

“Resurrection Men” in Dallas: The Illegal Use of Black Bodies as Medical Cadavers (1900–1907)

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Abstract Although illegal in Texas in the early twentieth century for the bodies of indigents to be used as medical cadavers, archival accounts document Dallas’s early medical schools duplicity in such acts, with secret agreements between medical schools and city and county officials. Evidence of African-American bodies stolen for use as medical cadavers was also uncovered archaeologically during the Freedman’s Cemetery Project in Dallas, Texas, in the early 1990s. The repercussion of these and other acts of racism and exploitation are explored.

Keywords African-American · Bioarchaeology · History of medicine · Racism

Introduction

The notorious methods of illegally obtaining bodies for use as medical cadavers by aspiring medical students throughout the seventeenth to early twentieth centuries are well documented in Great Britain and the United States (Ross and Ross 1979; Savitt 1982). At times, men who committed these acts were called simply grave robbers, body snatchers, or more euphemistically, “night doctors” or “Resurrection Men” (Clark 2003; Fry 1975; Harrington and Blakely 1995; Ross and Ross 1979). The need for human cadavers in teaching gross anatomy as well as basic techniques, such as amputation, had existed since the Roman era, but was exacerbated in the nineteenth century by the growing acceptance in Western Europe, Great Britain, and the United States for the French School of hospital medicine (Savitt 1982, p. 332). While done surreptitiously, and with only tacit knowledge of or condemnation by society at large, occasionally these irregular methods of cadaver procurement were met with public outrage, sometimes resulting in physical violence (Highet 2005).

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Sappol (2002, pp. 3–4), in a recent study of nineteenth-century anatomy instruction in the United States, has documented over 17 anatomy riots occurring in this country between 1785 and 1855, with New York's Doctor's Riot of 1788 probably the most famous. The revelation that grave robberies were being perpetrated against whites resulted in a multiracial riot against several doctors who sought refuge in the city's "New Gaol," and concluded with the death of at least five rioters and three militiamen (Epperson 1999, pp. 98–99; Tward and Patterson 2002).

In the wake of greater numbers of grave robberies and even murders of unsuspecting passersby to supply the needs of medical school dissection rooms in Great Britain (Dasgupta 2004), Parliament finally passed The Anatomy Act of 1832, which created the legal provision that any cadavers in the morgues still lying unclaimed 48 h after death could be used for dissection purposes. What finally forced Parliament to act were a multitude of factors, but it was clear that upper class graves were being robbed to supply an increasingly scarce commodity. When these horrible acts began to impact the lives of British elite, only then were legislative solutions sought (Ross and Ross 1979, p. 118).

In nineteenth-century America, the earliest states to enact legislation making medical dissection of human cadavers legal were Massachusetts in 1831 and New York in 1854. Few other states would pass similar legislation until the terminal nineteenth and early twentieth centuries (Jackson 1997, p. 195; Sappol 2002, p. 4). For those medical colleges where the supply of legal bodies could not meet demand, or for schools where it was still illegal to obtain bodies for these purposes, an illicit trade in corpses robbed from freshly dug graves or from funeral homes and city morgues flourished. Typically, those segments of society marginalized in life were also abused in death by having their bodies used in disproportionate numbers to serve as cadavers for medical instruction. This was especially true for African-Americans (Sappol 2002; Savitt 1982).

From the Euroamerican majority, the oft-repeated rhetoric in nineteenth-century America was that medical science had established as truth the physical and mental inferiority of those of African descent. This so-called scientific evidence was used as a means to reify the concept of race and to justify such racist and oppressive social systems as slavery and later, the principles of segregation (Ewen and Ewen 2006; Stanton 1960). It is abundantly clear, however, that in the field of medicine, black bodies, despite these claims of inferiority, were often used as instructional materials to aid white doctors training to treat white patients. As with most aspects of race, the field of medicine had a kind of schizophrenia in dealing with those of African descent. By the pseudo-scientific measures of the day, they attempted to demonstrate a white superiority and a black inferiority, even as they were using black bodies to establish the basic parameters and techniques of their normative knowledge and treatments regarding the human body generally (Sappol 2002). It was no accident that several prominent medical schools were located in the antebellum South, where the bodies of slaves were commodified for their labor while alive, as well as for purposes of medical instruction in sickness and after death (Savitt 1982).

Archaeological evidence of medical cadavers has been occasionally recovered in Great Britain and the United States, from both cemetery (Owsley 1995) and institutional contexts (Blakely and Harrington 1997; Hull et al. 2003). In the USA, the best-documented archaeological example is the Medical College of Georgia

excavations directed by Dr. Robert Blakely in 1989. Between 1837 and 1887 (when cadaver dissection was legalized in Georgia), gross anatomy and dissection were secretly taught at the Medical College, with the evidence of these crimes—both the theft of these bodies and their use as medical cadavers—hidden by irregular burial of human remains within the dirt floor of the building's basement. Although Euroamericans were represented, through osteological analyses and historical accounts it was determined that the vast majority of cadavers were African-American (Blakely and Harrington 1997; Harrington and Blakely 1995).

The Medical College of Georgia study documented the illicit use of stolen bodies in an extraordinary way. Although of a more subtle nature, there is also evidence for a similar practice perpetrated against the African-American community of Dallas in the first decade of the twentieth century, within the graves exhumed during the Freedman's Cemetery Archaeological Project.

Project Background

The Freedman's Cemetery Project was formed by the Texas Department of Transportation due to the need to expand the North Central Expressway (US Highway 75) in downtown Dallas. Approximately 1ac (0.40 ha) of the cemetery had been paved over in the 1940s through the creation of North Central Expressway and Lemmon Avenue, and the modern rediscovery of this desecration was revealed during subsequent expansion of these same roadways in the early 1990s. The project's focus was Freedman's Cemetery, the principal burial ground for African-Americans in the city from its founding in 1869 to its forced closure in 1907. With the social construction of race in the nineteenth century, anyone who self identified as "black" or African-American, upon their death would have been interred within the bounds of Freedman's Cemetery. Additionally, anyone who was labeled by the authorities (e.g., city health officer), the funeral directors, or the greater community of Dallas, as black, would also have been sent to Freedman's for burial.

Between November 1991 and August 1994, excavations within Freedman's Cemetery encompassed nearly 1ac (0.40 ha) and resulted in the exhumation, documentation, and analysis of 1,150 unmarked burials containing the remains of 1,157 individuals (Condon et al. 1998; Davidson 1999, 2000a, b, 2004; Davidson et al. 2002; Peter et al. 2000).

None of the graves were still marked with headstones by the time archaeological investigations began, so by necessity a burial chronology had to be formulated. From historic records it was possible to establish that Freedman's Cemetery was founded on April 29, 1869, and remained open and received interments up to July 26, 1907. Within this 39-year interval, three major (and one minor) time periods were created, based on specific artifacts as time diagnostics, cross dating between burials, superpositioning of graves, and establishing the sequence of events in land purchase and subsequent utilization. The Early Period spans 16 years, from the cemetery's founding in 1869 until 1884 (64 burials containing 64 individuals; 5.5%), while the Middle Period is a 15-year interval stretching from 1885 to 1899 (170 burials containing 171 individuals; 14.8%). The next temporal period is a minor one, termed simply "Pre-1900." This designation was devised to describe those burials that,

while identified as dating prior to 1900, could not be further subdivided into either the Early or Middle Periods (37 burials containing 37 individuals; 3.2%). The final temporal period is termed the Late Period; it covers an eight-year interval between January 1, 1900, and July 26, 1907 (878 burials containing 884 individuals; 76.4%; Davidson 1999, 2000b). The combined archival and archaeological evidence of illicit medical cadaver use in Dallas occurred during the Late Period; the beginning of which corresponds with the founding of the first medical schools in the city (i.e., October 1900), while the Late Period's end date (July 26, 1907) corresponds, almost to the day, with the passage of state law (July 13, 1907) making it legal for the first time to use the bodies of indigents and others as medical cadavers (Jones 2004, p. 138).

The Cultural Milieu in Early Twentieth Century Black Dallas

Pervasive distrust and fear in black America, of the illegal and immoral use of African-American bodies in the medical field, was built, block by block, by their actual abuse during enslavement and the first decades after Emancipation (Fry 1975, pp. 170–211). The palpable fear in the black community of dying without the necessary funds to provide for a “proper funeral,” and instead being reduced to a pauper or indigent's grave—losing one's identity and perhaps falling pray to the Resurrection Men—spurred large segments of the African-American population nationwide to participate in the Beautification of Death Movement.

