

❧ INTRODUCTION ❧

THIS IS A book about anatomy, about students and cadavers, professors and bodysnatchers, physicians and patients, politicians and the public. This is about riots against medical schools and about the teaching of anatomy in common schools, about laws forbidding medical graverobbery and about laws permitting the requisition of paupers' bodies, and about anatomy books, lectures, and museums for middle-class women, working-class men, and children of every class. This is about how people in the America of centuries past—black and white, male and female, rich and poor, healthy and diseased, living and dead—came, voluntarily and involuntarily, to be “laid bare,” “fixed,” and “dissected under white eyes.”¹ This book is about how the anatomical body became our body.

What follows is a series of interlinked narratives and interpretations about anatomy, death, and the body in late-eighteenth- and nineteenth-century America. My subject is the anatomical acquisition, dissection, and representation of bodies—and how such activities contributed to the making of professional, classed, sexed, racial, national, and speciated selves. “Our social identities, the kind of persons we take ourselves and others to be,” philosopher Rom Harré argues, “are closely bound up with the kinds of bodies we believe we have.”² We all have bodies, *are* bodies, but our vocabulary and grammar of embodiment vary according to location in history and society. On close inspection, the biological *given* turns out to be a cultural accomplishment. Its status as “the real” is part of a historical project, or rather several overlapping, layered projects. At a phenomenological level, who you are depends on what body you are bequeathed, what aspects of that body you take up, how that body is discursively marked, dressed, posed, operated, what languages are used to describe it, what gestures it is permitted—and how such markings, dressings, poses, and gestures are coaxed, compelled, regulated, performed, and received. Like political boundaries, these are often legitimated by a material given: bodies come in different shapes, sizes, colors, and abilities. But the actual drawing of lines, the divisions inside the body, the boundaries between *inside* and *outside*, and between types of bodies—and the constitutional arrangements that govern these internal and external estates—are drawn and redrawn by polite negotiation and *force majeure*, with certain parties empowered to perform border patrol and policing duties. Here and there the lines are set down, with certain things left undecided, out of an impasse or omission or inertia.

Over the course of the nineteenth century, such boundaries were in-

creasingly constructed and contested within the idiom of anatomy. In this cultural poetics, the *dissector*, the generator of meaning, was identified with *mind*; the *dissected*, those whose bodies were appropriated as the medium through which meanings were generated, were identified with *body*. These roles were not freely chosen or strictly assigned, but were assumed or resisted in specific places and ways, by specific actors. Internally the dissector/dissected distinction modeled a divided self. Externally it modeled and staked out divisions between bodies. The anatomist, recruited from the middle and upper echelons of society, served as an iconic representation of *spirit*. The cadaver, conscripted from the ranks of black people, criminals, prostitutes, the Irish, “freaks,” manual laborers, indigents, and Indians, served as an iconic representation of *matter*.

A WEB OF PROLIFERATING ANATOMICAL NARRATIVES

Two intersecting matrices form the subject of this study: anatomy’s contribution to the making of American professional medical identity; anatomy’s contribution to the making of American class identity and the modern self. Medical education in America expanded rapidly in the nineteenth century, from four schools in 1800 to more than 160 in 1900. For the many young men who were seeking to acquire a secure bourgeois identity as well as a livelihood, doctoring was a popular career choice, one that had the advantage of relatively low capital requirements. But, as medicine became a well-traveled avenue of social mobility, the profession was beset by growing pains. From the 1830s onward, medical elites, and would-be elites, periodically worried about the “degradation” of the vastly expanded profession, and decried the poor social and intellectual quality of medical students and practitioners. Even worse, the “regulars” found themselves besieged by competition from alternative sects, who criticized the profession for its social pretensions and unscientific remedies, and who successfully lobbied state legislatures to withhold sanctioning legislation and funding.

