

### The Cultural Politics of Anatomy

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**Tinne Claes.** *Corpses in Belgian Anatomy, 1860-1914. Nobody's Dead.* London: Palgrave Macmillan (Medicine and Biomedical Sciences in Modern History, 15); 2019. 325 p. 21 b/w illustrations. eBook ISBN 978-3-030-20115-9. 48,14 €

What kind of object is a human being in death? Who does it belong to? What should we call it? Corpse, cadaver, body? Ghost? Meat? Specimen? Sanitary danger? Dust? Death itself? How should we treat it, materially, affectively, ritually, professionally? How should we dispose of or retain it? What obligations —moral, social, economic, environmental— does it entail? What uses —scientific, political, religious, literary, iconographic, therapeutic, museological— are permissible? In what ways does humanity inhere in it, and for how long? And then there are fetuses, body-parts, and skeletal remains. What aspects of humanity inhere in them and for how long? And what meanings and obligations stick to faces, hearts, brains, genitals, hands, skulls?

There are no definitive answers. Or too many. Temporal, moral, historical, cultural, social, aesthetic, theological ... Which engender a politics.

Tinne Claes's *Corpses in Belgian Anatomy: Nobody's Dead* is a welcome new contribution to the historical scholarship on the cultural politics of anatomy and the multivalent multi-relational «social life» of the human body in death. As Claes tracks the itineraries of anatomists, corpses and body-parts, partly guided by

Annemarie Mol and actor-network theory, Michel Foucault's redoubtable *Birth of the Clinic* (1963) lurks in the background. But *Corpses in Belgian Anatomy* is also a moral narrative, following in the footsteps of Ruth Richardson's *Death, Dissection and the Destitute* (1987). That incandescent account describes how growing anatomical demand for cadavers in late 18th and early 19th century Scotland and England led anatomists and their hirelings to prey on the poor, disrupt customary death practices, and fuel a black market in illegally procured bodies and debates over the «use of the dead to the living». Notoriously, bodysnatchers even resorted to murder to supply the dissecting tables with (fresh) bodies. Richardson ends her account of anatomical villainy with the passage of the Anatomy Act of 1832 and the establishment of a utilitarian administrative regime that routinized anatomical violations of the funerary honor of the working poor<sup>1</sup>.

But contrast *Death, Dissection and the Destitute* with Adrian Desmond's *Politics of Evolution: Morphology, Medicine and Reform in Radical London* (1989), where the anatomists are divided between white-hat Geoffroyist radicals and black-hat Cuvierist conservatives. Desmond depicts the anatomy schools as hotbeds of «transformist» evolutionary theory, in the decades before Darwin entered the fray, and Geoffroyist transformism as the vehicle of a democratizing politics that aimed to unsettle British hierarchy. (Yet Cuvier and Geoffroy were often venerated together in the same pantheon of heroes of scientific medicine).

Since Richardson and Desmond, other scholars have followed with studies of the cultural politics of anatomy and the dead body in all sorts of places: America, Tasmania, the Austro-Hungarian Empire, Britain (late 19th- and 20th-century), Sweden, Mexico, colonial India, the American South under slavery and Jim Crow, Argentina, Egypt, Canada, the Ottoman Empire, even Baptist missionaries in Burma<sup>2</sup>. All of these works share certain themes: the power and powerlessness