Beginning in the late eighteenth and early nineteenth centuries, mortuary ritual in the USA became increasingly elaborate and costly in nature. Greater investment in the funeral event was part of a larger social phenomenon known as “Death as Beautiful” or the “Beautification of Death” movement (Bell 1990, 1994, pp. 23, 33). The Beautification of Death movement evolved out of Enlightenment thought, which gave importance to the individual, and the Romantic Movement, which emphasized emotion and nature. This movement also was profoundly influenced by the Great Awakening, an evangelical religious movement that gripped the United States in the late eighteenth century (Aries 1981, pp. 409–474; Farrell 1980, pp. 23–43; Musa 2002, pp. 227–302). Another rationale for the promulgation of the Beautification of Death, especially in the material culture of the funeral event, was competitive display among individuals of different socioeconomic levels (Cannon 1989). African-Americans participated in this movement in part by creating fraternal and sororal societies, burial societies, and other organizations at the local and national level to provide for a death benefit that could be put to the purchase of a proper funeral (Davidson 2004).

The successful efforts of Dallas's African-American community to achieve economic stability and to create a safety net of burial insurance have been amply documented both archivally and archaeologically (Davidson 2004). Figure 1 displays the average costs of mortuary display (as measured by coffin hardware) in wholesale dollars, for the Early, Middle, and Late Periods at Freedman's Cemetery. Comparisons are also made to the Cedar Grove Cemetery in rural Arkansas, which was a black tenant farmer cemetery broadly contemporaneous with Freedman's Late Period (Davidson 2004; Rose 1985), as well as the early twentieth-century burials from the Vardeman Cemetery, representing a middle- to upper-class

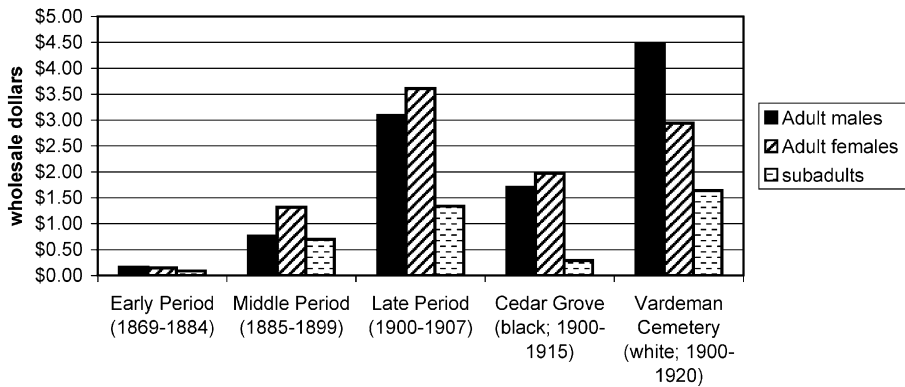


Fig. 1 Average coffin hardware costs at Freedman’s cemetery late period and two contemporary cemeteries

white family in Kentucky (Davidson 2004). Clearly, the ability and willingness of African-Americans in Dallas to participate in the Beautification of Death Movement increased through time, and by the turn of the century, was easily more than twice that seen in a contemporaneous black rural environment. Additionally, the citizenry of black Dallas demonstrably were investing in funeral events at rates broadly comparable, on average, to middle-class Euroamericans.

The underlying motivation for this achievement likely stemmed from the treatment that African-Americans experienced during slavery, and the all too common denial of proper burial. Interviewed in the 1930s through the Federal Writer’s Project, one small aspect of the greater Works Progress (or Projects) Administration (WPA), one ex-slave from a plantation near Nashville described a typical slave “funeral”: “If a slave died, there wasn’t no funeral held. Two or three of the field hands stopped work to bury him and that’s all there was to that. Didn’t have no prayer, no song, no nothing” (Rawick 1972–79, vol. 8, p. 1084). A former slave from Mississippi named Ruben Laird echoed this: “There was no funerals when a slave died. When a death occurred the overseer appointed a detail to take the corpse and bury it. When the task was completed the detail returned to the fields” (Rawick 1972–79, vol. 8, p. 1298).

Numerous other examples from the 1930s WPA ex-slave narratives attest to the typical nature of these descriptions, with burials of enslaved peoples at times treated as carcasses to be disposed of as quickly as possible (Rawick 1972–79, vol. 7, pp. 153–154, vol. 13, p. 157, vol. 16, pp. 71–72; Roediger 1981). After Emancipation, however, African-Americans in large numbers began to control the disposition of their own dead, and could for the first time work towards assuring a “proper burial” for themselves and their loved ones. No less than Booker T. Washington observed this desire (with some exasperation) for elaborate or at least decent funerals that strained a family’s finances, noting, “the trouble with us is that we are always preparing to die. You meet a white man early Monday morning and ask him what he is preparing to do... and he is preparing to start business. You ask a colored man... he is preparing to die” (Roediger 1981, p. 163). The anthropologist Powdermaker (1993) in 1930s Mississippi describes it similarly (1993, p. 122): “No Negro in Cottonville can live content unless he is assured of a fine funeral when he dies.”

White society certainly viewed African-Americans as biologically, economically, and socially deficient. To present a compelling counter narrative to white racist views, and to establish a set of coping mechanisms to compensate for past wrongs against black dead and black psyche, African-Americans were understandably obsessed with the creation of elaborate mortuary displays. Assurance of a “proper burial” became something that had to be established for life to have any meaning (Davidson 2004, pp. 112–116).

In early twentieth-century Dallas, simultaneous with and antithetical to the greatest number of individual funerals demonstrating financial investments comparable to white society, there is also unmistakable evidence of the illegal use of African-American bodies as cadavers in medical dissections, robbing these persons of their identity as individuals, and of even the charade of “a decent and proper burial.” With this revelatory evidence, more nuanced interpretations of key pivotal events affecting the black community of Dallas during this period will be revealed.

Medical Colleges and Grave Robbing in Dallas

The city of Dallas began in 1841 as an Indian trading post along the muddy Trinity River, founded by a bachelor ex-Tennessean named John Neely Bryan. The village was slow to grow in the first few years of its existence. By 1850, the year of the first federal census, the entire town consisted of only 430 souls. Even with this small population, Dallas could still boast some five doctors and a dentist among its citizenry. Each was well trained for the day from medical colleges in New Orleans, Nashville, and Louisville (Anonymous 1941; Holmes and Saxon 1992, p. 39; Smith 1985, pp. 18–22).

Although Dallas’s first medical college dates to 1900, the first body illegally exhumed for use as a medical cadaver occurred decades earlier. In 1853, the first person executed in Dallas County was Jane Elkins, an African-American woman convicted of murdering her white enslaver. Several hundred people traveled to Dallas to see her die on the gallows. Although her body was interred on the spot where she died, that night members of the “medical fraternity resurrected her body” for the grisly purpose of serving as an impromptu medical cadaver (Dallas Times Herald 1905b; Davidson 2004, pp. 24–25; Rogers 1965, p. 92; Prince 1993, p. 10).

The first hospital in Dallas was a city-run facility in the 1870s located in the heart of a crowded red light district and described as “a two room frame shack” which treated only paupers and emergency cases. This wholly inadequate public city hospital later evolved into modern Parkland Hospital. Various free clinics administered by private physicians, as well as exclusive private hospitals, also began operating in the city by the 1870s and 1880s (Anonymous 1941).

As early as 1895 there was public speculation that a medical school should be founded in the city. A *Times Herald* reporter queried several Dallas physicians regarding the merits of establishing a medical school locally, and their replies varied from wild enthusiasm to horror at the notion. Most interesting was the reply of Dr. Vernando P. Armstrong, City Health Officer, who believed it to be a very bad idea indeed, noting that, “No city in Texas, and few out of Texas, has the clinical or dissecting material; and without these two great desiderata, no man living can

qualify himself for the tremendous responsibilities of an active practitioner of medicine (Dallas Times Herald 1895). The phrase “clinical material” refers to patients at area hospitals, while the phrase “dissecting material” used by Dr. Armstrong was a euphemism for human cadavers.

