considered crucial for medical scientists to observe the function and structure of the organic world to better understand the underlying processes and functions in their future studies. Comparative anatomy had become an important part of the study of medicine in the nineteenth century-which was apparent when the Medical College of Georgia established a course in comparative anatomy in 1854.¹²² Of the animal bones analyzed almost $\frac{1}{4}$ (22.2%) of the elements were identified as cow ribs. Long bones and hind limbs made up 33.3% of the cow skeletal elements. Six bones identified as pig half are humeri, followed by a single hind limb, and fibula. 25.0% and 40.0% of the faunal bones analyzed were identified as domestic cat and domestic dog respectively. The postmortem damage observed on the faunal bones consisted of animal gnawing, breakage, excavation damage, groundwear, and other human modifications. 23.3% of the damage observed was human produced whereas a lesser percentage, 14.5%, does not exhibit some type of damage interpreted as postmortem.¹²³ The spatial distribution of the faunal remains was similar to the distribution of human skeletal

121. Kenneth J. Terrell and Shannon C. McFarlin, "Subsistence and Science: Faunal Analysis of the Medical College of Georgia Site", *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, Robert L. Blakely and Judith M. Harrington, eds. (Smithsonian Institution Press: Washington, 1997), 81.

122. *Ibid.*, 84-85.

123. *Ibid.*, 91-92.

remains. The largest portion of faunal remains, 54.2%, were discovered in the middle room of the basement, with the second largest amount, 32.3%, uncovered in the location of the east room. The human skeletal remains recovered were the reverse of that of the faunal remains, with the largest portion (44.1%) in the east room and the second largest (35.2%) in the middle room. In any case, all remains show layers of quicklime around the soil samples with no evidence of burning.¹²⁴ The use of quicklime, as with the human remains, was used to cover up the smell of decay. The location the majority of the remains, both faunal and human, were located away from what was originally a stairway and a door leading to the upper floor. The location of the bones demonstrate that the basement had multiple uses, but the disposal of material seems to be one of the main functions.

Analysis of Bone Cut Marks

The bones and bone fragments uncovered in the Medical College of Georgia basement were hypothesized to be those of cadavers used for dissection in the primary anatomy and/or practice surgery technique courses during the nineteenth century. This hypothesis was based on two sets of circumstantial evidence; the remains were located in the basement of the original MCG building where primary medical education occurred, and many of the bones exhibit cut marks consistent with postmortem modification. The one of the primary objectives of the original team that excavated the basement was to test this hypothesis and provide evidence that practice surgery techniques and postmortem dissection were performed on the skeletal remains.¹²⁵

124. *Ibid.*, 97; 101-102.

125. Shannon C. McFarlin and Lawrence E. Wineski, “The Cutting Edge: Experimental Anatomy and the Reconstruction of Nineteenth-Century Dissection Techniques”, *Bones*

The team that was responsible for the analysis of the cut marks on the bones took a three-fold approach to study of the bones. First, the team mapped the types and locations of cut marks on the MCG bones, second, the marks were catalogued alongside known dissection marks made on cadavers by both modern medical students and the research team at the Morehouse School of Medicine in Atlanta. Third, the cuts were analyzed for patterns produced by cutting instruments on the cut surfaces of both the MCG bones and modern bones. The distinction between postmortem modifications made by archaeological excavation such as shovel and trowel marks and those clean-cut marks made by dissection was determined. In addition to the types of cuts made to the surface of the bone, evidence of discoloration from the soil was also observed. The marks made on bones were made before deposition in the soil, the cut edges were the color of the soil in which they were found rather than exhibiting the light color observed by excavation damage. The dissection marks can also be distinguished from groundwear, which causes irregular margins and deterioration of the bone itself. Cuts made with surgical instruments or with dissection produce striations on the cut surface that can generally be seen with the naked eye. Although there are a few ambiguous features in postmortem modifications when analyzing skeletal remains for dissection and surgical marks there were so few of these ambiguities that they did not affect the outcome of the analysis.¹²⁶

The main objective of the analysis of the cut surfaces of the bones recovered from the basement of MCG was to collect information that would allow for the identification of

in the Basement: Postmortem Racism in Nineteenth-Century Medical Training, Robert L. Blakely and Judith M. Harrington, eds. (Smithsonian Institution Press: Washington, 1997), 107.

126. *Ibid.*, 107-108.

distinctive characteristics of the instruments used to produce those cuts. To accurately compare and identify the various cut marks, the team conducting the analyses of the bone cuts needed to be familiar with the patterns and characteristics of certain types of instruments, both modern and antique.¹²⁷ The instruments of the modern day have changed very little in comparison with the surgical tool used in the nineteenth century. The modern cadaver from the Morehouse school served as the dissection subject for the bone cut mark analyses. The modern cadaver had been embalmed, the bones were very greasy and wet from the soft tissue and bone marrow throughout the experimental work. This made it difficult to create a clear picture of the striations. Therefore, the freshly cut bones would have to be “degreased” to allow for proper striation analyses. Three different types of chemicals were used to determine the best method for degreasing the bone without altering the cut surface. Bovine long bones were sawed at the midshaft and placed in chemically rated containers with Parson’s Sudsy Ammonia (ammonium hydroxide), 3% hydrogen peroxide, and 70% ethyl alcohol.¹²⁸ The ethyl alcohol soak proved to be the most effective after boiling the bones to remove the soft tissues and cleaning out the marrow cavity. The final analysis of the 9,808 bones and bone fragments recovered from the basement showed that 389 (4.0%) exhibited postmortem cuts. In this sample, 110 (28.3%) were cranial bones, and 279 (71.7%) were postcranial bones. Among the postcranial bones, 82.1% were completely severed at least once with 27.2% exhibiting cut marks. The 9.3% overlap is because some of the bones display both cut and severe marks.¹²⁹ None of the skeletal cut marks exhibited pathologies

127. *Ibid.*, 117.

128. *Ibid.*, 118.

129. McFarlin and Wineski, “The Cutting Edge...”, 121.

that would suggest a surgical intervention on a living individual. This was supported by the comparison between the MCG bones and the modern cadaver dissected at the Morehouse School of Medicine. The evidence provided by these studies demonstrates not only the similarities in antique and modern dissection, but also that the remains uncovered in the basement were dissection specimens and discarded when the student or faculty had no more use for them.

Age, Sex, and "Race" Determination

The initial method for demographic data was based on all intact or nearly intact crania, pelvis, tibiae, and femora. The main issue with determining these demographics was the samples consisted of dissected body parts rather than fully articulated skeletons. However, because the bones were well preserved and the fact that parts of skeletons were deposited near one another there was moderate success in reassembling partial individuals.¹³⁰ In addition to the placement of the bones and their preservation, a software package entitled Skeletal Material Analysis Program (SkelMAP), developed by Burleson and Trevantham (1991), contains a function for mapping commingled skeletal remains. An inventory instrument was also developed where each human bone and tooth recovered at the site was given a number and observation recording.¹³¹ The observations included articulations with other bones, bone name, percentage of the whole bone, postmortem wear, robusticity, size, gender (when possible), "race" (determined, when possible, by discriminate function formulae), and side when applicable.¹³²

130. Blakely and Harrington, "Grave Consequences...", 172.

131. *Ibid.*, 172; 181.

132. Judith M. Harrington and Robert L. Blakely, "Bones in the Basement: Bioarchaeology of Historic Remains in Nonmortuary Context", *Bodies of Evidence: Reconstructing History through Skeletal Analysis*, Anne L. Grauer, (John Wiley and Sons, Inc.: New York), 109.

Ultimately, the team decided to rely on solely on the data gathered from the tibiae. There were two reasons for this decision, one, even though the sample size was fairly small ($n=24$), the sample was over 200% larger than that of any other skeletal element in the collection as a whole and the accuracy of determination of race from the tibia for males is higher than it is for most other bones (Krogman and Işcan 1986:290). Two, evaluating the sample by other anatomical features resulted in discrepancies in racial affiliation, sex ratios, and sample sizes.¹³³ Age at death was determined for whole and fragmentary tibiae. The initial total of 62 individuals were measured by the complete fusion of the distal epiphysis-this measurement was used to divide the sample roughly into two categories, adult and subadult.¹³⁴ The tibiae were paired with a single individual based on length, shape, color, preservation, and rugosity. Gender was only assigned to whole tibiae from the adult samples as the subadults samples were incomplete. The gender of the adult samples was designated using the discriminant function formulas developed Işcan and Miller-Shaivitz.¹³⁵ The final sample size of 22 tibiae included what was identified as 13 black males, four black females, four white males, and one white female. A comparison of the racial breakdown of the skeletal sample paired with the census counts of Augusta from 1840 to 1880

133. Robert L. Blakely and Judith M. Harrington, "Grave Consequences: The Opportunistic Procurement of Cadavers at the Medical College of Georgia", *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, Robert L. Blakely and Judith M. Harrington, eds. (Smithsonian Institution Press: Washington, 1997), 172.

134. Fusion of the distal epiphysis is a measurement of the fusion of the growth plate at distal end of the long bone (epiphyses). Distal refers to the farthest point from the axial skeleton (bones of the trunk including vertebrae, sacrum, ribs, and sternum). Tim D. White and Pieter A. Folkens, *The Human Bone Manual*, (Elsevier Academic Press: London, 2005), 40; 68.

135. *Ibid.*, 173.

indicated that, while African Americans made up between 37% and 49% of Augusta's overall population, they comprised 77% of the skeletal sample.¹³⁶ This could be explained by the fact that not only were bodies stolen from local cemeteries but bodies were also smuggled in from neighboring and northern states for dissection.

The determination of race in skeletal biology is problematic, as is the definition and application of the concept of race throughout American history. In the 1800s, to white southerners, African Americans were identified genealogically and socially based on a certain phenotype criteria, usually skin color. However, African Americans have historically exhibited different degrees of European American and Native American traits, therefore it is not inconceivable that some of the bones classified as white by discriminate function formulae were actually considered black in the nineteenth century south.¹³⁷ The general concept of race is difficult to apply to both living and dead populations. There are clusters of phenotypic traits that broadly distinguish human populations¹³⁸ but it is difficult to narrow down exact origin, particularly in the case of MCG, in which fragments of bones and partial bones made up the bulk of the sample.

One of the purposes of this chapter was to introduce some of the physical history of MCG. As mentioned, one of the reasons that the remains discovered were so well preserved was because they were protected from the elements by a feature of the building. Another key point

136. Judith M. Harrington and Robert L. Blakely, "Bones in the Basement....", 111.

137. *Ibid.*, 114.

138. Judith M. Harrington, "Death and Disease: The Paleopathology of the Medical College of Georgia Cadaver Sample", *Bones in the Basement: Postmortem Racism in Nineteenth-Century Medical Training*, Robert L. Blakely and Judith M. Harrington, eds. (Smithsonian Institution Press: Washington, 1997), 276.

was the discussion of Grandison Harris. Grandison Harris was a central character in the nineteenth century history of MCG; unlike some of the medical colleges that operated at this same time, we have a detailed record of the man chosen to obtain bodies for medical dissections. The same example will be found at the Medical College of Virginia and their grave robber for hire, Chris Baker. Most importantly, this chapter describes the manner in which these stolen remains were treated in the nineteenth century and will hopefully establish what would be the most appropriate and respectful manner for returning these remains to a final resting place.

Chapter 3: *Medical College of Virginia: Nineteenth Century History and the Twentieth Century Discovery*

I. *Early History of the Medical College of Virginia*

The Medical College of Virginia, now referred to as the Virginia Commonwealth University (VCU) School of Medicine, originated from the Medical Department of Hampden-Sydney College (MDHSC)¹³⁹. Four Richmond physicians under the leadership of Dr. Augustus L. Warner petitioned the Hampden-Sydney trustees in October of 1837 for a new medical department. The medical department at the Virginia Commonwealth University successfully opened in November of 1838 in the commonwealth's capital, about seventy miles east of its liberal arts college located in rural Prince Edward County.¹⁴⁰

Dr. Augustus L. Warner was an advocate of anatomical instruction and dissection for medical students. So much so that he spent his first five years after graduation giving private lessons in anatomy, physiology, and surgery. The University of Virginia offered Warner a position as chair of anatomy, physiology, and surgery in 1834. Warner remained at the University of Virginia in Charlottesville for three sessions-the lack of subjects for dissection and of clinical case demonstration led to his resignation. After his resignation in 1837, Warner

139. <https://www.vcu.edu/about-vcu/mission-and-history>

The original medical department was under the Medical College of Hampden-Sydney (MDHSC), a men's college based in Virginia. After a split from the Board of Trustees in 1853, MDHSC became the Medical College of Virginia (MCV). It was the Medical College of Virginia until it merged with the Richmond Professional Institute in 1968 and became Virginia Commonwealth University (VCU).