Under such circumstances, the identification of the profession with anatomy enabled the American profession to invest itself with the authority and prestige of the most advanced European medical science and distinguish itself from midwives, folk healers, the clergy, and other rivals. More than that, it enabled men within the profession to distinguish themselves from the pack of practitioners by virtue of their anatomical acumen and commitments. The American medical profession, following trends in Britain, France, and Germany that dated back to the mid-eighteenth century, became ever more attached to an anatomical understanding of the body and an increasing role for anatomy in the medical curriculum.

Dissection was a potent method of producing and disseminating knowl-

edge—a powerful technology for operating upon the human body—but also a powerful metaphor. Anatomists crossed and mastered the boundary between life and death, cut into the cadaver, reduced it to constituent parts, and framed it with moral commentary. The effect of the dissector’s work was to suggest that social, economic, and political practices and categories were natural; the dissector claimed the status of an epistemologically privileged cultural arbiter. “The Scalpel is the highest power to which you can appeal, . . . its revelations are beyond the reach of the cavils and the various opinions of men.”³ And anatomy circulated: anatomical terms, illustrations, instruments, protocols, and narratives served as a bountiful source of images for poets, polemicists, artists, and novelists. The organs of the body have always been laden with ascribed meanings, have always stocked speech and literature with images, but anatomy endowed the parts with elaborate boundaries, names, and topographical details, and set them within a complicated bodily “economy.” More than that, the central act of anatomy, dissection, was compelling. Eighteenth- and nineteenth-century wits typically brandished the anatomical metaphor as their most menacing insult, as in John Kearsley, Jr.’s attack on Gerardus Clarkson, printed in a 1774 Philadelphia newspaper: “[I]t truly is your own sanctified Self . . . that I intend to dissect. . . . You have once undergone a muscular Dissection by me, which you have not had Sensibility enough to feel, but now to make you feel, you must undergo a Dissection of the Nervous System.”⁴

Such statements suggest the intensity of the powers invested in dissection, powers acquired and experienced (in greater or lesser degree) by every formally educated physician. In dissecting the cadaver, the student penetrated, surveyed, and appropriated the interior of the body—and transformed himself. Anatomical dissection served as the ritual that inducted young men into the cult of medical knowledge; the shared anatomical experience initiated the student into the fraternity of dissectors. Dissection was dangerous and difficult. Its attributes were at once masculine and professional—not permitted to women, who were barred from entering the body (and from entering the profession, until a few breached the barrier in the late 1840s)—and not permitted to members of the public, who were required by long-established custom to respect and safeguard the dead.

Given this funerary obligation, dissectors had difficulties obtaining bodies. Most states allowed executed criminals to be dissected, but not enough people were hanged. The only remaining source of cadavers was the grave. Medical grave robbery (“body snatching” or “resurrectionism”) aroused popular anger and revulsion. The unearthing and dissection of bodies was seen as an assault upon the dead and an affront to family and community honor. Between 1785 and 1855, there were at least seventeen

anatomy riots in the United States, and numerous minor incidents, affecting nearly every institution of medical learning. Outraged citizens reclaimed their dead, mobbed body snatchers and anatomists, stormed medical colleges, rioted in the streets against militia and police. The distress of the public, and the threat of violence, induced state legislatures to pass laws instituting or increasing statutory penalties for grave robbery. Schools were obliged to close, relocate, or be very circumspect. Availability of anatomical “material” often decided the success of a medical college; many schools had to import bodies from distant sources at great cost.

The opposition to dissection and grave robbery, and the increasing competition for cadavers among schools, spurred anatomists to lobby for legislative relief. Starting with Massachusetts in 1831, states began passing “anatomy acts” which consigned to medical schools the bodies of the “unclaimed” (those without money for burial who died in workhouses, hospitals, and similar institutions). Such measures assured the “respectable” classes that their graves would not be plundered to provision the dissecting table, while providing anatomists with a steady supply of free cadavers, and rescuing the profession from the taint of association with unsavory lower-class body snatchers. Anatomy acts would abolish the “traffic” in bodies, and placate middle-class opponents who associated the body trade with other “skin trades”—slavery and prostitution. At the same time, the anatomy lobby assured taxpayers that dissection of indigents would reduce public expenditures for pauper burials and discourage poor people from seeking public relief. Paupers could posthumously repay their debt to society, it was argued, by acquiescing in the dissection of their bodies; the resultant improvement in medical science and the general quality of medical practice would benefit everyone. To those who charged sacrilege, anatomists replied that popular customs regarding the dead body were based on mere superstition. Neither Christian theology nor science sanctified the dead body; after death, spirit departed, leaving the material residue as the legitimate object of scientific inquiry and appropriation by medical or state authority.

