

Cadaver Poetics:
Surgical Medicine and the Reinvention of the Body in the Nineteenth Century

By

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INTRODUCTION

ANIMATING THE CADAVER: EPISTEMOLOGY OF THE CORPSE

In every age, the human body has been a contested object. Not simply a transparent material fact, the body has long been recognized as, in part, a cultural construction—a theoretical production that arises from a particular time and place. The category of the body possesses its own history, one that changes over time with shifts in culture more broadly. *Cadaver Poetics* examines a shift in the cultural construct of the human body that occurred in the west over the course of the nineteenth century. This inquiry into the changing conception of the body is grounded in Britain, with recourse to analogous contemporary changes in bodily ideology transpiring in the Continental and American landscapes. I argue that the human body was radically reimagined and ideologically reconfigured during the century, and I regard the unstable epistemological status of the body as the era’s central theoretical problem. This dissertation begins to tell the story of the codification of a new bodily epistemology, carried out through the century’s literature, art, medical practices, and disciplinary regimes.

In order to frame this bodily reconfiguration, the dissertation looks to the discourse of medicine. I argue that the body’s ideological reconfiguration in the nineteenth century influenced and registered concurrent changes in medical practice. As twenty-first century subjects, many of us have inherited the idea that the medical sciences stand in a transparent factual relation to the human body: that medicine “defines” the body qua body. It can seem obvious that medicine is not only associated with the body, but that it articulates the body’s essential parameters and mechanisms. The discipline of medicine itself discursively works to enact this concept, as a way to legitimate its authority. This legitimizing discourse was codified in the nineteenth century, as

medicine transitioned from a professional discipline into a full-scale institution. Thus the importance of medicine as a framework for examining changes in how the body is culturally understood is exponentially heightened for nineteenth-century studies.

The dissertation identifies two linked phenomena that characterized nineteenth-century medicine; phenomena that contributed to the body's changing conceptualization and ultimately enabled the discipline's ascension to institutional power: the rise of surgery, and the prominence of the cadaver. A new disciplinary focus on surgery as an identifiable medical specialty—one that refocused medical education on the perfection of surgical technique and the incorporation of new tools, texts, and technologies—is a prominent factor that differentiated nineteenth-century medicine from previous eras. With its ability to suture the body's pieces back together, to prolong life, or even to restore life in situations previously considered fatal, surgery was the next horizon of medical innovation. I argue that the body's broader cultural reconfiguration came to be staged in epistemological terms drawn from the rise of the practice of surgery. And because surgeons needed to learn their art from corpses, surgery was intimately connected to the corpse as the exclusive source of its knowledge about the living body. The cadaver became central to medical practice, and its conspicuous consumption by the medical establishment generated public alarm and social unrest. The dissertation examines a variety of startling ways that the corpse became instrumental in ideologically reconfiguring the body.

The dissertation's timeline begins in 1812, at the height of literary Romanticism, to argue that the genre of the fairy tale reimagines the human body in ways that register contemporary transitions in surgical medicine. I explore how the unique criminal market that supported surgery's expansion discursively reemerges in the criminal confession narratives of the 1830s and 1840s. I examine how women writers in the midcentury decades complicate surgery's

objectification of the corpse by occupying the corpse's subject position. The project's temporal scope concludes in 1858, with the publication of Henry Gray's *Anatomy, Descriptive and Surgical*, to demonstrate that surgical discourse had systemized an epistemology of the body that reflects specific literary experiments and cultural events that transpired in earlier decades.

This introduction first outlines the cadaver's role in surgical practice and in medicine's rise to institutional power, as well as its pervasive occupation of the cultural imagination in both Britain and America. I look at institutional, representational, and practical changes that frame the cadaver as central to medicine and to nineteenth century subjects more broadly. I show how practices such as bodysnatching and anatomy murder, as well as changes in the representational iconography of medical textbooks, contributed to the body's reconfiguration, demonstrating how the corpse became the tool through which that reconfiguration took place. The introduction then turns to examples in nineteenth-century literature to trace how these changes in the medical paradigm were visible elsewhere in the culture. I draw attention to literature of the period that engaged with the body in terms evocative of surgical practice, in ways that are both more visible and more complex than medicine's explicit discourse. Through these literary examples, I demonstrate that the corpse had far-reaching consequences for the cultural understanding of the nineteenth-century body.

The Surgical Body: The Rise of the Cadaver

Prior to the nineteenth century, the profession of medicine standardized itself in fits and starts. Its practice required little to no formal education: "apothecary-surgeons at this date were the general practitioners of the medical world, but the standard to which they educated their

trainees was variable.”¹ Surgeons and physicians were often characterized in literature and journalism as quacks, butchers, ghouls, or even arbiters of magic. But throughout the early 1800s, medical schools rapidly expanded and proliferated, and the discipline transformed from an ill-regulated and much maligned set of practices into a full-scale institution. Most of the discipline’s institutional resources were redirected toward surgical developments—the study of anatomy was no longer an end in itself, but a step in the process of surgical performance. To secure their standing both in the profession and in the culture at large, practitioners labored to ensure that surgery’s “age-old barbarity was passing away” (Richardson *MOGA* 27). Medical schools restructured their curricula to favor dissection as a necessary component of surgical instruction, and human cadavers were incorporated into medical education on an unprecedented scale in order to assist advances in surgical knowledge and practice—one London periodical estimated that “ONE THOUSAND SUBJECTS are annually required for the London market” (*QG* 123). The cadaver quickly usurped the living patient as the primary source of scientific knowledge about the human body.

Before the 1830s, in both Britain and America, only the bodies of executed criminals could be legally obtained for dissection in anatomy classrooms. But because social and legal reforms had drastically reduced capital punishment, the demand for medical cadavers quickly outstripped supply. Illegal and extralegal practices of corpse acquisition became frighteningly common in cities with premier medical schools. The unsanctioned disinterment of fresh corpses from the grave—alternately called bodysnatching or resurrection—was the most common

¹ Ruth Richardson, *The Making of Mr. Gray’s Anatomy*, 40. All further references to this work will be cited in the text as *MOGA*.

extralegal practice by which cadavers were obtained.² Medical schools clandestinely appointed student workers and working-class oddjobbers to procure fresh tenants from their burial sites.³

Graves were not the only site from which corpses were snatched. Hospitals—especially teaching hospitals—observed a tacit complicity in the cadaver traffic that transpired within their own walls. In many instances, if patients died while in the hospital’s care and their bodies subsequently went unclaimed for longer than a few days, “their corpses would be removed from the mortuary to the dissecting room fairly swiftly” (Richardson *MOGA* 120). In such a case, physicians practiced a particular charting system:

In the appropriate column in the patient’s register where the name of the relative/friend/undertaker removing the body should have been entered, the name of the Hospital’s own contract undertaker was inscribed. Staff who kept this great register would be privy to the real meaning of this particular kind of entry, so if relatives or friends turned up later to make enquiries, they would in all likelihood be sent off to see the undertaker, there to be informed that their relative had already been buried at the Hospital’s expense. (Richardson *MOGA* 120)

As late as 1840, the wife of a Mr. Gillard died in childbirth, along with her newborn, in London’s Queen Adelaide hospital. When Gillard was finally notified of the deaths a few days later, he went to claim the bodies, but was told that the child’s body had already been buried. After several requests for the child’s burial location, the hospital’s staff finally furnished him with a note to take to the Windmill Street Anatomy School. The note read, “The child that was sent to

² I refer to the practice of bodysnatching as “extralegal” because it wasn’t fully circumscribed by the law. Before the 1830s, the *contents* of a grave—including coffin, clothing, and any objects and valuables buried with a corpse—were legally protected. The stealing of these items was indisputably illegal and fell under the general term “grave robbing.” But, though these laws *inferred* the corpse through a vague association with its burial attire, they did not explicitly name it; thus the snatching of actual bodies was not regulated under law and, in practice, was criminalized only inconsistently.

³ There are select instances of bodysnatching as early as the Renaissance, but what differentiates the nineteenth century is the massive scale of cadaver consumption and the criminal economy in which medicine was complicit. In the nineteenth century, both the practice and the victimization of bodysnatching and anatomy murder fell to marginalized social classes, and these practices were commissioned in service of a widespread project to institutionalize the discipline of medicine.

you some time ago is now claimed and I will Thank you to give it to the bearer” (Richardson *MOGA* 121). No record exists as to whether Gillard was able to recover his child’s body, but after such time had passed, the school’s students had likely already dissected it.