140. Jody L. Koste, "Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Anatomical and Surgical Training in Nineteenth-Century Richmond", *VCU University Archives at VCU Scholars Compass* (2012): 5. <https://scholarcompass.vcu.edu/arch001/2>.

relocated to Richmond. Within eighteen months of his arrival in Richmond, Warner and his associates opened their medical school. The six faculty members set up the medical school in a rented, four-story building located on the southwest corner of 19th and Main Streets. The old Union Hotel structure was converted to include lecture halls, dissecting rooms, and an infirmary.¹⁴¹ The early classes in the medical school consisted of lectures paired with illustrations created through models, images, and drawings. However, Warner and his colleagues stressed the importance of practical anatomy as the basis of modern medical education. They noted: “The students who has not laid the foundations of his studies in that knowledge which the dissecting room alone can give, can make no satisfactory attainments in Physiology or Pathology, and, of course, cannot become duly qualified to practice either medicine or surgery”.¹⁴² During the nineteenth century, anatomy courses comprised the most significant part of a student’s medical education. Dissection was one of the few laboratory courses in medical school, access to material for this instruction was an opportunity that many medical schools promoted to prospective students. The MDHSC faculty believed that the Richmond medical institution was well suited for anatomy courses: “There is certainly no city south of Virginia, where the study of Practical Anatomy can be so advantageously prosecuted,-the warmth of the climate in the more southern cities interfering seriously with the duties of the dissecting room: While at Richmond, not only is the supply of subjects ample, but the temperature is such as to allow dissection to be continued without interruption from October until March.”¹⁴³

141. *Ibid.*, 5.

142. *Ibid.*, 6.

143. *Ibid.*, 6-7.

By the late 1830s, Richmond emerged as a growing industrial and manufacturing city. Richmond featured flour mills, tobacco factories, iron works, and significant slave trade. All of these physically demanding trades often led to early deaths through exhaustion or accident. With a population of 20,000 individuals included 7,500 enslaved and 1,900 free African Americans, the demand for fresh clinical material for the medical school was consistently met. The MDHSC faculty did not openly endorse grave robbing to meet clinical demand but did boast: “from the peculiarity of our institutions, materials for dissection can be obtained in abundance, and we believe are not surpassed if equaled by any city in our country.”¹⁴⁴ This statement emphasizing the availability of cadavers shows how important this was in the curriculum and enrollment.

According to historians, the South had a unique advantage in its ability to provide adequate bodies for dissection. Todd Savitt noted: “Blacks were considered more available and more accessible in this white-dominated society: they were rendered physically visible by their skin color but were legally invisible because of their slave status.”¹⁴⁵ Dissection was illegal in Virginia during the ante-bellum period, but as was the case for many states that held medical facilities, public officials generally ignored grave robbing activities, particularly when enslaved people, free blacks, or the potters fields were the target. However, in 1848 the Virginia General Assembly strengthened the law for “violation of sepulcher” by adding a jail sentence of one year and a fine of no more than \$500.¹⁴⁶ Despite the nature of the illegal body trade, the MDHSC continued to expand its facilities for both anatomical dissection and surgical operations. The

144. *Ibid.*, 7.

145. *Ibid.*, 7.

146. Jody Koste, “Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus”, 7.

MDHSC moved from its rented space to a newly built building in the fall of 1844. With a gift of \$2,000 from the City of Richmond the faculty purchased lots 9 and 10 and part of 8 in Academy Square. The area, bordered by Marshall Street, Broad Street, College Street, and 12th Street, included both private residences and public buildings. With an additional loan of \$15,000 from the Virginia Literary Fund, the faculty financed the construction of a new medical building. The new medical building was designed by the architect Thomas Stewart. The new facility contained three lecture halls, a spacious dissection room, an infirmary, and a janitor's quarters. The infirmary consisted of wards and private rooms with exterior windows.¹⁴⁷ The style for the wooden timber and brick frame with stucco exterior was designed by Stewart in an Egyptian style.¹⁴⁸ The newly formed "Egyptian Building" remained part of the of the Hampden-Sidney College until 1853.¹⁴⁹ A fight among the Board of Trustees over a faculty appointment led to the dissolution of the department's ties with MDHSC. After the break from the Hampden-Sidney College, the faculty secured a charter from the Virginia General Assembly and formed the

147. *Ibid.*, 8.

148. "Exotic Revival Style", *Pennsylvania Architectural Field Guide*, Pennsylvania Historical & Museum Commission (2015): www.phmc.state.pa.us/portal/communities/architecture/styles/extotic-revival.htm
The Egyptian Style (Egyptian Revival Style) refers to the movement that is part of the larger style of the Exotic Revival Style in nineteenth and early twentieth century architecture. This style attempted to recreate the appearance of Egyptian temples, particularly the massive columns resembling bundles of sticks. The style was most often applied to public buildings.

149. Merry Outlaw, "Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Artifact Collection from Archaeological Site 44HE814", *VCU University Archives at VCU Scholars Compass* (2012): <http://scholarscompass.vcu.edu/arch001/3>
The "Egyptian Building", officially completed in 1854, is one of the oldest medical education edifices in the South.

Medical College of Virginia (MCV) in 1854.¹⁵⁰ The newly formed Medical College of Virginia, just as the case in Georgia at the MCG, needed to continue to supply cadavers for dissection despite the limited legal consequences. In a method similar to the Medical College of Georgia, the Medical College of Virginia hired a man to be their grave robber with the given title of janitor to continue to supply their dissection labs with cadavers.

II. *Anatomy, Dissection, and a Grave Robber for Hire*

In the years prior to the Medical College of Virginia employment of a professional grave robber, the task of acquiring bodies for dissection fell on the chair or professorship of anatomy. Eager to begin studies in the new building Dr. Jefferies Wyman assumed the chair of anatomy in 1844 before the building was completed. Wyman served as an anatomy demonstrator under Dr. John Collins Warren of Harvard University. The duty of specimen retrieval fell on the anatomy demonstrator and as Warren reflected: “no occurrences in the course of my life gave me more trouble and anxiety than the procuring of subjects for dissections in medical lectures.”¹⁵¹ During the time Wyman held the MDHSC chair of anatomy, Carter Page Johnson, an 1842 graduate of the school, served as the anatomy demonstrator. The position held few privileges, but many physicians accepted the role, to procure cadavers, by any means possible, in the hope of advancement through the ranks to a more desirable position or to build their skills as surgeons. Despite the illegality of grave robbing, competition for cadavers resulted in the cooperation

150. Jody Koste, “Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus”, 10.

151. *Ibid.*, 9.

between MDHSC and the University of Virginia in Charlottesville. Dr. John Staige Davis, the anatomy demonstrator for the University of Virginia, had to rely on bodies being shipped from more populous areas such as Richmond and Norfolk. Both demonstrators worked together with other so-called ‘resurrectionists’ in the surrounding areas to procure enough cadavers for their institutions, although the individuals that worked with anatomy demonstrators promised to exclusively supply to one school or the other. Johnson, bothered by the rivalry over bodies, proposed a plan to divide the subjects so that each institution would have the required number of cadavers to support its program. The exact percentage of cadavers split were not provided but MDHSC received the greater number. The Richmond school formally acknowledged this arrangement in 1856:

It should be the duty of the Demonstrator to make all arrangements necessary to secure subjects for the Professor of Anatomy and Surgery and for the students of this College and the University of Virginia and he will be expected to use the utmost diligence in guarding against all accidents which may serve the requisite supply of material.¹⁵²

Johnson became professor of anatomy in May of 1848. It was his previous experience as a demonstrator that guided him to propose more formal regulations to govern the position of demonstrator. The demonstrator’s primary responsibilities were to assist the professor of anatomy in preparing specimens and illustrations for labs and lectures, procure cadavers, and “monitor the dissecting room between the hours of 7:00 and 10:00 pm during the academic term. In addition to these duties, the demonstrator was to see that the Museum, Anatomical room, Dissecting room be kept as neat and as free from offensive matters as possible, and the removal of the refuse matter to provide that it be so done as never to give offense to the citizens.”¹⁵³ The

152. *Ibid.*, 9.

153. *Ibid.*, 10.

task of maintaining a clean dissection area was difficult, therefore it was recommended that the faculty find “appropriate place to deposit the refuse matter from the dissecting rooms”.¹⁵⁴ The faculty minutes do not reveal when a place was selected or where it was located-the problem of disposal of human remains continued to be an issue until 1856. Newly adopted regulations in 1856 specified that he “shall see that the offal is not allowed to collect in the dissecting or dead room and shall deposit it in the sink provided for that purpose”.¹⁵⁵

After terms for the procurement of cadavers were set, demonstrators and professors of anatomy could employ agents or deal directly with resurrectionists. Many of the demonstrators and professors knew their grave robbers by name. One man identified as Bob Saunders held a leadership role within the Richmond resurrectionist group. Upon Saunder’s death in 1849, the demonstrators had to look elsewhere for help to secure their institution’s cadavers. Charles I. Miller of Richmond signed an exclusive agreement with Dr. Howell L. Thomas in 1850 to ship cadavers to the University of Virginia. Meanwhile, MDHSC found difficulty in the acquisition of bodies after their hired grave robber, Samuel Gennet, was arrested and convicted for body snatching in January of 1852. Gennet’s arrest drew public attention and created temporary watch of the pauper and Negro burial grounds.¹⁵⁶

Throughout the United States the potter’s fields and African American burial grounds were frequent targets for resurrectionists. Richmond was no exception. The early nineteenth century construction of an almshouse, north of Marshall Street, as well as the establishment of three new cemeteries in 1814, 1816, and 1820 in the area surrounding the almshouse created ample

154. *Ibid.*, 10.

155. *Ibid.*, 10.

156. *Ibid.*, 11.

opportunities for the medical grave robbers. The Hebrew cemetery, established in 1816, ultimately became a pauper's burial ground that was just over a mile from MCV. The school even went so far to place two medical students at the almshouse to collect anatomical material upon death. The convict cemetery established outside of the state penitentiary just a mile from MCV, was another source for cadavers. According to records, the penitentiary lost an average of 12 men a year in the period between 1853 and 1859.¹⁵⁷

In conjunction with the work done in the dissection lab, the MCV infirmary served as primary clinical learning lab. The faculty treated an average of 200 patients a year between 1855 and 1859. The number of deaths that occurred in the infirmary are unknown. The lack of accurate figures may have led to the formation of superstitions and rumors about the facility—namely that once laboring African Americans of Richmond entered the Infirmary, they never came out alive. By the late 1850s, the rumors amongst the community were that MCV Infirmary patients who had the misfortune to die in there could end up as a cadaver for dissection. Due to these fears the college's Board of Visitors created rules for managing the deceased patients that specified that, “no body must be removed or interred until 24 hours have lapsed after death except at the express request of the friends or by direction of the attending Physician or Surgeon.”¹⁵⁸ The rumors became so pervasive during the establishment of a Marine Hospital in 1860 that the faculty was compelled to openly deny the charges in an advertisement. Dean Levin Joynes wrote in the advertisement, “no patient dying in the Infirmary, whether white or black, is ever sent to the dissecting room; but the body is in every case decently interred in the public

157. *Ibid.*, 12-13.