The plain talk of Dr. Armstrong was based on the simple fact that at this time in Texas it was illegal for the unclaimed dead, the bodies of indigents, or criminals executed by the state, to be used for medical purposes. If a medical school was founded in the city, all of the cadavers required of first year medical students would, by legal necessity, have to be shipped in from other states, which was a very expensive and logistically difficult proposition. Five years later, in the summer of 1900, then mayor of Dallas Ben E. Cabell, possibly angered by the quack diploma mills that were using Dallas as a handy place of operations, called for a legitimate medical school to be founded in the city (Chapman 1976, p. 6; Geiser 1952, p. 9). Although Mayor Cabell may have been urging action on this matter, one of the principal architects of the first legitimate medical school in the city was Dr. Charles McDaniel Rosser. In this capacity, Dr. Rosser was also the principal architect of the mechanisms by which illicit “body snatching” occurred in the city.

Born in 1861, Rosser received his medical training at the University of Louisville Medical Department, and prior to 1900 served as Dallas city health officer, surgeon for the Houston and Texas Central Railroad, superintendent of the North Texas Hospital for the Insane, and chairman of the Texas State Medical Association (Henderson 1978, pp. 6–8; Rosser 1941). On August 16, 1900, a meeting of prominent businessmen and physicians, led by Dr. Rosser, was held at Dallas City Hall to organize a medical school (Geiser 1952, p. 9). This institution was officially named the University of Dallas Medical Department; it received its charter from the Secretary of State’s Office on September 15, 1900, and opened for instruction on October 30. Its first class contained 15 members, who received their diplomas on April 18, 1901 (Chapman 1976, p. 6; Geiser 1952).

The founding of the University of Dallas Medical Department established a precedent that was to be repeated six more times between 1900 and 1907 (Table 1). The second college formed almost immediately after the first when a schism

Table 1 All medical schools in Dallas, Texas (1900–1907; source: Geiser 1952)

Number	Medical school	Years of operation	Changed to	Years of operation
1	University of Dallas (Medical Department)	1900–1903	Baylor University College of Medicine	1903 to present
2	Dallas Medical College	1900–1904		
3	Physio-Medical College	1902–1908		
4	Bell’s Medical College	1903–1905	College of Physicians and Surgeons of Dallas	1905–1908
5	Southwestern University Medical Department	1903–1911	Southern Methodist University Medical Department	1911–1915
6	Eclectic Medical & Surgical University	1905 (existed in name only)		
7	University of Medicine and Surgery	1906 (existed in name only)		

occurred between University of Dallas faculty members, resulting in the founding of the Dallas Medical College, which briefly operated before its closure in 1904 (Dallas City Directory 1902; Geiser 1952, p. 6; see Table 1; Figs. 2 and 3).

The three other functioning medical colleges established between 1900 and 1907 include the Physio-Medical College (1902–1908), Bell's Medical College (1903–1908), and the Southwestern University Medical Department (1903–1915). The two final medical colleges in Dallas during this period—Eclectic Medical and Surgical University (1905), and the University of Medicine and Surgery (1906)—appear to have existed on paper and in name only, with no students during their brief existence (Geiser 1952; Table 2). None of these medical schools were stable, either in their finances or their location in the city, with each moving to a different building at least once during this period (see Fig. 2).

The early history of the University of Dallas Medical Department warrants special attention because it was the first medical school in the city, and, as detailed below, was admittedly involved in the theft of bodies for use as cadavers. Finally, of all of the early medical schools, this institution is the only survivor; on June 10, 1903, the

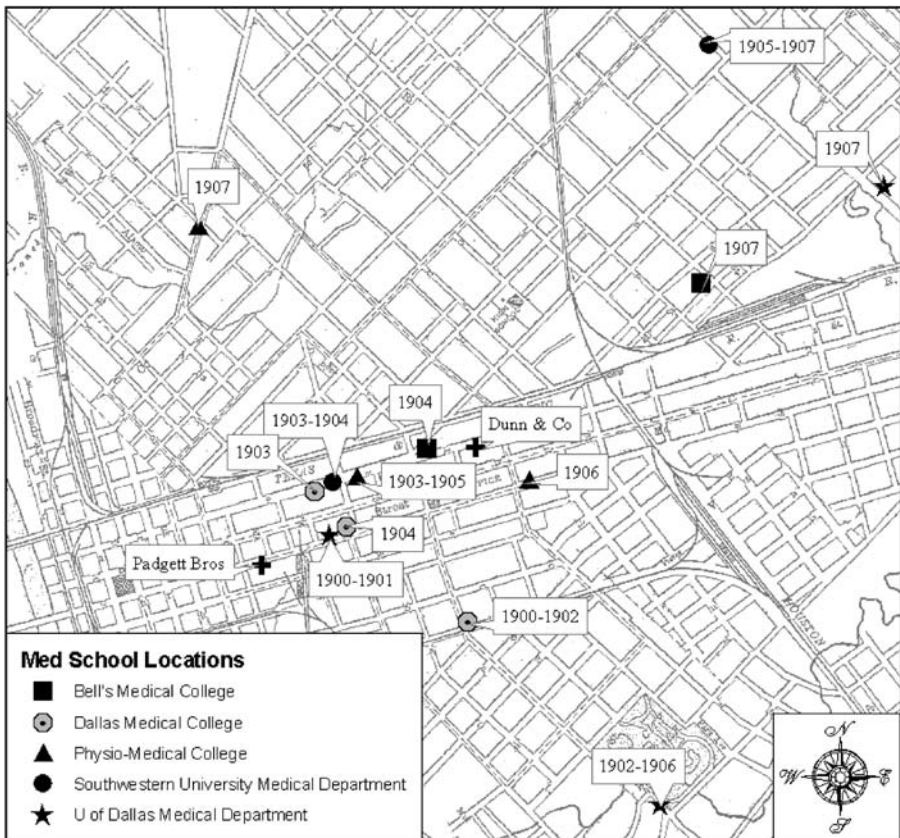



Fig. 2 Locations of all Medical Schools in Dallas, Texas (1900–1907), in relationship to the cadaver found on streets on December 31, 1904 (at the Padgett Saddlery), and the white funeral home with the pauper burial contract —Dunn & Co. (drafted by Edward Tennant)

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Fig. 3 1902 advertisements for the University of Dallas Medical Department and the Dallas Medical College (from Polk 1902)

University of Dallas Medical Department formally entered into a partnership with Baylor University (Waco, Texas), and became the Baylor University College of Medicine, a major institution that flourishes today (Geiser 1952; Jones 2004).

When it opened in 1900, the school occupied the old Temple Emanu-El building, a former Jewish synagogue that served the Temple Emanu-El congregation from 1876 until 1899 (near the Santa Fe Depot; McDonald 1978, pp. 56, 155). At its grand opening the Dallas Times Herald (1900) described the “dissecting rooms” as a place of mystery and foreboding: “An inside glance shows the regulation clinic rooms and amphitheater, the laboratories, the mysterious and weird place known as the dissecting room. This is the sanctum sanctorum, and it is understood that after work begins none but the initiated will be permitted to enter the place.”

Like most of the country, the citizenry of Dallas was both fascinated and horrified with the inner workings of a medical school (Sappol 2002). The necessities of well-trained physicians were inarguable, but the cutting up of human bodies, whether

Table 2 Known enrollments and estimated number of cadavers required for Dallas medical schools (1901–1907; source: Geiser 1952)

Medical school	Inclusive dates of operation	No. of students enrolled for each year							Total no. of students	Hypothetical no. of cadavers required ^a
		1901	1902	1903	1904	1905	1906	1907		
University of Dallas (Medical Department)/Baylor University College of Medicine	1900–1903; 1904 to present	81	98	66	68	132	70	57	572	95.3
Dallas Medical College	1900–1904	51	91	213	245				600	100
Physio-Medical College	1902–1908		20	20	21	42	47	44	194	32.3
Bell's Medical College/College of Physicians and Surgeons of Dallas	1903–1905; 1905–1908				72	72	95	103	342	57
Southwestern University Medical Department/Southern Methodist University Medical Department	1903–1911; 1911–1915				38	48	85	68	239	39.8
Grand total		132	209	299	444	294	297	272	1947	324.4

^a In 1903, six students were typically assigned to one cadaver (see Dallas Times Herald 1903, text in this work)

legally or illegally obtained, in pursuit of this goal was still a problem for many. A Dallas Times Herald (1903) article entitled “The Making of a Doctor: How Cadavers are Used in the Local Medical College,” tapped into this dilemma for the paper’s readers: “The making of the physician and the intricate and gruesome training he must receive to qualify himself for practice, are subjects that the average layman is absolutely ignorant of...Visions of skeletons, saws, scissors, scalpels and the other varied and terrifying paraphernalia of the medicine man flitted before ... frightened eyes.” The *Times Herald* reporter went on to describe how the bodies were stored prior to dissection (November 15, 1903):

The demand for bodies is usually greatly in excess of the supply. They are secured wherever it is possible and are preserved in great vats of preservation fluid until such time as they may be needed. Bodies are frequently kept in this way for many months before being placed on the dissecting tables. No more uncanny sight can be imagined than a glimpse into a vat where these bodies are kept. Fifteen or twenty nude bodies, stiff and gaunt, with features set in the rigidity of death, and emaciated until they seem a mere framework of bone with a covering of parchment.