In addition to graves and hospitals, corpses also disappeared—or, more accurately, were substituted—from parishes and workhouses. London’s Newington workhouse operated a scam in which they, “while retaining the names and paperwork associated with individuals legally consigned to dissection, substituted the bodies of other people because they were in better physical condition for the anatomists” (Richardson *MOGA* 134). These workhouse scams were operated in conjunction with parish undertakers, so that “younger bodies were substituted for, or were taken to supplement, the older ones which were really unclaimed” (Richardson *MOGA* 124).

Bodysnatching became increasingly problematic as a method of corpse acquisition when citizens began to register alarm and public outrage, and began hiring “grave watchers” or policing cemeteries on their own after the burial of loved ones.⁴ In response, a new practice gained traction: the commission of murder for the purpose of supplying bodies to anatomy classrooms, alternately referred to as “anatomy murder” or “burking.” Burking borrowed its name from the infamous 1828 case of Burke and Hare, two Irish immigrants in Edinburgh who dispatched a total of 16 (some sources say 17) impoverished or disabled citizens over the course of the year, selling them to renowned Edinburgh anatomist Robert Knox.

⁴ Indeed, it was necessary for subjects to “police” their own property, as police forces had not yet been implemented. Fascinatingly, the creation of the first metropolitan police forces—in London in 1829 and in Boston in 1837—directly coincide with the creation of Anatomy Acts, and directly prefigure the criminal confession narratives I study in the dissertation’s second chapter. These first police forces were established in each country’s urban center of medical education.

England also had its own gang of anatomy murderers, whom the press dubbed The London Burkers. After their eventual apprehension, John Bishop, Thomas Williams, Michael Shields, and James May confessed to bodysnatching between 500 and 1,000 corpses before graduating to anatomy murder. Their legendary murder of a young Italian immigrant boy living in London and the selling of his corpse to a medical school—a case I treat at length in chapter two—resulted in the conviction and execution of Bishop and Williams.

On the weekend following Bishop's and Williams's executions, a London newspaper, *The Quizzical Gazette*, ran an article relating to the case. The University of Wisconsin's online British periodical archive describes the widely distributed *Quizzical Gazette* as a "satirical miscellany that contains government, London and foreign news [...], advertisements, theater news, accident and crime reports, poetry, bankruptcies, drama and book reviews." Authored anonymously, "CRIME OF BURKING! *HISTORY OF THE MURDERERS* OF THE **ITALIAN BOY**" appeared in its December 10, 1831 issue. The article uncharacteristically "deviated from satire, because this subject demands a place in our pages" (123)—even five days *after* the burkers' executions.

The main body of the article contains the biographies and portrait busts of Williams, Bishop, May, and their sometimes accomplice Michael Shields. But in the article's opening paragraphs, which occupy the issue's front page, the author frames the biographies with extensive commentary on the horrific culture that nurtured such a crime. Rendered in florid, sensational prose, the author bemoans the vice-ridden state of humanity, finding himself so filled with disgust at society's lapsed moral rectitude that he "lays down his pen and [...] sees nothing to admire in the constitution of the human mind" (121). He continues in this vein:

The chalice of human crime had long been considered full, when the discovery of those horrid atrocities in which the monster Burke was concerned, broke full and

suddenly upon the view of an astonished world. Humanity was appalled—the electric shock of the discovery made Religion itself tremble: Reason almost forsook her throne; Murder shrunk abashed from view. The scale of the Thermometer of moral turpitude required an extension [...]. The crime was new to Philologists: it was never practiced on the blood-stained altars of former or latter history, and required a name, but none could be found in any known language. The execrable name of the monster was identified with his atrocities, and his name and crimes were hereafter to be adopted in every country to be desecrated by humanity, as the climax of the mandates issued from the Council Chamber of Pandemonium. (121-122)

In this passage, anatomy murder sits enfolded at the center of a vast web of cultural allusions the author has drawn together: the discourses of science, religion, philosophy, linguistics, history, literature, and politics are all assembled to weigh in on the practice. The author highlights anatomy murder's historic novelty when he remarks that even philologists have been unable to find an archival reference for the crime, thus settling on the term "burking": there isn't a word yet invented to describe what the body undergoes in order to be supplied to the anatomy laboratories. With the practice named for its most famous practitioner, it can be seen that something entirely new is happening to the human body. Though the *Gazette* was no doubt known for its cultivation of a satirical and melodramatic tone, the frenzied horror in this article should not be taken as mere histrionics: the author registers a genuine alarm that gripped the populace in relation to surgery's criminal economy.

The author further fans the flames of that alarm when he contrasts Britain's new phenomenon of anatomy murder with examples of what he deems to be similar practices from other cultures. To articulate this contrast, he calls on the prevalent nineteenth century discourse of racialized primitivism:

This crime, then new in the annals of vice, was supposed to be confined to the capital of Scotland, but the recent developments in the metropolis tend to shew that London, the centre of the christian and civilized world, has long been the arena of similar crimes. Alas! what is the infanticide of China, or of India? the voluntary offering of the life of a Pilgrim to Juggernaut, or that of a Batta parent

to his relatives, or even the *arreoy*s of Owhyhee or cannibalism of New Zealand to this detestable traffic in human blood? (122)

This rhetorical technique achieves a number of ends. With its references to the shocking practices of Chinese, Indian, and South Pacific cultures, the passage reinforces the presumed primitivism of the Other. This comparison also, of course, aligns the British with these “savage” cultures for the purpose of dramatizing the grotesque depravity of anatomy murder. But it simultaneously orients London as the geographic center—the “metropolis”—of the colonial Empire, demonstrating Britain’s wide circumscription of the world through a cultural mastery of its colonies. At the passage’s conclusion, with the British successfully besting other cultures in the contest of moral degradation, burking becomes not only a vilified British cultural practice, but also a sly signifier of cosmopolitan civilization. Finally, the author’s backhanded dig at Scotland is not to be missed: noting that anatomy murder was previously “confined” to its capital not only situates London as the *new* center of medical education, but it also rehearses a well-worn prejudice against the Scottish, deftly affiliating them with the passage’s other “primitives.” This passage demonstrates that a relationship between surgical practices, racism, and empire was part of the popular imagination. And by arguing that anatomy murder has a cultural and geographic history—one that has reached its zenith in London by supporting the most advanced techniques of medical science—the passage also contributes to the *institutionalizing* of medicine, making anatomy murder an example of both high culture and high science.

From grand philosophical meditations on the state of humanity to this global-meets-local mapping, the author then moves to indict the discipline of medicine in particular, reinforcing the article’s alarmism by estimating the pervasive threat of the ghastly practice. “We dare not, at present, probe wounds we cannot heal,” he writes, “although a long connection with the medical schools and dissection rooms of the metropolis, convinces us that *hundreds* are, and have been

annually, thus sacrificed in London, to fulfil [sic] the purposes of Scientific Education” (122). Here, the text itself takes on the vocabularies of medicine: the author becomes a kind of physician who refuses to “probe” the unhealed abscesses of crime to which the body politic has been subjected. Though the author admits his inability to cure the social ill he excoriates, he simultaneously characterizes surgery as an *unhealthy* discipline, one that sickens through practice rather than heals.

This *Quizzical Gazette* article is one of hundreds of periodical pieces published on the subject of bodysnatching and anatomy murder in the first half of the nineteenth century. With so many discourses coalescing around a single instance of burking, surgical cadaver traffic, and criminal execution, the author of this piece signals that something important is being worked out about the nineteenth-century British body, and the way that body is being transformed through criminality and medicine simultaneously. The article registers that such a transformation in the body’s conception is new and noteworthy, and that the wider culture has begun to think of this conceptual transformation as historic and global.