158. Jody Koste, “Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus”, 12.

burying grounds”.¹⁵⁹ In spite of these claims to reassure the public, no documentation has been uncovered that reveals the number of cadavers procured for instruction, although the faculty requested that the professor of anatomy provide a monthly record. Based on estimates from records kept between John Staige Davis and Carter P. Johnson, with class sizes between four and six students, the minimum number of bodies needed for instruction in each term would be between 18 and 24. Records from another demonstrator’s reports, Dr. Arthur E. Peticolas, documented sending 27 cadavers to the University of Virginia during the 1858-1859 session which suggests MCV took roughly 54 bodies. This is only based on the assumption that the two schools adhered to the standard formula of two-thirds of the recovered bodies in Richmond for MCV and the remaining one-third to Charlottesville.¹⁶⁰ As medical training continued to advance, so did the Medical College of Virginia’s need for cadavers for dissection. The need for material created more positions for the professional grave robber. In a similar fashion to the Medical College of Georgia, the Medical College of Virginia hired an African American man under the title of janitor.

The Medical College of Virginia’s Chris Baker, nick named Ol’ Chris, served as the school’s janitor and resurrection man for the medical school’s anatomy and dissection labs. There are some conflicting reports on Chris Baker’s exact origin. Shaun Utsey stated that it is unknown whether he was born to free or enslaved parents, but both Baker’s mother and father worked for the medical college. Baker was likely born in the basement of the Egyptian building circa 1855, where his father may have worked as janitor.¹⁶¹ A census in 1890 listed Chris Baker’s occupation

159. *Ibid.*, 13.

160. *Ibid.*, 14.

161. *Until the Well Runs Dry: Medicine and the Exploitation of Black Bodies*, directed by Shaun Utsey (2011; Encinitas CA: Burn Baby Burn Production), DVD.

as “Anatomical Man”. He worked as a janitor for MCV by day, by night he was the institution’s resurrectionist.¹⁶² Chris Baker served the college from the late 1860s until a few years before his death in 1919.¹⁶³ The 1890 title of “Anatomical Man” suggests that even after the legalization of dissection and appropriation of bodies in Virginia in 1884, there was a continuing need for bodies in addition to the legal allotments.

Baker’s duties were much like those of his predecessors. He obtained the bodies for dissection and received them in the basement of the medical building. He would store the bodies in the basement in vats of preservative to keep the specimens as fresh as possible. Dr. John F. Woodward, class of 1900, wrote that he once he ventured to the basement to buy a skull for a class, “I was met by the most peculiar nauseating odor I have ever known, my desire to be a doctor was certainly at a low ebb.”¹⁶⁴ Woodward met Baker amidst the odor and the sound of splashing. He was “dressed in a black, close-fitting, greasy jacket and black greasy pants, the whole outfit redolent of the sickening odor...I inquired about the splashing of water. ‘Jes stirring ‘em up a little’. About that time, I felt something stirring up in me, handed him five dollars and departed in a hurry with the skull wrapped in newspapers under my arm.”¹⁶⁵

162. Kaylyn Sawyer, “Grave’s Anatomy: Abolitionists, Body Snatchers, and the Demise of Winchester Medical College”, *The Gettysburg Compiler* (2016): 1. <https://gettysburgcompiler/2016/10/26/graves-anatomy-abolitionist>

163. Mark Holmberg, “Meet Chris Baker-Richmond’s grave robber”, *wtvr CBS 6* (2012): 2. <http://wtvr.com/2010/11/17mark-holmberg-meet-chris-baker>

164. *Ibid.*, 3.

165. *Ibid.*, 3.

Once the cadavers served their purpose in the dissection lab or deteriorated, Baker would scrape the bones to be used for further student study. In the event the remains were no longer useful for any sort of lab work, he would discard them in wells around the area.¹⁶⁶

Like Grandison Harris in Georgia, Baker was hated and feared by the African American community but well respected by the white elite of Virginia. An 1893 newspaper account described Baker as “the ghoul of Richmond”¹⁶⁷ but faculty of the medical college spoke very highly of him. Dr. R.B. Ware, class of 1895 said that because Baker was “living with bones all of his life, he knew as much about anatomy as any professor”.¹⁶⁸ Dr. Albert Pilkington, class of 1900 said, “there was no more loyal member of the college, than Chris Baker”.¹⁶⁹ Baker was a helpful aid to both students and lecturers during his time at the Medical College of Virginia. Evidence that Chris Baker was also a respected and valued member of the medical college was that he appeared in many photographs of the graduating classes of the medical college along with students and faculty.¹⁷⁰ Despite the praise from the medical community there were many sensational stories that surrounded Baker throughout the rest of Richmond. One rumor circulated that he attended funerals as a mourner to scout for fresh subjects. Other citizens of Richmond believed that he carried a rubber bag to silence the screams of the living he captured in the dark

166. *Until the Well Runs Dry: Medicine and the Exploitation of Black Bodies*, directed by Shaun Utsey (2011; Encinitas CA: Burn Baby Burn Production), DVD.

167. Karin Kapiselis, “Confronting the story of bones discarded in an old MCV well”, *The Richmond Times-Dispatch* (2011): 2.
<http://www.richmond.com/news/article>.

168. Mark Holmberg, “Meet Chris Baker”, 3.

169. *Ibid.*, 3.

170. *Until the Well Runs Dry: Medicine and the Exploitation of Black Bodies*, directed by Shaun Utsey, 0:15:56-0:16:02.

alleys of the city.¹⁷¹ Some even believed Baker could perform black magic. Despite the terrifying rumors that surrounded the ‘small, bald man’ in the black skull cap his nighttime work was touted as beneficial and a necessity.¹⁷² The Virginia State newspaper editorialized in favor of the ‘body-lifters’ for their role in advancing medicine. The editorial argued in a front-page analysis that Chris Baker and other medical resurrectionists not just a “necessary evil”, furthermore;

...if they be why not divide the honors between Oakwood (Cemetery) and Hollywood alike, and between [the] two races? It has been claimed by many white men that “Negroes” are physically dissimilar to Caucasians. If that be true, then it is not fair to the white people that only colored ones should be dissected and should be the only ones of whose physical structures the doctors have any knowledge.¹⁷³

Baker was known to frequent the Sycamore cemetery in Northside and Oakwood cemetery in northeast Richmond in search of fresh cadavers for the school. Baker, his assistant, Caesar Roane, and two white medical students, W.B. Meredith and William A. Smith were caught in the act of grave robbing in Oakwood cemetery in December of 1882. Despite the illegality of the activity, Baker was pardoned by state Governor William Cameron. Sources fail to specify if Baker’s associates received the same manner of leniency from the governor. It was shortly after Baker’s arrest and pardon for grave robbing that the General Assembly passed a law that allowed the bodies of criminals and the destitute to go to medical colleges.

171. Mark Holmberg, “Meet Chris Baker-Richmond’s grave robber”, *wtvr CBS 6* (2012): 4.

172. *Ibid.*, 3-4.

173. *Ibid.*, 5.

According to Utsey's documentary, Baker died June 4, 1919. His death announcement was published on the front page of the *Richmond News Leader*.¹⁷⁴ He was buried at Evergreen Cemetery in the far East End. Records indicate he had a wife, Martha, and a son, John. There is no hint of Baker's burial site and early burial records are no longer available at this present time.¹⁷⁵

III. *The Laws*

The state of Virginia passed its 'anatomy acts' in the Session of 1883-1884. Baker's career as the college's 'anatomical man' was already in full swing. The parameters of the law clearly did not allow for enough specimens to be distributed for the various institutions. As with Georgia's laws, the goal was to provide enough medical specimens to stem the problems of grave robbing and trafficking. One of the chapters in the law designated who in the community would be given bodies for medical purposes.

Chapter 48, titled "An Act to promote Medical Science and to protect Graves and Cemeteries from desecration within the commonwealth of Virginia" stated:

...That the professor of anatomy, the professors of surgery, and the demonstrators of anatomy, of the schools and colleges of this commonwealth, which are now or may hereafter become authorized by law, to teach medical science, and issue diplomas, shall be, and are hereby constituted a board for the distribution and delivery of dead human bodies, hereinafter described, to and among such persons as, under the provisions of this act, are entitled thereto.¹⁷⁶

174. *Until the Well Runs Dry*, 0:18:02.

175. *Ibid.*, 5.

176. Acts and Joint Resolutions passed by the General Assembly of the State of Virginia during the Session of 1883-1884

The 1884 law also stated that servants, public officers, agents, of any city or municipality, almshouse, morgue, prison, jail, or hospital were required to bury the corpses at the public expense as well as notify persons on the designated board of distribution when the bodies came into their possession. Effectively, any public institutions or municipalities that had charge or control over dead bodies, a chain of command of the care and usage of the body was put into action.¹⁷⁷ Section 8 of the Act also defined the parameters of the punishment for the unlawful disinterment of a body or body part that has been buried or deposited in vault for the purposes of burial. Upon deemed guilty of a felony and convicted the perpetrator would be serve not less than five years but not more than ten years in prison.¹⁷⁸ The law was passed shortly after Baker and his associates were caught in the act of grave robbing so no prison sentence would have been mandated at the time.

IV. Discovery of Remains

In much the same manner as the Medical College of Georgia, the skeletal remains at the Virginia Commonwealth University in Richmond were discovered during a construction renovation project. In April 1994, construction workers uncovered remains and artifacts in a nineteenth century well during the construction of a new building to the northeast corner of what

Richmond R.U. Derr Superintendent of Public Printing, 1884, James E. Goode, 62.<https://babel.hathitrust.org/cgi/pt?view=image;size=100;id=njp.32101073363424;q1=anatomy;page=root;seq=9;num=3>

177. *Ibid.*, 62.

178. *Ibid.*, 63.

was previously known as Academy Square.¹⁷⁹ In a normal recovery situation, archaeologist would carefully excavate each layer of soil and document the discovered material. These procedures were not followed.¹⁸⁰ The archaeology team, assembled from VCU's Sociology and Anthropology Department, excavated the site to about one foot into the well fill. It was at the depth of about a foot when the initial clean-up encountered possible skin, hair, and human bone fragments, as well as an odor similar to formalin. The team was ordered to stand behind a barricade while a construction site employee excavated the well to a depth of 30 feet; at which point the soil was water logged.¹⁸¹ The archaeology team was given one weekend to recover artifacts and bones from the disturbed soil deposited outside the barricade by the backhoe. About two dozen boxes of bones were removed from the brick lined well.¹⁸² The team was unable to make measured drawings of the well due to the time limitations. The date of the deposit determined by analysis predated the synthesis of formaldehyde. The odor initially reported from the well was due to decomposition-related volatile organic compounds.¹⁸³ Despite the limited time frame, the objectives for the recovery were to identify and document the artifacts and skeletal remains from the well, establish a timeline, and attempt to interpret the relationship of

179. VCU East Marshall Street Well Project, <http://emsw.vcu.edu>, 2.

180. *Ibid.*, 2.

181. Douglas W. Owsley and Karin Bruwelheide, "Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Introduction", *VCU Scholars Compass*: 3.

182. Karin Kapiselis, "Confronting the story of bones discarded in an old MCV well", *The Richmond Times-Dispatch* (2011): 2.
<http://www.richmond.com/news/article>.

183. Douglas W. Owsley and Karin Bruwelheide, "Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus", 3.

the site's use and historical context as an early medical school (post processual archaeology). Given the lack of time this team was given to collect the artifacts and remains may explain the overwhelming public reaction over the disposed remains versus the seemingly subdued reaction in Georgia.

The well excavated in 1994 was one of several wells around the area used for cadaver and specimen disposal. Unfortunately, it is difficult to prove conclusively that the well recorded in October of 1860 is the well that was excavated from the Egyptian Building foundation in 1994. However, the well is near some of the remaining foundations of the Medical College of Virginia's original hospital structure, suggesting that it was sealed prior to the opening of the new clinical facility in April of 1861. The college has undergone five major building projects on the lots of the southeast corner of Academy Square since 1860. Despite the excavations no recorded discoveries of wells were made during the construction of a hospital for African Americans, a children's hospital, and a laboratory building. A large refuse well was uncovered in the basement of the Egyptian Building in 1939. A long-serving college administrator confirmed that the well was used to dispose of cadavers and other anatomical specimens in the late nineteenth and early twentieth centuries.¹⁸⁴ The remains found during the various excavations support the historical evidence given by the college administrator that the remains were not part of an early unused burial ground from the nineteenth century. According to research, the remains were likely stolen by Baker from another cemetery as well as the city almshouse.¹⁸⁵

184. Jody Koste, "Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Anatomical and Surgical Training in Nineteenth-Century Richmond", *VCU University Archives at VCU Scholars Compass* (2012): 15. <http://scholarscompass.vcu.edu/arch001/3>

185. Karin Kapiselis, "Confronting the story of bones discarded in an old MCV well", *The Richmond Times-Dispatch* (2011): 2. <http://www.richmond.com/news/article>.

