



UCL

# Medical Bodies on Display: The history and context of medical museums

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# PhD Research

- Medical museums as a type of institution.
  - Defining as collections that focus on bodies and/or rooted in a specific history of medical practice.
- Research questions include:
  - Why do members of the public visit medical museums? What do they gain from these visits?
  - How do medical museums fit into conversations around heritage ethics? What best practices can be proposed for ethical work in medical museums?
  - How do or how can medical museums contribute to wellbeing?

Research partners:



Anaesthesia  
Heritage Centre



Old Operating  
Theatre Museum  
& Herb Garrett

# Medical collections- history & context

Key sources- Alberti 2011; Hallam 2016; Rees Leahy 2006

- Pathology and anatomy collections- brought together for teaching and training purposes.
  - Developing alongside 18<sup>th</sup> and 19<sup>th</sup> century museum practices- collections developed with these new disciplines, served to legitimate them.
  - Expansions of collections contributed to separation and demarcation – for example, as antiquities, for anthropology and for anatomy/pathology.
  
- Access - open to the public in varying degrees through their beginnings
  - Initially elite, either through payment or personal relationships.
  - Period of being more open as museums become bigger public institutions through 19<sup>th</sup> century
  - From around 1900, Increasing restriction of access- concerns about improper interactions with specimens, distracting from teaching etc.
  - As collections became less useful for teaching in 20<sup>th</sup> century, increasingly opened to the public.

# Bodies as objects and specimens

- Institutional context:
  - 19<sup>th</sup>- century scientific approach of breaking things into parts to study and comprehend
- Made into objects through process of dissection, preservation and entry into a collection.
  - In medical training and practice
  - In museum practice

*Laboratories, libraries and museums as 'epistemological purveyors and preservers' (Hein 2011, 113)*

*Anatomy museum practices stabilize and clarify dead bodies, seeking to render them pedagogically useful in comprehending walking, talking human anatomy, while simultaneously distancing the preparations on display from their original , living context' (Alberti 2016, 231.)*

# Object histories – connection vs. disconnection

- Specific Histories of pathology collections
  - Often the poor, criminal or those otherwise disconnected from society (Richardson 1987)
  - Examples of doctors seeing patients as pathology before they died
  - These parts as fungible: *‘One ossified femur, one ulcerated oesophagus, was in principle as good as another regardless of the identity of the patient’ (Alberti 2011, 95)’*
- Specific histories of anthropology collections
  - Connection and context as essential - materiality alone was not enough (Stysling 2016).
  - Stories of doctors recording social context when treating sick patients in colonial hospitals
- Similar histories of power and violence - human remains taken from source communities without respect for the individual or community’s wants and needs.
- Both valued for ‘deviance’ (Alberti 2011) - for the ways they showed difference from a perceived norm. Yet the context differs.
- Information valued and recorded by original collectors, and what has been retained, shows the difference in approach and understanding for human remains in these different contexts.

# Object histories – connection vs. disconnection

- In practice, both collection models defined by disconnection.
  - Historical museums broke the world into parts, then reassembled to a certain order.
  - Anthropology collections re-assembled followed colonial logic around race and ethnicity.
  - If biographies and context included with pathology collections, typically that of the collector- often assembled and kept together under that identity.
- Both valued only as parts of what makes a human – the disease or the colonial context.
- *What* was valued and *how* it was retained and presented shapes engagement.
  - What might be different in relating to a specimen presented as a general, dividualized ‘body’ versus a specimen presented within a defined cultural context?
- Also defined by current social realities- discussions around decolonization and repatriation, current social and political structures, etc. – Who would medical museum bodies be returned to?

Ethnically identified skeletons are often the central focus both of repatriation requests and demands for reburial. Some individuals were actually known in life, and linkage with living descendants is often possible, but more often these skeletons have simply been labeled with specific ethnic names... Their identity therefore rests with the ability of the museum curator to interpret the historical information’ (Cassman et al 2008)

# Visitor relation to the medical body

- Difficulty in controlling visitor responses in museums generally.
- Especially complex when dealing with human remains- visitors bring their own feelings and memories to this encounter
- The materiality of pathology collections (Alberti 2011; Biers 2019)
  - Dismantling a body – closer to objects, relate to as parts of a general ‘body’ more than we would a complete skeleton
  - Wet specimens in particular- often historically had a smell.
  - The remains of flesh itself as leading to more emotional responses.