Surgery’s criminal economy was not confined to Britain. As in Britain, only the corpses of executed criminals could be legally dissected in American medical schools, and in some states—mostly southern—human dissection was altogether illegal. Thus, a similar traffic in corpses flourished in America to support the seemingly unlimited consumption of cadavers required by the rapid expansion of medical school curricula. And, as in any country where such an economy existed, the American traffic in corpses was practiced by and plied upon the nation’s most vulnerable and disenfranchised classes. But, unlike in the British context, the sheer horror that characterized this illegal economy was doubly compounded in America by its intersection with the slave economy. For, in the American context, enslaved African Americans comprised

the country's most marginalized population, and its largest source of illegal cadavers. Already suffering from—and working to resist—forced labor, punitive torture, malnutrition, social ostracism, and psychological degradation, black Americans discovered that their figurative “social death” could extend into the literal death, in the name of science.

Southern medical schools were not the only institutions complicit in the illegal traffic of African American cadavers.

Northern schools also relied upon clandestine exports of black bodies from the South [...]. An industry sprang up in shipping black bodies to northern medical colleges. Dr. F.C. Waite recalled that “many bodies of southern Negroes were used in northern medical colleges... [A] Professor of Anatomy in a New England medical school told me ... he had an arrangement under which he received in each session a shipment of twelve bodies of Southern Negroes. They came in barrels marked ‘turpentine’”. (Washington 130)

Dissection of the criminal corpse was a complex issue in antebellum America and, as with other medical practices, surgeons and physicians “appropriated the bodies of enslaved persons with no legal rights” (Washington 121) in greater numbers than the bodies of whites—and with significantly greater objectification. Some southern states went so far as to attempt to entirely exempt white criminal corpses from dissection, as when, in 1821, “the Georgia legislature considered a proposal to send the bodies of executed black felons to medical societies for anatomical dissection, expressly to ensure that white corpses would be spared” (Washington 127). Though this piece of legislation was ultimately unsuccessful, it points to the range of discursive technologies that circumscribed the criminal corpse, and the underlying race panic that anatomical medicine engendered in America.

Unsurprisingly, surgery's exploitation of cadavers became culturally conspicuous. The bodies of prostitutes, immigrants, day laborers, the homeless, and the enslaved continued to disappear from slums and graves in service of surgical medicine's seemingly unlimited

consumption of dissected cadavers. The anonymous author of the above *Quizzical Gazette* article bemoaned that

the discovery of the practice of *Burking* has given an impetus to public feeling, which cannot fail to awaken the attention of the legislature to the subject. Human bodies *must* and *will* be provided for the dissecting room. It is not now sufficient to know that the tenderest feelings of relatives are outraged by the trade which is carried on—that the sacred repository where the body is deposited by filial piety shall be violated by ruthless hands—the body separated limb from limb and sold piecemeal—made the subject of the rude gaze or the obscener jest of the pupil—disappear under the scalpel of the dissector. (123)

And, indeed, “public feeling” was awakened. In response to the unfettered rash of bodysnatching and anatomy murder that occurred in the early decades of the century, British medical professionals convened a legislative hearing in 1828 to address the issue. The celebrated anatomist and surgeon Astley Cooper spoke before the Select Committee on Anatomy, stating that “[Resurrection Men are] the lowest dregs of degradation; [...] there is no crime they would not commit, and as to myself, if they would imagine that I should make a good subject, they really would not have the smallest scruple, if they could do the thing undiscovered, to make a subject of me.” In response, the British Parliament and the American Senate passed a series of Anatomy and Medical Acts that spanned the early and middle decades of the century.

The first of the Anatomy Acts—in 1831 in America and in 1832 in Britain—formally criminalized bodysnatching and widened the parameters by which anatomists could legally obtain cadavers for instruction in their dissection rooms, to include unclaimed corpses from workhouses, almshouses, and hospitals. But this legislation just replicated in death the limited legal and social rights to their bodies that these marginalized populations had experienced in life.

As Ruth Richardson notes, the Anatomy Act

helped make the Victorian workhouse the hated institution it was, as the Act decreed that the bodies of those dying in institutions without anyone able to claim them for burial could be sent for dissection. The law allowed individuals to “opt

out” of its provisions, by recording their wishes concerning dissection before witnesses. But of course, most witnesses would have been other workhouse inmates, powerless to protect their fellows’ bodies from being transferred to dissection rooms, whatever the dead person’s wishes might be. In the only known case in which a register of such witnesses was officially kept, the number of people recording their desire to be decently buried was so high that *no one* went for dissection from that parish. The Anatomy Inspector felt impelled to visit the clergyman concerned to prevent such a form of registration for the future. (*MOGA* 119)

Though the Anatomy Acts drastically hampered medicine’s criminal economy, the damage had been done. As a result of surgical medicine’s increasing dependence on access to cadavers, and the collective panic incited by its uses and abuses, the corpse became a cultural phenomenon.

The traffic and consumption of corpses is one of the prominent *material* factors in medicine’s institutional rise. But its *discursive* maneuvers were equally effective in contributing to the body’s cultural redefinition. One area in which these discursive maneuvers emerged was the medical textbook. An overview of the changing conception of body in medical textbooks demonstrates a profound shift occurring in bodily epistemology as the century transpired.

The surgical textbook genre experienced something of an explosion in the midcentury decades in Britain.⁵ Prior to the 1840s, only a handful of standard anatomical reference books were in use by students and practitioners—with Jones Quain’s *Elements of Anatomy* (1828) being “widely regarded as the standard work” of this kind in the century’s early decades (Richardson *MOGA* 106). Much of the knowledge students learned about the body’s anatomical structures was gleaned through the lecture format, or through hands-on experience after a professional was installed in his own practice. But three factors colluded to make the rise of the surgical textbook genre inevitable: medical education became more structured and regulated; the techniques of surgery advanced enough to require specialized texts; and print technologies

⁵ I use the term “surgical textbook” to refer to anatomical reference books that were explicitly focused on the relationship of the body’s anatomical structures to the practice of surgery. Above and beyond the simple labeling of anatomical drawings, these texts contained copious surgical instructions.

produced an unprecedented amount of text in the culture more broadly. Prominent anatomists and surgeons competed to produce textbooks that would garner critical acclaim as well as profit through student sales. Texts like Robert Todd and William Bowman's *The Physiological Anatomy and Physiology of Man* (1843), Thomas Watson's *The Principles and Practice of Physic* (1843), Robert Knox's, *Manual of Human Anatomy, Descriptive, Practical and General* (1853), and Luther Holden, *Human Osteology* (1855) began being used ubiquitously in student settings. The publication trend that generated this spate of popular anatomical reference books both reflected and fuelled medicine's growing institutional power.

Part of what makes these new surgical reference books so significant is that their representational strategies reflected a radically new epistemology about the body. This new epistemology can be productively dramatized by juxtaposing significant examples of anatomical representation over successive historical eras. If we draw a line connecting Vesalius and Hunter—who produced the most iconic examples of anatomical illustration in their day—we can see the drastic changes in anatomical iconography over time.

Andreas Vesalius's 1543 *De humani corporis fabrica* typifies a kind of anatomical representation that I call “hyper-contextual”—a representational style that dominated Renaissance anatomy. In Vesalius's text, the human figure is nearly always pictured as a whole entity. Vesalius sets the body in various rural landscapes, glorifying the pastoral by mapping body and country simultaneously. The body is artfully posed in gestures that evoke theatrical drama—he is a real human, caught in a moment of expression. These explicit aesthetic conventions that replicate the pictorial tradition align medicine with art, characterizing its practice as one of many complementary art forms. But further, this Renaissance medical epistemology starts with wholeness, and any shaving of that wholeness retains as much vestige

of context as possible. The priority is not how the parts work independently of one another, it is how the system works as a whole—any partition is done in order to produce an understanding of how the parts *make up* the whole. Beginning with the body's entirety, Vesalius's images ripple