Basic theory in anthropology, bioarchaeology (processual archaeology) suggests that the materials uncovered at a site may be part of a waste stream. A waste stream either has a primary location of deposition of material or a secondary deposition of material. A primary site would be the one and only place material was disposed of. A secondary site would be a site where material would be the final place of disposal after being disposed of in a primary site. The discard theory was presented with the MCG basement findings as the skeletal remains were recovered amongst everyday items that were discarded. The well at VCU had similar findings after the initial salvage operation. This suggests that the remains disposed of in both sites were treated like garbage after they had fulfilled their purpose as educational materials for dissection. The lack of proper care shown to the dissected corpses suggests they were treated as little more than disposable materials, in much the same way people of color and the poor were buried in the nineteenth century.

The site of the excavation is referred to as the East Marshall Street Well Project or Archaeological Site 44HE814. During my research I have not found an archaeological site label for the basement of the Medical College of Georgia. One possibility for this is that the remains at MCG were recovered in 1989 prior to the passage of the Native American Graves and Repatriation Act (NAGPRA), in 1990.

NAGPRA did not directly affect either recovery in the timing of the law's passage, and due to the fact that NAGPRA is specifically designed to protect the recovery of Native American remains and grave sites, as well as repatriate those remains to designated present day ancestral tribes. However, the guidelines for archaeological recovery set forth in NAGPRA may have influenced the recovery of the remains in Virginia in 1994. Ancestry identification is a difficult

forensic and anthropological science. It is not exact and can be troublesome due to older definitions of “race”. However, many of the skeletal remains uncovered in both the MCG and VCU sites were identified, as best as possible, of African American descent.

The artifacts and faunal remains recovered from the well totaled 423 fragments. The artifacts predominately date to the first half of the nineteenth century. Some were complete, but most of the artifacts were fragmented. Remnants of the same objects were catalogued together by name, count or number of fragments, material, and usually included a brief description. The artifacts were sealed in polyethylene bags and marked with the catalog numbers. Faunal bones and oyster shells recovered were likely meal scraps. The remains of at least one cat and three dogs were retrieved-these animals may have been pets or used for comparative anatomy.¹⁸⁶

The human bones found in the well were analyzed at the National Museum of Natural History, Department of Anthropology. The study entailed identification and sorting the commingled bones, and systematic collection of osteological data for each bone and various associated skeletal remains using standardized methods of bioarchaeology and forensic anthropology.¹⁸⁷ The recovered bones were documented using a system of commingled inventory coding and computerization that facilitated analysis of pathological conditions by age and sex. The bones were then sorted by type, cranial and postcranial, and element such as the

186. Merry Outlaw, “Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Artifact Collection from Archaeological Site 44HE814”, *Archaeological and Cultural Solutions* (2012): 23.
<http://scholarscompass.vcu.edu/arch001/3>

187. Karin Bruwelheide and Douglas W. Owsley, “Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Human Skeletal Remains from Archaeological Site 44HE814”, *Smithsonian Institution* (2012): 33.
<http://scholarcompass.vcu.edu/arch001/4>

femur, humerus, and tibia.¹⁸⁸ The inventory and coding procedures along with the cranial and postcranial measurements taken are those specified by Owsley and Jantz and the National Forensic Anthropology Data Bank (University of Tennessee, Knoxville), thereby ensuring the consistency in recording data.¹⁸⁹ Although the removal process resulted in a completely commingled assemblage, researchers were able to compare bone by bone points of congruence, matching joint articulations, distinguishing pathology, preservation, and similarities in relative size and shape. Researchers were also able to determine whether entire bodies, amputated limbs, or isolated elements comprise each series of recovered remains.¹⁹⁰ In methods similar to the recovery at the Medical College of Georgia, the postcranial bones recovered in Virginia were analyzed for various features to determine the age and sex as these bones can provide more data in these areas than some others.

Among the bones recovered, most of the cranial and mandibular bones are from individuals aged 35 years or older, and most represent males. No cranial bones of children younger than the age of 12 were present. Older adults represent the majority of human remains from the well. The remains of very few children were recovered.¹⁹¹ The postcranial bones, limb bones in particular, exhibited the greatest representation of both children and adults, with leg bones found in the highest numbers.

A total of 47 right femora and 50 right tibiae are present. Right humeri have the third highest total bone count of 46, followed by left humeri. The radius provides the lowest limb bone counts with the left represented by 30 distinct bones and the right having a

188. *Ibid.*, 33.

189. *Ibid.*, 34.

190. *Ibid.*, 34-35.

191. *Ibid.*, 34.

count of 31 bones. Limb bones representation increases by age with adults older than 35 years having the highest numbers. For children aged 0 to 4 years, only three limb bones (one left femur, one right femur, and one right tibia) are present. Five limb bones are present for 5 to 9-year olds. A total of 45 limb bones are documented for adolescents aged 10 to 14 years. Other postcranial remains are not well represented, and many are damaged from recovery-related breakage.¹⁹²

Comparison of matching upper and lower limb bones was not done due to missing elements. However, there was consistency in the number of paired upper and lower elements which suggests that the remains recovered from the well represent at least 19 fairly intact bodies plus the partial remains of an additional 34 individuals. Based on the number of bones for the total series, there was a minimum of 44 adults (individuals 15 years and older) and nine children (ages 14 years and younger) represented. The numbers for this data are based on the high bone count for adult right tibiae and right femora for children. The data also included a newborn represented by two rib bones.¹⁹³ The use of the intact tibiae to determine age was used by the Medical College of Georgia excavation team.

18 crania-fragments represented by more than a single bone or a sectioned calotte-were consistent with the numbers of paired limb bones.¹⁹⁴ The crania recovered were evaluated for age, ancestry, and sex to provide further insight into the demographic composition of the remains. The age of the remains was assessed by the degree of cranial suture closure,

192. *Ibid.*, 39-41.

193. Karin Bruwelheide and Douglas W. Owsley, "Artifacts and Commingled Skeletal Remains from a Well", 40-41.

194. Calvaria (n.d.) *Farlex Partner Medical Dictionary* (2012).

<https://medical-dictionary.thefreedictionary.com/calvaria>.

Calotte or skull cap. The calvaria or skull cap refers to the domelike upper part of the cranium comprising the superior portions of the occipital, the parietal, and the frontal bones.

degenerative changes, feature of the dentition, and decreased bone density. The ancestry and sex of the remains were based on craniofacial morphology and measurements. The information collected on 26 complete and partial crania revealed that 17 were male (65%), eight were female (31%), and the final crania was of indeterminate sex due to the incompleteness and young age.¹⁹⁵ At least fifty bones or bone “sets” that comprised of 34 cranial and mandibular elements and 42 postcranial bones show evidence of surgical training for dissection and amputations. Most of the cuts marks on the bone had one or more complete transverse cut that divided the bone into two or more pieces. Additionally, several of the sectioned bones had small cuts consistent with scalpel marks or nicks; along with the absence of pathology the number and pattern of cuts on the bones provides additional evidence for surgical training and dissection.¹⁹⁶

In conjunction with other methods of comparison, examination of nineteenth century remains from the Charity Hospital in New Orleans (Owsley 1995), mandibles cut with saws and cut bones of the face reflected anatomical dissection or surgical practice on cadavers.¹⁹⁷ This comparison further supported the hypothesis that the remains discovered in Virginia were the byproduct of dissection and possible grave robbing. Based on the medical debris, artifacts, and skeletal remains recovered, the well was a repository for the medical school in the nineteenth century. In a method similar to the prior chapter, I discussed the physical history of the Medical College of Virginia. The physical architecture of the building resulted in the preservation of the remains which allowed for more detailed analysis. I briefly discussed NAGPRA in relationship

195. Karin Bruwelheide and Douglas W. Owsley, “Artifacts and Commingled Skeletal Remains from a Well”, 43-44.

196. *Ibid.*, 55.

197. *Ibid.*, 62; 66.

to the Medical College of Virginia due to the timing of the discovery. The discussion of the treatment of the remains may not necessarily fall within the parameters of NAGPRA but the necessity of proper burial and identification are part of the long-term conversation about these remains.

Chapter 4: *Public Reactions*

The public reactions that surround the discoveries at the University of Georgia and the University of Virginia differ in important ways. This is despite that the two establishments share similar histories when considering the use of the body for medical dissection. In this chapter I will discuss the steps taken after the remains were recovered and studied in each case. I will begin by elaborating on some of the current legal parameters concerning cadavers for dissection and the current issues pertaining to skeletal remains.

The most current laws regarding cadaver use and dissection in the state of Georgia are similar to the original Anatomy laws passed in 1895. For example, a Board for the Distribution of Cadavers; is established in order to legally and precisely distribute cadavers to the proper institutions.¹⁹⁸ The law still includes articles regarding the bodies of indigent persons, prisoners, and deaths within public hospitals states that these bodies may be used for medical purposes provided they are not claimed by a family member or spouse and that the body is used for medical purposes only within the state of Georgia.¹⁹⁹ The use of the body for medical purposes is strictly limited to the state of Georgia and connects with the articles regarding traffic of bodies, distribution of a body or body parts via grave robbing; like the 1895 law, persons found in possession of stolen bodies or trafficking of bodies or body parts for the purposes of sale or

198. *Title 31-Public Health, Chapter 21-Dead Bodies*. “Article 2: Disposition of Unclaimed Bodies”, § 31-21-20 Board for Distribution of Cadavers. GA Code § 31-21-20 (2015).
<https://law.justia.com/codes/georgia/2015/title-31/chapter-21/>

199. *Ibid.*, § 31-21-21 Delivery to board of certain unclaimed bodies, GA Code § 31-21-21 (2015).

in which The Commissioner will distribute donated bodies, beginning with the medical schools in Virginia, then second, colleges and schools recognized by law to teach health science and issue medical diplomas, and third to colleges and schools in other states authorized to teach health sciences and issue diplomas.²⁰⁴ One of the final articles to Virginia's law is the proper interment or cremation of the remains after scientific study has been completed. This was stipulated in the 1884 law as well, however, the remains recovered from the well in 1994 appear to be dated before the passage of this act. Just as in the case of the basement in Georgia, there was no legal act that declared bodies used for medical purposes needed to be properly interred.

Each state has a set of laws regarding body donation and violations of burial. There are also specific federal laws about human remains and their treatment. One of the most recognizable of these laws is NAGPRA. The passage of NAGPRA in the early 1990s may have contributed to the recovered VCU skeletal remains in comparison to the recovered MCG skeletal remains. The laws set forth by NAGPRA may not have been used in the recovery situation at Virginia, but the influence of laws specifically designed to address unmarked burials may have played a part.

NAGPRA was signed into law in November 1990. The guidelines set forth in NAGPRA or the Native American Graves Protection and Repatriation Act address the remains of Native American and Native Hawaiian peoples housed in museums and research facilities. NAGPRA gave protection to unmarked graves and gave prehistoric graves the same type of protection granted to marked cemeteries. Various state unmarked burial laws already existed as guidelines to be followed when burial sites were discovered, by construction projects or otherwise, in

204. *Ibid.*, 32.1-299. Distribution of bodies.

addition to the NAGPRA guidelines.²⁰⁵ It would be difficult to argue that the remains found in the East Marshall Street Well were of Native American descent, however at the time of discovery they could arguably fall under the definition of protection for unmarked graves. The common law states that human remains do not belong to an individual, government, or institutional organization. The law also states that artifacts placed in graves as funerary offerings belong to the deceased.²⁰⁶ This law does not apply to private collections and does not prohibit scientific research on Native American remains or archaeological excavations on grave sites. The law also does not require reburial after research is finished, although it is an expected outcome of repatriation of the remains.²⁰⁷

In the case of MCG and VCU, reburial of the remains, or intent to rebury, is the ultimate goal of both institutions as part of their efforts to amend errors of the past. In addition to the appropriate chain of custody of remains, NAGPRA also states that the descendants have the right to determine treatment and disposition of Native American skeletons and cultural items.²⁰⁸ NAGPRA likely influenced the East Marshall Street Well Project council's decision and processes. Furthermore, the article, "NAGPRA is Forever: Osteology and the Repatriation of Skeletons", published two years after the VCU discovery, states that the excavation and analysis of human skeletal remains will continue. Continuous large-scale construction projects will

205. Jerome C. Rose, Thomas J. Green, and Victoria D. Green, "NAGPRA is Forever: Osteology and the Repatriation of Skeletons", *Annual Review of Anthropology*, (1996):88, DOI: <http://www.jstor.org/stable/2155819>.

