

**THE LIFE AND DEATH OF IDENTITY AFTER DEATH IN TEXAS
MEDICAL SCHOOLS**

An Undergraduate Research Scholars Thesis
by
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This project did not require approval from the Texas A&M University Research Compliance & Biosafety office.

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ABSTRACT

The Life and Death of Identity after Death in Texas Medical Schools

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The current state of research with regards to the use of exhumed paupers' graves in the 19th century is well established, but the extent to which attempts to preserve the documentation of personal and cultural identities based on known medical information and forensic context have yet to be properly examined. Furthermore, the extent to which said documentation may or may not have improved in relation to changes in codified rules of ethics and the growth of medical schools in Texas remains to be properly examined. In order to better uphold the responsibilities medical institutions have to accurately document the identities of the deceased, they would benefit from the context of my preliminary findings for any genuine consideration of their respective recommendations for changes in law and policy. In this research, I verify the existence of archival records concerning the acquisition of human remains used for study in the UTMB John Sealy School of Medicine, one of the State's largest and oldest medical schools, as

well as in other schools mentioned in the Anatomical Board of the State of Texas record. Furthermore, I trace the observable improvements and downturns in the quality of documentation with regards to the individual and cultural identities of the deceased throughout the respective histories of the involved institutions, with particular focus on the years 1907 through 1921. In so doing, I identify correlations between the quality of documentation and any changes either to the expansion of said institutions or the existence of codified rules of ethics with regards to the acquisition of human remains for study. The findings of this research contribute to the growing body of knowledge surrounding the preservation of identity in medical research and ultimately help to enhance the general understanding of the relationship between marginalized communities and institutions of medicine, and the ways said relationship can be improved.

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All other work conducted for the thesis was completed by the student independently.

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INTRODUCTION

Documentation as a Matter of Life and Death

The importance of documentation and identity is paramount in the modern world, particularly in relation to the establishment and preservation of community. While these facts are typically applied to artifacts that evoke thoughts of life - whether it be past present, or future - the need to identify and honor the remains of the deceased are easily and often overlooked, especially with regards to those whose bodies were used in the pursuit of knowledge that might benefit the living. Even more significant is the need to address systemic violence committed against marginalized communities by the exploitation of vulnerable burials, which cannot be done without the proper identification of individuals exhumed without documentation. One infamous example was cited by James Davidson (2007): "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" (195). Incidents such as this make it painfully clear that we must verify the existing records on human remains used for study in Texas medical schools, and in the process observe how documentation processes and the acquisition practices of human specimens have changed throughout the development of codified rules of ethics and the growth of Texas medical schools, so that we may better understand the processes that improve or exacerbate the relationship between medical research and the preservation of both cultural and personal identity.

1. LITERATURE REVIEW

1.1 Starting Point

The starting point for my research comes from Wooten (2012), who in her history of the Ashbel Smith Building that formed the center of the current John Sealy School of Medicine noted the use of exhumations for study and dissection by early medical students in Galveston, Texas during the late 19th century. This was not only illegal at the time, but consistent with the contemporaneous practices of medical schools in the Dallas area, which are covered in great detail by Davidson (2007) and will be covered later in this review. More pertinently, what Wooten (2012) likely regarded as a minor footnote in the Ashbel Smith Building's history directly links it to what is becoming a growing body of research with regards to the ways the acquisition of human cadavers for medical research has historically been linked to the abuse of minority identities. This is why my work seeks to understand the ways the documentation of identities with regards to cadavers used for study in medical schools has changed throughout the 20th century. Additionally, this will contribute to the body of knowledge surrounding the preservation of identity in medical research and ideally help us to better understand how the relationship between marginalized communities and institutions of medicine can be improved.

To accomplish these goals, I have committed considerable time and effort to scanning the archives relating to the Anatomical Board of the State of Texas in the Truman G. Blocker, Jr. History of Medicine Collections. The Anatomical Board of the State of Texas was an institution created in 1907 to regulate the supply of unclaimed cadavers for medical purposes. In order to better understand the ways identity is documented in this process, I have compiled and analyzed relevant correspondence that documents the struggles, concerns, and solutions of medical

institutions in Texas from the years 1907 to 1921, taking note of references that are revealing as to the priorities of participating institutions in relation to the documentation of identity and to issues of particular relevance to documented abuses in the Dallas area.