In his Annual report for 1901, the city’s Health Officer, Dr. J. H. Florence, wrote about the positive aspects of having medical colleges in the city, noting all of the good that they could do for the city’s poor: “Within the year two medical colleges have been established in our city. The sick poor are treated at their dispensaries free

of charge. We look forward to their relieving the City of some of the burdens of caring for this class of its population” (Dallas City Council 1901a, p. 104). While Dr. Florence made valid points, the presence of these medical schools in Dallas also created moments of injustice and indecency; the theft of African-American bodies for use as medical cadavers, and their casual disposal after dissection.

Grizzly evidence of these practices was reported in the local press in early 1905, when a body, clearly the remains of a dissection cadaver, was discovered behind a business in downtown Dallas (Dallas Times Herald 1905a):

The skull and trunk of a man, believed to be a Negro, were found in a large iron kettle used to burn paper and trash at the Padgitt Saddlery establishment yesterday afternoon about 3 o'clock. The grewsome [sic] find was made by workmen when they prepared to burn some waste paper. W. C. Padgitt was called up over telephone by a reporter, and confirmed the above statement: He believed some person had slipped the remains into the kettle after he had dissected the body.

The following day a related article appeared in the *Times Herald* (January 2, 1905):

W. C. Padgitt in discussing the finding of the human bones discovered Saturday in a large kettle at the rear of the Padgitt Saddlery Company used for burning paper and trash said this morning: “There is no doubt in my mind that the bones were placed there by some physician or medical college students after they had finished working on them. They were unmistakably those of a negro as the skull contained a large quantity of “wool.” The fact that the bones had been just recently been thrown into the kettle is evident as the wool on top of the skull was barely singed. The jaw bones bore evidence of having been sawed across and otherwise dissected.

The occasional discovery of a body within the city limits of Dallas was not unheard of. For example, in 1899 two boys passing through the Kivlin barrel factory in northwest Dallas discovered a partially buried stillborn infant (Dallas Times Herald 1899). The recovery of a mutilated *adult* corpse on a downtown street was arguably unusual, but beyond attributing the corpse to the actions of medical students, neither article speculated where specifically these remains originated, or why they were dumped there. Using an 1896 base map of the city of Dallas (Cram 1896, p. 120), Fig. 2 displays the locations of the various medical colleges in operation in 1904 and 1905, in relation to the Padgitt Saddlery Company. It is very likely that the body originated from the Dallas Medical College, due to its location (on the same road and sharing the same alleyway), and proximity (only two blocks away). Further, due to its closure in 1904, the building it once occupied potentially still held abandoned furniture and other apparatus, as well as several partial or whole human cadavers that needed to be disposed of before the building could be let to other tenants.

The casual treatment of this grizzly discovery in the local press is curious, especially when it was well established in the Dallas Times Herald (1903) that, “No provision has been made by the Texas legislature for the supply of material and it is a penal offense in this state to use a dead body for these purposes.” It would have taken little imagination to speculate that this corpse’s disposition may imply evidence of a crime. Perhaps the lack of outrage can be blamed on the racist milieu

of the period, with a mutilated *black* corpse of little note. Concurrent with racist attitudes, however, is that the *Times Herald* reporter and editor may have had foreknowledge of the “gentleman’s agreement” entered into by the various medical schools and local white undertakers, all with the tacit approval of city officials (discussed below). It is unnecessary to speculate whether or not the medical colleges were ultimately responsible for this and other bodies since there are well-established admissions of these crimes.

The *Times Herald* reporter in 1903 stated that “all of the Dallas medical colleges secure their supply of dissecting material outside of the state and this way avoid confliction with the state laws” (November 15, 1903). Despite these assurances, Lana Henderson (1978, p. 11) writing the official history of Baylor University School of Medicine, the direct descendant of the University of Dallas Medical Department, reveals the true source of those bodies used for anatomical dissection in its early years; “the only cadavers available for dissection were unclaimed bodies snatched on the sly, either before or immediately after burial in paupers’ graves.”

Dr. Charles Rosser, founding father of Baylor, touches upon the illicit procurement of cadavers in his autobiography. Rosser describes the attitudes of the community to medical schools in general, from his point of view paradoxically praised for free clinics to treat the poor, but condemned for their dissection of human cadavers, often illegally obtained (Rosser 1941, pp. 149–150):

teaching institutions in any community are a blessing to the poor... and we proceed on the principle that when one comes to the end of his course, and there is no friend to claim his body for burial, it is reasonable to assume that either his opportunities and abilities have been too lacking for the personal contribution justly to be expected in human relationships, and that a society which has thrown about him, even in misfortune, its associations, and unto a degree at least, its protection, should have his cast-off body for the essential benefit to science and the public it serves.

Rosser then notes that at the time of this writing in 1941, Texas state law required morticians holding pauper burial contracts with city or county governments to turn over unclaimed bodies for dissecting, “without the farcical procedure, formerly in vogue, of burying in shallow graves, with the knowledge that the law of compensation would take its course” (Rosser 1941, p. 150). He further freely admits that before the passage of such legislation, the illegal use of bodies as medical cadavers was commonplace in Dallas (1941, p. 150):

The first several terms of the school out of which Baylor has developed did not have the advantages of the law as later written, but the mayor, the chief of police, and the sheriff were patriotic men of practical minds, and an understanding was reached which obviated the then requirements alluded to above as farcical. This incident of regular routine is given as showing the need for ingenuity and that there may be expressed the proper appreciation of the indicated cooperation extended at a most needful time.

This is an incredible statement of guilt without remorse, and documents a betrayal of public trust perpetrated at all levels of city and county government. Rosser (1941,

pp. 150–151) continues in this vein, with a detailed description of a typical night's corpse robbing on the downtown streets of Dallas:

Students R. M. McFerran of Childress and M. V. Creagan of Fort Worth were working their way through school. A skilled draftsman, McFerran made anatomical charts, and Creagan, a trustworthy conductor, brought such material to the dissecting room when notified by the contracting undertaker when and where it could be located, timing his trips with discretion. Our streets were deserted around eleven o'clock at night. The specimen, already in rigor mortis, bent to the shape of a half-closed jackknife, sat beside him in an open piano-box buggy, fully clothed. Down Main Street, a quick turn to the left on Akard en route to the college, and a hat from the lifeless companion "went with the winds," to be overtaken by a late straggler on the streets. "Hello, you've lost your hat." "All right—he says you can have it," and Creagan drove on to the rear of the synagogue college building where a Negro janitor forgot his inbred superstitions, helped up the steps and with the embalming process, which couldn't prudently wait.

This anecdote, apparently meant to be humorous, offers several important insights. First, some medical students paid for tuition and fees by procuring and transporting stolen bodies for purposes of dissection. Second, it further establishes that it was the "contracting undertaker," that is, the undertaker who had the city and county contract for pauper burials, who surreptitiously supplied the bulk of the needed cadavers to the college. Between 1900 and 1907, this was James E. Dunn (1900–1904); Broussard, Beard, & Company (1904–1906); or Patrick Donovan (1906–1907), from just two downtown locations (Davidson 1999; see Fig. 2). Third, the mention of the medical school as "the synagogue college building" dates this specific event to after the college's founding (October 30, 1900) and before February 4, 1902, when the structure burned (Geiser 1952, pp. 9–11). Fourth, the route described, "Down Main Street, a quick turn to the left on Akard en route to the college" matches the route one would take from the funeral home of James Dunn, who was in business just one block to the east and north of the medical college (at 463–65 Main Street; now 1933–35 Main). Fifth, and finally, Dr. Rosser's description of the "Negro janitor" who was forced to forget "his inbred superstitions" and assist in the transportation of the corpse as well as its embalming, belies a racist contempt for African-Americans in general. Rosser's ability to rationalize and justify the use of cadavers illegally obtained for dissection purposes (quoted above), combined with his contempt for African-Americans, made the black community in Dallas especially vulnerable to such thefts.