206. *Ibid.*, 89.

207. *Ibid.*, 90.

208. *Ibid.*, 90.

increase the number of remains uncovered and whenever this happens during the CRM process, state laws and ultimately NAGPRA will be part of the conversation.²⁰⁹ NAGPRA does not fix all issues of violated grave rights but it is beginning to correct earlier historical behaviors such as grave robbing and postmortem punishment dissection.

As previously discussed, NAGPRA primarily covers the reburial, study, and guidelines for Native American skeletal remains. Where does that leave skeletal remains that do not fall under the definitions of Native American ancestry? Thomas D. Holland's article, "Since I must please those below": "Human Skeletal Remains Research and the law" discussed the ethical issues presented when victims of natural disasters, state-sanctioned violence, personal violence, indigent, or unidentified persons are uncovered.²¹⁰ The remains recovered in Georgia and Virginia fall under the unidentified or indigent persons categories. Laws regarding human remains, their abuse, disinterment, unlawful sale, etc., are generally directed at tissues and corpses. The article does not address willed-body programs, or those cadavers legally donated to science through gifting documents with concise parameters. The issues posed are the ethical considerations of research done on private individuals, such as indigent or unidentified persons.²¹¹ "The ethics of non-invasive scientific research on human skeletal remains are poorly articulated and lack a single, definitive analogue in western law".²¹² "There is scant legal

209. *Ibid.*, 101.

210. Thomas D. Holland, "Since I must please those below": "Human Skeletal Remains Research and the Law", *American Journal of Law & Medicine* (2015): 619, DOI: 10.1177/0098858815622192.

211. *Ibid.*, 619.

212. *Ibid.*, Introduction.

precedent to define which human skeletal remains may be analyzed and used in research”.²¹³ The lack of guidelines is largely because little could be done with skeletal remains until fairly recently. In the context of time, beyond the post-World War II era, the science for identifying individuals from bones did not exist. Therefore, the laws developed for the treatment of human remains-as read to mean “bodies”.²¹⁴ Holland proposed a model for the legal analysis of skeletal remains that contain four possible elements:

1. respect for the dignity of the individual whose remain are under analysis;
2. non-interference with the next of kin’s right to receive the remains of the deceased in a timely manner;
3. non-interference with the next of kin’s right to receive the remains of the deceased as intact as possible under the circumstances of their recovery;
4. a balance between the needs of science (in this case, as it applies to the process of human identification) and the next of kin’s right to privacy as it relates to details about the deceased.²¹⁵

Despite all of this, the dead have no rights *per se*. The only rights left to the dead are that of decent sepulture, and the right to rest undisturbed until the body has been resolved into its original elements.²¹⁶ The right to sepulcher is the right to have the body covered and consigned to the earth. The right to sepulcher also includes the right to have the body delivered to the next of kin in the same condition it was “when death supervened”.²¹⁷ The rights connected with the

213. *Ibid.*, 620.

214. *Ibid.*, 620.

215. Thomas D. Holland, “Since I must please those below”: “Human Skeletal Remains Research and the Law”, *American Journal of Law & Medicine* (2015): 620, DOI: 10.1177/0098858815622192.

216. *Ibid.* 628.

217. *Ibid.*, 633. The body being returned to the next of kin in the same condition when death supervened is based on the legal case *Pollard v Phelps* 1937.

dead do not include privacy rights. Common law maintains that the deceased cannot personally suffer from the “privacy-related injuries” similar to those of the living. Although the dead do not have privacy rights, the surviving family and next of kin have the right to be free of emotional distress caused by details regarding the deceased.²¹⁸ Holland’s article concludes with the assertion that human skeletal remains are vital to the advancement of science and the needs of the scientific community should be balanced with the dignity owed the deceased and the privacy rights of the surviving family. Historically, the dead did not have the right to remain undisturbed, particularly if there was a need for cadavers in medical facilities for dissection. Modern statutes in the US reflect the need to, at a minimum, give the right of a decent and undisturbed burial to the dead, despite the need for medical cadavers.

The remains recovered from the basement of MCG was the largest discovery of its kind in the twentieth century. The studies on the remains recovered contributed to the then growing subdiscipline anthropology field of African American biohistory or bioarchaeology. The discovery gave scientists the opportunity to study the remains of a mid-to-late nineteenth century urban population during political, economic, social upheaval in the South.²¹⁹ As researchers studied the recovered remains, experts interviewed nearly forty local Augustans, most of them elderly, upon the agreed condition of anonymity. The respondents told researchers the handed-down stories of grave robbing, bodies sold for \$10.00 a ‘subject’, and the aspects of nineteenth century health care. Judith Harrington, along with Robert L. Blakely, was one of the head

218. *Ibid.*, 633.

219. Charles Seabrook, *The Body Snatchers of Augusta: Medical faculty of a century ago needed corpses for dissection—and raided African American Graves*, (1998), 4.

researchers that formed the team to recover the remains discovered in the basement. “There was a palpable fear in the Augusta African American community about discussing this,” Harrington said.²²⁰

Maureen McCarthy Capozzoli, a researcher at GSU, said the African American Augustans she interviewed revealed that many, especially the poor, avoided medical attention during the height of the grave-robber era. Many African Americans feared they would receive bad treatment, die in the facility’s care, and become dissected. These fears prompted many of them to rely more on African-based folk remedies in lieu of conventional medicine. Capozzoli hypothesized that this may be a reason why many African Americans, especially the elderly, maintain the distrust of medical establishments.²²¹ Cautionary tales about medical students that roamed the city streets looking for people to take back to the medical schools for dissection were passed on from parents to their children. The warnings were more likely to deter misbehavior than concern about medical kidnappings, contributed to present-day mistrust of conventional medicine. Capozzoli said her surveys of Augusta’s African American residents found that most understand the importance of these efforts in medicine that led to so many advances. “However, they stressed that it is important for people to realize just who was sacrificed in the past for the benefit of present-day medical knowledge,” she said.²²² It is important to acknowledge the sacrifice of the people whose bodies were used for medical dissections, however, it is also

220. *Ibid.*, 4.

221. *Ibid.* 5.

222. *Ibid.*, 5-6.

important to remember that many of these bodies were obtained illegally, not for research facilities, but for surgical practice and medical student core curriculum.

The concerns about lack of acknowledgment of the unwilling sacrifice made and the lack of appropriate care for the remains of people of color or the indigent are not unfounded. Often the bodies of the poor or people of color were the first to be exhumed or trafficked and used for dissection without any ceremony or record keeping for the deceased. The research team conducting the site in Georgia were careful to not only acknowledge these concerns but to treat the remains with dignity. “These are people whom history largely overlooked or ignored,” Harrington said. “Their remains found at MCG offer more testimony to the powerlessness, poverty, and indignity they suffered in life and death”.²²³ In an interview before his death, Robert Blakely, who led the research and recovery with Harrington, said his team handled the bones in with the utmost respect in their daily efforts. “We approached each aspect of the study with great sensitivity, because we were talking about real people who were the ancestors of real people who are alive today,” Blakely said.²²⁴ The university also played a part in the efforts to acknowledge the mistakes of the past and make amends rather than cover them up. After a near decade long recovery effort by the anthropology team the remains of 300 to 400 men, women, and children found in the basement of the Medical College of Georgia were taken from the lab in Atlanta back to Augusta. In November of 1998, sealed in a 2,500-pound vault, the remains from the basement were interred in Cedar Grove Cemetery.²²⁵ “Today we cherish the opportunity to right a wrong,”

223. *The Body Snatchers of Augusta: Medical faculty of a century ago needed corpses for dissection—and raided African American Graves*, Charles Seabrook, 2.

224. *Ibid.*, 4.

225. *Exhumed bodies laid to rest* Staff Writer, November 1998, 1.

said Medical College of Georgia President Francis J Tedesco during the reinternment. “Although we do not know their names, we do know their legacy, a legacy of unknowing heroism and altruism that has made the world a better place for each of us”.²²⁶ It is debatable that the corpse of an impoverished person, stolen for student medical dissections, was an act of altruism. While this statement is meant to sincerely memorialize the sacrifice of these individuals, it does not indicate how the world was made better through the use of the bodies of those who were the outcasts and defenseless in society.

Judith Harrington and Dr. Blakely’s widow also attended the reburial, “Mainly, I’m happy that they’re back where they belong. They should have stayed here in the first place. But this is sad, too,” said Ms. Harrington as she scattered a handful of soil on top of the vault. “I got so familiar with those bones; I really feel like I know these people”.²²⁷

Human skeletal remains and cadavers for dissection are still a vital part of medical education and scientific research. The majority of this chapter is centered around the reburial and proper treatment of the remains of the mistreated bodies of dissection labs of the nineteenth century. As stated, the dead do not currently have rights in the traditional sense, and human skeletal remains have even less. This could be perhaps why the Medical College of Georgia fought to remain in possession of the skeletal remains of Bessie Wilborn. Skeletal anomalies and genetic defects in research facilities are fairly common. It would be reasonable to assume that any remains that were unwillingly donated would be buried with ceremony or returned to the next of kin because of the methods used for the remains discovered in the basement. The case of

226. *Ibid.*, 2.

227. *Ibid.*, 2.

Bessie Wilborn is a deviation from the lengths MCG went to in the reburial of the remains from the basement.

Bessie Wilborn was born August 14, 1920. Her only surviving daughter, Frances, was born in 1943. In that same year Wilborn began to experience the first symptoms of Paget's disease.²²⁸ Within three years the bone distortion crippled her. Wilborn was eventually referred to Peter B. Wright, who taught at MCG in 1947. In October 1947, Wright admitted Wilborn to Augusta's University Hospital, which was affiliated with the medical college.²²⁹ Wilborn checked herself out of the hospital roughly a month after being admitted under Wright's care. According to Wright's article about Wilborn's condition, she checked out of the hospital "against medical advice" and added, "Although she refused further hospitalization and study, contact was not entirely lost. She died March 1949, and the body was obtained for autopsy and skeletal study", Wright wrote.²³⁰ In the winter of 1950 Wright put Bessie Wilborn's skeleton on display without identification for an annual meeting of the American Academy of Orthopedic Surgeons. Wright also published an article in an issue of *The Journal of Bone and Joint Surgery* in 1951 about the case. There he described the anonymous woman as "a poorly nourished, colored female in acute distress".²³¹ It was not until 1989 that Wilborn's remaining family, her younger

228. Mayo Clinic www.mayoclinic.org.

Paget's disease of bone interferes with the processes in which new bone tissue gradually replaces old bone tissue. Over time the disease can cause affected bones, pelvis, skull, spine, and legs, to become fragile and misshapen.

229. Jeffery Scott, "Woman sues over display of mom's skeleton", *Atlanta Journal-Constitution, The GA Edition*. 2003. 2-3.

230. *Ibid.*, 4.

