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Dissectible Bodies in the Nineteenth-Century: Robbery of  
African American Graves for Anatomical Dissection in the United States

The first report of human dissection in the United States dates as far back as 1734 when the body of a Native American who, executed for murder, was publicly dissected in Boston.<sup>1</sup> The pressing demand for cadavers, however, surfaced in 1762 when medical colleges like the Medical College at the University of Pennsylvania, the Medical College of Philadelphia and King's College (now Columbia University) began to offer formal human anatomy courses in which dissection was required. In this essay, I will be specifically looking at the controversial origins of anatomical dissections in the United States by focussing on the perception of necessity that influenced the use of African American bodies for science. Due to the ideological systems in place, African American bodies were the most acceptable bodies to gain medical knowledge from because the commodification of their bodies transgressed the line between life and death, which meant that their bodies were often commodified in death as they had been in life. Secondly, science as an "unquestioned prerogative" was not expected to abide by a moral code but instead was expected to breach the "superstitious" notions held by the general American population. To convince the American population of the objective and foundational personality of medical science, the desecration of African American graves and the use of their bodies instead of white bodies for dissection was key.

Anatomy as an academic discipline was influenced by the European belief in the importance of anatomy and dissection for the mastery of medicine and surgery.<sup>2</sup> The establishment of anatomy as an academic discipline was revered as a means to dispel

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<sup>1</sup> Norman L. Cantor, *After We Die: The Life and Times of the Human Cadaver*, 178.

<sup>2</sup> *Ibid.*

superstitions regarding the “self.” It was believed that an “anatomically conscious” individual would be rational and self-regulating, and would not be dependent on the church or the state for guidance.<sup>3</sup>

Grave robbers had several nicknames assigned to them by the public, who was aware of the practice of grave robbing, including “night doctors,” “sack-em-up men,” and “body-snatchers.”<sup>4</sup> However, professors of anatomy referred to grave robbers as “resurrectionists” and this distinction is one that signifies how the medical community thought about the questionable means of procuring corpses in contrast to the way the public perceived the retrieval of bodies by the medical community. The public’s opposition to human dissection was perceived as a major obstacle to improving medicine and the overall quality of care. It went to great measures to protect graves from body snatchers such as installing iron bars and fences around sites of burial, locking coffins, hiring cemetery guards and placing large stones upon fresh graves.<sup>5</sup>

The sanctity of the grave, however, was only extended to certain groups, mainly the white middle and upper classes and not for the marginalised. In 1827, the African American newspaper *Freedom’s Journal* suggested an economical defense against grave robbing:

As soon as the corpse is deposited in the grave let a truss of long wheaten straw be opened and distributed in layers, as equally as may be with every layer of earth until the whole is filled up. By this method the corpse will be effectually secured:...the longest night will not afford time sufficient to empty the grave, though all the common implements of digging be used for that purpose. (*Medical Apartheid*, Washington, p. 127)

By the nineteenth-century, certain states had passed laws requiring officials at every almshouse, prison, morgue, hospital and public institution to provide corpses to medical schools if they were to otherwise be buried at the public’s expense<sup>6</sup> in order to prevent grave

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<sup>3</sup> Micheal Sappol, Introduction to *Traffic of Dead Bodies*, 7.

<sup>4</sup> “From Sacrilege to Privilege: The Tale of Body Procurement for Anatomical Dissection in the United States,” Raphael Hulkower, 24.

<sup>5</sup> *Ibid.*

<sup>6</sup> EC Halperin, “The Poor, Black and the Marginalised as the Source of Cadavers in United States Anatomical Education,” 490.

robbers from stealing corpses from the more “respected” cemeteries. One New Yorker wrote that besides executed criminals, “the only subjects procured for dissection [were] the productions of Africa...and if those [were] the only subjects for dissection, surely no person can object.”<sup>7</sup>