Identity in the context of my ongoing research is flexible and evolving in the sense that I wish to observe what kind of details medical schools deemed necessary to record and keep over time. This, at the very least, refers to the names of the deceased, their biological sexes, their ages at the time of their respective deaths, and their ethnic or racial communities, the latter of which has become especially significant in the growing body of research surrounding the illegal exhumation of cadavers in the late nineteenth century in the United States, as multiple researchers have discovered (Jameson 2007; Nystrom 2011; 2014; Winburn 2022). My research up to this point has been limited by the nature of the records I have thus far reviewed, as I was given access to operational correspondence from the Anatomical Board of the State of Texas rather than the individualized documentation attached to specific cadavers. Because of this, these criteria for identity serve as a compass for future studies, and as a contextual reference for my methods, as they influence my priorities when searching through historical documents.

1.2 Ethics of Acquisition

Questions regarding the general ethics of acquisition with regards to human remains for medical research and study are hardly new and have been explored extensively from legal and moral points of view (Holland 2015; Schiefer 2019). That said, questions regarding improvements to preexisting systems and institutions that handle the processing of human remains for study tend to focus either on potential legal shortcomings that create unwieldy and dubious supply chains (Schiefer 2019, 396-398) or the potential for infringement on privacy rights for the deceased and their living relatives (Holland 2015, 654). There is a gap in the

current state of research involving the ways identities have been documented when acquiring human remains for study. This deficit is understandable in the context of whole-body donations, which is currently the predominant method of acquiring human remains for research in the United States.

Whole-body donations rely on willful participation from either the deceased before passing or from their next of kin if no conflicting methods of internment or cremation were previously enumerated. Rules regarding the memorialization of the deceased and the permissions involving privacy rights can be enumerated in the signed agreements before the donations are made, which largely circumvents potential ethical issues from a conceptual legal framework as it takes into consideration the preferences of the individual. This is why the existing research tends to explore issues such as the rights of organizations to then sell remains acquired through donations as middlemen for research institutions that lack departments dedicated to the independent processing of potential donations under the current state of the Uniform Anatomical Gift Act (Schiefer 2019, 375-377).

My own proposed research does not relate directly to the current body of information regarding the UAGA's effect on the entire whole-body donation industry and the need to reform it through consideration of individual rights and ethical ideals. It does, however, provide pertinent context for future study considering the aforementioned legislation's reliance on individual states ratifying it with caveats and amendments, which has given room for Texas to maintain its own Anatomical Board for review of donations with little ability to enforce oversight on potential ethical or legal violations. Such potential gaps have already been explored in broader policy studies such as those conducted by Holland and Schiefer (2015; 2019), but my research seeks to clarify how the preservation of identity with the acquisition of cadavers for

study in medical schools has changed historically and to critically assess the progress made over the course of the twentieth century with relation to the growth of medical schools and the creation of codes of ethics and legislation, which goes beyond the scope of the aforementioned research.

1.3 Erasure of Identity

Davidson's (2007) research examines one case in particular that is essential to understanding the reasons behind my work, namely that of the Freedman's Cemetery Project in Dallas, Texas. His article covers the archaeological excavations, historical research and documentation, and implications behind the mass exhumations of predominantly Black paupers' graves in the Dallas area in the late 19th century and up to 1907 for medical research. It clearly lays out the complex relationships behind the structural violence that was perpetrated on marginalized communities via the theft of bodies. This work also offers a greater understanding of the ways such crimes permanently affected said communities, as it robbed them of identity and security after death (198). This research is thorough, but it makes the case for the need of further study into the ways medical schools abused the buried bodies of vulnerable populations, as it repeatedly points to other cases throughout the American South (194-195). Beyond simply shining a light on other cases in which similar physical wrongs were committed against the deceased, Davidson's findings point to the need to better understand the ways in which the identities of these targeted communities were affected. This is why my proposed research attempts to better understand the ways medical schools have either maintained or eradicated identities with regards to acquired human remains, and the ways such practices have changed over time. Also, as my research suggests, there is reason to believe that the racial targeting of

Freedmen communities in the Dallas area went well beyond the year 1907 and that further study in this field is warranted.