Archaeological Evidence of Medical Cadavers

The condition of the remains recovered from behind the Padgitt Saddlery on December 31, 1904, consisting of a trunk (i.e., lacking arms and legs) and decapitated skull, all exhibiting saw marks, is consistent with the condition and extent of remains recovered from Burial 558 at Freedman's Cemetery, displaying unmistakable hallmarks of medical dissection.

Burial 558 consisted of two individuals interred within a wooden, hexagonal-shaped coffin, constructed only of wire nails without any trimmings or embellishment. This interment was dated to the Late Period (1900–1907) and identifiable as an indigent or pauper, buried at city expense. Of the 878 burials dated to the Late Period, 104 were graves of indigents. Of these, there were four cases of two bodies in the same coffin, with all but one (558) representing adult men associated with infants or stillborns. In these instances the act of placing more than one person in a coffin was a fraud perpetrated by unscrupulous white funeral homes that were being paid by the city for two funerals, while only providing a single box and grave (Davidson 1999; Fig. 4).

What made Burial 558 unique was that it contained two *adult* bodies, designated 558–1 and 558–2 (Fig. 5). Burial 558–1 consisted of an adult male with an estimated age of 48.9 years. [Condon et al. (1998) formulated single-year statistical summary ages, using multivariate statistics, instead of the standard five-year increment age ranges]. The body was extended supine, in a position consistent with a normative mode of burial and the box's primary occupant. Factors indicating this body's use as a medical cadaver are a sawed calvarium (skullcap) suggesting a cranial autopsy and removal of the brain, and both femurs sawed through their mid-shafts, with the distal femora, lower legs and feet missing from the grave.

Burial 558-2 consists of an adult male with an age estimated at 42 years (Condon et al. 1998). The body was placed at the foot of the coffin, in a prone position (i.e., lying on its chest/stomach), with the lower legs flexed over the backs of the thighs, crammed and folded so as to fit within this narrow and cramped space. Evidence of medical dissection consists of a missing skull and mandible, as well as the loss of cervical vertebrae C-1 through C-6 and both lower arms and hands. There were additional cut marks noted on the remaining elements of both skeletons.

The ill treatment of these individuals did not end even after their transformation into “dissecting materials.” The placement of two adults into one tight-fitting coffin was bad enough, but their specific positions appear to flout propriety; placing one man's body on his back in the superior position, and then positioning the other's body prone on his stomach, where his head (if present) would have been face down in the groin of the other dead man. The head was missing, presumably taken as a trophy, objectified and commodified, much like a trophy skull in a prehistoric culture (e.g., Powell 1977), fit now to grace the office or study on a physician's desk (e.g., Lesy 1973).

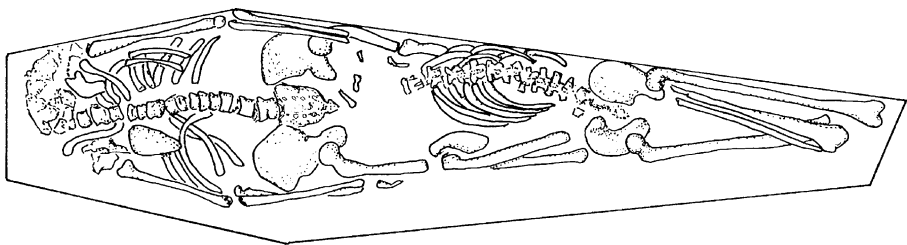


Fig. 4 Burial 558 plan view, containing two adult bodies; 558-1 (*left*) and 558-2 (*right*; drafted by C. Rooney from the original field drawing)

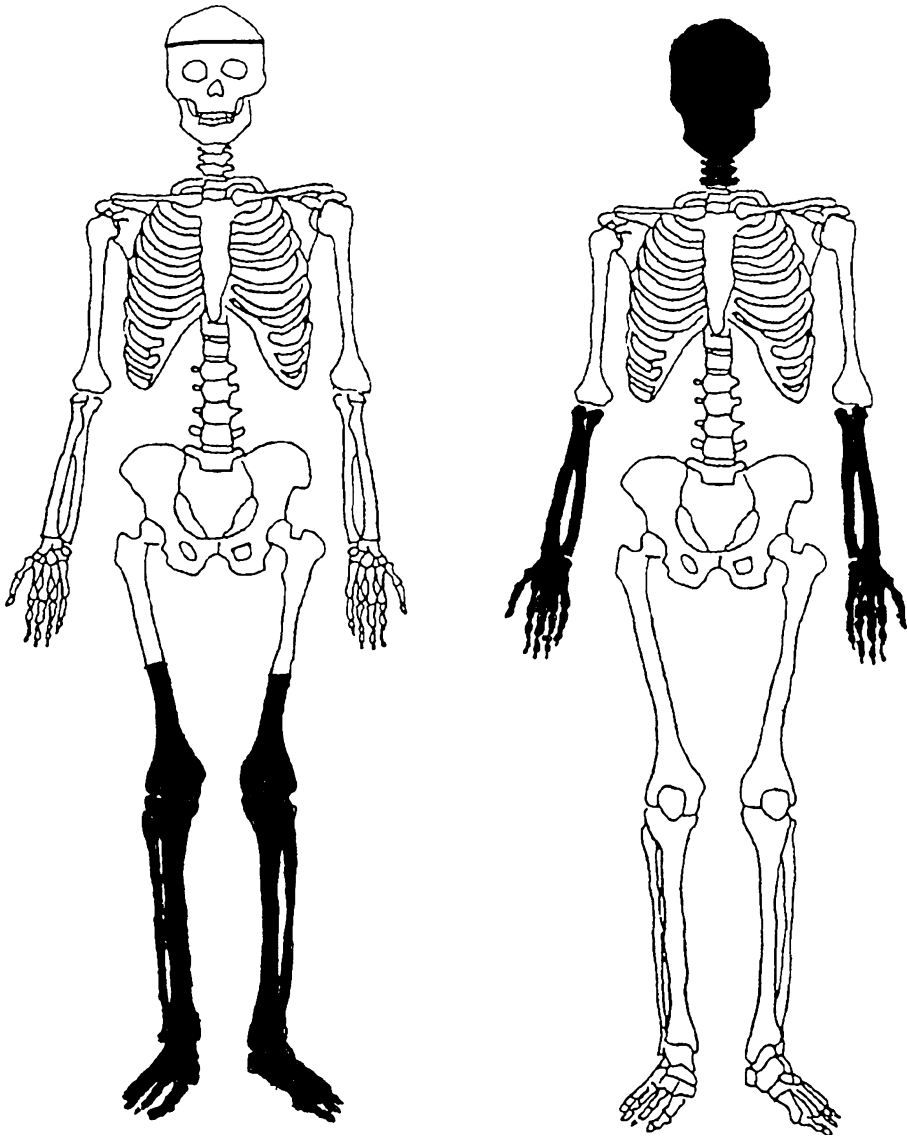


Fig. 5 Burial 558. Schematic representing the missing skeletal elements from Burial 558-1 (*left*) and Burial 558-2 (*right*)

While the abuse of these remains, even in their placement in the coffin, may in part be grounded in a racist contempt for black bodies, living or dead, there is another rationale that could account for it. Beyond any overt racism, these events may be explained through comparisons to modern medical student behaviors and coping strategies. Many medical students develop a macabre gallows humor as a means to cope with the fear and moral dilemma surrounding the act of cutting into a human being and the piecemeal dismantling of that body as part of their training (Wear 1989). Additionally, period nineteenth and early twentieth century photo-

graphs often depict medical students posing with partially dissected corpses in “comical” positions, in what was originally intended as a humorous although morbid bonding mechanism, and as a means to prove to themselves and others that they have conquered any initial fear or trepidation. Tentative at first, modern medical students are urged to handle their cadavers “more aggressively,” and the progressive nature of exposure to these remains, dismembering human bodies in a clinical setting, all combine to desensitize medical students to the disposition of mere flesh and bone (Capozzoli 1997; Segal 1988).