Poor people and middle-class egalitarians were unconvinced. They rejected anatomy acts as ghoulish and undemocratic—a vampirical form of seigneurial privilege. The class basis of such measures was evident. The upper classes were not obligated to contribute their bodies, only the indigent. Incarceration in the almshouse and burial in potter’s field already signified social death: anatomy acts added to that the penalty of dissection, hitherto associated only with heinous capital crimes. The dissected body was an effigy, mocked by body snatchers and medical students alike. The dissector was a butcher who reduced the human body to the status of thing, to the condition of “meat.” Dissection was a rape of the body, body

snatching a rape of the grave. The contrast with the “beautiful deaths” depicted in sentimental fiction could not be greater. The utilitarian ethic of the anatomist (“the uses of the dead to the living”), like the commercial ethic of the body snatcher, violated the sacrosanct boundary separating death from life. Dissectors and body snatchers risked the wrath of the community—a fact that antebellum politicians were keenly aware of.

Agitation for anatomy acts therefore did not at first resolve the conflict, but rather transposed it to legislative arenas where it got tangled up with party and medical politics. In most states, opposition blocked passage. Of five anatomy laws enacted before 1860, three were repealed—and New York’s act was passed only in 1854, almost thirty years after it had first been proposed. Given these conditions, local and regional black markets in cadavers flourished. People of all classes tried to protect their bodies from “the surgeons”: corpses were buried deeply; graveyard vigils were held; defensive coffins were devised. But the poor had fewer economic, political, and social resources with which to defend their dead: a disproportionate number of anatomical subjects were black, Indian, or Irish.⁵

From 1865 to 1890, the number of medical schools in America doubled. The growing demand for cadavers, in turn, led to a succession of new bodysnatching incidents—people were murdered so that their bodies could be sold to medical schools; the stolen body of a president’s son, missing from its crypt, turned up in a college anatomy department. Beset by scandal, anatomists renewed efforts to mobilize political elites and win public support for anatomy legislation—and succeeded. The post-Civil War political climate was conducive to measures that disciplined the “dangerous classes,” and that fostered the teaching of anatomy. Advances in medical knowledge and technique—the adoption of anesthesia and antiseptics, and the triumphs of Pasteur and the new microbiology—vindicated reformers’ calls for scientific medical education and research, and therefore more dissection. By 1913, of states with medical schools, every state except Alabama, Louisiana, Tennessee, and North Carolina had passed a law permitting medical schools to appropriate the bodies of the indigent poor for dissection.⁶ Body-snatching scandals disappeared from the front pages. Anatomical dissection, so fiercely contested for much of the eighteenth and nineteenth centuries, was made invisible, regularized. And so it remains today.

The principal elements of the above narrative—anatomy’s role in the production and dissemination of knowledge, its transgressive power as a symbolic act, the corresponding prestige of anatomical authority, the public demand for anatomical healers, but also popular revulsion, resentment, and resistance to the anatomical taking of bodies—are difficult to reconcile. The story is further complicated by the wider diffusion of anatomy, a cultural domain that contemporaries termed “popular anatomy.”

In the antebellum era, educators and medical authors began promoting the teaching of anatomy, physiology, and dissection. A knowledge of anatomy, they argued, was needed to educate and morally uplift the northern working class, young women, black people, savages, and American youth. Knowledge of the internal boundaries and functions of the body could be useful as a form of self-discipline—and for radical reformers, empowerment—as well as a scientific legitimation of, and adjunct to, temperance, public hygiene, and other reforms. Anatomical dissection, far from being butchery, was the quintessential epistemology of scientific, “civilized” man, a systematic and careful division and reduction of the material world, a triumph of mind over matter, reason over emotion. Anatomy, it was asserted, provided a geography of embodiment that could produce morally ordered, physiologically self-governed “individuals”—and a morally ordered, physiologically self-governing society.