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1. Mol, Annemarie. *The Body Multiple: Ontology in Medical Practice*. Durham: Duke University Press, 2002; Foucault, Michel. *Naissance de la Clinique*. Paris: Presses Universitaires de France, 1963; Richardson, Ruth. *Death, Dissection and the Destitute*. London: Routledge & Kegan Paul, 1987. Claes doesn't cite Appadurai, Arjun, ed. *The Social Life of Things: Commodities in Culture*. Cambridge: Cambridge University Press, 1986, but seems to have received the social biography of anatomical objects via Alberti, Samuel M.M. *Morbid Curiosities: Medical Museums in 19th-century Britain*. Oxford: Oxford University Press, 2011 and Hallam, Elizabeth. *Anatomy Museum: Death and the Body Displayed*. London: Reaktion Books, 2016.
  2. A full bibliography would take several pages, but see, for example, Fahmy, Khaled. *Law, medicine, and society in 19th-century Egypt. Droits d'Égypte: Histoire et sociologie*. 1998; 34: 17-52; Sappol, Michael. *A Traffic of Dead Bodies: Death, Dissection and Embodied Social Identity in 19th-century America*. Princeton: Princeton University Press, 2002, also with a brief discussion of Burma; Macdonald, Helen *Human Remains: Episodes in Human Dissection*. Melbourne:

of the human body in death; anatomy's changing status and role in medical education and research; the contested authority of secular scientific medicine; the growth of medical specialization; changing demand for, procurement and use of, cadavers; entanglements with politics, economic conditions, organized religion; racial science; gender, ethnic and class identity and struggle; and the disruption of customary and emergent funerary practices. But they also show that salient idiosyncratic local particularities attend in every instance. Any place where dissection was practiced, there are complicated stories to tell and make sense of.

And now Tinne Claes's *Corpses in Belgian Anatomy* investigates how, over a period of 60 years, anatomists procured, used and disposed of dead bodies and body-parts in Belgium. And how working people and the wider public responded to that. And how anatomists responded to the responses. Moving pieces colliding. The actors and institutions and practices all emergent and in unstable formation. A thicket of stories, hard to tell and hard to figure, a nearly unmanageable glut of research material which Claes manages mostly to great effect.

But the ambiguous apostrophe «s» in Claes's subtitle, «Nobody's dead», gestures toward a larger ontological canvas. If read as a possessive, it says the dead can't belong to any person or institution or profession, even if uneven power struggles provisionally determine some outcome. If a contraction —nobody is dead— then it asserts that life's end doesn't end the itinerary or agency of a body. The dead live on in memory or the imagination, or as the centerpiece of ritual mourning, or as the material of scientific research or medical pedagogy or clinical recordkeeping, or as medical or sanitary waste. Death doesn't end or resolve anything.

But eventually it must. Because it takes a lot of work to attach and maintain the identity of a human body in death as a person or a soul or a relation or an authority, as the ancient Egyptians well knew. Even the most strenuous investment in mummification and grave security doesn't secure funerary honor and

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Melbourne University Press, 2005, which focuses on Tasmania; Åhrén, Eva. *Death, Modernity, and the Body: Sweden 1870-1940*. Rochester: University of Rochester Press, 2009; Buklijas, Tatjana. *The politics of fin-de-siecle anatomy*. In: Ash, M. G.; Surman, J., eds. *The Nationalization of Scientific Knowledge in the Habsburg Empire, 1848-1918*. London: Macmillan, 2012, 209-44; Hurren, Elizabeth. *Dying for Victorian Medicine: English Anatomy and its Trade in the Dead Poor, c. 1834-1929*. Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2012, a sequel to Richardson; Berry, Daina Ramey. *The Price for Their Pound of Flesh*. Boston: Beacon Press, 2017, on the American South in slavery and Crow, Jim; Weber, Jonathan M. *Death Is All around Us: Corpses, Chaos, and Public Health in Porfirian Mexico City*. Lincoln: University of Nebraska Press, 2019; Ragab, Ahmed. *Medicine and Religion in the Life of an Ottoman Sheikh*. London: Routledge, 2019.

memory against entropy, banditry, the destructive processing of mummies to make «mumia» (a medication widely used in Europe and the Middle East for over a millennium), and archaeological excavation and collection.