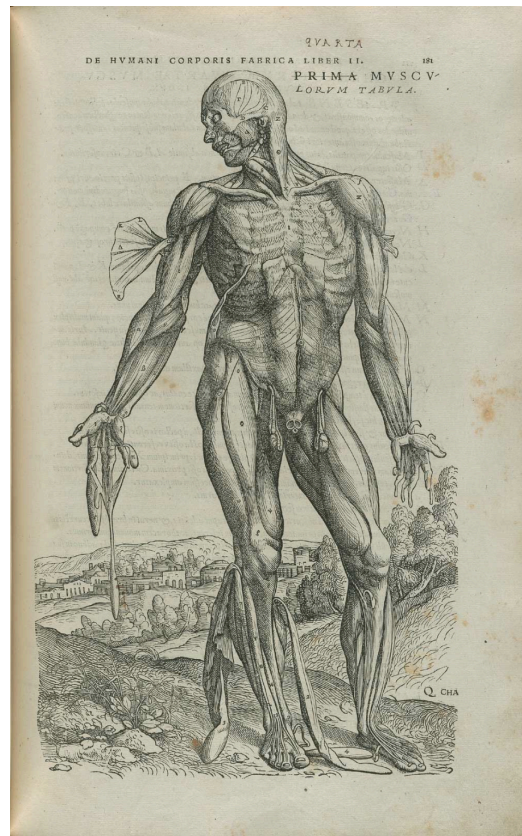


Figure 1. Andreas Vesalius, *De humani corporis fabrica*

out to more levels and layers of contextualization—his drawings give the impression that knowledge about the human body is inseparable from its context. This kind of bodily representation should be no surprise in the era of humanism: the body is the focus of the picture plane, his size dominating the distant landscapes and cityscapes. But he also is a part of them: the

body is at the center of a system, of which he is a part. This is a bodily epistemology grounded in wholeness, in unity, and in layers of context that embrace the world outside the body.

William Hunter's 1774 *Human Gravid Uterus* typifies a style of anatomical representation that became standard by the eighteenth century. I call this style "semi-contextual," as it retains representational remnants of previous eras while hinting ahead to the future of bodily

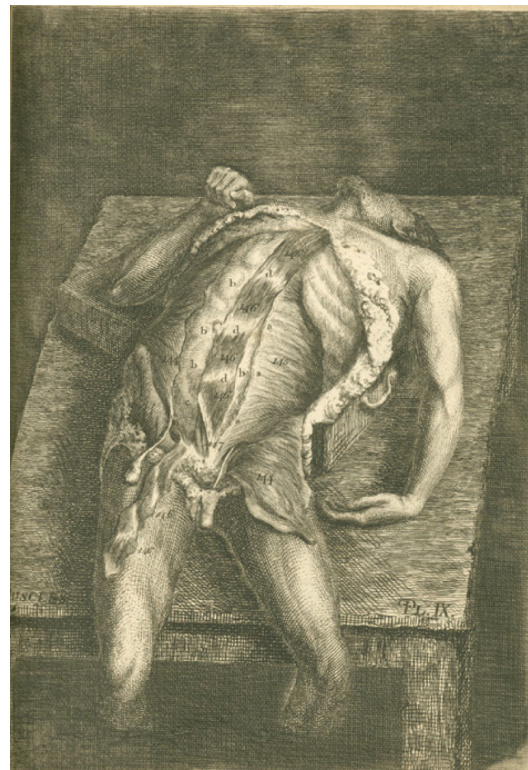


Figure 2. William Hunter and John Bell

epistemology. In Hunter, we have entered a world of dismemberment. The distant landscapes of Vesalius have been erased; the body alone hovers in the picture plane, pinned to the board on which it has been displayed for drawing. While the infant nestled in the womb remains whole, the female host is cut off at the limbs, pictured in separate parts and pieces. But context remains

a priority for Hunter. Unrelated layers of muscle and skin have been peeled away and rest against the body's hips, preserved so that the student can see what he will have to cut through. Though the body's legs have been severed, they still retain the upper thighs, and Hunter preserves the bone, muscle, and skin that constitute them. The body is pictured in *relation* to its womb as well as in relation to its absent parts, and it remains a legible body. The anatomist and surgeon John Bell, a contemporary of Hunter's, published his own anatomy manual, in which he created

an extreme form of dissection-room realism, *winceworthy* in its brutality. [...] His dead are remnants of the human, meaty, mangled lumps cut into dangling shreds. Barely recognizable, human body parts lie awkwardly, in positions of unwarrantable intimacy and pain, hooks and chains claw and hold human skin, ropes suspend human joints, decapitated heads have faces with mouths agape. (Richardson *MOGA* 224)

A kind of gruesome brutality pervades these images, one that was absent from Vesalius—in Hunter and Bell, the cultural link between butcher and surgeon is exaggerated. But the bodies of Hunter and Bell retain the ghost essence of the labor of having been severed, as though the viewer could imagine the rest of the body and the act of cutting it away. That in itself is a kind of context.

By the middle decades of the nineteenth century, a new kind of anatomical representation dominated medical reference books. I call this style “hyper-decontextual,” as it drastically contradicted earlier epistemological emphases on the body's holistic context and systemic interrelation. This style of anatomical representation was typified—even codified—by the nineteenth century's most legendary medical textbook: Henry Gray's *Anatomy, Descriptive and Surgical*. The anatomical body was developing in art, literature, and medicine throughout the nineteenth century, but the publication of Gray's text in 1858 represents a significant cultural turning point as the moment at which medicine took over the body and its factual authenticity.

Gray's *Anatomy* both consolidated theories of the body that were being worked out in previous decades, and it codified the future of anatomical representation.

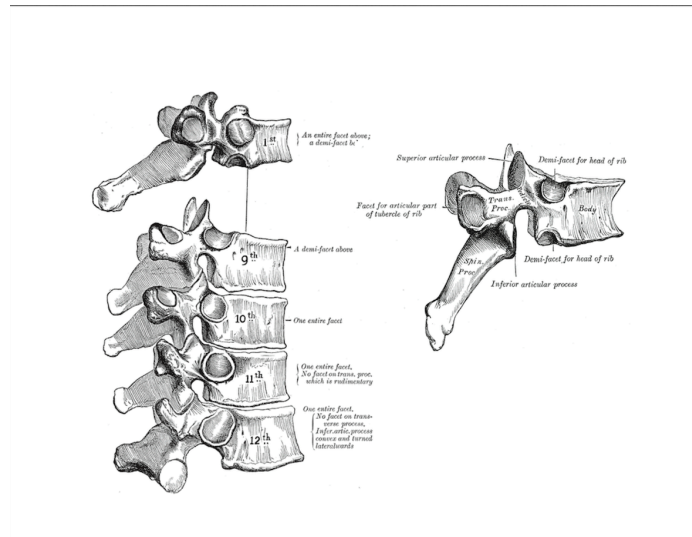


Figure 3. Henry Gray, “First Dorsal Vertebra”

Henry Vandyke Carter’s illustrations for this text are some of the most celebrated anatomical drawings of all time, and remain to this day “the book’s famous selling point” (Richardson *MOGA* 35). The body in Gray’s *Anatomy* looks starkly different from the bodies in Vesalius or Hunter. Gray’s body is dismembered, broken, and shorn of context. Each separate bone, vessel, and organ hovers in isolation on the whiteness of the page; Gray’s body is always pictured in pieces, never as a unified entity. There is no indication of a part’s relation to the rest of the body, and because Carter declined to use “shadow *outside* his specimens, [which would] indicate the surface on which they lie” (Richardson *MOGA* 140), there is a radical absence of context. Each era of medical innovation resulted in changes to anatomical representation that both reflected and contributed to changes in bodily epistemology. Gray’s *Anatomy* was a fulcrum

and a catalyst, demonstrating how, by the middle of the nineteenth century, the body's epistemology had become rooted in the visual iconography of dismemberment.

The Surgical Body in Literature: Dismemberment and Reanimation of the Corpse

Surgery's traffic in corpses and its new style of anatomical representation penetrated the literature of the period in profound ways. The corpse's cultural visibility rendered it widely available as a theoretical tool, and literary writers used its imaginative possibilities to register the sweeping cultural changes in how the body was understood. Alongside their use of the corpse, writers often theorized the body by drawing on metaphors and vocabularies explicitly or tangentially related to the rise of surgical practice, further demonstrating how surgery was positioned at the helm of the body's changing definition, both scientifically and culturally. Nineteenth-century literature thus participated alongside medical practice in renegotiating the human body's shifting meanings.