In this form, anatomy circulated far beyond professional medical discourse and practice. In the late 1830s, popular alternative medical cults, the botanics and homeopaths who had originally defined themselves in opposition to anatomical medical orthodoxy, reversed field and began criticizing regular medicine for being insufficiently anatomical, and for monopolizing anatomical knowledge. Around the same time, the teaching of anatomy and physiology to children became the hobbyhorse of the movement to establish state and municipally supported public education. By 1885, most states outside the South required some teaching of anatomy and physiology in the public schools at both the primary and secondary levels. But anatomy was not merely a matter of reform from above, or even the middle: there was a large market for anatomical discourse, even anatomical spectacles—public lectures on anatomy attracted audiences in the thousands, popular anatomical books attracted readerships in the hundreds of thousands. Many cities had popular anatomical museums whose audiences ranged from respectable citizens to the working-class and immigrant poor. The care and cultivation of this anatomical public was lucrative: anatomical entrepreneurs could make comfortable livings and, in some cases, fortunes.

The political content of their teachings varied. Much of it took the form of a pietistic natural theology, but radical agendas flourished within popular anatomy. The numerous journals of “medical reform,” which sprouted across America in the middle decades of the nineteenth century, proclaimed that the provision of anatomy to the public was the critical basis for the democratization of medicine and society. They regularly featured articles on anatomy for their lay readers. In the 1840s, some popular anatomists began arguing that a knowledge of anatomy was emancipatory, especially the anatomy of sexual reproduction. Scientific knowledge of the body would dispel the superstitious and irrational be-

iefs and customs promulgated by religion, would help to end the cruel and inequitable domination that women suffered at the hands of husbands and fathers, would help to end the enslavement of one human by another. The anatomically conscious individual was rational and self-regulating, and did not require any coercive policing by church, state, race, or family.

But other meanings attached themselves to anatomy, other possibilities. In diffusing so widely, the disciplinary or emancipatory aspects of anatomical discourse inevitably became blurred, subverted, sensationalized, and eroticized. Insofar as the anatomical body became identical with the body, the anatomical body could also stand for the desiring and pleasure-experiencing body. Anatomy could stand for the power of body *over* mind. Thus cultural critics of anatomy, on both the left and the right, recurrently equated embodied reason with calculating desire; and entrepreneurs capitalized on the anatomical body as an incitement of desire. Anatomy was up for grabs. The anatomical scenario of dissector and dissected, of the body and its geography, could be appropriated by free-thinkers and pious believers, by pornographers and social conservatives.

This study, then, seeks to complicate the cultural history of medicine in late-eighteenth- and nineteenth-century America—and the larger cultural history of nineteenth-century America—by telling it from an anatomical perspective. Such an approach has the virtue of illuminating the relation between professional ideals, class formation, and embodied social identity. It provides a novel view of the emerging boundaries of professional medicine and popular culture, one that includes patients, lecture audiences, fiction readers, anatomy rioters, religious healers, folk healers, irregular sects, and factions within the medical profession. Then we can begin to ask: What benefits (social, professional, epistemological, political) accrued to those who identified with anatomical medicine and the anatomical body? What were anatomy's cultural possibilities? What were the costs of remaining outside the anatomical circle?

