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Grave Robbing in Lexington and Elsewhere

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GRAVE ROBBING FOR ANATOMICAL STUDY
During past centuries grave robbing was an occasional, necessary nocturnal activity of medical students. Human anatomy was an important subject in their medical training, but often too few corpses were legally available for study. C. C. Graham, an 1822 graduate of Transylvania's Medical Department, described filling this void by stealing corpses from graves in Fayette County.

"Dead bodies at that day were not articles of commerce, so we, the students, had to disinter them. [We] once had a battle, so published in the newspapers, at the old Baptist graveyard—the Battle of the Graveyard, so called. [When] taking up [a recently buried] Irishman...we were taken prisoners by an armed guard and hauled up to the court house for trial. [But] there was no law to make the dead private property, so the declaration of Scripture that from dust we came and unto dust we must return let us off by paying one cent damages for taking that much clay or soil.

"At another time, near Nicholasville, we were pursued when making our way to our horses hitched outside an orchard fence, and one ball of several fired lodged in the subject [the corpse being carried] on my back." ¹

The medical school established in Lexington by the trustees of Transylvania University in 1799 was the fifth such school in the United States. It was called a Medical Department like the four earlier schools at the University of Pennsylvania in Philadelphia, Harvard University initially in Cambridge, King's College in New York City, and Dartmouth in Hanover, New Hampshire. During its first decade, the handful of students who enrolled at Transylvania were taught mainly by preceptorship—one-on-one instruction. Only infrequent formal lectures were given, and studies of human anatomy suffered from lack of cadavers.²

Transylvania’s Medical Department did not begin to flourish until after the War of 1812, when its faculty was expanded to six. In 1815 Benjamin Dudley began lecturing on anatomy and surgery to a class of 20 students in a warehouse on the corner of Mill and Main Streets.³ The next year there were 60 students. Other courses in chemistry, pharmacology, botany, materia medica, physiology, obstetrics, and general medicine provided a full curriculum rivaling that taught in the eastern medical schools. This essay focuses on the subject of anatomy and the cadavers needed for its study. These matters have been a basic part of medical education throughout its long history.
Human dissection was not mentioned in ancient Greek medical literature until the period of the early Ptolemaic Empire. Around 330 B.C. a famous medical school was established at Alexandria, Egypt, where many important details of the body's internal structure were first described. The school's strong emphasis on anatomy faded when it began focusing on polypharmacy and theories of medicine. Five centuries later in Rome, the Greek physician Galen wrote extensively on medical matters, including anatomy. He had studied at Alexandria, but had witnessed no human dissections there and had access only to two human skeletons. His firsthand knowledge of internal anatomy came mainly from dissecting pigs and small apes, and he extrapolated incorrectly some of his animal findings to the human body. His numerous anatomical errors were not recognized until the sixteenth century by Belgium anatomist Vesalius.

In the late Middle Ages, European students learned anatomy mainly by listening to a teacher read from a standard anatomy text—generally works by Galen or later Italian anatomists. These sessions involved a reader sitting in an elevated chair above the students and a cadaver on a dissection table, a barber surgeon cutting it open, and a demonstrator wielding a long pointer. A fresh corpse was anatomized over four or so days in a tight schedule: day one—abdominal organs, day two—heart and lungs, day three: brain, and day four—extremities. Dissections were usually performed once every academic year during the cold months, since embalming was not widely practiced until the mid-nineteenth century. In early Europe only royalty, popes, prospective saints, and select others underwent early forms of embalming, which involved adding arsenic, mercury salts, or tar to body cavities emptied of their organs.

In Europe, forensic autopsies were sometimes performed on important persons who were suspected of having been poisoned or who had died of some mysterious disease. During the early Middle Ages a few enlightened European rulers recognized that the best practice of medicine required physicians having anatomical knowledge of the human body. For example, in 1230 Frederick II of Norman Italy (in Naples) ordered that an executed criminal be anatomized every five years before assembled physicians and surgeons at the nearby School of Salerno. Starting in 1308 in Venice a body was dissected for the benefit of its physicians each year. Later, rulers in Western Europe decreed even more frequent public dissections, but legal access to corpses for private dissections by physicians was uncommon. In 1492 when Michelangelo worked on sculptures in Florence's Santa Spirito, he was “paid” by the church's Prior with cadavers taken from a neighboring cemetery. Medical students rarely dissected cadavers on their own until around this time, and availability then became an issue.