The research of Nystrom (2011; 2014) further expands on the extent of illegal exhumations of Black paupers' graves by physicians during the late 19th and early 20th centuries, and contributes to this field of study most significantly through the application of theoretical perspectives and terminology that collectively elevates the discussion surrounding the ways marginalized identities have been abused in the aforementioned context. Nystrom (2014) combines archival research with social theory to elaborate more on the ways these crimes represented manifestations of social inequality rather than on the specifics of any single case. A wide overview is provided that offers an essential contextualization for the behaviors exhibited in the 19th century by medical professionals in the United States, not just as representatives of the scientific community that were indifferent to the suffering of marginalized peoples, but as actors in the larger scheme of American history.

Terms such as structural violence and disembodiment are defined and then used to expand on the ways marginalized identities were harmed by these practices. Nystrom (2014) defines "structural violence" as being "harm done to individuals or groups through the normalization of inequalities that are intimately, and invisibly, embedded in political-economic organization" (755), and just as significantly, frames the nonconsensual exhumation and dissection of Black cadavers within this context. Furthermore, Nystrom clarifies the need for bioarchaeological research in this field to assess "not only how inequality may be embodied as health disparities in the living but also 'disembodiment' and the treatment and fate of the dead body" (767). In this context, his article argues that further study in this field is worthwhile even if only for the fact that historical social injustices can be observed in the targeted mistreatment of

human remains. When taken in conjunction with Davidson's (2007) insights on the ways these patterns of injustice were perpetuated against the deceased and the communities that mourned them threatened the survival of personal and communal identities (196), the need for further research on the ways identities either survived or were otherwise further desecrated becomes clearer. Considering exhumed remains were used for study in the medical schools that acquired them, the necessity to find relevant documented information on identity becomes all the more apparent, as does the need for critically assessing changes in the depth and accuracy of such information while laws, rules, and resources for these institutions evolved.

The research of Winburn *et al.* (2022) examines the systemic disparities and structural violence perpetrated against African Americans prevalent in American history and the ways in which such issues have led to the statistically significant underrepresentation of documented skeletal remains resulting from modern body donations. They define meaningful terms of identity that might inevitably affect the ways my research will be received. Some of the concepts discussed in their research are arguably redundant in the context of my overall cited literature, but it nonetheless provides the most in-depth overview on the more narrowed focus of ways in which African American identities have been affected by unethical medical research in American history, and it also provides recommendations for ways in which I myself might move forward with research that seeks to uphold higher ethical standards.

1.4 Methods for Retrieving Identity

While my ongoing research beyond the analysis of operational correspondence will largely rely on assessing the changing number of fields and facts filled-in while documenting the identities of cadavers acquired for study at medical schools, it also requires an assessment of the

accuracy of such notes when physical remains are still present and accessible. For this reason, methods and historical considerations explored by other researchers must be considered.

The research of Cova (2010) examines the observable physical trauma of 651 male skeletons born in the mid-19th century in the United States, specifically from three well-documented collections that contain both Caucasian and African American remains, focusing solely on individuals born between 1825 and 1877. This is done to examine how interpersonal violence is expressed differently among the remains of the observed ethnicities. The author addresses the limitations of such collections, as they reflect the specific geographic areas and low socio-economic class from which each collection relied upon for exhumations. This also serves to narrow the focus of the study, making for a relatively clearer picture of the subject matter. This is relevant to my research because the results might provide useful context with which I might be able to more accurately identify the identities of human remains, because early additions to the collections that I will study at the University of Texas Medical Branch will have likely come from the mid-19th century due to the date of the school's founding being 1890 (Wooten, 2012).

The research of Tise *et al.* (2013) seeks to improve the data used in the sexing of adult Hispanic skeletal remains by using postcranial measurements from migrant facilities along the United States-Mexico border in Tucson, Arizona, and from the Forensic Anthropology Data Bank, thereby highlighting the need for population specific data. On its surface, this work does not seemingly pertain to my own due to the expectation of finding either predominately Caucasian or African American remains in my research, but it does provide an essential model for improving the data used in more accurately ascertaining information critical to identification with regards to skeletal remains. Also, the potential of finding Hispanic remains amongst those

collected at UTMB during the late 19th and 20th centuries is arguably significantly higher than it would be in much of the rest of the American south. The statistical sources cited in their research might also be of use to me depending on the composition of my future samples.