A SKELETON'S KEY

A Traffic of Dead Bodies follows this sequence: Chapter 1, “‘The Mysteries of the Dead Body’: Death, Embodiment, and Social Identity,” rummages through early modern discourses and practices of embodied personhood, of the living and dead body, to see what cultural domains anatomy arose out of, defined itself in opposition to, competed with, and assimilated. Chapter 2, “‘A Genuine Zeal’: The Anatomical Era in American Medicine,” discusses anatomy as a productive science and an icon of science, an epistemological gold standard that successive waves of medical professionals in late-eighteenth- and nineteenth-century America enthusiasti-

cally sought affiliation with. Chapter 3, “‘Anatomy Is the Charm’: Anatomical Dissection and Medical Identity in Nineteenth-Century America,” focuses on the anatomical rituals and performances that were important in the making of American professional medical identity. Chapter 4, “‘A Traffic of Dead Bodies’: The Contested Bioethics of Anatomy in Antebellum America,” discusses the logistical, ethical, and political problems engendered by the anatomical demand for cadavers, and the response of anatomists, contemporary cultural commentators, state legislatures, and communities. Chapter 5, “‘Indebted to the Dissecting Knife’: Alternative Medicine and Anatomical Consensus in Antebellum America,” takes up the case of the alternative medical sects, and shows how, after a season of opposition, they too came to affiliate themselves with anatomy. Chapter 6, “‘The House I Live In’: Popular Anatomy and Embodied Social Identity in Antebellum America,” surveys popular anatomical entrepreneurs, books, and lectures, and analyzes the ideological uses of anatomy in bourgeois self-making discourse and radical cultural politics. Chapter 7, “‘The Foul Altar of a Dissecting Table’: Anatomy, Sex, and Sensationalist Fiction at Mid-Century,” looks at how some mid-century novelists exploited and mocked the anatomical act of dissection, to entertain, titillate, and horrify a large popular readership, and to critique the bourgeois order. Chapter 8, “‘The Education of Sammy Tubbs: Anatomical Dissection, Minstrelsy, and the Technology of Self-Making in Postbellum America,’” continues the discussion of the politics of popular anatomy into the 1870s, focusing on Dr. Edward Bliss Foote and his extraordinary series of anatomy and physiology books for children, *Sammy Tubbs the Boy Doctor and Sponsie the Troublesome Monkey*, especially volume 5, the first anatomically explicit sex education book for preadolescent children. Chapter 9, “‘Anatomy Out of Gear’: Popular Anatomy at the Margins in Late-Nineteenth-Century America,” examines the rise and fall of popular anatomical museums, which presented sensationalist and pornographic anatomical displays to an audience largely consisting of working-class men.

Taken together, these chapters are about how the anatomical body became a socially privileged source of the “self,” became useful to the discourse and performance of professional medical identity in the era of bourgeois professionalism, and of bourgeois identity in the era of bourgeois hegemony. As staged in sickbeds, medical colleges, professional journals, morgues, public school classrooms, graveyards, legislatures, courtrooms, novels, and newspapers, anatomy was a cultural poetics crafted out of the intersections of mind, body, and spirit, science and superstition, law and desire, order and chaos, human and animal, male and female, white and black, respectability and worthlessness, health and disease, life and death. As the anatomical body, the self was encased firmly within flesh. In this idiom, it was outfitted with an extravagantly

detailed interior with anterooms and workspaces and workers, or several layered interiors—corresponding to the structure of a building, or the rise of man from savagery to civilization, or the rise of *Homo sapiens* from primitive life forms. And, inescapably, anatomy put the body, in whole and part, in dialogue with authoritative medical discourse.

The search for vocabularies that could expressively define, mark, and regulate the bourgeois self was set within a corresponding struggle over the content of that identity, and over who would be eligible to acquire and police it. As is evident from the repeated invocation of the term “bourgeois”—“a very difficult word to use in English,” according to Raymond Williams—“class” will be a privileged subject of discussion here.⁷ In the past forty years or so, American historians have richly documented the premise that nineteenth-century Americans were obsessively concerned with the notion of social class, and in particular their own class identity. American egalitarianism notwithstanding, people of many different backgrounds—farmers, artisans, petty traders, merchants’ clerks, emancipated slaves—were activated by a desire for improved social standing (albeit with much ambivalence) and a new identity. The claimants of this new social identity sought to identify themselves as members of a circle of “respectable,” “refined,” “cultivated,” “modern,” “genteel” persons, and were provided with the resources to make such claims by a market of proliferating cultural goods and services. “Gentility,” an anonymous antebellum pamphleteer asserted, is “an abstract qualification, the importance of which will be manifest, from the fact, that it is one which Twenty Millions of persons in this country are striving to *attain* and *maintain*.”⁸ That is, for many Americans there was a compelling goal, to precipitate one’s self and family out of the “million” and into a new class of persons, which for the purposes of this study will be denominated “bourgeois,” a term of convenience that fuses middle and upper classes, while also setting that group in an ambivalent opposition to both the old-style aristocracy and “the people.”