## Historical reactions- (Alberti 2011; Hallam 2016)

- Efforts to control visitors engagement, to create distance, encourage intellectual rather than visceral or sensual understanding, allow only accepted responses
- 20<sup>th</sup> century restrictions of access out of concerns of ‘inappropriate’ use and reactions – returning these museums to a sense of serious use by appropriately trained people

# Medical collections - present

- Museums ( and related scholarship) have become more comfortable with a wider range of audience engagement including senses, emotion etc.
  - see for example Bakker 2011; Biers & Stringer 2023; Dudley 2010; Hein 2012;; Smith et al 2018)
- Focus on museums and wellbeing – medical collections may be a particularly rich area.
  - on museums and wellbeing: Camic & Chatterjee 2013; Chatterjee & Noble 2013; Silverman 2010
- Innovative work around medical museums, anatomy collections and broader area of meanings:
  - Hallam 2016; Ingham 2004; Knoeff & Zwijnenberg 2016; Parry 2020; Patrizio & Kemp 2006
- Increased interest and investment around medical museums
  - Science Museum £24 million redesign of Wellcome Galleries, 2019
  - Surgeons' Hall Museums £4.4 million Heritage Lottery Funded redesign, 2021
  - Thackray Museum of Medicine £4.1 million renovation, 2021

Statement from Royal College of Surgeons on re-opening of the Hunterian Museum, London:  
 'Its history makes it a unique place to contemplate what it is to be human.'

<https://www.museumsassociation.org/museums-journal/news/2023/04/hunterian-museum-in-london-to-reopen-on-16-may/#>



# Existing guidelines & what they suggest

- Where ethics discussed, a general focus on issues of repatriation and claims from source communities
  - ICOM- when discussing Removal from Public Display, specify requests ‘from the originating communities’
  - DCMS Guidance (2005): Forward specifically addresses ‘future treatment of indigenous remains in museums’ and the wishes of their source communities.
  - Museum Ethnographers Group and BABAO both have widely referenced guidelines, but again focus on ethnographic and archaeological collections
- From a preliminary review of UK guidance, the work focusing on source communities does not seem readily applicable to medical museums.

*‘For a community to be recognised and their claim considered it would generally be expected that continuity of belief, customs or language could be demonstrated between the claimants and the community from which the remains originate’.*

-From the DCMS Guidance for the Care of Human Remains in Museums, 2005

# What guidelines are most useful?

Ethical framework, DCMS Guidance 2005:

1. Non-maleficence – doing no harm
2. Respect for diversity of belief
3. Respect for the value of science
4. Solidarity – furthering humanity through co-operation and consensus in relation to human remains
5. Beneficence – doing good, providing benefits to individuals, communities or the public in general

\*edited and condensed

Six main responsibilities of museums in managing human remains, Museums Galleries Scotland

1. Rigour. Act with appropriate knowledge, skill, and care so that you can justify your decisions.
2. Honesty and integrity. Declare conflicts of interest and show transparency in sharing knowledge.
3. Sensitivity. Show compassion and sensitivity for the feelings of other people and understanding different religious, spiritual, and cultural perspectives.
4. Respect. Treat all people and communities with respect, ensuring that adverse impacts on them are minimised. Honour privacy and confidentiality.
5. Openness and transparency. Listen, inform, and communicate openly and honestly.
6. Fairness. Act fairly, give due weight to the interests of all parties and develop a consistent management process.

(<https://www.museumsgalleriesscotland.org.uk/advice-article/introduction-to-human-remains-in-museums/>)

# What guidelines are most useful?

- Expand ideas of do no harm and cultural sensitivity to more explicitly include visitors.
  - Recognise the heightened and deeply personal responses medical specimens can trigger, as well as the benefits possible from these deep, personal encounters,
  - From the Human Tissue Authority (Public Display: Code of Practice and Standards 2021)
 

*Any individual or organisation displaying material of human origin should make sure that visitors are aware they will come across human remains, whose display may provoke an emotional or ethical response, particularly in the very young. Giving consideration to the format of the display to ensure that it is appropriate to the material being shown, and does not disregard the dignity of the deceased, may help promote a positive visitor experience' (14)*
  
- Think about ethical guidelines more broadly:
  - Engage with the a public - encourage different opinions on the display of human remains,
  - Act openly and with rigour- explain decisions regarding display, leaving them open to input and change.
  - Be sensitive towards visitors- warn them when displays will contain human remains.
  - Do not assume 'innocent' audience with no reason to respond in deep and unexpected ways- visitor experience varies widely and should be accounted for (example from trauma theory: Jolly 2011).
  