Other Archaeological Evidence for Illegal Grave Robbing

Empty Shafts

During the Freedman’s Cemetery Project, the locations of graves slated for removal were first established by delineating the rectangular grave stains indicative of the shafts originally dug to accept the coffin and its contents. These stains were revealed through shovel skimming and heavy machinery removing topsoil in a series of careful scrapes. Each gravesite, demarcated by differential soil color and texture, was subsequently mapped and later excavated to depths of six feet or greater. Of these designated features, 44 rectilinear stains were later found to contain no apparent burial container or skeletal remains. Two scenarios accounted for this absence. First, some features labeled as grave stains were actually natural variances in soil color or texture or modern disturbances (such as utility trenches) inadvertently misidentified as cultural or mortuary specific; a total of 23 “mismarked stains” were later recognized. The second set of features appears to represent graves from which the original coffin or casket was later completely removed through exhumation; of the 44 stains lacking a coffin or skeletal material, 21 were identified as “empty shafts.”

Although it is within the realm of possibility that some “empty shafts” might represent grave-robbing activities, this seems very unlikely for two reasons. It has been established in Rosser’s (1941) account of the early activities of the University of Dallas Medical Department/Baylor School of Medicine (and possibly true for the other colleges) that needed bodies were usually procured directly from white funeral homes, obviating the need for habitual late night excursions to local cemeteries.

While later medical colleges may not have enjoyed this “gentlemen’s agreement,” and would have been forced to procure cadavers using more surreptitious means, the typical and most expeditious methods of actual grave robbing do not match these features devoid of coffins or remains. This is the second and more pertinent reason that argues against the “empty shafts” as evidence of grave robbing activities. Period accounts of grave robbing describe digging small holes down to the coffin lid, within which a hole would be smashed or cut and the body removed from its coffin by means of a hook or a rope placed around the neck of the deceased (Magee 2001; Wilkins 1996, pp. 62–63), leaving behind an intact albeit damaged coffin. Rather than grave robbing, a far more likely explanation for these empty shafts is that they represent legitimate exhumations performed by professional undertakers. The practice of moving graves was common in the nineteenth and early twentieth centuries, and in 1880 legal provisions were made for the process locally (Dallas

1880, pp. 467–468; Davidson 1999). If an exhumation occurred not long after the initial interment, the coffin would have been sound enough for complete removal as an intact container, leaving behind only the telltale grave stain as evidence of the event.

Empty Boxes

Overall skeletal preservation at Freedman’s Cemetery was good. However, some adult coffins contained either few intact elements or no skeletal material whatsoever, and in virtually every case the associated coffin lids were broken into or partially removed.

In cases with some bone, remaining elements were typically composed of small bones of the hands and feet, and occasional ribs and pelvi fragments, all suggestive of advanced decomposition and fragmentation of the body. No long bones or skull elements were present. Further, these remaining elements were typically displaced from their original anatomical position within the burial container. These cases are not consistent in any way with grave robbing for medical cadaver procurement, and almost certainly represent the legitimate exhumation of remains by area funeral homes occurring months or years after death and burial of the deceased. The latter cases, however, of empty adult coffins entirely devoid of skeletal material, are suspicious, and in some cases may be indicative of illicit grave robbing activities.

There were 16 adult-sized coffins or caskets dating to the Late Period (1900–1907) that contained no skeletal remains whatsoever, inconsistent with simply poor bone preservation. Virtually all of these empty boxes had damaged coffin lids (beyond simple taphonomic collapse), displaced viewing windows, or bent, snapped or displaced thumbscrews scattered in the fill, all incontrovertible evidence of exhumation (Table 3). These disinterments would have occurred very soon after the burial of the deceased, before decomposition resulted in the fragmentation of body elements. The legitimate practice of exhuming bodies was routine during this period (Dallas 1880, pp. 467–468; Davidson 1999). For example, if a stranger died in the city and no one immediately claimed the body, it would have been quickly buried as a pauper at city or county expense. If a family member later arrived to retrieve the body, it could in theory be exhumed for shipment home. The second legitimate scenario to account for several of the empty boxes was an attempt to reestablish family plots in other area cemeteries, to allow for the future burial of family members beside their loved ones. In either of these cases, depending upon how much time had passed from interment to exhumation, the body could be completely intact or have suffered considerable decomposition.

The final (and illegitimate) possibility is that some empty boxes represent evidence of grave robbing to supply the needs of local medical colleges. Unlike the bodies of indigents secreted out of white funeral parlors by Dr. Rosser or his proxies, most of these empty coffins (13 out of 16; 81%) were derived from “proper funerals” displaying elaborate coffin hardware representing considerable financial investment. Further, the timing for most of these interments, also based on associated coffin hardware, is suggestive of a different ultimate cause (see below).

Bodies for potential “resurrection” were likely chosen based on a number of variables, including the timing of death and interment, the immediate needs of the medical school, the location of the body in the cemetery (and its proximity to houses

Table 3 All “empty coffins” indicative of the exhumation of the body at Freedman’s Cemetery (1900–1907)

Burial no.	Indigent burial	Year	Description	Wholesale cost of coffin hardware	Evidence of broken lid	Evidence of exhumation
46		1907	Empty casket (adult)	\$2.86	Yes	Snapped off thumbscrews, missing some elements
205		1904	Empty casket (adult)	\$8.17	No	Presence of clothing elements; crushed secret society badge
263		1905	Empty casket (adult)	\$6.22	Yes	Broken lid at left shoulder; missing handle from this area
492			Empty casket (adult)	\$5.48	No	No clear indications
668		1907	Empty casket (adult)	\$1.27	Yes	Thumbscrews separated from coffin and escutcheons
709	Y		Empty casket (adult)	\$0.00	Yes	Holes in coffin lid
797	Y	1902	Empty casket (adult)	\$0.00	No	Suspender hook in fill
1,033		1903	Empty casket (adult)	\$1.53	Yes	Broken lid, displaced window
1,056		1907	Empty casket (adult)	\$1.33	No	No clear indications
1,059		1907	Empty casket (adult)	\$1.41	Unk	Broken and missing thumbscrews
1,071	Y		Empty casket (adult)	\$0.00	Unk	No clear indications
1,135		1907	Empty casket (adult)	\$3.91	Yes	Broken and bent thumbscrews; displaced and broken window
1,306		1907	Empty casket (adult)	\$1.20	Unk	Displaced thumbscrews
1,323		1907	Empty casket (adult)	\$4.21	No	Unscrewed, broken and bent thumbscrews
1,365		1907	Empty casket (adult)	\$3.05	Yes	Broken and displaced window, unscrewed thumbscrews
1,392		1907	Empty casket (adult)	\$1.79	Yes	Disturbed lid at head, missing thumbscrews

and passersby who might be alarmed at these late night activities), and which particular grave digger interred the body, so that very likely candidates could be relocated and exhumed quickly by willing confederates before putrefaction set in. Socioeconomic level and the exclusive focus on indigents’ graves interred at city or county expense may have been a minor factor overall; potentially the grave of anyone, no matter their family’s class or status, could have been targets for resurrection.

While 878 burials (containing 884 individuals) were assigned to the Late Period at Freedman’s Cemetery—spanning January 1, 1900 to July 26, 1907—it was further possible to calculate estimated single year of interment dates for 801 graves (e.g., Burial 36, c. 1900). This refined chronology, termed the Late Sequence, is based on

a highly elaborate seriation and correlation of complex artifactual patterning with the local archival record. While broadly accurate, individual dates are still estimates (Davidson 1999, 2000b). Of the 16 adult empty boxes lacking skeletal remains and demonstrating evidence of exhumation, 13 were dated more precisely within this more refined Late Sequence (see Table 3). Of these, nine have estimated years of interment of 1907, the year that Freedman's Cemetery was closed by mayoral decree (Davidson 1999). The remaining Late Sequence "empty boxes" all date variously between 1902 and 1905.