The research of Wittwer-Backofen *et al.* (2014) is another example of material that initially seems irrelevant with regards to my own work, but it in fact lays out yet another clear model for replication in my own studies. It seeks to verify the identities of various previously collected human remains using a combination of historical research and various scientific methods, such as morphological sex and age-at-death verification and estimation of ancestry. Their work does, however, implement methods that will likely be beyond my means to use, such as stable isotope analysis and a molecular biology approach. It also involves a collection largely foreign in composition and provenance to the ones I will be looking at in my own research, although the ultimate makeup of my population samples cannot be determined without further data. Their work does however cover the provenance of the human remains, which is another factor relevant to my own work, as I seek to compare the documentation of the deceased used in medical research.

2. ANATOMICAL BOARD OF THE STATE OF TEXAS

2.1 Bylaws

The first of the documents that I had scanned from MS 43 – which is the archival designation for the Anatomical Board of the State of Texas Records – make it clear that the first bylaws of the Anatomical Board of the State of Texas were drafted in Mineral Wells, Texas, in April of 1907, with a committee consisting of Dr. J. C. Chase, Dr. H. M. Doolittle, and Dr. William Keiller (“Bylaws”), the last of which is one of the most prominent voices in my archival research, as his correspondence from the time he spent serving as the Secretary-Treasurer of the State Anatomical Board provided a clear picture of the organization’s work and relation with medical institutions and individual professionals that had to comply with changes to the laws concerning the use of unclaimed dead for dissection and study. The bylaws were adopted at a later meeting held on July 16, 1907.

The fact that Dr. Keiller was the Secretary-Treasurer was very useful for this research, as the bylaws make it clear that he was responsible for keeping records of all board meetings and for handling and disbursing all funds relating to the organization, meaning that many of the receipts from registered medical schools in compliance with the laws and the cooperating undertakers went directly through him, and due to his presence at Galveston, much of those records have been kept in the Truman G. Blocker, Jr. History of Medicine Collections. The Secretary-Treasurer was also given the responsibility of recording the numbers of students

enrolled in morbid anatomy and operative surgery in registered institutions, providing further contextual documentation for the bodies used for dissection in these medical schools.

2.2 Bonds Filed

The “Bonds Filed” folder in MS 43 includes multiple letters and signed bonds to the amount of \$1000 each from various institutions and elected individuals for the initial rights to claim bodies on a regular basis for scientific study. After paying the initial \$1000 sum, minimal payments for each body had to be made for the work of the undertakers, and assurances for the proper storage and use of these bodies had to be made as well, although this was evidently done through simple written agreements with no verification.

2.3 Undated Correspondence

The “Correspondence, n.d.” folder in MS 43 includes more financial information concerning the expenses of various schools and medical institutions purchasing the bodies of the unclaimed poor via the State Anatomical Board. It also includes two undated letters of particular interest, one to Dr. Knight from a funeral director that mentions a man who died at the Jefferson Davis Hospital with very little description other than “very thin”, and another from Dr. Keiller to an asylum in San Antonio discussing the expectations surrounding viability of preserved bodies that were properly embalmed, explicitly stating that bodies are kept for at least three months before dissection. Most interesting among the items in this batch is an undated page from Dr. Knight that mentions the issues the University of Texas Medical Branch at Galveston had concerning the steady supply of bodies for dissection, presumably during the 1930s when he held office as the Secretary-Treasurer, stating that “the number is kept at a minimum because of...the frequent carrying of burial insurance by individuals, and...by the large number of autopsies performed in various hospitals. In the event of a shortage of dissecting material at any time in the

future, we are allowed by S.B. no. 285, passed by the legislature, Feb. 26, 1929, to use unclaimed bodies from certain eleemosynary institutions of the State.” While this may be indicative of an unidentified trend unique to the decade of the 1930s, the problems Dr. Knight references in his explanation of his predicament are nonetheless consistent throughout the existence of the State Anatomical Board up to that point in time, especially with regards to a high demand for bodies to be autopsied in medical schools. This was particularly relevant to the Dallas-Fort Worth area in the early 20th century, as it had a significant concentration of medical schools at the time compared to the rest of the State, a fact which is noted in the research of Davidson (2007).