But literary writers did not simply imagine the corpse as an immobile, insensate object that withered and rotted with nature's rhythms. The corpse in nineteenth century literature is *animated*. Ruth Richardson notes that, for nineteenth-century subjects, "[t]he significance of the human corpse in popular death culture...seems to have been coloured by a prevailing belief in the existence of a strong tie between body and personality/soul for an undefined period of time after death" (*MOGA* 7). She adds that "[s]everal beliefs which attribute sentience to the dead body seem to lead towards the conclusion that there existed a conception...of a period between death and burial in which the human being was regarded as 'neither alive nor fully dead'" (*MOGA* 15). In some sense, then, the corpse was already in possession of properties of animation for nineteenth-century subjects.

But as surgical techniques advanced and the perfection of surgical practice became the overarching goal toward which medicine was directed, surgery became associated in literature and popular culture with the ability to restore life, or to suspend life indefinitely. The animated corpse of nineteenth-century literature was specifically associated with developments in medicine, and those developments fed the literary imagination. Medical discourse, surgical practices, and literary writing together helped create what I term an “epistemology of the cadaver,” furthering a cultural conception of the living human body as an animated corpse. Writers and artists used the figure of the animated corpse to speculate about the body’s changing boundaries and functions, both through subject matter and through formal experimentation that evokes surgical procedures. I build on the medical history elucidated in the previous section in order to outline the central arguments and terms of the dissertation. I point to how the animated corpse materializes in nineteenth century literature to disruptively re-theorize the body.

The British, American, and Continental literary landscape of the nineteenth century is crowded with bodies and corpses in various states of dismemberment, decapitation, and animation. By selecting a handful of canonical examples, we can see an arc of theoretical inquiry into the body that stretches through nineteenth-century literature. This arc begins at the century’s transition, with texts such as Charles Brockden Brown’s novel *Wieland* (1798). Through acts of ventriloquism, the villain of *Wieland* projects himself into locations far removed from his body. He commands the novel’s characters to commit violence for which he can remain blameless. To metaphorically dramatize this capacity for disembodied projection and the material effects it can produce, Brown repeatedly describes his characters’ ears and mouths as dismembered.

Heinrich von Kleist’s short story “On the Marionette Theatre” (1810) opens with an eccentric man who is looking to build a puppet. He argues that marionettes exceed humans in

graceful movement because their limbs move “of their own accord,” independently of their invisible, imperfect operators; marionettes, he argues, exceed even professional dancers in ambulatory elegance. He goes on to note that only humans with artificial limbs can hope to approach the perfection of movement that marionettes possess. Kleist’s story implicitly forwards provocative theories about the body: that humanoid objects possess the ability to be independently animated, and dismembered humans outfitted with artificial appendages are superior beings.

In Washington Irving’s short story “The Legend of Sleepy Hollow” (1820), a village is tormented by the chilly folktale of a decapitated ghost who rides on horseback through the town, agonizing its residents. One night, the story’s villain successfully inhabits the character of the headless horseman, bringing him into material animation in order to terrorize a particular villager. Though the headless horseman doesn’t really exist, the story portrays a world in which characters believe that animation can endure for a body in a decapitated state.

A corpse is at the epicenter of Charles Dickens’ *Our Mutual Friend* (1865), and the novel’s action revolves around it. The novel begins as this corpse is being fished out of the Thames, and the opening pages theorize whether a dead body is capable of owning the property found with it. As we will see in the dissertation’s third chapter, the corpse’s capacity for property ownership—which depends on the legal fiction of animation beyond the grave—becomes a compelling issue for women writers by the midcentury decades.

Because the corpse extracted from the river is marked by injuries, no one can be certain as to the cause of death. As the coroner observes, in a scene that smartly criticizes the practice of surgery: “Too late to know for certain, whether injuries received before or after death; one excellent surgical opinion said, before; other excellent surgical opinion said, after” (33). But

everyone does indeed believe themselves to be certain of the corpse's identity. The dead man is misidentified as John Harmon, a wealthy man who had stood to inherit a fortune. Rather than correct the mistake, Harmon adopts a new identity. Considering himself to be a living corpse walking through London, he catches himself "looking into a churchyard on a wild and windy night, and ... feeling that I no more hold a place among the living than these dead do, and even to know that I lie buried somewhere else, as they lie buried here" (360).

Dickens' novel is stuffed with characters for whom the body is an unstable object of questionable animation and unity. There is Lady Tippins, who has "made a series of experiments on her digestive functions, so extremely complicated and daring, that if they could be published with their results it might benefit the human race" (22). Mrs. Veneering has the power to restore to characters "their animation which had become suspended" (138). Jenny Wren repeatedly calls out to living characters "Come back, and be dead!" (279). And even London, "Animate London, with smarting eyes and irritated lungs, was blinking, wheezing, and choking; inanimate London was a sooty spectre, divided in purpose between being visible and invisible, and so being wholly neither" (417).

But perhaps the novel's most delightfully odd character is Mr. Venus, an "articulator of human bones," who has "gone on improving myself in my knowledge of Anatomy, till both by sight and by name I'm perfect" (89). Venus (who can't pronounce the letter "v") owns a strange curiosity shop full of "Bones, warious. Skulls, warious. Preserved Indian baby. African ditto. Bottled preparations, warious. [...] Cats. Articulated English baby. Dogs. Ducks. Glass eyes, warious. Mummied bird. Dried cuticle, warious" (87-88). When Mr. Wegg commissions Venus to build him an artificial limb after a hospital amputation, Venus assures Wegg that "if you was brought here loose in a bag to be articulated, I'd name your smallest bones blindfold equally with

your largest, as fast as I could pick ‘em out, and I’d sort ‘em all, and sort your werthebrae” (89). Their business concluded, Wegg opens the door to leave, and the movement blows out the candle and shakes all the jars in shop, so that “the babies—Hindoo, African, and British—the ‘human wariious,’ the French gentleman, the green glass-eyed cats, the dogs, the ducks, and all the rest of the collection, show for an instant as if paralytically animated” (91). In Venus’s shop—a kind of dark corollary to the surgical theater—the body’s anatomy is rearranged, artificial limbs restore dismembered bodies, and preserved specimens briefly ignite into animation.

In the works above, animation of the corpse is dramatized in several ways that aren’t always equivalent—and aren’t even necessarily straightforwardly cadaverous. *Wieland* theorizes that metaphorically dismembered body parts can signify independently of a body, even after those parts have been removed or distanced from their hosts. Kleist envisions the amputated, prosthetically-augmented body as having reached a near-perfection of movement bested only by inanimate, human-like objects; taking Kleist’s formulation to its imagined conclusion, the fewer biological body parts one possesses—and therefore the closer one is to death—is the closer one is to a state of *perfect* animation. With its imaginary decapitated equestrian, Irving’s tale characterizes the animation of the corpse as fantastical rather than literal; what this tale does is register a developing cultural concern that the dismembered corpse might still retain animation. And in Dickens’ novel—as in many Victorian sensation novels, such as Wilkie Collins’ *The Woman in White*—the corpse is a vehicle through which *other* characters can become animated by assuming its identity.

There are also several meanings of animation at work in the texts I study in the dissertation, and the animated corpse can take several forms. In some texts, an animated corpse is a dead body that literally comes back to life through operations that resemble surgery. In other

texts, dismembered limbs and organs retain vitality and agency: bones speak, and dismembered limbs suture themselves back onto bodies of their own accord. In still others, excised body parts continue to signify in new contexts: when an organ is transplanted, ingested, or otherwise incorporated by a live subject, the corpse of the dead subject becomes reanimated and lives on *through* the body of the consumer. And in still other texts, a character's continued vitality is dependent upon his intimate connection to a corpse—touching it, gazing at it. In these texts, as in *Our Mutual Friend*, the corpse is the vehicle for someone else's animation.

Theory of the Animated Corpse

As in the literary works above, there are also several meanings of animation at work in the texts I study in this dissertation, and the animated corpse can take several forms. In some texts, an animated corpse is a dead body that literally comes back to life through operations that resemble surgery. In other texts, dismembered limbs and organs retain vitality and agency: bones speak, and dismembered limbs suture themselves back onto bodies of their own accord. In still others, excised body parts continue to signify in new contexts: when an organ is transplanted, ingested, or otherwise incorporated by a live subject, the corpse of the dead subject becomes reanimated and lives on *through* the body of the consumer. And in still other texts, a character's continued vitality is dependent upon his intimate connection to a corpse—touching it, gazing at it. In these texts, as in *Our Mutual Friend*, the corpse is the vehicle for someone else's animation. To achieve the corpse's reanimation, the texts and contexts I examine in my dissertation engage in a mode of bodily representing that applies medical language and surgical imagery to scenes of dismemberment, death, corpse preparation, and burial.