It was only when the corpses of those considered respectable (requirements included being Caucasian and of sufficient means and status) were taken for dissection that it was considered a sign that anatomists had crossed a moral-ethical boundary in the name of science. Nineteenth-century newspapers sensationalised the stories of cases like when the body of Congressman John Harrison was discovered at the Medical College of Ohio in Cincinnati. Rarely did the newspapers inform their readers of the extensive grave robbing that made up the majority of the illicit body trafficking that took place in black burial grounds and potter’s fields, or the bodies of slaves that owners delivered to anatomists.<sup>8</sup> The existing prejudices of the nineteenth-century about African Americans made it easier to justify what was acceptable when conducting research on the deceased. In 1828, a correspondent for the *Statesman and Patriot* discussed the Georgian legislation’s proposal to legalise the use of executed black felons in order to preserve the rest of white corpses:

The benefit of colored persons, whose execution is necessary to public security, may, we think, be with equity appropriated for the benefit of science on which so many lives depend, while the measure would in a great degree secure the sepulchral repose of those who go down into the grave amidst the lamentations of friends and the reverence of society.<sup>9</sup>

African Americans resisted to this treatment but because of their designated position as social outcasts in a society rigidly divided by socioeconomic status and “race” they were often either silenced or ignored. This solidified the place of minorities in dissection rooms across the country’s medical colleges because not only were most African Americans unable

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<sup>7</sup> *Ibid.*

<sup>8</sup> DC Humphrey, “Dissection and Discrimination: The Social Origins of Cadavers in America, 1760-1915,” 822.

<sup>9</sup> Hight, “Body Snatching & Grave Robbing: Bodies for Science,” 420.

to protect the graves but they were the ones that the public found the easiest to justify desecrating. Legalization capitalised on the societal opinion that dissection was an abhorrent and shameful fate in order to justify a double sentence of execution and then discrimination. Harriet Washington wrote in her book *Medical Apartheid*, that as a result “physicians appropriated the bodies of enslaved persons with no legal rights or those of free blacks with no rights that a white man was obligated to respect.”<sup>10</sup>

The use of executed criminals’ bodies had previously fulfilled the needs of the anatomists but the late eighteenth- and early nineteenth-century saw the rise of medical dissections which quickly exceeded the supply of criminals’ bodies.<sup>11</sup> Grave robbing from vulnerable and abandoned cemeteries compensated the discrepancy and from 1745 onward, the practice became rampant. The professors of medical universities would often only accept corpses that had not yet begun to decompose or were only in the early stages of decomposition. Grave robbery also provided an easy way to make money for those who were willing to take on the endeavor due to the high demand. The robbers themselves ranged from professional thieves, to tavern owners to medical students who were trying to procure a fresh body for their next lesson.<sup>12</sup>

Within the western medical discourse of the nineteenth-century, the corpse, or the anatomical body, was believed to be the self-encased within the flesh. The anatomical body was “outfitted with an extravagantly detailed exterior with anterooms and workspaces and workers, or several layered interiors -- corresponding to the structure of a building or the rise of man from savagery to civilization...and, inescapably, anatomy put the body, in whole and in part, in dialogue with authoritative medical discourse.<sup>13</sup> Outside of medical discourse, the body was considered the outward social signifier of status. When a person was alive, they

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<sup>10</sup> Washington, *Medical Apartheid*, 121.

<sup>11</sup> Tward & Patterson, “From Grave Robbing to Gifting: Cadaver Supply in the United States,” 1183.

<sup>12</sup> Hight, “Body Snatching & Grave Robbing: Bodies for Science,” 419.

<sup>13</sup> Micheal Sappol, Introduction to *Traffic of Dead Bodies*, 7.

legitimated their social positions by how they discursively marked their body; their dress, posture, gestures, language they used to describe themselves. The cultural significance of outward appearance can be examined in relation to the state of specific cemeteries. White “respectable,” Christian bodies were often securely buried within enclosed Church cemeteries with identifiable headstones. African Americans and the “indigent,” however, were buried in segregated graveyards and were often buried without an identifying marker.<sup>14</sup> “Resurrection men” often targeted black cemeteries because they were the easiest to raid due to the insecure burial practices and because they would face minimal opposition in comparison to raiding white cemeteries.