ANATOMY, CLASS, AND SOCIAL PERFORMANCE

I . . . cohered and received / identity, through my body,
/ Of all that I had, I had / nothing except through my
body / . . . what identity I am, I owe / to my body

WALT WHITMAN (*circa* 1855)⁹

This quest for a new social identity, it should be emphasized, was ideological, social, and material. Resources were required to assert and maintain social claims—and courts of local, regional, national, and international public opinion set standards and limits on them. In thinking about class in nineteenth-century America, we should not be led astray by the refusal

of social groups to conform strictly to the language of class as it was then deployed, words like “the middle classes,” “the labouring classes,” “the masses,” “the million,” “the poor,” “the aristocracy,” “the best families,” “Brahmins,” etc. The gaps between such terms indicate not a lack of precision, but rather the ambivalence, subtlety, fluidity, not only of language but of social relations and practices, and also the various social and cultural structures in which they originated. Articulated in a number of different cultural sites, class identity took shape in the form of a *gradient* with *thresholds* and *prerequisites*, albeit variable and contested. Bourgeois identity depended on a genteel vocabulary of manners, domestic servants, fine clothes, the ownership of a carriage, a home furnished with aesthetically pleasing and comfortable furniture, the ability to make “intelligent” conversation, acceptance of one’s calling card, etc. Attaining and crossing such thresholds required access to resources, in the form of ownership of the means of production or a certain amount of material wealth, cultural capital, kinship, and professional and local connections. The term “bourgeois” is useful as a shorthand term in demarcating a matrix of such gradients and tying them to a corollary ethos, social vision, and ideology. Bourgeois social identity was not necessarily equivalent to the sociological position of being in the “middle classes”—a group whose members were typically in some anxiety about their ability to sustain and improve upon their performance of gentility, and often troubled by the antidemocratic implications of the project—but also included dominant elites, at one end of the spectrum, and upwardly striving skilled manual laborers, at the other.

What makes matters confusing is that social identities were relational, negotiated, and subject in every domain—including anatomy—to the resignifying vagaries of fashions that continually demanded new costumes, new sets, new manners, new stagings, new performances, new thoughts. Social identity was a moving target. What counted as “civilized” and “respectable” in a backwoods county of Virginia would not suffice in Boston, and what counted as civilized and respectable in Boston might be seen as uppity and pretentious in backwoods Virginia. What counted as civilized and respectable in Boston in 1830 would not suffice in 1860. And, in both places and times, the very desirability of civilization and respectability as markers of social identity counted for more among some people than others, more among women than men, or more among Unitarians than Baptists.

Social identity was performed for a variety of audiences (including an internalized audience), within a large ensemble of actors, and—collectively and individually—was scripted, choreographed, staged. Such audiences were powerful and often highly critical (though some members were more powerful and critical than others). They rewarded good performances and punished bad ones, and kept the actors on their toes by continually revising the meanings of gestures (what signified gentility one

year might signify vulgarity the next), continually raising the bar. The word “performance” is used here in the “performative” sense developed by Judith Butler.¹⁰ Performances are not merely theatrical: we are handed scripts (social status, gender, national identity, religious identity, etc.) which we then perform—and revise—according to our placement in, and ability to negotiate, a highly variable constellation of social forces. Social performances always “cite” prior practice, although sometimes such practice is cited negatively (e.g., long hair on men in the 1960s cited negatively the convention that masculine identity was signified by short hair; the rejection of that convention served to establish generational and political identity, and potentially served as the entering wedge for a critique of the entire canon of performances that established masculine identity). “Discourse,” then, is used here as a subset of “performance,” as a particular category of “speech acts” which serve to inform and articulate the meaning of performances, and make reference to the larger ensemble of performances from which they are derived. Language intentionally and unintentionally informs, but also has material effects. Timothy Lenoir: “We can read not only what language is saying, its content, cause or philosophy . . . we can also read what language is *doing*, its material deployment, the social intervention it is accomplishing.”¹¹