What can explain the great number of exhumations occurring in 1907? It may be the simple result of Freedman's abrupt closure, which was actually forced by the mayor and city council due to massive overcrowding of graves, resulting in potentially unsanitary conditions. With the completion of the new indigent cemetery for black paupers on July 26, 1907, future interments in Freedman's were suddenly legally barred. To assure that future family members could be interred next to recently deceased next of kin, the logical and legal alternative would have been their immediate removal to Woodland Cemetery, the private black cemetery founded in 1902 to replace Freedman's as the primary place of burial for Dallas's black community (Davidson 1999, pp. 393–394). The majority of empty boxes, dating to the terminal year of 1907, could certainly suggest a legal transfer of these remains to Woodland Cemetery. Alternatively, although there are no archival "smoking guns," such as a spike in enrollment of medical students during the 1906–1907 academic school year (see Table 3), necessitating the acquirement of additional cadavers through any means necessary, there is undeniable potential for at least some of these empty boxes to represent true grave robbing activities by area medical schools.

Black Response to Grave Robbing

Throughout the nineteenth and early twentieth centuries, enslaved and free African-Americans were disproportionately victims of body snatching and unlawful medical dissection (Savitt 1982). Even where a large white transient population existed, black bodies were preferred and targeted simply because living members of the community had no voice to utter protest to these actions. One observer in Baltimore in 1834 noted that "the bodies of coloured [sic] people exclusively are taken for dissection, 'because the whites do not like it, and the coloured [sic] people cannot resist'" (Savitt 1982, p. 337).

Wherever freedom gave African-Americans the ability to speak and act, however, there are instances of public protest or direct actions against these outrages. In 1788, just before the grave robbing of a white woman's body resulted in the deadly "Doctor's Riots" (Tward and Patterson 2002), free blacks in New York City sent a petition to the city's Common Council complaining of the theft of their dead from New York's African Burial Ground (Epperson 1999).

In retrospect it is clear that, like their kindred in eighteenth century New York, Dallas's African-American community did not passively suffer these outrages but rather actively formulated a response to protect their own dead. Prior to 1900, all undertaking establishments in Dallas were exclusively Euroamerican, although each also presided over black funerals (Davidson 1999, pp. 100–139). This status quo

changed in 1900 with the creation of the first African-American undertaker in the city, Peoples Undertaking Company. The firm's principal founders were composed of prominent members of black Dallas society, and included Abner Taylor and William B. West (preachers), John Starks (a school teacher, newspaper publisher and barber), and William E. Ewing (a restaurant proprietor and sometime barber). William H. Holland, who was its first manager, was a very famous and accomplished black Texan, having served in the Texas State Legislature during Reconstruction, and beginning in the late 1880s, was the state's first superintendent of the Deaf, Dumb, and Blind Institute for Colored Youths located in Austin (Barr 1996, p. 105; Dallas Times Herald 1904; Davidson 1999, pp. 118–119).

According to modern oral history, in 1899 an unknown white funeral home delayed by several hours the delivery of a body to awaiting mourners at Freedman's Cemetery. It was this lack of respect, manifested by increasingly shoddy service by white funeral homes that motivated the black community to found Peoples Undertaking (Wicks 1993, p. 20). While this modern oral history may be true, Peoples Undertaking may also trace its origin to an even deeper transgression; as a grass roots response to the formation of medical colleges in the city, and their early reliance on the bodies of unclaimed African-American indigents and others for use as medical cadavers.

In fact, the first official reference acknowledging Peoples Undertaking Company's existence is on October 28, 1901, when the firm petitioned the City Council to be allowed "to bury the colored paupers," but their petition was quietly ignored (Dallas City Council 1901b, p. 319). Peoples Undertaking was rebuffed in its efforts to secure the black indigent burial contract until April 23, 1913 (Dallas City Council 1913, p. 208).

More than a scheme to obtain additional business, this 1901 petition would have allowed the black community the means to control the mode of burial for those African-Americans who died and whose bodies lay unclaimed or whose family members could not afford to pay for a funeral on their own. It was these remains, as the usual source of cadavers for the medical schools, which were arguably the most vulnerable in the city to these depredations.

One meeting of concerned white citizens in 1906 debated the merits of a medical school moving into their neighborhood on Gaston Avenue. One participant, Mr. Mahana, gave one rationale against the school: "he asserted that it was already causing the colored servants in that section of the city to talk of leaving. 'You cannot disconnect the colored person's mind with a corpse and a ghost,' declared Mr. Mahana" (Dallas Times Herald 1906). Despite the veiled racist and contemptuous overtones, there was some truth to Mr. Mahana's words; some black Dallasites did fear what went on in medical schools. Even as late 1922, or some 15 years after locally procured cadaver use was legalized in the state (Jones 2004, p. 138), black servants in some numbers fled the East Dallas neighborhood where the Baylor School of Medicine relocated, because they didn't want to work so close to "where young boys cut up dead men" (McDonald 1978, p. 155). And yet during this period African-Americans were certainly not ignorant of the potential of medical science to heal the sick, and most educated members of the black community well understood that adequate medical training demanded knowledge of the human body acquired only through dissection of cadavers. Far from ignorant of the prospects of medical

science, blacks in Dallas simply objected to the illegal theft of *black* bodies, with no easy means to end these practices.

Fourteen African-American medical colleges were established between 1868 and 1900, with most failing only a few years after their creation, and all but two, Meharry Medical College in Nashville, and Howard University Medical Department, in Washington, D.C., were closed by 1923 (Savitt 2000, 2001). These two universities trained most of the Black doctors working in this country up to the 1950s, including virtually all of Dallas's black physicians and dentists during this period (Kidd 1979; Polk 1900, 1902).

Black medical schools experienced the same restrictions as white institutions in procuring bodies to teach gross anatomy, and so African-American bodies were vulnerable to illegal use as medical cadavers from these black institutions as well. For example, prior to 1902 it was illegal in Washington, D.C., for indigent bodies to be used for medical purposes, so all bodies used to teach gross anatomy at Howard prior to that year were stolen by resurrection men. W. Montague Cobb (Rankin-Hill and Blakey 1994), former head of the Anatomy Department at Howard University, related that prior to 1902 bodies were procured in the same manner as after the law, only it was unlawful to do so (Fry 1975, pp. 177–178). Further, black medical students were subject to the same emotional impacts and trepidations that white students experienced, and employed the same kinds of coping strategies of gallows humor, viewing with detachment the cadaver remains. For example, a photograph from circa 1919 of two black medical students at Meharry Medical College show them posing with a partially dissected adult corpse in a less than respectful manner and similar to contemporary photographs of white medical students (Myers 1995, pp. 93, 162).

The True Extent of Grave Robbing in Dallas

This study has presented one archaeological and one archival example documenting the illegal use of black bodies as medical cadavers. While additional burials exhumed from Freedman's Cemetery exhibited cut marks and other evidence of possible medical dissection (such as cranial autopsy), at this time these osteological data have not been systematically quantified. We, however, can establish the illegal status of these dissections, in part due to the timing of key events. Freedman's Cemetery was condemned as a public health hazard by the Mayor of Dallas in the summer of 1906, and was officially closed to further interments on July 26, 1907 (Davidson 1999). The anatomy act making it legal to use indigent dead and other unclaimed bodies in Texas as medical cadavers, after considerable debate, was passed in 1906, and went into affect on July 13, 1907 (Jones 2004, p. 138). Given the coincidental timing of these events, any body bearing the marks of dissection almost certainly would have been illegal in nature.

So how many potential bodies were needed by the five practicing medical schools between 1900 and 1907? An overwhelming 1,947 students attended the five medical schools during this period (see Table 2; Geiser 1952). To determine how many cadavers would be potentially required of these students, an imprecise calculation can be deduced by simply dividing the total number of students enrolled in each

college during this eight-year interval by six, which was the customary number of students assigned to a single cadaver in period descriptions: “Six men are assigned to a body, two on the head, one on each arm and one to each leg. About 4 weeks are required to complete a dissection” (Dallas Times Herald 1903). The resulting number is a large one; potentially 324 cadavers would have been dissected between 1900 and 1907. While a goodly number of these bodies could have been of European extraction, dozens if not hundreds would have been black.

With such a large number of black bodies “consumed” for medical student instruction, why are there so few clear-cut cases of these abuses in the archaeological sample at Freedman’s Cemetery? The Dallas *Times Herald* reporter, while taking his tour of the medical schools in 1903, plainly described what was *supposed* to happen to the cadavers at the end of their usefulness: “a full and complete record of the subject must be kept and the bones interred upon completion of the work of dissection” (Dallas Times Herald 1903). But it has also been established, with Dr. Rosser’s admission of the common theft of indigent dead, that the *Times Herald* reporter was in error in stating that the bodies were legally obtained from out-of-state.