While the corpse may not physically sense disturbance, what disturbed the 19th century public was that a corpse was still a powerful symbol of its descendent; its mistreatment affected those who were alive and had known the identity of the person. This challenged the American tradition and comfort of burying those who passed away to rest in peace. Norman Cantor wrote that the expectation for a corpse to rest in “quiet repose” was destroyed when the corpse was taken from its resting place. The cultural fabric of Christian America endorsed the process of natural decay because whether or not physical resurrection would actually have taken place, the integrity of an undisturbed and buried corpse served as a metaphor for the security of a future soul.<sup>15</sup>

Arguably, even without active physical disturbance of human remains, various types of conduct could degrade the dignity of a corpse enough to qualify as abuse; the idea of “quiet repose” substituted with “post-mortem service.” If, after all, the body was still considered an extension of the deceased instead of as evidence of extinguishment it would appear that, “just as much as a relative or friend might protect their loved one from abuse

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<sup>14</sup> Hightet, “Body Snatching & Grave Robbing: Bodies for Science,” 421.

<sup>15</sup> Norman L. Cantor, *After We Die: The Life and Times of the Human Cadaver*, 249.

alive, would they not want to do the same when they had gone?"<sup>16</sup> Aesthetically, dissecting a human cadaver was perceived to have been an offensive desecration of the human body laid to rest in "quiet repose." It was assumed that death ended a person's period of service to fellow human beings, but in the case of gaining medical knowledge from cadavers, post-mortem service to humanity offered an alternative function

Physicians admitted that body snatching was "morally reprehensible and personally degrading, but it was [also] necessary" ("Body Snatching & Grave Robbing: Bodies for Science," Highet, p. 425). A paradox existed within early medical education where medical students needed "hands-on" experience to avoid making novice mistakes with future patients. An aspiring doctor who lacked detailed anatomical knowledge would not be respected by the community, would be unable to acquire patients or would only be able to practice medicine under the constant threat of a malpractice suit.<sup>17</sup>

For African Americans, the idea of "postmortem service" was an extension of involuntary servitude into eternity, because even in death, their bodies were still under white control. The community did speak out about the treatment of their cemeteries and graveyards but because their bodies were considered necessary in the advancement of anatomical science, the medical establishment and the public alike often dismissed their concerns. In 1883, a crowd of African Americans in Philadelphia gathered at the city's morgue to protest the destruction of their gravesites and demanded protection of the bodies that laid there. Samuel George King, Philadelphia's mayor, responded that he "did not have sufficient police to guard the cemetery."<sup>18</sup> In this case, it is pertinent to consider the fact that the commodification of an African American body in death was not separate from how much of a human they were considered when they were alive.

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<sup>16</sup> Norman L. Cantor, *After We Die: The Life and Times of the Human Cadaver*, 177.

<sup>17</sup> Highet, "Body Snatching & Grave Robbing: Bodies for Science," 419.

<sup>18</sup> *Ibid*, 423.

The degree of humanity allocated to a marginalised individual depended, in part, on the influence of external factors such as racial prejudice within the scientific explanation for their existence. The polygenist theory was popular in the American and European medical community during the late eighteenth and early nineteenth-centuries. The theory proposed that categories of races indicated entirely different species of man, with different origins as well as different physical characteristics and mental capabilities between Caucasians and African-Americans.<sup>19</sup> Allegedly, inferior cognition was only the beginning, in 1854, Josiah Nott and George R. Gliddon produced a popular book called *Types of Mankind*. In this book, they claimed that Blacks' physical and mental differences signaled their polygenic origins and proved black inferiority.<sup>20</sup> This popular theory, among others, naturalised the dehumanization that resulted from the desecration of African American graves by proposing an irrefutable scientific foundation.

Another way to downplay the anger and fear African Americans felt was to use medical science as a factual foundation that, when contrasted, would reject African American fears of dissection as unfounded superstition. As, Washington points out, even during epidemics, blacks would avoid hospitals because they were afraid they would end up on the dissection table.<sup>21</sup> A black Richmond newspaper called *The Colored American* an article voices these concerns that were within the African American community,

Medical science requires "anatomical subjects;" it is not fitting the dignity nor the sensibilities of white men to use their dead bodies for such purposes; and black men are not every where to be found; but in Richmond they may be found; and as the dignity and sensibility of a black man are of no account, and the health of slaveholders requires that they should have good physicians; articles to be forthcoming only from "Medical College" where "anatomical subjects" are abundant, *ergo* a medical college ought to be established at Richmond.