Belgium had its own funerary economy. In the period that *Corpses in Belgian Anatomy* covers, gothic and sentimental narratives of dying and death were at the center of enormously popular novels and stage plays, and a humanitarian discourse on anti-slavery, anti-vivisection, asylum reform, and a thousand other topics, that flourished in mass-circulation books and magazines. As Catholic and then Socialist parties vied for the favor of voters (and journalists for the favor of readers), they took on the mantle of protector of the dead from the real and imagined predations of an elitist objectifying («materialist») medical profession. And anatomical medicine had its own narratives of secular scientific enlightenment versus the superstitions and ignorance of the masses and organized religion. Crucially, those competing death narratives were shaped by, and helped to reshape, customary practices of death and ideas of funerary honor, in the very moment when burial societies and sanitary associations were organizing, and an emergent commercial funerary industry was marketing grave goods, tombstones, coffins, processions, postmortem photographs and later, cremations and funeral urns. That large outlay of resources amounted to a considerable chunk of consumer spending.

In tandem with mass print media, the democratizing politics of the newly made Belgian state, and the gradual extension of rights from a small elite to «the masses», that funerary economy (should we call it «culture»?) deeply structured the narratives that Claes depends on for evidence and recycles in her own telling. The human body in death became the centerpiece of symbolic contests that rehearsed the key issues of the day: the boundaries of the market and state; class conflict; the authority of science vs the church and family, democracy vs elite rule, humanism vs materialism, capitalism vs socialism, etc...

Claes doesn't explicitly situate herself in the text, but sporadically drops the pose of academic neutrality, and instead attempts to dramatize the experience of anatomy's victims. The switch is signaled by the adoption of the present tense, reportage of weather and how historical actors feel in the moment, and, invariably, a taking of sides. «The gravedigger feels Vandevorst's eyes boring into his back while he is tries to pry the nails loose with his cold hands». (78) It's all a bit jarring:

«It is a cloudy Friday in October 1886 in the maternity home of Brussels. After hours of painful labour, Clémence Joris gives birth. Her daughter is dead.

When the doctors tell her and her husband about their loss, they weep bitterly. In some ways, having a stillborn child is worse than losing a child that has lived. The daughter of Clémence Joris and Jan Van Cauwelaert will never receive a name, baptism or consecrated grave».

«Overwhelmed by emotions, the mourning parents forget to claim the remains of their child. The next day, they want to make arrangements for the funeral. But nobody can tell them where the body of their daughter is». (209)

This is the opposite of close reading. In these passages, Claes keeps the reader at arms-length from the sources. There is no critical appraisal of source texts or context or genre, no direct quotes, no footnotes. We don't get to sample the flavor of the rhetoric and to assess Claes's staging of the story. Fiction-writers customarily read the minds of characters (though not always believably). It's riskier for historians... Obviously, family members were often distressed by the cavalier anatomical treatment of the bodies of their loved ones. And scholars can't be entirely neutral. But Claes puts her thumb on the scale. Tries too hard to empathize, and to secure the reader's empathy. The novelistic tactics fail.

The rest of the book employs a serviceable mostly persuasive academic prose, supported by a wealth of footnoted detail. That discrepancy signals a conceptual difficulty. If, as Foucault argued, the anatomical story, and clash of contending actors, is a constitutive struggle, then the humanity of bodies, living and dead, and the humanity of the contending parties, is a constructed thing that is hard to analyze because it constitutes us. (And about which we should properly be ambivalent). But... there's that other voice, which passionately asserts that humanity inheres in the human body and some notable organs in death as in life. We're obligated to treat cadavers and body-parts with «dignity». Which is a hard word to disavow but also to define and historicize. Who or what doesn't deserve to be treated with dignity? Who doesn't want to vilify those who trample on that dignity? Under that moral imperative, the richness of anatomical history is reduced to a story of good guys versus bad guys.