- Look to what museums are already doing- both formally and informally.

# Preliminary Research – no accounting for individual perspectives!

Sample comment cards collected at the Old Operating Theatre, Fall 2022

How do you feel after your visit today?

Welcomed	Captivated	Inspired	Connected	Proud
Happy	Knowledgeable	Thoughtful	Valued	Proactive
Angry	Anxious	Bored	Confused	Disappointed
Frustrated	Ignored	Sad	Worried	Unsettled

Would you like to share any other thoughts?

*Thank you for stressing that no photos should be taken of real human remains. Really thoughtful.*

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For student research project:  
 I confirm I am:  Under 18  18 or older

Tick here if you do **not** wish to be included in student research  
 (PhD research affiliated with UCL, see information sheets displayed)

Would you like to share any other thoughts?

*Lots of information and path creatively laid out. HOWEVER, would encourage consideration towards unethical manner in which human remains are displayed*

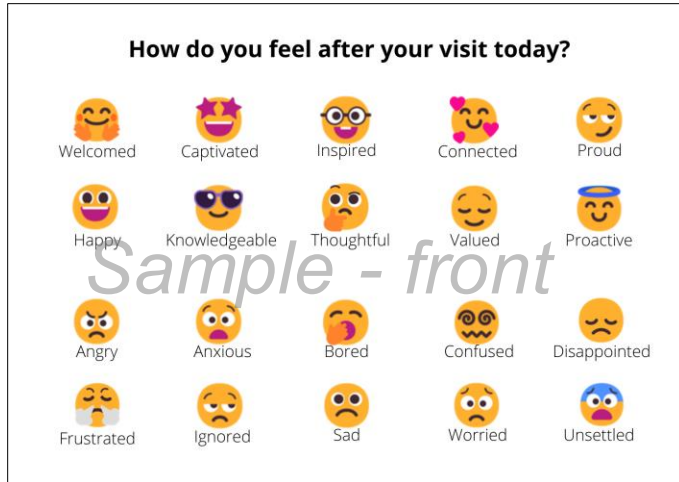
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# Preliminary Research

## Old Operating Theatre – Comment Cards



Cards collected: 1,079

Cards tabulated: 919

'Positive' Feeling Words

Total times selected: 2,803

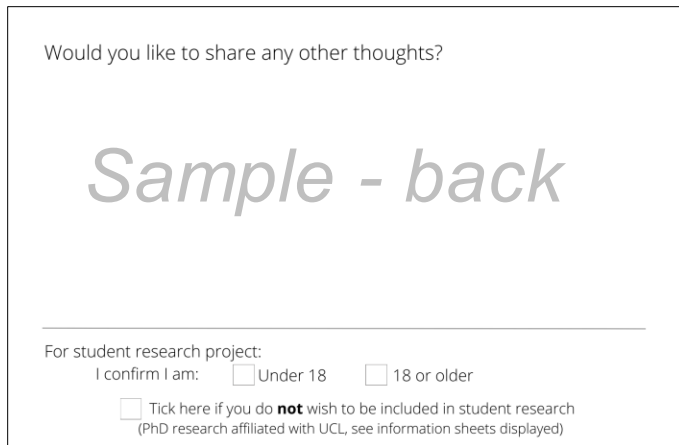
'Negative' Feeling words

Total times selected: 488

Most common: 'Unsettled' (181 times)

Avg. # of Feeling Words indicated: 3.56

Percent with comments: 27% (248 cards)



Example of an unexpected emotional reaction:

- 20 comments that mention gratitude for modern medicine (searching for 'grateful', 'thankful,' and related terms)- did not provide an option for this in 'feeling words'.
- Showing reflection and engagement with issues of personal health and illness.

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# Thank you!



# UCL

For more information on this project, visit [workofmedicalmuseums.com](http://workofmedicalmuseums.com)

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