2.4 Correspondence, 1912-21

The “Correspondence, 1912-21” folder in MS 43 includes a series of correspondences that tell two different stories. First, early letters to Dr. Keiller dated May 29th, 1912, are some of the earliest recorded instances of exchanges in which individuals outside of major registered medical institutions like Baylor or UTMB directly contacted the Secretary-Treasurer in search of cadavers, in this case “regardless of sex”. The individual, a Dr. W.R. Newton from a sanitarium in Buckholts, also wished to receive a body before July, suggesting that the research purposes lie outside of traditional scholastic curriculum, which even at the time reserved classes for the Fall and Spring. The letter also directly mentions the Levy family as undertakers willing to do business, which provides a potential source of information for future research, as the Levy family still functions today as funeral home directors in Galveston. Interestingly, Dr. Keiller’s letter in response to this request mentions that the body he would send should ideally be sent back to Galveston for final sepulture, although he leaves room for optional cremation depending on the wishes of the doctor receiving the body. Dr. Keiller notes in his correspondence that bodies undergoing dissection are normally stripped to the bone, so while the osteological remains might

be easily shipped during the hot summer months without issue, the flesh would likely need to be cremated on-site regardless. The issue of summer weather affecting the safe shipping of cadavers becomes an obstacle of repeated mention in later correspondence. Doctors working beyond the confines of medical schools seeking specimens for practice are frequent in the earlier correspondence of the SAB, with some examples such as a letter from a Dr. E.F. Wright of Royse City asking for specific kinds of specimens such as “a female of about age of 35 years”, and others such as Dr. R. V. Murray asking for neither particular dates nor descriptions but rather simply relating their credentials in hope of assistance. In the case of Dr. Murray, he claimed to be the first doctor in Austin to successfully perform a caesarian on a living woman suffering from eclampsia.

The folder marked “Correspondence, 1912-21” also includes letters that add potential context to a well-documented grim story involving the misuse of human remains, specifically with regards to African American bodies that were targeted and abused in the Dallas-Fort Worth area (Davidson 2007). The first of the letters that hint at these troubles comes from a Dr. C.F. McClintic (Professor of Anatomy at Baylor), dated November 24, 1915, in which he informs Dr. Keiller of the Dallas area’s lack of a Board-recognized distributing agent. Despite this, bodies have been seemingly delivered for dissection, and yet they did not even have paid bonds attached to them. Dr. Keiller appointed McClintic the distributor for his region by December 3rd of that year, with thanks given by the 8th, although this would not be the end of the irregularities in the Dallas area.

Finally, the folder includes a letter from Dr. Keiller to “Dr. Chas H. Edge” of the Texas Dental College in Houston, dated October 1st, 1921, in which Keiller notes that proper documentation has been lacking from the aforementioned institution since 1917. He goes on to

explain the proper documentation required for SAB compliance and the steps his institution must take to return to good standing with the board, requiring him to simply acquire official documents from past years surrounding the processing of 10 bodies and what should have included attempts to find relatives of the deceased. This situation helps to illustrate the lack of oversight in the whole process, one which allowed for minority communities especially to be abused. Besides the historical and ethical context of this anecdote, the use of metal tags and four forms labeled “A, B, C, and D” to document the dead distributed under the rules of the SAB at the time are described, providing further potential avenues for acquiring information relevant to this research project.

2.5 Correspondence, 1908-11

The folder titled “Correspondence, 1908-11” in MS 43 documents a series of written exchanges from multiple medical institutions and undertakers to and from the office of the secretary-treasurer of the SAB during the years 1908-1912, which at the time was manned by Dr. Keiller, although for a short time a Dr. Aynesworth took over responsibilities for this position. In a letter to the city undertakers in Houston, dated January 2nd, 1908, Dr. Keiller asks if there are any bodies not turned over to the city undertaker. This is significant for three reasons. First, he mentions that Galveston is well-supplied with medical cadavers, which would not always be the case, so the times when they are struggling to meet demand stand out all the more because of times like these. Second, this establishes an awareness of a problem relating to a lack of communication and regulation with regards to the law that established the State Anatomical Board in Texas, which would go on to be amended multiple times thereafter. Third, Dr. Keiller’s approach to these issues displays his ignorance of the potential for such oversights to be abused, as he suggests that “such men as Wright, when they find that there is no money to be made by it,

will not be very anxious to have unclaimed bodies on their hands”, showing little appreciation for the likelihood that misplaced bodies might be abused.