The many kinds of animation at play in these examples reveal that writers were cycling through nuances of bodily metaphor in order to register the cultural shift in how the human body was being understood. But each variant of animation is a symptom of the same underlying cultural inquiry into the new meanings the body might possess in the era of surgery, and the various material effects and cultural consequences that result from surgery's influence on the body's definition. Literary writers saw the corpse and its many possible forms of animation as a productive stage from which to work out theories of the body.

The dissertation will show that nineteenth-century cultural artifacts produced theories of the body influenced by the ideology of the animated corpse. In so doing, they reveal the fantastical process by which *agency* is discursively displaced from the living subject to the corpse and can only be regained through an identification with it. The texts explored in the dissertation suggest that nineteenth-century subjects were confronted by a profound crisis of embodiment, one that reorganized the very parameters by which the body was said to exist at all. This crisis of embodiment feels all the more frightening considering the persistent textual and cultural invocation of dismemberment and reanimation as the state that defined the body's new ontological parameters.

But the phenomenon of the animated corpse was not confined to literature. This dissertation discovers that, over the course of the nineteenth century, the human body became epistemologically redefined as an animated corpse through surgical practice. Because surgeons had to imaginatively reanimate dissected corpses in order to apply their knowledge to living surgical patients, the practice of surgery became a central site for the equivalence between the living and dead body. As surgical practices facilitated the institutionalization of medicine, the epistemology of the body was reorganized around the animated cadaver. The revived body of

medicine was unlike any animated corpse that came before it: it was not a ghost or a golem, but a *scientifically* produced human body that retained life and death simultaneously. At the center of medicine's rise to cultural power, the seemingly magical reanimation of the corpse became the technology by which medicine turned the human body into its property.

The animated cadaver should not be confused with the patient. This dissertation, in fact, is not about the category of the patient, who stands in stark contrast to the imagined body of nineteenth-century medicine. Medical science developed several specialties—such as anatomy and pathology—that were not focused on the patient at all, but on what could be forensically gleaned from the cadaver. But surgical medicine is the one medical discipline where the living and dead body are conflated so drastically that it is possible to confuse them. Nineteenth-century surgery represents the culmination of a centuries-long process during which the origin of medical knowledge about the human body shifted from the living patient to the corpse—a process that directly facilitated medicine's institutionalization and its cultural power. Increasingly, the human body came to be scientifically defined through and against the corpse, rather than through empirical comparison to other living bodies. Simultaneously, the body was increasingly represented in medical reference books *as* a corpse, with ever greater disarticulation and dismemberment featured in each era. As this shift transpired, a broader change took place in the culture regarding the conception and definition of the human body: it became easier to think of living bodies as corpses.

The Surgical Body's Social Consequences

Medicine ultimately gained institutional control of the body's scientific and cultural meanings by defining it through the corpse. This metamorphosis resulted in complicated material

and ethical consequences for socially vulnerable populations. This redefinition laid the groundwork for violence and objectification targeted toward the century's most marginalized bodies. Surgical reference books used linguistic techniques to disguise the corpse as a source of knowledge about the living body. Thus, a haunting silence around the issue of the cadaver pervaded surgical texts and practices, so that surgery could substitute the cadaver for the living body. But this invisible substitution of the cadaver for the living body mirrored the century's blurring of boundaries between living and dead bodies in a variety of social and legal sectors. Women, peasant classes, and black Atlantic subjects begin to acquire the political freedoms for which they had agitated in unparalleled historical measure. But as the bodies of these marginalized classes increasingly became enfolded into discourses of humanity, the white male body and its assumed superiority had never been so legally and culturally imperiled. The corpse became the frame through which the body's ontological materiality came to be posited in order to effectively manage the threat of incorporating new bodies into the concept of the universal human body.

I explore the ideological causes and ethical consequences of reconfiguring the living human body as a cadaver. I ask which socially privileged subjects can afford to identify with the corpse, which subjects does such identification further imperil, and what kinds of institutional violence become licensed when persons are defined through and against the corpse. I discover, perhaps expectedly, that the white male subject becomes empowered through the cadaver, and further empowered by wielding the trope of the cadaver against marginalized subjects. For this reason, I focus on subjects for whom identification with the corpse further reinscribes their social death, addressing some of the culture's most vulnerable populations. I organize the project around the bodies of these populations for three distinct reasons: because the disciplinary

regimes that targeted them rendered their bodies most culturally “visible”; because surgical medicine’s processes and developments were most visible and legible on their bodies; and because these populations were becoming culturally and politically visible as human bodies. I discover that the combined literary, artistic, and medical uses of the corpse produces an ethics—or a counter-ethics—that allows the cultural subject to be exonerated from past violence and to perpetrate future violence.

But despite the grim consequences of surgery’s attempt to repurpose the cadaver for its own ends, the corpse also facilitated oppositional practices. Because the corpse’s mute passivity and immobility make it so easily dismissible and hence unnoticeable, its subject position is also a refreshing space of experimentation without boundaries: it is simultaneously imprisoning and liberating. Thus I discover that some socially vulnerable subjects chose to investigate its possibilities and voluntarily identify with its renegade rebelliousness.

Archaeology of the Body: Cadaver Poetics

This dissertation is organized as much around marginalized bodies as it is around marginalized genres. Indicated by its title, and with its chapters configured along generic lines, the dissertation is informed by an Aristotelian conception of the term “poetics”: a conception that treats poetics not as the analysis of poetry—a more modern understanding—but as the analysis of genre itself, with the understanding that certain genres possess unique conventions that produce particular effects. I have discovered that some of the nineteenth century’s most marginal and nascent genres were able to radically redefine the human body *because of* their unique and unregulated generic parameters. I trace the figure of the animated corpse—and the politics of its deployment—through the four discursive theaters in which traditional conceptions of the body

were most visibly interrogated: the fairy tale, the criminal confession narrative, women's writing, and the surgical textbook.

Each of the genres I investigate has its own history in its own right, and none of the genres I examine—save the surgical textbook—were explicitly concerned with medical science. In some cases, a text's relationship to developments in medicine may not be readily apparent at all, until it is subjected to deep analysis. Rather, I argue that the genres I've identified were particularly *suited* to theorizing the human body, and consciously or unconsciously took the theorization of the human body as one of their primary critical aims. Through either their formal requirements or their imaginative expectations, these genres theorize the body most weirdly, visibly, and provocatively—and most similarly to medicine. They participate in the construction of a new cultural definition of the human body rather than conserving or relying upon the one already in place (which, I think, the realist novel does to some extent). Their generic interrelations provide a portrait of the ethically complicated relationship to bodies that nineteenth century subjects were contemplating.

This dissertation also performs an approach to literary and cultural artifacts that—if I had an anxiety regarding influence and a penchant for theoretical labeling—I would call “Foucauldian archaeology.” I seek to uncover a fundamental change in epistemology that spans the nineteenth century. The dissertation does not claim to be a history of medicine in the strict sense, nor a history of a particular figure or movement in nineteenth century literature. Rather, it produces a *theory* of the nineteenth century body and its reconfiguration, and I view the work of the dissertation as primarily theoretical in nature. I marry the discourse of medicine to literature not to forward something “new” about medicine *or* literature. I do so, rather, to excavate a new

cultural perspective about the *body* that the two discourses share, and to build an archaeological model that traces the body's reconfiguration.

In order to effect this excavation, I employ a capacious mode of cultural inquiry, scanning the century to draw together clusters of coherences that vibrate across its decades and its geographies. I begin with the artifact—in most cases, the text—and work outward to a portrait of the culture that produced it, thereby enabling me to read historically specific iterations of the body *through* the artifact. I select literary texts and cultural events that reveal, through their juxtaposition, the cultural preoccupations and ideological shifts that the concept of the body underwent during the era. This imaginative mode of reading—an act of scholarly analysis at once both critical and creative—identifies how seemingly disparate texts share thematic concerns. This mode of analysis accounts for the multiple ways in which literatures of the period were engaging with—and, indeed, theorizing—the human body. The broad goals of the dissertation are to encourage fresh curiosity about the ways in which bodies are culturally-enmeshed ideological productions rather than transparent biological facts, and to provide a theoretical model for how to locate and examine the cultural formation of the body in a given era.