...O Slavery! Foul spirit of darkness! Not content with gorging thyself with the tears and blood of thy living victim, thou followest him into his grave, and there tearest him limb from limb, and riotest amid the last relics of his corrupting dust, as if thou couldst be satisfied with nothing short of his annihilation. (*Medical Apartheid*, Washington, 128)

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<sup>19</sup> Washington, *Medical Apartheid*, 34.

<sup>20</sup> Gliddon, Nott, *Types of Mankind*.

<sup>21</sup> *Ibid*, 125.

Georgia Legislature in 1828 proposed that in order to ensure that white corpses would be spared from dissection tables, the bodies of executed black felons should be sent to medical colleges for dissection. A correspondent from the *Statesman and Patriot* captured the justification in his statement,

The bodies of colored persons, whose execution is necessary to public security, may, we think, be with equity appropriated for the benefit of science on which so many lives depend, while the measure would in a great degree secure the sepulchral response of those who go down into the grave amidst the lamentations of friends and the reverence of society. (Washington, *Medical Apartheid*, 127)

When medical students extended their practice of grave robbery into white cemeteries at Trinity Church and Brick Presbyterian Church in New York, New Yorkers objected en-masse. Among the 5000 rioters who bombarded the New York Hospital, were African Americans. The riot was part of the two-day long Doctors' Riot of 1788 in which the rioters also assailed Columbia Medical School and assaulted physicians and students alike in "retaliation for disturbing the eternal rest of New Yorkers."<sup>22</sup>

These examples demonstrated how even after death a body was still subject to external forces. In each case, however, the corpse retained a lasting image of the person it used to be. A human constructs a personal identity and an image that is presented to the world and part of that image stems from the person's physical appearance and actions. In the case of the congressman, he had presumably contemplated constructing a favorable legacy of his image that would endure the post-mortem. Defilement of such a corpse or any denigration of his personal identity, therefore, taints a "lifetime's" image of the person.<sup>23</sup> This would have typically invoked outrage about the offense to remains held sacred by survivors. In the case

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<sup>22</sup> *Ibid*, 126.

<sup>23</sup> Norman L. Cantor, *After We Die: The Life and Times of the Human Cadaver*, 39.



of the “other” bodies that came from the poor and the marginalised, they found themselves on the anatomist’s slab and their subjectivity was justifiable to a white, bourgeois society.

The body itself could only be manipulated within its limited cultural capacity due to external boundaries and categorization. The internal governance, innovation and bodily regulation ceased upon death and the external forces did not. Threatening someone with anatomical dissection served as a means for the ruling class to exert social control over the weak and marginalised even after death.<sup>24</sup> It was proposed that as long as only the bodies of African Americans and the indigent -- who presumably leached resources from their society - - were used for dissection, nobody would object to the practice. This service would allow these groups a chance to repay their “debt” to society.<sup>25</sup>

State legislatures in the nineteenth-century gradually moved to increase the supply of legally obtained cadavers. From 1832 to about 1885 the majority of American states statutorily authorized the use of unclaimed bodies for dissection and anatomical study. These “anatomy laws” usually provided that a body unclaimed after 24 hours could be used as a subject by anatomists. Because unclaimed bodies most frequently came from public institutions like poorhouses, workhouses, and hospitals, the statutes were “effectively substituting the poor for the executed.”<sup>26</sup>

Facilitated solely by Western philosophies, the commodification of corpses and the belief in the superiority of the scientific prerogative allowed medical students to meet their education requirements. Interestingly enough, despite the notion that Caucasian bodies and African-American bodies were inherently different, it was accepted that the information garnered from dissecting African-American bodies would contribute to “white” medicine.<sup>27</sup>

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<sup>24</sup> EC Halperin, “The Poor, Black and the Marginalised as the Source of Cadavers in United States Anatomical Education,” 489.

<sup>25</sup> Hightet, “Body Snatching & Grave Robbing: Bodies for Science,” 422.

<sup>26</sup> Norman L. Cantor, *After We Die: The Life and Times of the Human Cadaver*, 182.

<sup>27</sup> Hightet, “Body Snatching & Grave Robbing: Bodies for Science,” 422.

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