“Correspondence 1908-11” continues with letters to and from various institutions in the Dallas area, with one from the College of Physicians and Surgeons addressed to Dr. Keiller “January The Second, 1908”, in which not only does the author (Dr. Arthur Bell) admit to losing the appropriate documentation for the cadavers received, but even expresses fear in the belief that he is being conspired against by other more reputable institutions in the Dallas area, also asking for the number of claimed students at the other nearby schools. Dr. Keiller’s response to his letter denies any malice towards him and confirms that bodies numbered 63 and 70 were given to his institution. The fact that Dr. Bell did not remember the numbers at first and relied on Dr. Keiller’s records rather than offering other possible identification for confirmation (names, gender, race, etc.) suggests that such information is lost to the dissecting institution post-dissection, unless proper due diligence is implemented.

Even by February 7th, 1908, Dr. Keiller reveals in a letter to one of the other founders of the State Anatomical Board that he is still unsure of how bodies are to be distributed in the Dallas area, which may at least partly explain the chaos in the area during the time. He also mentions in the same letter that he is leaving for Western Texas until October. In that correspondence, he refers to a previous letter from December 20th, 1907, in which he mentions that the College of Physicians and Surgeons had been discredited by the State Examining Board, although he seems to have been willing to deal with them regardless. The letter from December 20th also includes a list of the Dallas area schools with the bodies distributed to them (Baylor received four, the State Dental College received two, the College of Physicians and Surgeons

received two, Southwestern University Medical College received two, and Physio-Medical received two; the bodies range from numbers 61 to 72).

“Correspondence 1908-11” also includes a letter to Dr. W. R. Thompson in Fort Worth from Dr. Keiller dated February 7th, 1908, in which he informs Dr. Thompson that the certificates for bodies received must be sent according to the sequence of their given numbers, and that this was in fact not done properly by Thompson. On February 11th, 1908, one of the founders of the SAB, Dr. Ira Chase, asked Dr. Keiller for more brass SAB tags to give to three separate undertakers and the local medical college in Fort Worth, but worth noting is the mention of a separate negro undertaker (“R. C. Houston, Jr.”) suggested for appointment as an agent of the SAB, as the businesses in Fort Worth at the time were divided according to race. Dr. Keiller finally clarifies the fact that he has Tuberculosis in a letter to Dr. Chase dated February 13th, 1908. Furthermore, he notes in this letter that Dr. Aynesworth will take over his duties until he returns, and that he fears “we now have trouble in Dallas”. Dr. Chase then wrote a letter to Dr. Aynesworth dated December 17th, 1908, in which he clarifies his worries with regards to Dallas: “I think the schools in Dallas are getting their material satisfactorily, but are not complying with the law regarding the filing of affidavits with the county judge and in other ways. Their undertakers refuse to have anything to do with making out the certificates...giving as their reason that their lawyers say the law is unconstitutional, and it is not necessary to comply.”

“Correspondence 1908-11” also includes a letter dated August 8th, 1909, in which Dr. Doolittle informs Dr. Keiller of “a new negro shop which is at this time burying almost all of the paupers in the town”, for which he asks Dr. Keiller to send copies of the SAB law. In a letter from Dr. Chase in Fort Worth to Dr. Keiller dated September 1st, 1909, further fuel is added to the chaotic flames of the Dallas-Fort Worth area at the time, as some admission is made with

regards to losing documentation. The disorder in the aforementioned areas is somewhat juxtaposed by Houston, as a letter dated October 10th, 1911, from Settegast-Kopf Co. (licensed embalmers) not only properly notes various bodies and materials given and received, but also informs Dr. Keiller of attempts made to locate the living relatives (“brother and sister living somewhere in Texas”) of a deceased female who died October 2nd, 1911, at St. Joseph Infirmary, which shows relatively greater attention to detail and ethical duties relating to the identity of the deceased than the medical institutions in the Dallas and Fort Worth areas in the same period.

2.6 Correspondence, 1907

In the folder titled “Correspondence, 1907” in MS 43, a letter from Dr. Keiller to a F. G. Bradford at the State Dental College in Dallas dated July 29, 1907, details the intended arrangement for the Dallas area’s distribution network: “the local board for distributing bodies in Dallas, if I remember correctly, will be composed of the professor of anatomy in the three medical colleges now in Dallas, Dr. Doolittle as Chairman. These men will draw up the rules and regulations concerning the rotation and percentage of allotment to the several institutions in Dallas eligible to receive bodies. A distribution will be made under order of the Board through the city undertaker.” This is particularly interesting considering issues with a lack of coordination and a resulting lack of proper documentation in this area persist well into the middle of the following decade.