CHAPTER ONE

GRAY MATTERS: DISMEMBERING THE SURGICAL TEXTBOOK

There is a silence at the center of ... all anatomy books, which relates to the unutterable: a gap which no anatomist appears to address other than by turning away. It is the gap between the ostensible subject of the book and of the discipline, and the derivation of the bodies from whom its knowledge is constituted, its illustrations made. [...] But nowhere in these books is the human predicament of those whose bodies constituted their basis addressed, or discussed. Nowhere is their native status as the defeated, dismembered, unconsidered, naked poor even mentioned. (139)

—Ruth Richardson, *The Making of Mr. Gray's Anatomy*

During medicine's institutionalizing process, physicians, anatomists, and surgeons began generating text at an unprecedented level. Exam notes, patient histories, charts, postmortem and casebook ledgers, lecture notes, and even diaries and memoirs contributed to the vast field of text that medical professionals produced. Much of this text was generated from encounters with living patients, but—as we have seen in this manuscript's introduction—the foundation of medical knowledge was not. Anatomists instead used cadavers to glean knowledge, to teach, and to compose the textbooks from which all medical students learned. The content of surgical textbooks, then, became just as significant as art and literature to the cultural reconstruction of the human body: they were the textual origin point for transforming the dead body to the living body. In some sense, they were also the textual endpoint for that transformation: literary texts staged theories of the body during the century's first half that became codified, by the midcentury decades, as science in the surgical textbook.

In other words, the genres I examine in the dissertation lay the groundwork for a theory of the body carried into scientific objectivity in the surgical textbook. This dissertation thus

“begins at the end,” in 1858, with the publication of Henry Gray’s *Anatomy, Descriptive and Surgical*. I treat Gray’s *Anatomy* as a kind of first philosophy upon which the textual readings in later chapters depend: the discursive technologies I unearth from the *Anatomy* reappear—or, rather, pre-appear—in fairy tales, criminal confession narratives, and women’s epistles and poetry. I do not mean to suggest that literary writers were armed with enough medical know-how to *generate* the scientific knowledge and clinical practices that surgeons and physicians then adopted. Rather, I suggest that literary writers and surgeons were working out an interrelated epistemology about the body—one that eventually became institutionalized by medicine in the midcentury decades. It bears remembering that, while the average literary writer was not reading medical reference books, the average surgeon was most certainly reading literature and participating in cultural events outside his clinical context. Surgeons and medical professionals were a part of the social body. They were not immune to absorbing cultural ideologies into their work, and it can be imagined that they also transmitted aspects of their clinical practice into cultural settings. In directly shaping discourse about the human body, then, surgical textbooks registered the ongoing *cultural* changes the body was undergoing, just as much as they registered changing scientific approaches to it.

First published in London 1858, and in Philadelphia in 1859, Gray’s *Anatomy* was the last and most comprehensive of the midcentury reference books.⁶ Unlike any other anatomical text that came before it, the *Anatomy* exhaustively compiled descriptions, surgical and dissection instructions, and detailed illustrations for all of the bones, joints, muscles, nerves, vessels, and

⁶ See Richardson’s *Making of Mr. Gray’s Anatomy* for a detailed—and, indeed, the only complete—publication history of this text. It is worth noting for this project that Parker & Son, the publisher who commissioned Gray’s text, was also known for issuing titles on fairy tales and on slavery, including an 1840 reprint of Thomas Clarkson’s *History of the Rise, Progress and Accomplishment of the Abolition of the African Slave Trade*, a text that featured the “extraordinary—and now famous—diagram of hundreds of African slaves chained to the decks of a slaving ship” (Richardson *MOGA* 65).

organs of the human body. Its first edition contained over 720 pages of text and 363 illustrations. Such comprehensiveness yielded positive commercial results. In one of its many favorable reviews of one of the text's many editions, the leading medical journal, *The Lancet*, observed that the *Anatomy* "is a complete companion to the dissecting room, and saves the necessity of the student possessing a variety of 'Manuals'" (140). By 1862, "*Gray's Anatomy* had become the standard work, not just for students, but for teachers of anatomy" (Richardson *MOGA* 258). The body within Gray's text, then, quickly became recognized as the sole scientific referent, and as an emblematic text of nineteenth century medicine, it still remains "more popularly successful than any other medical text of the period, and perhaps of all time" (Allard 105).

As the sole, all-encompassing referent for the body, the text was as comprehensive as it was indispensable. It signaled an ideology unique to the era: that bodies could be fully apprehended, circumscribed, and standardized by medicine in order to produce *the* universal body. James Allard writes that various critical disciplines

often appeal...to the history of medicine as part of their on-going efforts to tell the body's stories, since the power of medicine to shape those stories is difficult, if not impossible, to deny. Of course, modern Western medicine itself has its own 'history of the body' to tell, one that consciously seeks not simply to offer one possibility among many but the definitive story, the one to which all others must appeal, and from which all others can only deviate. (104)

Through a variety of practices, Allard asserts, the body became "redefined in the vocabulary of scientific medicine to produce a 'medicalized' body that seemed to erase the process of its production [and] stand as *the* body" (105). He further argues that "the idea that one's body is the one described in [Gray's] text...is precisely what the text itself works to enact" (105-106). Gray's sweepingly extensive text, then, serves as the culminating document of a century's worth of efforts by the "professional medical establishment...[to] writ[e] itself into existence with a series of gestures designed to reconfigure the body as the sole property of scientific medicine"

(Allard 104), and to certify that body as universal. The surgical textbook, then, had the power to define the body as an irreducible—and irreducibly medical—fact. The science of Gray’s text is outdated according to current standards of medical practice, but the text reflects a cultural fantasy that originated in the nineteenth century and still holds considerable sway: that medicine describes the human body objectively, accurately, and “authentically.” The *Anatomy*, then, provides insight into the imaginative limits of what constituted the “fact” of the nineteenth-century body, and what exceeds those limits to remain outside the scope of medical definition.

With its nearly eight hundred pages that include each tiny and separate detail of the body—occasionally even at the level of microscopy⁷—the text’s painstaking comprehensiveness and its meticulous separation of parts indicates an underlying cultural shift in the definition of the body itself. Unrecognizable to the average, untrained viewer, this is a highly specialized body that only a medical professional can apprehend and put back together. And indeed, this body must be imaginatively sutured back together and reanimated in order to apply the text’s knowledge to living surgical patients, whose bodies come to the operating table mostly whole, with interrelated parts. Because it is actually a series of flayed, amputated, and dissected cadavers, Gray’s body is epistemologically apprehensible, and must be imagined to exist at all, *through* the obscured, unwritten processes of death and dissection. But Gray presents its “body” without acknowledging—in fact, aggressively obscuring—the deaths and dissections that necessarily produced it. Because the text must persuade its readers that its subject is the living surgical patient, it must generate a living body from the cadaver.

Gray reconfigures the body to obscure the processes of its production, in order to produce a living body from a dead one. To do so, the text effects a profound “mystification of active and

⁷ In the preface, Gray “stressed that the book contained some microscopical anatomy, which would have made it feel very up-to-date” (Richardson *MOGA* 208).

passive” (Scarry 873), confusing categories of bodily absence and presence, agency and passivity, life and death. Indeed, all bodies are constructed as passive in the *Anatomy*, to the point that the patient, surgeon, and reader, are divested of agency.⁸ In Gray’s text, the scientific validity of the body is constructed through a deep and persistent passivity that becomes inherent to the possibility of imagining the material artifact of the body at all. The erasure of actors or agents—the separation of the person from the body—thus emerges as one of the generic conventions of the nineteenth-century surgical textbook.

Indeed, attention to the *Anatomy*’s generic conventions, at the level of text, is crucial to the project of uncovering the discursive foundations of nineteenth-century medicine. Anatomical illustration enjoys significantly more critical consideration than medical writing. Perhaps this is because the visuality of these illustrations makes their art(ifice) more readily apprehensible. Perhaps it is also because, as twenty-first century subjects, we still labor under the seductive nineteenth-century assumption that scientific writing is transparently factual—that it doesn’t bear fruit under interpretive scrutiny because it encodes objective data rather than cultural data. Whatever the reason, the text of the *Anatomy* is ripe for close-reading—an exercise never before undertaken by literary critics—if for no other reason than because it dramatically changed the role of text itself in medical reference books.