231. *Ibid.*, 1;3.

sister Lizzie Maddox, and her daughter Frances Oglesby, discovered that Wilborn's remains were on display in MCG's pathology department. In a deposition for the subsequent lawsuit, Maddox said that she was told by Weems Pennington, a rural area doctor in Lincoln County who knew Wilborn's family, that her remains were at the school. Pennington also had the article from the medical journal. that had photographs of Wilborn's body and skeleton.²³²

Oglesby hired attorney, John Watkins, in 1998 to investigate the case. "It was such a hush-hush thing," Watkins said. "People up there [MCG] looked at me like I was persona non grata. Nobody wanted to talk about it".²³³ Eventually Watkins obtained photographs of Wilborn's body on display in a glass case at the college. Oglesby retained Watkins' son, E. Brian Watkins, as her attorney, they filed suit on November 1, 2000. Initially, Watkins demanded the body and \$10 million. The school countered that it would return the body if Oglesby didn't sue. Watkins offered to settle for \$800,000 for pain and suffering in addition to the return of the body; it was only after he filed the lawsuit that the school offered to return the body unconditionally.²³⁴ Clay Steadman, vice president of legal affairs at the college, along with the lawyers for the school, said the body was donated and the suit was without merit. "We don't have any reason to believe we came into possession of this body in anything other than a legal and appropriate manner," Steadman said. "And we have offered to return it".²³⁵ The details of how Wright obtained Wilborn's body after she left the hospital in 1947, are unclear.

232. *Ibid.*, 4.

233. Jeffery Scott, "Woman sues over display of mom's skeleton", 5.

234. *Ibid.*, 2; 4-5.

235. Jeffery Scott, "Woman sues over display of mom's skeleton", 5.

What little is known in those final years is that Wilborn lived in Lincoln County with her daughter, sister, and mother. Wilborn died on March 24, 1949. The causes of death listed and signed by Pennington were “osteitis deformans” and “malnutrition”. According to Maddox, Wilborn’s body was picked up by Norris Gumby, an African American undertaker in Lincolnton. Her body was taken straight to University Hospital, which was not run by MCG at the time. There is evidence that from there, the body was taken to Rees Funeral Home because L.E. Rees was listed on the death certificate as funeral director. Mortuaries were segregated in 1949, Rees was white but owned the Wright funeral home, which provided services to African Americans.²³⁶ Oglesby believes her mother’s body was taken and put on display because she was poor and black. Oglesby pointed to MCG’s history of grave robbing during the nineteenth century, particularly those of African American cemeteries, for medical dissection to support her argument. Due to the severity of Wilborn’s condition, she likely received the best possible treatment then known, but she also provided “good clinical material” to Wright.²³⁷ However, that Wilborn’s remains on display for half a century seem to have made negligible contributions to medicine. Wright’s 1951 article, “An Unusual Case of Paget’s Disease”, which vividly described Wilborn’s autopsy, seem to be little more than an attention-grabbing procedure. Charlene Waldman, head of the New York-based Paget’s Foundation for sixteen years had never heard of the case or the article or the display her until a reporter contacted her. “If she had made a difference,” she said. “I would have heard”.²³⁸

236. *Ibid.*, 7.

237. Dr. Vanessa Northington Gamble, professor of public health at John Hopkins University in Baltimore. *Ibid.*, 7.

238. *Ibid.*, 7.

Watkins and Oglesby declined the schools initial offer to simply return the body, said Wilkins, because the state law required burial and the skeleton would not be available as evidence at trial. “Do we want her body back?” asked Watkins. “Yes. But do we also want the school to be held accountable for what it did? Yes, we do”.²³⁹ The school, represented by the Board of Regents of the University System of Georgia, lost the first hearing in Richmond County Superior Court. The judge for the initial hearing refused to dismiss the case without trial. The school contested that decision at the Georgia Court of Appeals based on the Scott’s 2003 article.²⁴⁰ In 2004 the Georgia Court of Appeals ruled against Oglesby stating 1., the school had been immune to lawsuits when her mother died, 2., she waited too long to issue a lawsuit.²⁴¹ Per Washington’s notes in her book *Medical Apartheid*, she called MCG in July of 2004 for permission to view Wilborn’s skeleton. At first, she was told that it was only available to medical staff and students. She was then told that only MCG personnel could view the remains.²⁴² Bessie Wilborn’s skeletal remains illustrates the lack of protections afforded to the skeletal remains of the indigent or unidentified. I unfortunately do not have further information about this story which seems somewhat contradictory to the rest of the narrative that surrounds the remains discovered at MCG in 1989.

The remains recovered from the well on the campus of the Medical College of Virginia have been the subject of a long discussion on their proper care. One of the more interesting

239. *Ibid.*, 2.

240. *Ibid.*, 2.

241. Harriet A. Washington. *Medical Apartheid: The Dark History of Medical Experimentation on Black Americans from Colonial Times to the Present*. (New York: Doubleday Books) 2008, 134-135.

242. *Ibid.*, 434.

aspects of the aftermath of the discovery in Virginia is a film made by the Virginia Commonwealth University (formerly Medical College of Virginia). The 2011 movie, *Until the Well Runs Dry: Medicine and the Exploitation of Black Bodies*, was created as an informational and historical perspective piece by Shawn Utsey, Todd Raviotta, J'ron Fleming, Ana Edwards, and Iman Shabazz.

The film, primarily directed by Shawn Utsey, a psychology professor at VCU, begins the story with warnings about the Bogeyman in the Richmond area to keep children from wandering to far from home. The narrator, Iman Shabazz, described the interviews conducted with longtime Richmond residents that recalled details about their childhood with these very specific warnings. Malind Coppage remembered her “mother told her to be home before dark and not to go near the medical school because students would take you and “experiment on you”.” Richmond resident, Dorothy McFadden, remembered similar warnings about the medical school, “Don’t leave the yard” (medical students ‘were snatching bodies to experiment on’).” Anson Bell, another longtime Richmond resident, was told, “Mad doctor snatching black people off the via duct (bridge) to cross to get downtown- the bridge ‘led to the Virginia Memorial Hospital’ . Irene Brice recalled, “Don’t go near VMC at the end of the via duct (Churchill area)” Oakwood Cemetery. The warning from the old folks- at nighttime you just don’t go across the via duct bridge.”²⁴³ The warnings given to children about the medical college and the threat of being kidnapped for medical dissection came from the stories about the college’s medical grave robber for hire, Chris Baker. While there is no evidence that Chris Baker kidnapped or murdered people for the medical college for dissection purposes the detailed stories of family members ending up on the

243. *Until the Well Runs Dry: Medicine and the Exploitation of Black Bodies*, Introduction, 2011, DVD.

anatomist's dissection table after burial were enough to further inspire such stories. As established with the case of Grandison Harris in Georgia, the stories were used as deterrent for bad behavior rather than based on factual events.

Since the discovery of the remains in the well in 1994, the community of Richmond has had various meetings and public forums regarding the proper reinternment of the remains. As Tammie Smith, a journalist with the *Richmond Times-Dispatch*, pointed out, the discovery of the remains should be part of an ongoing conversation on the abuse of the black body for medical research in the late nineteenth and early twentieth centuries. The results from the experimentation and research on black bodies during this time period is described by present day researchers as creating a deep mistrust of medical establishments in the African American community.²⁴⁴ "People like to attribute blacks' mistrust of research of Tuskegee, said Shawn O. Utsey, a professor of psychology at VCU. But I think this practice of grave robbing, which was much more widespread, not only in Richmond but in other places as well", is a factor."²⁴⁵

As of February of 2015, VCU planned to engage the community in a series of discussions about the remains found in the well. As VCU considered what to do with the remains, one idea presented by a planning committee was to identify people in the community who might serve as 'stand-in' descendants to help plan memorial services. "We need to understand who these people were," said Michael L. Blakey.²⁴⁶ Blakey is a National Endowment for the Humanities professor of anthropology at the College of William and Mary; he is serving as a consultant to the planning

244. Tammy Smith, "Human bones found in a well at VCU reveal the mixed legacy of race and medical progress", *Richmond Times-Dispatch*, February 14, 2015, 1.

245. *Ibid.*, 2.

246. *Ibid.*, 3.

group.²⁴⁷ The planning committee, dubbed the East Marshall Street Well Project Planning Committee, has been meeting since September of 2013.²⁴⁸ The committee was formed after the 2011 documentary highlighted the practice of medical grave robbing and the role of Chris Baker. There was an open house and a ceremony to introduce the community to the project in November of the same year. The objective of the community conversation is to “really show that level of respect to these individuals whose remains were discovered, to treat them with dignity and to move forward in a way that demonstrates that dignity that they did not receive during their life or at the time of death,” said Kevin Allison, senior assistant to VCU President Michael Rao.²⁴⁹

On April 18, 2015 the first of four community discussions were held. In the course of the discussion several questions were raised. Is it possible to do forensic facial reconstruction of skeletal remains found decades ago in the well? Should the excavation have been deeper? What are the options now for DNA testing of the remains?²⁵⁰ One issue with attempts to designate a stand-in descendant is there is no proof where the bodies came from. Jodi Koste, an archivist and head of VCU’s Tompkins-McCaw Library Special Collections and Archives, discussed some of the history of grave robbing for medical schools in the late nineteenth century at the meeting. Koste pointed out that there are archival records from medical faculty meeting minutes that

247. *Ibid.* 3.

248. Tammie Smith, “Second community discussion today on human remains found on VCU Medical Center campus”, *Richmond Times-Dispatch*, May 1, 2015, 1.

249. Tammie Smith, “Human bones found in a well at VCU reveal the mixed legacy of race and medical progress”, *Richmond Times-Dispatch*, February 14, 2015, 3.

250. Tammie Smith, “Second community discussion today on human remains found on VCU Medical Center campus”, *Richmond Times-Dispatch*, May 1, 2015, 1.

showed where the remains would be disposed of after dissection but no such record of where the bodies originated. A map from the era showed a pauper burial ground and a state prison within a mile of the medical college-either of which could have been an abundant source for medical specimens.²⁵¹ The committee reached a decision that “surrogate descendants” would be designated. In the years that followed, the committee would receive and revise various draft reports on suggestions for reburial of the remains.

In 2016, the “surrogate descendants” issued preliminary recommendations for memorializing the skeletal remains. The recommendations in the draft report from the Family Representative Council of the East Marshall Street Well Project included internment in keeping with African traditions, DNA analysis to reconstruct ancestry, and an annual remembrance ceremony by the Virginia Commonwealth University medical students.²⁵² The report acknowledged the ‘dehumanizing practices surrounding the well during the nineteenth century and the 1990s,’ which was reference to how the university handled the discovery of the bones 22 years ago.²⁵³ “For the sake of economic expediency,” construction work was, “not adequately halted for systematic archaeological investigation,” the council’s report says. “More than 400 artifacts and animal remains were retrieved, but the well, which dates to before the Civil War, was “covered hastily without being fully excavated”.²⁵⁴ “For VCU, the report is a reckoning with an unpleasant past of the sort confronting universities nationally. We, as other institutions, want

251. *Ibid.*, 2-3.

252. Karin Kapsidelis, “Draft report suggest ways to honor ‘ancestral remains’ from MCV well”, *Richmond Times-Dispatch*, June 7, 2016, 1.

253. *Ibid.*, 1.

254. *Ibid.*, 1.

to both acknowledge that history and learn from it, and understand how we can move forward in relationship with the community in a more collaborative and positive manner,” said Michael Rao, VCU President.²⁵⁵ In addition to recommendations to the use of African burial traditions, the council wanted the bones placed in coffin boxes designed by West African artisans and buried at the African Burial Ground site near Interstate 95.²⁵⁶ The African Burial Ground is believed to be the earliest site in Richmond designated for the burial of enslaved and free Africans. This area was also considered as a site for a broader slave memorial. The preferred site for burial, the intersection of North 16th and East Broad Streets, was used as a VCU parking lot until the property was transferred to the city in 2011. In lieu of the North 16th and East Broad Streets site, the council recommended the Evergreen Cemetery, where distinguished African Americans such as John Mitchell Jr., Maggie L. Walker, and A.D. Price are buried. The council suggested that if neither site is feasible then VCU should take the responsibility of procuring another site per the recommendations.²⁵⁷

The four memorial sites in or near the Hermes A. Kontos building would not only be a memorial but an interactive learning center at the burial site. The council further recommended an annual memorialization practice conducted by VCU medical students to pay respects to those who contributed their remains for the benefit of medicine and science.²⁵⁸ Between 2016 and 2018 the council members for the East Marshall Street Well Project continued to meet and invite

255. *Ibid.*, 2

256. *Ibid.*, 1.

257. *Ibid.*, 2.