In a letter from Dr. Chase to Keiller dated September 9th, 1907, questions regarding the need for officially designated undertakers are raised, and concern over the need for distinct medical communities to draft and enforce their own policies intended to meet the basic requirements of the law that established the SAB is expressed. In another letter from Dr. Keiller to Dr. R. T. Morris in Houston dated October 8th, 1907, the changes to ownership and rights to

the unclaimed dead are explained: “with regard to the difficulty that the Anatomical Law provides that in the case of special request being made that bodies of paupers be buried at public expense should friends so desire, it seems to me that while it will be necessary to explain this to those failing to bury their dead that such a body will be turned over to the Anatomical Board, it hardly seems to me necessary to go into details in explaining that should they so desire it the undertaker is compelled to bury the body at public expense. That of course will depend upon the decision of the county judge.” In a separate letter to Dr. Doolittle from Keiller dated October 15, 1907, concern over the reported use of more than one city undertaker in a single community is brought up, and Dr. Keiller even claims he will stop the supply of cadavers to institutions that fail to comply with proper accounting procedures.

Another letter of note from “Correspondence, 1907” is one of the earliest examples of Dr. Keiller’s standard responses to procedural inquiries regarding the process of legally applying for the supply of cadavers, dated October 28th, 1907, to a Dr. W. L. Baber: “In order that you may be allowed to receive a cadaver for dissection, you will have to write me an application, stating how many you wish, the purpose for which you wish them, the accommodation that you have for such material during dissection, and the source from which you expect to draw your supply. If the Board be satisfied that you have suitable accommodations for doing such work, it may direct your local undertaker to put the first unclaimed body at your service”. The fact that he had to create a template for this kind of exchange is not so much a surprise considering the nascency of the Anatomical Board of the State of Texas as much as it serves to illustrate the growing number of institutions and independent practices during this period of time that demand such adaptation.

One rather suspicious letter dated October 25, 1907, from Dr. Chase to Keiller, mentions “we have been compelled to put our old machinery in motion at a cost so far of \$150, but are in

hopes that the law may soon prove more profitable”. This is interesting for at least two reasons: first, its context suggests that one of the main reasons for the Anatomical Law’s existence is not to improve ethical operating standards for medical institutions, but rather to provide a cheaper system for the supplying of cadavers for dissection; second, if this statement is meant to imply that bodies were acquired by underhanded means at a higher cost, then the individuals that carried out exhumations likely made a greater profit this way, and considering the excess need for cadavers in the Dallas area due to there being so many medical schools there at the same time, this goes a long way to explain why there was such an issue with resurrection men there at that point in time.

“Correspondence, 1907” also includes sworn affidavits from the registered medical schools in Texas at the time declaring how many students were registered in each course at each school. This includes an affidavit for UTMB, which is funny considering it claims that the Professor of Anatomy has been reported wanting a certain number of bodies, when in fact the man reading the letter would have mostly likely been the Professor of Anatomy himself, Dr. Keiller.

A letter from Dr. Keiller to Aynesworth in Waco dated November 21, 1907, details which forms are provided at certain stages of the acquisition process, and which are kept by which institutions: “this letter I intend you to read and then take to the undertaker, so that you may both thoroughly understand what is meant. He will send you with each body forms B C and D of the certificates. One of these as directed along the headline, you will keep on file, another you will send to the undertakers as a receipt for the body and the last is to be sent to me with \$2.00 assessment for each body”. He also clarified that undertakers were paid variable rates

depending upon the leisure of the purchasing institutions, and that bodies were to be kept for ten days after embalming before they could be used for scientific purposes.

Interestingly, I have noticed a significant difference between the ways undertakers and medical institutions referred to bodies, although this might be more easily attributed to the purposes behind the writing of the letters. Undertakers likely dealt with more bodies more often than medical professors, and they also dealt with the families of the dead more often, so descriptions and dates of death are relied upon in the case of undertakers more than SAB numbers. Such can be seen in a letter to “Messrs. Settegast and Copf” from Dr. Keiller dated December 19, 1907, in which Keiller enquires about the “body of a Mexican, who died December 17th”. Keiller also discourages the handling of the unclaimed dead by unauthorized handlers in this letter.

