

Introduction

While skeletal evidence of postmortem interventions – dissection, autopsy, grave robbing - in the United States are relatively rare (though increasing in frequency as evidenced in Table 1), recently there has been greater engagement with this type of evidence as it can inform on several different questions including;

- the transformation of the subject into the object (e.g., Hodge 2013)
- medical history and the development to surgery (e.g., Owsley 1995)
- the impact of racial political economy (e.g., Blakely and Harrington 1997)
- partibility and personhood (Novak forthcoming)
- embodiment of inequality (Nystrom 2011)

Given the social and political economic context of 19th century United States, a useful framework from which to discuss this evidence (in some but not all of the examples indicated in Table 1) is structural violence.

Table 1: Skeletal collections with evidence of dissection or autopsy.

Sample	Reference
Medical Institutions	
Holden Chapel, Harvard (1800 – 1850)	Hodge (2013, forthcoming)
Medical College of Virginia (1800 – 1860)	Owsley et al (forthcoming)
Medical College of Georgia (1835 – 1912)	Blakely and Harrington (1995)
University of Michigan (1850 – 1900)	Blakely (1997) ^a
Charity Hospital Cemetery (1735 – 1811)	Owsley (1995)
Institutional Contexts	
Albany County Almshouse (1826 – 1926)	Lusignan (2004, forthcoming)
Blockley Almshouse (ca. 1838 –1905)	Crist et al. (2011; forthcoming)
Erie County Poorhouse (1850 – 1920)	Nystrom et al (forthcoming)
Dunning Poorhouse (ca. 1851 – 1869)	Grauer et al (forthcoming)
Valley Medical Center (1876-1930's)	DiGiuseppe and Grant (forthcoming)
Uxbridge Almshouse (1831-1872)	Wesolowsky (1991)
Milwaukee County Poorhouse (1878-1925)	Richards et al (forthcoming) Dougherty and Sullivan (forthcoming)
Public Cemeteries	
Champlain's Cemetery (1604-1605)	Crist and Sorg (forthcoming)
NY African Burial Ground (1712-1794)	Blakey (2009)
Spring Street (1820 – 1846)	Novak and Willoughby (2010)
Freedman's Cemetery (1869 – 1907)	Davidson (2007)
Old Frankfort (ca. 1804-1848)	Pollack et al. (2009)
Alameda-Stone Cemetery (1860-1880)	Heilen et al. (2012)
Newburgh Colored Burial Ground (1830 – 1870)	Nystrom (2011)
8 th St. First African Baptist Church (1823 – 1841)	Angel et al. (1987)
Other	
Charlton's Coffeehouse (1760's)	Chapman and Kostro (forthcoming)
Annapolis, Maryland (1864-1929)	Mann et al. (1991)

^a This data is unpublished and is referred to by Blakely (1997).

Structural Violence

Structural violence is harm done to individuals or groups based on social inequalities that are intimately, and often invisibly, embedded in a hierarchical social organization (Farmer et al. 2006). As used here, violence is anything that prevents people from attaining their physical or mental potential (Galtung 1969).

Social inequalities that impacts the ability to access or control resources (e.g., food, housing, clean water) or increases exposure to social or environmental stressors (e.g., pesticides, discrimination, physical violence) can have physiological consequences and negatively impact health.

It is argued here that these same social inequalities can also increase an individual's risk of postmortem violence and that dissection during this period is fundamentally a manifestation of structural violence.

The Structural Violence of Anatomy Laws & Dissection

During the 19th century, the acquisition of cadavers for gross anatomy courses exploited social inequalities. In their efforts to procure anatomical specimens, medical schools, doctors, and resurrectionists targeted the bodies of socially marginalized groups such as Native Americans, African Americans, immigrants, and criminals because they had neither the political or economic capital to prevent it.

Beginning in the 1830's, these social inequalities were codified through the passage of various state-level 'anatomy' acts. The Industrial Revolution and the fundamental restructuring of labor within United States fostered the creation of a large pool of unskilled and transient laborers. In the wake of the increasing number of poor, attempts were made to reform the social welfare system with the poorhouse became a locus of the effort; it also became the focus of efforts to procure a steady supply of cadavers for a burgeoning medical profession.

Anatomy acts made it legal to dissect the unclaimed bodies of those that died in poorhouses. Explicitly articulated as a means to deter indigence while simultaneously advancing medical science, these laws reflect a form of structural violence.

At another level, however, these laws facilitated the perpetuation of violence beyond the physical death of the individual. If we acknowledge the continued social existence and postmortem agency of the dead (Crandall and Martin 2014; Hallam et al. 1999; Tarlow 2008), then we must acknowledge the possibility that the dead can also suffer from violence. This extends the concept of structural violence from one that has focused on the lived experience and health consequences to the consideration of 'death experiences' and postmortem violence.

Acknowledgements

Thanks to Katie Zejdlik and Kathryn Kulhavy for organizing the session. This poster is a much condensed version of a chapter that will be appearing in a forthcoming edited volume *The Bioarchaeology of Dissection and Autopsy in the United States*, published by Springer. Those sites and authors that are listed in Table 1 as forthcoming will also be featured in that volume. References are provided on the hard-copy version of the poster.