258. Karin Kapisdelis, “Draft report suggests way to honor ‘ancestral remains from MCV well’”, *Richmond Times-Dispatch*, 2016, 2.

community input. In the 2016 article written by Kapisdelis, the council recommended DNA and microbial analysis of the remains should be performed to reconstruct regional genetic ancestry, molecular sex of juveniles, possible biological relationships of the ‘ancestral remains’, and health and environments.²⁵⁹ Additional studies were recommended to understand the well’s history in relation to broader experiences of African Americans and how they can be relevant to modern African American medical experiences. In addition to further study the council recommended renaming the project from the East Marshall Street Well Project to something that more accurately reflects the cultural history and identity of the ‘ancestral remains.’²⁶⁰

An article from December 2018, written by Mel Leonor, highlighted the same recommendations made by the council years prior, however the most debated recommendation concerned the scientific testing of the remains. In an interview, Joseph Jones, chairman of the Family Representative Council for the East Marshall Street Well Project, said there were concerns over the privacy of descendants and potential misuse of genetic information.²⁶¹ However, support for further research and study of the remains was voiced through community feedback. “How are people’s experiences with the health care system contextualized in light of this discovery? There tends to be a lot distrust among African Americans and other communities, in part because of this history,” Jones said.²⁶² In relation to this statement, the council urged

259. Karin Kapisdelis, “Draft report suggests way to honor ‘ancestral remains from MCV well”, *Richmond Times-Dispatch*, 2016, 2.

260. *Ibid.*, 2.

261. Mel Leonor, “Group proposes ways to memorialize African American remains found in well at VCU in 1994”, *Richmond Times-Dispatch*. December 4, 2018, 2.

262. *Ibid.*, 2.

VCU to launch a “systematic investigation of its historic relationship to slavery,” and potential mechanisms for atonement of that legacy.²⁶³ The most recent development in the decades long conversation about the remains from VCU was the return of the remains to Richmond from the Smithsonian in November 2019. Upon initial the discovery in 1994 the remains were sent to the Smithsonian in Washington D.C. for study. The 44 individuals over the age of 14 and nine children under the age of 14 were brought back to Richmond for further study before their burial and memorialization at the African Burial Ground.²⁶⁴ The council, along with VCU, continues to advocate for the proper burial of the remains and recognition of the sacrifices for medical science unknowingly made.

In this chapter I have discussed the two different public reactions from these two historical medical colleges. The twentieth century reactions to nineteenth century grave robbing suggest the need to rectify past misdeeds. Universal laws in the US like NAGPRA and individual state laws to protect the body from harm after death are some of these indicators. However, the case of Bessie Wilborn and the material I will discuss in the next chapter demonstrate there are still flaws in the system designed to protect the body after death.

263. *Ibid.*, 3.

264. Cameron Thompson, “Remains of dozens found in the bottom of well returns to VCU: ‘This is a celebration’”, *WTVN*, November 25, 2019. 2-3.

Chapter 5: *Epilogue and Conclusions*

I. *Epilogue*

Modern day examples of skeletal remains uncovered by construction projects around the U.S. still occur with some regularity with the expansion of campuses, roadways, and building projects. The question that will need to be answered in any case, is how best to handle these discoveries? In addition to the recovery of skeletal remains in non-mortuary situations, there is a continued need for cadavers for medical purposes. Has the procurement of cadavers improved? Are the people who obtain cadavers and tissues for medical use in business settings the new resurrection men?

A recent discovery at the University of Georgia in November of 2015 happened under similar circumstances of the events in Augusta in 1989. The remains of 105 gravesites were discovered in November 2015 during work on the expansion of Baldwin Hall, an academic building adjacent to the Old Athens Cemetery.²⁶⁵ The Old Athens Cemetery operated as a public cemetery throughout the 19th century. Despite the discovery of 105 gravesites, only 30 gravesites contained sufficient remains to allow for DNA testing. The sites that were empty could indicate that the individuals were previously moved.²⁶⁶ Construction was delayed from the time of discovery until February 2016 while archaeologists from Southeastern Archaeological Services Inc., and bioarchaeologists with the UGA Department of Anthropology worked to exhume the remains. Recovery and exploration continued through to the end of January 2017. The DNA

265. "UGA to reinter remains of individuals discovered in Baldwin Hall construction", *UGA Today* (Campus News, March 8, 2017). 1.

266. *Ibid.*, 2.

results that the research team was able to gather revealed that the majority of the remains were African Americans.²⁶⁷ All of the exhumed remains were catalogued and placed in individual funeral boxes. The decision was made to reinter the remains at the Oconee Hill Cemetery, the location closest to the original burial site in the Old Athens Cemetery. Senior university representatives held numerous meetings with leaders throughout the community for the proper reburial of the recovered remains. A letter dated March 6, 2017, from the State Archaeologist's Office to the university stated agreed upon measures for reinternment.

We recommended reinternment in separate containers as a group and arranged as closely as possible to the original burial configuration so as to not inadvertently separate potential family members. Additionally, (the State Archaeologist's Office) always suggests reinternment as close to the original burial location as possible. Oconee Hills (sic) Cemetery fulfills these two conditions as it is in geographic proximity to the original burial location and has space in which to reinter as a group. Throughout the investigation process, the University of Georgia...has fully complied with the requirements (for reinternment).²⁶⁸

The ceremony to reinter the remains was held on March 20, 2017. The speakers for the ceremony included various community leaders to ensure respect and dignity were given to the men, women, and children during reburial. While these remains were not discovered to be part of nineteenth century medical grave robbing events such as those that occurred on the MCG campus, they are still part of the history and conversation about the university's larger role in the life, death, and burial of the forgotten corpse.

267. *Ibid.*, 3.

268. *Ibid.*, 3.

In another case involving campus construction, the remains of an estimated 7,000 people are believed to be buried beneath the University of Mississippi.²⁶⁹ The speculation was made after multiple construction projects at the university in 2013 and 2014. The article published in 2017 marks the number of possible recoverable remains at 7,000. According to the article the first coffins were uncovered in 2013 during a road construction project. Another 1,000 coffins were uncovered in 2014 during a parking garage construction project.²⁷⁰ This is similar to the discoveries at MCG and MCV, the remains were uncovered during expansion construction projects on a university campus. The discovery at the University of Mississippi is more like the 2015 discovery at the University of Georgia. These remains appear to be the results of cemetery interments. The bodies appeared to be the burials from the state's first mental institution—simply called the Insane Asylum. The Insane Asylum was completed in 1855 and operated until 1935. According to records, of the 1,376 patients admitted between 1855 and 1877, more than one in five died. At its peak, the Insane Asylum housed 6,000 patients.²⁷¹ The grounds of the asylum stretch across 20 acres of the campus where administrators want to begin new construction projects. Exhumation and reburial may cost up to \$21 million (as of 2017), more than \$3,000 per body.²⁷²

269. “University of Mississippi '7,000 bodies buried' beneath Mississippi university”, *BBC News: US and Canada* (May 8, 2017). 1.

270. “University of Mississippi '7,000 bodies buried' beneath Mississippi university”, *BBC News: US and Canada* (May 8, 2017). 3.

271. *Ibid.*, 3.

272. *Ibid.*, 1.

The university hopes to bring the total cost down by handling the exhumations in-house, possibly through the campus medical center, where the bodies were discovered. Their monetary projects at the time of this article's publication predicted the process could be done for \$400,000 per year over the next eight years.²⁷³ In methods similar to all the cases discussed, efforts will be made to study the remains and any materials remaining with the burials; perhaps even memorialize the remains that will be handled and reinterred. While every effort will be made to identify these people as they are uncovered there is only so much that can be done for skeletal remains identification. It is also possible, considering the nature of medical hospitalizations in the nineteenth century, especially for the poor or people of color, that the bodies uncovered will remain unidentified.

The need for bodies for medical and surgical training has not ceased with the advent of the 21st century. The methods for obtaining clinical material have generally improved beyond the need for grave robbing, however there are still issues with the legal donation system in the United States. While there have been new technologies developed and new methods of learning the demand for physical tactile experiences in dissection is still present.

In an effort to create a better tactile learning environment for future medical students while lessening the demand for human cadavers, new technologies have been adapted for such purposes. Computer models, artificially manufactured synthetic cadavers and body parts, and text illustrations can provide a good portion of a student's learning material. In lieu of an embalmed donated cadaver, a plastinated cadaver or specimen may also be used. Gunther von Hagens developed the process of plastination in the 1970s, which filled some need for medical

273. *Ibid.*, 1.

tissue samples and preservation methods for cadavers. The plastinated cadavers have proven far superior anatomical models to wax or digital models. The plastinated specimens are more durable, safe, and cost effective than traditional embalmed donated cadavers.²⁷⁴ Von Hagen is most noted for his traveling art exhibitions, *Body Worlds*, although the donated plastinated cadavers are used for teaching as well. A lengthy legal donation process is laid out for each individual interested in donating their body for teaching purposes or for the art exhibition.²⁷⁵ The majority of the donors for this particular process are German, but people from all parts of the world have added their names to the donation wait lists.

In the United States, The Uniform Anatomical Gift Act law dictates the donations of organs, tissues, and other bodily remains. The UAGA is part of a uniform legal statute that states how donations should be handled. Unfortunately, the legal statutes that currently exist do not address all legal questions which causes problems for ethical donation. Some scholars argue that some of the donation laws are mixtures of old common laws dated from the seventeenth century to varying state statutes that have been enacted and revised from time to time.²⁷⁶ At least 39 states have a variety of ways to deal with the issues of tissue and organ donation.²⁷⁷ Other scholars argue that because donation is an act that offers no financial reward, it is difficult to instill strong guiding ethical principles. Furthermore, while legislation plays a major role in the regulation of donation, it lacks effective enforcement. Organ transplantation is well regulated,

274. D. Gareth Jones, and Maja I. Whitaker, *Speaking for the Dead: The Human Body in Biology and Medicine*, 2nd ed. (Farnham: Ashgate Publishing Limited, 2009), 94.

275. "Body Donation for Plastination", 2016, <http://www.bodyworlds.com/en.html>.

276. Kenneth V. Iserson, *Death to Dust: What Happens to Dead Bodies?* (Tucson: Galen Press, Ltd., 1994), 752.

277. *Ibid.*, 614.

but there is very little regulation on the interstate traffic of tissues. Section 10 of the UAGA, for example, prohibits the sale or purchase of bodies or body parts but does allow for reasonable charge for storage, removal, processing, quality control, disposal, or transportation.²⁷⁸ Abuses of the corpse seem bound to happen with such vague parameters as those found in UAGA Section 10.

As mentioned in the previous section, the US system of organ transplantation is well regulated by government oversight. The same cannot be said for tissue donation. Reuters wrote and examined the sale of cadavers and donated tissues in 2017. The market that consists of donated for science cadavers and tissues is thriving but largely unregulated. Reuters series of articles begins in Las Vegas, Nevada and a company called Southern Nevada Donor Services. Southern Nevada Donor Services offered grieving families a way to alleviate funerary expenses. The company, working with local mortuaries, offered free cremation in exchange for donating a loved ones' body to "advance medical studies".²⁷⁹ It was in 2015 that the true circumstances of these donations came to light. The neighboring tenants of a Southern Nevada suburban warehouse began to complain about a terrible smell and bloody boxes in the surrounding dumpsters. Local health records show someone contacted the authorities to report odd activity around the warehouse in December of that year. The area health inspectors found a man in medical scrubs thawing a frozen human torso with a garden hose in the courtyard. According to a state report, "bits of tissue and blood were washed into the gutters", it ran past storefronts and

278. D. Gareth Jones, and Maja Whitaker, *Speaking for the Dead*, 46-47.

279. Brian Grow and John Shiffman, "The Body Trade: A Reuters Series", *Reuters*, (October 24, 2017). 1.

pooled across the street near a technical school.²⁸⁰ Further investigations revealed that Southern Nevada Donor services was a “body broker”. Body brokers or non-transplant tissue banks are companies that acquire dead bodies, dissect them and sell the harvested material for profit to training organizations, medical researchers, and other buyers. The torso being thawed on a gurney in the Las Vegas sun was being prepared for such a sale.²⁸¹

Each year, thousands of Americans donate their bodies with the belief their remains are contributing to science and research. Many are in fact unwittingly contributing to commerce, where their remains treated like raw materials in a largely unregulated national market. Body brokers are distinct from the government regulated tissue and organ transplant industry; for example, selling kidneys, hearts, and tendons for transplant is illegal. However, there is no federal law that governs the sale of body parts or cadavers for use in education or research. Few state laws provide oversight, regarding this, almost anyone can dissect and sell human remains.²⁸²

The current situation violates the dignity of dead in the same way 19th century grave-robbing cadavers for medical science did. We may have progressed in our understanding of medical science, but the lapse in laws and the ‘modern day resurrection men’ continue to be disrespectful to the dead. The industry’s business model relies on access to a large supply of free bodies. These “free” bodies often come from the poor or low-income families that cannot afford funerary costs or burial. The brokers cremate a portion of the donor at no cost and then sell the

280. *Ibid.*, 2.