*Corpses in Belgian Anatomy* is more than just that, not entirely consistent, but a work of textured historical research and analysis. You can learn a lot by reading it. (Claes's discussion of anatomical specimens is particularly good). But, as we write histories of anatomy and the dead body, and detail the hubris and transgressions of medical professionals past and present, let's also acknowledge: their work was not just hubris, arrogance and indifference, but also produced new knowledge, medical treatments, intellectual excitement, and often enough came from arduous labor and good intentions. We are beneficiaries of their collective project—as much constituted by anatomical practice and logic and history as by

the humanitarian discourse that sometimes opposed it. (Anatomists, of course, also produced humanitarian discourse and claims). We have our own mixture of moral achievements and failings to account for. Let's not rush to judge the medical past by present-day standards of informed consent and professional comportment. If anatomists and their students took pleasure in their work, and played with their «material» —with little or no concern for the offense they were giving— well we also take pleasure (and learn) from the work and its history. And do: the numerous visitors who flock to our great medical museums (and to *Body Worlds* and its imitators) attest to that. And so perhaps will readers of *Corpses in Belgian Anatomy*.

But the story is not just historical, because struggles over «the uses of the dead to the living», and vice versa, continue on into the present. Our anatomical histories, and the historical scholarship itself, are entangled in a present-day politics that takes in cadavers, specimens, fetuses, transplantable organs, national healthcare systems, access to hospital archives, medical education, and the fate of museum specimens and collections.

And so part of the last chapter of *Corpses in Belgian Anatomy* discusses the current Belgian «opt-out» system, in which surgeons are permitted to take organs and parts for transplantation from a corpse («brain dead») unless the deceased or family members have unequivocally «opted out». Claes comments:

«[T]hough the secret use of the internal parts of the dead body seems like something from the past, one could wonder if the removal of organs for transplantation today is really that different. As many people do not know that Belgium has an opting-out system, the absence of an objection does not necessarily mean that the person would have agreed with the procedure, much like not all patients who ended up on the autopsy slab in the late nineteenth century would have consented to this examination if they had been asked» (266).

«One could wonder», but I don't. In the United States, «opt-in» is the default system —to opt-in people have to sign a «living will» before death, or surviving family members have to agree to the transplant at the height of their disturbance and grief. The window of time is very short, and many people don't opt in, which results in a shortage of transplantable organs. And many very ill people die who could have been saved, had an organ been available. In that context, Claes's criticism of Belgium's opt-out system, as not being «really that different» from 19th-century anatomical abuses —her elevation of consent over the competing ethical good— disappoints. This is not just an academic discussion:

lives are at stake! Granted, the ethos of informed consent is a crucial advance in medical (and non-medical) practice —but weigh the two claims: bending over backward to consider (and unintentionally encourage) compunctions about the use of an organ taken from a dead body versus the life of a person who will die without that heart, lung, liver, kidney. A greater understanding of 19th-century anatomical abuses doesn't tip the scales<sup>3</sup>.

Full disclosure: Seven years ago, dying of liver cancer, I underwent an organ transplant operation and was saved. Opt-out systems save lives! Belgium should make sure families and potential donors are given the necessary information, but I don't lose sleep over that. What I do lose sleep over is the fact that refugees, and people who live in countries without universal healthcare, or adequately funded healthcare services, are denied the chance to be saved by transplantation (and other vital treatments) ... and that poor people and prisoners are preyed upon by corrupt officials and doctors to supply black markets in scarce organs. ■

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3. The literature on «opt-out» mostly argues for its efficacy and necessity. See, for example, Usman, M. Ahmad et al. A Systematic Review of Opt-out Versus Opt-in Consent on Deceased Organ Donation and Transplantation (2006–2016). *World Journal of Surgery*. 2019; 43 (Suppl. 5). [https://www.researchgate.net/publication/335257322\\_A\\_Systematic\\_Review\\_of\\_Opt-out\\_Versus\\_Opt-in\\_Consent\\_on\\_Deceased\\_Organ\\_Donation\\_and\\_Transplantation\\_2006-2016](https://www.researchgate.net/publication/335257322_A_Systematic_Review_of_Opt-out_Versus_Opt-in_Consent_on_Deceased_Organ_Donation_and_Transplantation_2006-2016).