CONCLUSION

This research is ongoing, and these findings are preliminary, but there are several concerning trends. First, there are consistent problems with the documentation of the deceased in the Dallas-Fort Worth area medical schools, and the three founders of the Anatomical Board of the State of Texas each complain about this, especially with regards to the cooperation of undertakers in the area and to one Dr. Arthur Bell of the College of Physicians and Surgeons. This directly correlates with Davidson's (2007) research, suggesting that early attempts at implementing ethical standards were imperfect to say the least, and that the undocumented use of unclaimed dead, which too often targeted minority communities, likely continued for at least a decade beyond the creation of the Anatomical Board of the State of Texas, which marks the endpoint of Davidson's research.

The evidence provided in these correspondences also suggests that the State Anatomical Board was founded more so for practical and economic reasons rather than moral, which does not require a particularly deep reading between the lines when reviewing these documents. Starting with the letter from Dr. Chase to Dr. Keiller marked October 25, 1907, where he refers to putting "our old machinery in motion...in hopes that the law may soon prove more profitable" ("Correspondence, 1907"), it is clear from the very beginning that not only did those involved with the inception of this regulatory body intend to lower costs involved with acquiring cadavers, but that they were willing to rely on unsanctioned and unregulated means (hence "old machinery") when supply failed to meet demand. The various cities that had representatives on the State Anatomical Board at the time could each set their own prices for how much sanctioned undertakers would be paid for bodies, and the amounts paid in Dallas were considerably higher

than in Galveston (\$3.50 per body versus \$5.00 each in Dallas), as is made clear in a letter to Dr. Aynesworth dated November 21, 1907. This suggests that prices in the Dallas area were likely being set to be competitive with unsanctioned vendors there, which may go a long way to explaining the consistent lack of documentation over the years of the first decade in the region, as the local black market persisted while the SAB struggled to establish a new normalcy in the cadaver economy. One institution in particular that deserves greater attention with regards to lack of documentation and the likelihood of continued participation in the unsanctioned acquiring of cadavers is the College of Physicians and Surgeons, as the paranoia and disorder expressed in the letters from Dr. Arthur Bell in 1908 are quite concerning (“Correspondence, 1908-11”).

The persistent issues with a lack of proper documentation in the Dallas-Fort Worth area continued until at least late 1915. It would not be until after an exchange between Dr. McClintic of Baylor University and Dr. Keiller dated November 24, 1915 (“Correspondence, 1912-21”), during which the lack of a sanctioned distributing agent was brought to the latter’s attention, that a major shift could be observed. Dr. Keiller thereafter named McClintic the region’s distributing agent, after which letters relaying issues with documentation subsided considerably. A letter dated April 26, 1917, addressed to Dr. Keiller from Baylor University may help to explain why the documentation in the area improved, as it includes one of the first instances in these documents where a Texas medical school actually lists the names of the deceased when verifying payment and transfer, which had only been done by undertakers in all the correspondence leading up to this. This is significant because these institutions only needed to document the basic numbers given by the SAB for each cadaver in such exchanges before this. The evidence suggests that the longstanding problems with proper documentation and the continued pressure from Texas physicians that were aware of these problems pushed Baylor to not only meet the

basic expectations originally set by the Anatomical Board of the State of Texas, but to keep the kinds of information normally reserved for the undertakers on hand just in case. This suggests that improvements to the maintenance of forms of identity may have been influenced by the need to compensate for failure to maintain standard operating procedures that were initially created for economic efficiency and profit motive.

These findings lead me to recommend further research in two fields. First, the actual documentation created by the SAB for individual cadavers used in medical schools in the early 20th century may still exist, and efforts should be made to retrieve these documents. They would not only provide significant potential to improve the overall body of knowledge surrounding medical practices and the evolving quality of documentation in the previous century, but also a potential treasure trove of medical data with wide-ranging implications to the ways researchers in the medical humanities can come to better understand modern society from a medical anthropological context. Second, increased support for the study of Freedmen's communities is essential to better understanding systemic racism and the relationship between identity and the abuses by legacy medical institutions of marginalized communities that the current state of research in the subject of paupers' graves has shown to be widespread. Identity does not have to truly, fully die in death, and continued research in these fields may help to ensure as much.

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