281. *Ibid.*, 2-3.

282. *Ibid.*, 3.

rest of the corpse off piecemeal. “People who have financial means get the chance to have the moral, ethical, and spiritual debates about which method to choose,” said Dawn Vander Kolk, an Illinois hospice social worker. “But if they don’t have money, they may end up with the option of last resort: body donation”.²⁸³ Few rules and regulations in place mean few consequences when bodies are mistreated. The officials in the Southern Nevada case were only able to issue a minor pollution citation to one of the workers involved.

The need for donated bodies and clinical material for education, training, and research still exists in the 21st century. As was the case in the 19th century medical schools and surgical halls, cadavers and body parts are used to train medical students, nurses, and doctors. Some surgeons prefer biological human cadavers to mannequins or computer simulations for training and practice. Researchers favor biological human remains to develop new surgical instruments and techniques and developing treatments for disease. Despite the need for donated cadavers for all these endeavors there is no national registry of body brokers to ethically manage these donations. Anyone can legally purchase body parts in a majority of the states. Only four states closely track donations and sales- Florida, New York, Virginia, and Oklahoma. In the course of their investigation, Reuters was able to buy two human heads and a cervical vertebra after a few email exchanges with a Tennessee body broker.²⁸⁴ Through their interviews and examination of public records, Reuters identified 33 active body brokers, along with Southern Nevada, across America during the past five years. 25 of the 34 body brokers were for-profit corporations, the

283. *Ibid.*, 3-4.

284. Brian Grow and John Shiffman, “The Body Trade: A Reuters Series”, 4-5.

other 9 are non-profit. One for-profit broker earned at least \$12.5 million over the course of three years from harvested body parts.²⁸⁵

Reuters calculated from 2011 through 2015, private brokers received at least 50,000 bodies and distributed more than 182,000 body parts...As with other commodities, prices for bodies and body parts fluctuate with market conditions. Generally, a broker can sell a donated human body for about \$3,000 to \$5,000, though prices sometimes top \$10,000. But a broker will typically divide a cadaver into six parts to meet customers' needs. Internal documents from seven brokers show a range of prices for body parts: \$3,575 for a torso with legs; \$500 for a head; \$350 for a foot; \$300 for a spine.²⁸⁶

In an unfortunate breach of trust and ethics, the American funeral industry has also become part of the business of the body broker. Reuters identified 62 funeral operators that have lucrative business arrangements with brokers. The funeral homes provide brokers with access to donors and in return, the brokers pay the mortician's referral fees. These arrangements generate income for morticians to cover the costs of families that are unable to afford basic cremations.²⁸⁷ These arrangements target financially distressed grieving families, sometimes without their full comprehension of what donations entail. As established in previous chapters, there are few rules protecting the corpse or governing the rights of the donor or their next of kin. As a result, cadavers and parts can be bought, sold, and leased multiple times; this makes record keeping of donors difficult. The lack of oversight leads to instances of bodies used without proper donor or next-of-kin consent, misleading information about how donated bodies would be used, bodies stored in unsanitary conditions in which they are left to decompose, and improper interment.²⁸⁸

285. *Ibid.*, 5.

286. *Ibid.*, 5;6.

287. *Ibid.*, 6.

288. *Ibid.*, 7.

This series of investigations illuminates that we have not progressed terribly far from 19th century activities like grave-robbing for medical science. Moreover, this system seems to be geared toward low income people with little other choice or the unclaimed poor of the state.

As it is completely legal to sell human remains under the guise of donation, it is similarly legal to buy skeletal remains. Since the mid-1960s to the present, most skeletal remains are acquired from actively willed remains. The majority of skeletal remains used in modern day anatomical lessons were imported from India and Bangladesh up until the 1980s when a temporary ban was placed on exports of human materials. As of 2013, several U.S. biological supply companies source their skeletal material from India and other parts of Asia. Anatomically prepared human remains can be purchased from private sellers on internet sites. Collectors of human remains, medical professionals and average buyers alike, seek out skeletal material and human remains as curiosities, particularly the remains that display some type of pathological condition or anomaly.²⁸⁹ At this current moment in time, any individual in the U.S. can use their smart device to sell, purchase, and trade human skeletal remains. There are some stipulations such as NAGPRA and each state has some provisions regarding how human remains on the market can be obtained or moved across state lines. The online site for a shop in Los Alamitos, California, simply called the Bone Room, assures buyers that it is legal to possess and sell human bones in the United States and offers listings like “#6043 India male”, a slightly damaged skull for \$1,800.00.²⁹⁰ The social media site Instagram has become a hub for human bone commerce.

289. Paolello, Josephine M., and Alexandra R. Klales, “Contemporary Cultural Alterations to Bone”, In *Manual of Forensic Taphonomy*, edited by James T. Pokines, and Steven A. Symes, (Boca Raton: CRC Press, 2013). 182-184.

290. Brian Switek, “The human bone trade is legal-and booming on Instagram”, [excerpt: *Skeleton Keys: The Secret Life of Bone*], *Popular Science*, (March 5, 2019). 1.

This is in part due to other popular websites and apps like Etsy and eBay banning the sale of human bone in 2012 and 2016 respectively. eBay's ban on skeletal remains occurred when a scientific report tracking the auction site's market for human skulls was compiled by the State of Louisiana. Christine and Ryan Seidemann of the Louisiana Department of Justice tracked the sale of 454 human skulls, noting only fifty-six were "of forensic or archaeological interest", and shouldn't have been listed for sale.²⁹¹

Damien Huffer and Shawn Graham track how human remains are marketed and sold over the internet. In the 2017 paper, "The Insta-Dead: The Rhetoric of the Human Remains Trade on Instagram", they argue that these skeletal remains are effectively stripped of their humanity. There is little to no information about who these people were, where they came from, or how the remains were obtained. These skeletal remains have simply become things. Human remains are being turned into jewelry pieces or coffee table centerpieces-bought, sold, and traded as consumer products for collectors. Remains that are older, broken, or stained can still be sold on some sites like Etsy because they are labeled as antique or historic.²⁹² The "historic" remains may have come from estate sales or deaccessioned medical school collections and possibly gives the illusion of slightly more ethical collecting, however, the lack of information still relegates the remains to mere objects for the shelf.

The human bone trade is not just isolated to the U.S. considering the growing culture around collecting found on Instagram. A *Wired UK* article was published shortly after Brian Switek's piece in *Popular Science* highlighting the same worrisome trend of buying and selling human remains like casual commodities. The main highlight of Oscar Schwartz's article Henry

291. *Ibid.*, 2.

292. *Ibid.*, 2.

Scragg, a gardener from Essex. Scragg was able to buy 12 human skulls online with very little difficulty. He began his collection by photographing the skulls and uploading the photo onto Instagram. Scragg's Instagram account now has over 33,000 followers and has become a central hub for active buyers and sellers of human remains on Instagram.²⁹³ Many of the people collecting bones, whether unique or not, view it as a legitimate, eccentric hobby. As with the U.S., there is nothing illegal about trading human remains on the online platform. In the U.K., human bones fall under the "no property rule" in common law. This law means that the remains belong to whoever is in possession of them, and no paperwork is required to prove ownership. The odd grey area for the U.K. law states that publicly displaying human remains requires a license from the Human Tissue Authority, this law does not extend to posting photos of them online.²⁹⁴ Once again, the treatment of human remains as mere objects of curiosity or disposable tools of a trade do not place the 21st century far from the events of the 19th century.

II. *Conclusions*

In conclusion, this thesis is not simply about medical grave robbing. I have discussed the early history of grave robbing for medical purposes and how it shaped the history of two medical colleges. I have discussed grave robbing in different situations but all for the same end. It is important to note that grave robbing became a more prominent issue as more medical schools became more scientific and the demand for surgical and pathological anatomy training increased.

293. Oscar Schwartz, "Instagram's grisly human skull trade is booming", *Wired UK*, (July 18, 2019). 1.

294. *Ibid.*, 2.

These two colleges treated the discovery of human skeletal remains on their campuses differently but neither approach was wrong. Both colleges recovered the remains and worked to rebury and acknowledge the unpleasant truth behind their history. Despite their similarities, their different approaches to the treatment after discovery is part of an ongoing conversation in the twentieth and twenty-first century.

One of the key differences between Virginia and Georgia were the actions that surrounded final burial for the remains. Virginia had Dr. Michael L. Blakey acting as consult for final burial suggestions and plans as well as engaging the community in the larger discussions about proper remembrance and reinternment. Blakey is a physical anthropologist and was the scientific director of the African Burial Ground Project. The African Burial Ground Project was a recovery project of the largest bioarchaeology site of its kind. This former colonial African American burial ground in lower Manhattan created more public awareness about the conditions and social situations of the African American population in colonial New York. Dr. Blakey worked with the community to create a dialogue about the human rights and history of the enslaved African Americans of New York.²⁹⁵ His input on the remains discovered in Virginia set the stage for a different type of discussion for the reburial of a historical vulnerable group of people.

As I have discussed, various federal and state laws were passed to stem grave robbing and abuse of the corpse. NAGPRA, in particular, may have influenced the recovery in Virginia. The remains found in the well at MCV were not Native American but what NAGPRA did provide was a new method of public discussion about how the remains should be reburied. Virginia took the opportunity to discuss various avenues for reburial and remembrance, which is

295. Michael L. Blakey, *Archaeology*, Archaeological Institute of America, 2003.

central to NAGPRA's repatriation policies. NAGPRA was not in effect when the remains at MCG were first discovered. However, NAGPRA was passed four years before the final burial of the MCG remains, which may have affected the overall discussion over the treatment of the remains.

“Structural violence is harm done to individuals or groups through the normalization of social inequalities in political-economic organization”.²⁹⁶ Anatomy laws in the nineteenth century demonstrated social structural violence against the poor and African Americans. Current laws, even though improved, still maintain the same sort of structural violence that directly effects the poor and indigent in unclaimed body donation clauses for medical use. Information found in the Reuters investigation series also demonstrate the power entities like body brokers hold over the poor when it comes to burial and ritual. Though specific clauses that indicate the use of dissection specifically as a postmortem punishment have been removed from anatomy laws, there is still a residual fear about postmortem punishments in medicine. As Nystrom describes, “The passage of anatomy laws was also articulated as a means of dealing with the problem of the poor. The threat of dissection was a means of social control meant to deter laziness and sloth”.²⁹⁷ We must continue to examine these activities as they affect not only the dead but the living as well.

Ultimately, I believe this thesis adds to the conversation about the abuses of the poor and disenfranchised in the nineteenth century. Despite twentieth century laws and federal regulations, the poor and disenfranchised are still subject to abuse after death. While we may not have a

296. Kenneth C. Nystrom, “The Bioarchaeology of Structural Violence and Dissection in the 19th-Century United States”, *American Anthropologist* 116, no. 4 (2014):1 DOI: 10.1111/aman.1251.

297. *Ibid.*, 11.

modern-day equivalent of William Burke and William Hare, the commercialization of the body has continued. The body still remains an object, and often times, that objectification comes at the expense of the poor. As long as we continue to treat the corpse as a commodity, the new potential tools of the medical trade, such as computer models and artificial synthetic cadavers and tissues, cannot replace the old methods. How should we treat non-mortuary context remains? How should we ensure that skeletal remains are treated with the same dignity as the living? We should look to the situations in Georgia and Virginia, how each institution worked to identify the individuals discovered, how to acknowledge the wrongdoing of the past, and how to provide a respectful final resting place for those denied one in the past.

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