The first reported case of grave robbing by medical students was at Bologna in 1319, and it is likely that serious medical students from other countries did the same. Such a student was Felix Platter (1536-1614), who would become Switzerland's most famous physician. As a youth in Basel, he had observed the dissection of a beheaded criminal. He attended the medical school in Montpellier, France, from 1552-56 and witnessed 16 public dissections there. He also robbed graves, sneaking into the university anatomy room several corpses that he and his colleagues had dug up at a cemetery outside the city wall or had purchased from the churchyard attendant.
A social deterrent to human dissection was the widespread aversion to mishandling the dead. Most cultures abhorred their desecration except in time of war. Some ancient people thought that the soul left the body only little by little and that the newly deceased might feel pain. Others worried that the spirits of disturbed dead might seek revenge. Greek sculptors glorified man’s surface anatomy, while Greek philosophers valued only his soul, and both had little interest in inner body parts. Roman and later Islamic law proscribed human dissection. Early Christians felt that an intact body was necessary for facing God on Judgment Day. But a recently discovered drawing on a Roman catacomb wall appears to depict an anatomy lesson in the fourth century A.D.

In Johann Wolfgang von Goethe’s novel, Wilhelm Meister (1796), the hero undertakes to study human anatomy and is assigned a body to dissect. It is that of a lovely young girl who had committed suicide and whose body had been procured by body-snatchers for the medical school. Despite his quest for knowledge, Wilhelm is so aghast at defiling the beautiful body that he rushes from the room. He later campaigns against grave robbing and is led to suggest wax models for use in dissecting classes as a substitute for human corpses. Goethe’s own interest in “plastic anatomy” led him to promote such models for anatomical use in German institutions.  

Student resurrectionists were sometimes arrested for robbing graves but were fined merely for grave-robbing. Sometimes arrested for robbing graves, sometimes arrested for robbing graves, and sometimes arrested for robbing graves.

United States, the few bodies legally made available to medical schools for dissection were initially mostly executed criminals, but later also unclaimed indigents. There are no records by the Transylvania faculty about the procurement of bodies used in anatomy courses. Graduates of the Medical Department were required to write a thesis of 12-40 pages on some medical topic, and of the 1,760 available dissertations, only four concerned some aspect of anatomy, and none of the authors explained the source of their cadavers.

From 1830-40, the Transylvania Medical Department was regarded as second only to that in Philadelphia because of Transylvania’s outstanding medical library, teaching equipment, anatomical models, and eminent professors. Dudley was perhaps the best known of them, being renowned for his successful lithotomies and trephinations. Transylvania’s Moosnick Medical and Science Museum has the upper half of a human skull showing a well healed burr hole, indicating that the subject survived the operation and lived on for several years. While there is no documentation of the skull’s history, this author speculates that it came from one of Dudley’s successful cases and was later dug up as a trophy by admiring medical students.

The Transylvania Medical Department closed in 1859. During its 60-year existence, 6,456 students were enrolled. The 1,881 physicians who graduated and the many who received no diplomas provided most of the medical care in the pre-Civil War South and West. The school’s demise came about for sundry reasons—notably, for not having “sufficient material for clinical instruction” and lacking an adequate legal supply of cadavers.

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1 Letter of C.C. Graham in Peter, R., The History of the Medical Department of Transylvania University, 1905, p. 33.
2 Wrights, J.D., Transylvania: Tutor to the West, 1975, p. 79.
3 Wright, p. 80.
6 When Lexington’s alcoholic and vagrant William King Solomon was sold at public auction to serve for 12 months as an indentured servant, two Transylvania University students offered a small sum for him, assuming he would die soon of alcoholic cirrhosis and be available for them to dissect. They were outbid by Solomon’s childhood nurse, who freed him to resume his derelict ways. He subsequently became a hero of the cholera plague of 1832 by digging graves in local cemeteries when the usual workers had died or fled.
7 Catalogue of the Transylvania University Medical Library, 1987, p. 481.
9 Transylvania Magazine, Fall 2007, p. 11.
11 Peter, p. 157.