At the close of each session of gross anatomy the cadaver remains may have been immediately discarded, or temporarily stored for a time on-site, but eventually even these curated remains would also have been discarded. Especially likely times for disposal of curated remains would be when a medical school financially failed or if the school was moved to a new facility. Most human remains, however, would have been discarded at the close of each term.

The vast majority of these cadaver remains, totaling in the low hundreds for the 1900 through 1907 period, were likely never interred in Freedman’s Cemetery. Rather, as evidence of crimes, these body parts would have been dumped in any number of illegitimate ways, in part because any legitimate interment in Freedman’s or the nearby white indigent cemetery would have been logistically difficult to accomplish (since the remains were cut up into numerous pieces), and their transport would have potentially risked detection by the public. Such “legitimate” interments in area cemeteries would also have cost the city additional outlays of public funds for coffin and grave digging fees. Rather, it seems most reasonable to assume that these remains would have been discarded by various means. Some remains likely were treated as household rubbish, to be incinerated or dumped with the rest of the city’s trash; the City’s Health Officer boasted that the city’s “crematory” (period term for trash incinerator), was capable of incinerating multiple large-animal remains (Dallas Times Herald 1890).

Other cadaver remains received impromptu burial in vacant lots or other non-cemetery contexts; “It was common years ago for physicians to bury bodies that had been used for dissecting purposes” (Dallas Times Herald 1923). Within the decidedly urban context of downtown Dallas, there is still the potential that human body parts could also have been disposed of on-site at the medical schools themselves in basements or backyard green spaces, analogous to the Medical College of Georgia example (Blakely and Harrington 1997). Skeletal material was at times also casually dumped in public spaces, such as the black body recovered from behind the Padgett Saddlery shop in 1905 (Dallas Times Herald 1905a). An alternative disposal practice that was apparently commonly employed was to dump at least smaller skeletal elements and soft tissue remains in the city sewers (Dallas

Times Herald 1923); according to Deputy Hal Hood, “At one time, only a few years ago city health officials discovered bits of human bodies passing through the sewers, and these parts of bodies were, on investigation, traced to dissecting rooms.”

In addition to these surreptitious disposal practices, the least common method of disposal would have been through normative interment, with small numbers of cadavers returned to the white undertakers variously holding the city pauper burial contract for interment in a plain pine box within Freedman’s Cemetery. The excavated portion of Freedman’s was approximately one quarter of the total cemetery. During excavations we simply did not uncover absolute evidence of dozens of burials having served as medical cadavers, but additional cadaver remains may have been interred within the interior of the cemetery, where our excavations did not intrude. Many turn-of-the-century indigents were interred along the edge of an unexcavated portion of the cemetery, and any number of burials, similar to those discovered in Burial 558, may have lain just out of reach of archaeology.

The Legacy of These Actions

These crimes of the past are not mere historical footnotes; they have left a legacy that is difficult to overcome. The racist views of the American medical profession in the nineteenth and early twentieth centuries, once held as normative, have been de-centered but modern health care maintains a legacy of structures that still conspire to slight African-Americans and other minority groups. In 2002, the Institute of Medicine released a report to Congress that documented a pervasive and widespread disparity within the country’s health care system, resulting in a measurably lower quality of health care for racial minorities compared to Euroamericans. This was found to persist even with parity in income and insurances levels (Clark 2003).

One recent medical study by Boulware et al. (2004) examined the willingness of a sample population in Maryland to donate their bodies to medical science. The study’s demographic sample cross-cut such variables as age, gender, education, race/ethnicity and socioeconomic; the results clearly demonstrated that African-Americans were 60% less willing to consider whole body donation than whites of similar backgrounds. The study also examined the underlying rationale of reticence for whole body donation amongst African-Americans, revealing that they were primarily based in a perceived discrimination by the health care industry generally (Boulware et al. 2004, p. 575). This lack of trust has been engendered over countless decades of abuse and lies, in the Tuskegee Syphilis experiments of the early twentieth century (Jones 1981), in the subjection of enslaved African-Americans to medical experimentation (Savitt 1982), and in the nineteenth and early twentieth centuries, the theft of African-American dead for use as medical cadavers (Capozzoli 1997, p. 335; Clark 2003; Siminoff and Sturm 2000). This general distrust has profound implications for African-American health, with many distrustful enough of the health care industry to avoid treatment for conditions that are potentially life-threatening.

There are many ironic connections between the body snatching that occurred in Dallas during the first decade of the twentieth century, and the study of human osteology. To make meaningful inferences about human remains, osteologists

require a large, statistically valid and known comparative skeletal sample. One of the most commonly used osteological collections is the Terry Collection, originally created by Dr. Robert J. Terry in Saint Louis, Missouri, in the early twentieth century. An invaluable resource, the Terry Collection is itself assembled from unclaimed bodies originally used as medical cadavers and later macerated and added to the osteological collections (Hunt and Albanese 2005). Data from the Terry Collection was used as a comparative for the Freedman's Cemetery analysis.

One final irony is that present day University of Texas Southwestern Medical School evolved out of elements of the Baylor University College of Medicine, one of these early medical colleges (Chapman 1976, p. 7; Jones 2004, pp. 144–146), and it was this modern institution that served as the temporary morgue for all of the skeletal remains exhumed from Freedman's Cemetery. Additionally, the analysis and creation of the preliminary archaeological report (Condon et al. 1998) was conducted within the Anatomy Department of the University of Texas Southwestern. At least some of the remains of individuals secreted out of funeral parlors and illegally used as medical cadavers had been exhumed archaeologically, only to become the subject of study once more, stored for a time in an institution that could trace its origin to one of the medical colleges that committed the original crime.

The total loss of human dignity, and identity, through these practices is difficult to measure but still must be reckoned. Freedman's Cemetery never had many formal gravestones. But when the project began in 1990, only two isolated and displaced stones remained. Where had all of the gravestones gone? Calvary Avenue formed the southern boundary of the cemetery, originally a dirt lane named Lemmon Avenue which was paved over in the early 1920s (Davidson 1999, p. 88). Calvary Avenue was closed by the city in 1990 at the beginning of the Freedman's Project, and when its pavement was pulled up, hundreds of tombstone fragments were found beneath the layers of concrete and asphalt. They had been placed there in the early 1920s during the initial paving of the road, when the Ku Klux Klan was beginning its rise to prominence in the city as well as nationally. Just as the Nazis—some 10 years later and half a world away—vandalized Jewish tombstones and used their fragments to pave roads surrounding such notorious death camps as Auschwitz and Treblinka, standing tombstones had been dragged from graves in Dallas, broken up in full view of black homes, and thrown along the roadbed as fill to lift the road for drainage purposes (Davidson 2004, pp. 96–98).

Thus a handful of identities carved in stone were reduced to none, robbing the act of memory of these dead from their families. Freedman's Cemetery itself suffered an attempted erasure from history. The site had originally been composed of 4ac (1.6 ha). Through a series of unscrupulous land sales (Davidson 1999, pp. 65–77, 98), this property had been whittled down through the years to 1.22ac (0.49 ha). It was this reduced acreage that in 1965 had been simultaneously condemned and transformed by the city council into a park, complete with playground equipment and picnic tables atop unmarked graves (Davidson 1999, p. 76). One of the first acts of the Parks Department in 1965 was to cover the graves with a foot of sterile fill across the entire property, ostensibly to smooth out depressions and obscure folk funerary markers that still littered individual graves. In a matter-of-fact way, the Dallas Parks Department was attempting to bury the dead once more, to erase their presence on the current landscape of park swings and picnic tables. This attempt at

erasure simply did not work; through efforts of community members and the Freedman's Cemetery Project, those dead exhumed archaeologically, though individually nameless, are remembered once again (Davidson 2004).

For potentially hundreds of individuals, their theft for use as illicit cadavers by Dr. Rosser and others rendered both a metaphorical and literal destruction of identity. For far too long, their loss was unremembered and unmourned, with their very flesh and bone discarded through various means; dropping them in the city's sewers, by shallow burial in vacant lots, by dumping them on city streets, or through their incineration with household garbage. Through all of this a complete destruction of identity and dignity was achieved, rendered possible through casual racism, and all in the name of science. While these remains can never be fully accounted, at least the memory of the crimes, committed against these men and women in the first decade of the twentieth century, has finally been resurrected.

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