The mid-nineteenth-century canon of bourgeois identity was meaningful only insofar as it defined itself in opposition to others: wage laborers who worked with their hands, aristocrats, slave owners, animals, savages, etc. At the same time, bourgeois discourse, by its insistence on a universal morality based on productivity and progress, invited working men and women to remake themselves in the bourgeois image. Such invitations were not always made in good faith and the responses of working-class people were varied and complicated—but some accepted the invitation and adopted (or adapted) bourgeois notions of temperance, domesticity, professionalization, etc. Some even turned bourgeois notions of universal man, improvement, confidence in human agency, against the bourgeoisie—in performances that paradoxically displayed the markers of bourgeois social identity (literacy, the dominance of reason over the passions). Once articulated, ideologies and performances cease being individual, or even class, property. No doctrine or practice is so coherent, so exclusively assigned, that it cannot be made to serve other ends. This analysis then follows from Gramsci’s notion of hegemony: the most powerful group asserts and enforces foundational or cognitive categories that dominated groups and individuals stretch, twist, subvert—and, given the opportunity, appropriate or overthrow.

I began this study with the premise that the fortunes and uses of anatomy in nineteenth-century America were linked to the creation of a distinctively bourgeois social order and culture. But the course of my research led me to appreciate how various that bourgeoisie was. Certain

segments championed anatomy; others opposed it; everyone modified and adapted it; and the lines of debate were far from predictable. Anatomy empowered a succession of medical elites, and provided a discursive vocabulary that helped construct, administer, and model self and society, but it had subversive as well as totalizing implications. Declassé, egalitarian, fringe types were sometimes fervent supporters of anatomy acts, while *Harper's Monthly*, the standard bearer of bourgeois ideology and culture in America, opposed them (at least for a moment). If the working class and yeomanry feared the anatomist, dime museums on the Bowery presented grotesque anatomical spectacles that fascinated, informed, shocked, and titillated a largely proletarian audience.¹² Anatomy's appeal was also ideological: In anatomy's universalist forms, as proselytized by popular anatomical lecturers and authors, every man could know his own body, could be his own anatomist. In its construction of a universal humanity as a species, the epistemology and methodology of anatomy was available as a means whereby working people, African-Americans, and the immigrant poor could be inducted into the bourgeois order, partly on terms of their own making.

I have thought that it would be helpful to inquire into the different uses and meanings of anatomy in "an age when every thing [was] remodelling, and old forms of government and ancient modes and customs [were] breaking up," a place and time when America was transformed into a fluid and fast-changing capitalist class society, a place and time in which the conspicuous performance of social identity took a dizzying profusion of forms.¹³

In this period of "remarkable change," anatomy played a vital and hotly contested part in the cultural politics of medical professionalization and bourgeois self-making. The ultimate result was the victory of the bourgeois medical profession and the instatement of the anatomical body as the bourgeois self. By the late 1880s, the cultural politics of anatomy had become institutionalized. The contest between anatomist and the working poor for rights in the body, and the contest within the bourgeoisie to define the canon of personhood, had become encrypted within social and cultural routine: in sickbeds, hospitals, classrooms, lecture halls, museums, and cemeteries. But victory is never total. A new generation of unorthodox healers and cultural dissidents emerged to appropriate and struggle against professional medical authority and the medicalized self. Ambivalent, anxious representations of the new configuration of cultural power continued to circulate in newspapers, urban folklore, medicine shows, movies, and pulp magazines, where mad doctors, body snatchers, specimens in jars, and the living dead haunted the American imagination. As everybody knows, they still do, in horror films, bestselling novels, magazine articles, TV shows, and here, in the pages that follow.