Throughout the long history of anatomical illustration, body parts were identified through proxy labeling, a practice in which a letter or number next to a specific part referred the reader to a footnote somewhere else in the text that identified and described that part. This subordination

⁸ I do not mean to suggest that passivity is an objectively inactive state without the possibility for individual agency, and much scholarship exists that productively challenges the supposedly transparent relationship between passivity and inaction, immobility, silence, erasure, or non-agency. Rather, I point out that Gray’s text—and nineteenth-century medical discourse more generally—*believes in* the pejorative connotations of passivity, and uses textual techniques of passivity in order to take control of the body’s definition.

of the textual to the visual gradually gave way, by the nineteenth century, to teaching texts that “had no illustrations whatever, or were illustrated only minimally” (Richardson *MOGA* 216). In the texts that did feature illustrations, “the illustrations were small, and their structures often difficult to make out by comparison to the real human body on the dissecting-room table.” Proxy labeling, still in effect in many of nineteenth-century texts, further exacerbated the learning process because it “involved the eye in regular ricocheting journeys round the page” (Richardson *MOGA* 221). But its “large wood engravings featuring directly labelled anatomical structures” (Richardson *MOGA* 223) helped Gray’s *Anatomy* become a sensation. Because Henry Vandyke Carter’s illustrations for the text “ensured that the very act of looking involves the act of reading” (Richardson *MOGA* 221), the text in Gray’s *Anatomy* takes on a highly significant quality—an almost talismanic power to transmit the image of the body and its textual description as transparently inseparable. In other words (no pun intended), treating the illustrations on their own can tell us a good deal about a medical text—but not enough.

A great deal of grammatical and ideological acrobatics must be employed in order to achieve a bodily passivity that results in the erasure of actors and agents. Nestled in a field of temporality, both spectral and necrological,⁹ in which death precedes life, the text’s deployment of the passive voice makes possible the conferral of agency onto lifeless, dismembered body parts. Invested with agency, these animated parts allow social actors to exonerate themselves for responsibility for surgical—and social—violence. Without ethical consequence, and with the validation of scientific discourse, invisible social actors are free to speak cultural ideologies into

⁹ I here refer to Carla Freccero, who posits two models of cultural history: spectral and necrological. A spectral model of history—which she deems ethically preferable—allows for the present to be haunted by the past; while a necrological model “foregrounds the idea of burial” (70), entombing cultural traumas in the past as a way of fixing them at a remove from the present. I use her terms here to introduce the “haunting” that takes place in Gray’s text, a concept on which I elaborate below.

being through the silent corpse. My reading of Gray's *Anatomy* below guides readers through this staged process by which the passive erasure of the body is achieved and made scientific. In addition, I point to its disturbing cultural consequences that reach outside the boundaries of the textbook and beyond the walls of the operating theater.

Henry Gray's *Anatomy* incites a cluster of key critical questions. By what mechanisms does a medical textbook construct the definitive, standardized body, and what processes must be furtively repressed in order to achieve corporeal universality? What are the epistemological parameters of the body that nineteenth century medicine produces, and what are the cultural fantasies that structure such a body? My reading of Gray's *Anatomy* investigates the ways in which the surgical textbook represses cultural anxieties about embodiment; the way that anxiety is transformed in order to conjure the living body from the cadaver; the ways in which the text fails to invest bodies with ethical materiality; and the ways in which this failure produces haunting, recurring erasures. I use the surgical textbook as a foundation for thinking through the ways in which the nineteenth-century body came to be certified, at the very level of its anatomy, as dismembered, decontextualized, and reanimated. By investigating the mechanisms through which the *Anatomy* conjures the living body from the cadaver, I reposition the animation of the supposedly passive, silent, and abjected corpse as both a central discursive practice of medicine and a cultural ideal of the nineteenth century.

The Spectral Surgeon: Passivity and Erasure

Like much anatomical writing of the period, the *Anatomy* unfolds exclusively in the passive voice. "The human subject is provided with two sets of teeth" (871), the text asserts. "The bones of the Carpus ... are arranged in two rows" (158); "the foot is constructed on the

same principles as the hand” (211); and, of the eyeball, “when the fragments are cleared away, the periosteum of the orbit will be exposed” (303). Of cases in which a patient’s diseased tongue must be removed, Gray writes:

[M]any different methods *have been adopted* for its excision. [...] The mouth *is widely opened* with a gag, the tongue transfixed with a stout silk ligature. [...]. [It] can now *be pulled* well out of the mouth. The base of the tongue *is cut through* by a series of short snips, each bleeding vessel *being dealt with* as soon as divided. [...] The remaining undivided portion of tissue *is to be seized*, the tongue removed, and the vessel secured. In the event of the ranine artery *being accidentally injured* haemorrhage can be at once controlled by [...] dragging the root of the tongue forcibly forward. (817, emphases mine)

Ruth Richardson suspects that if we systematically graphed the text’s language, “the vocabulary in the book would reveal itself as quite limited, mainly focused on [...] passive verbs [...]. The voice of the professional anatomical scientist fills the book: no personal pronouns, no doubt” (*MOGA* 213). The passive voice is a convention of medical writing that should give us pause. This absence of personal pronouns and inactive verbs encodes passivity into the text at the level of grammar. In the passages above, neither surgeon nor “patient” is ever quite there: the body is reduced to individuated organs that undergo procedures at once clinical and intimately violent. It is never clear who acts or who is acted upon. Belonging to no particular body, each part simply emerges into the nexus of terms from which it is then surgically excised.

Richardson also argues that nineteenth-century medical discourse adopted a particular narrative voice that she terms the voice of “studied neutrality,” akin to what I identify as the passive voice. This studied neutrality, she writes,

seems to be an acquisition of the professional scientist of [Gray’s] day, and has parallels with what the literary scholar Audrey Jaffe has analyzed concerning the ‘Omniscient Narrator’ in the Victorian novel. She characterizes this non-being as belonging to “a series of cultural phenomena through which ... knowledge itself—is coded as white, male, and middle class.” [...] [A]lthough Gray is not an omniscient narrator (little other than the dissection process is narrated in *Gray’s*, rather, it is all individually itemized, inventoried) he does seem to want to appear

omniscient, all encompassing [...] The omniscient enumerator, or itemizer, in *Gray's* shares something else with the omniscient narrator of Victorian fiction, which is what Jaffe describes as 'mobility', and his subjects truly epitomize what she sees as the fixity of fictional characters. The agility of the role assumed by Dickens when narrating his tales—looking through walls, into locked cells, quiet bedrooms—has its parallel in Gray's ability to cut where he likes, look where he likes, roll the body over, and excavate where he likes, down to the bone. (*MOGA* 217).

Richardson helps us understand how the passive voice of the medical textbook has a literary counterpart in the form of the omniscient Victorian narrator—persuasive evidence for treating the surgical textbook as its own textual genre, one that absorbs *literary* conventions already in play. Thinking of the surgical textbook as, in some sense, literary helps destabilize the monolithic objectivity that medicine was attempting to cultivate during the era in order to assist its institutionalization. But identifying the surgical textbook's literary conventions also helps us understand how they work to produce a particular kind of knowledge.

What Richardson above terms the “non-being” of the surgeon-narrator, I term “erasure”: the passive voice renders the surgeon and his textual actions invisible. As with the omniscient Victorian narrator, this field of neutrality offers mobility, freeing the surgeon to enter the body's parts and move them through various scenarios and contexts as an invisible actor. Thus, by erasing both the surgeon and the patient (really, the cadaver), Gray's deployment of the passive voice invests the parts of the body with an independent animation that, as the text transpires, comes to look like *agency*. For, these independently animated parts appear to act or be acted upon of their own accord. The conferral of agency onto the dismembered body of the *Anatomy* allows the surgeon to exonerate himself from the sphere of medical activity. From his position of discursive power, the surgeon invisibly occupies the passive, disarticulated body and perpetrates textual acts *through* it; acts for which no one need claim responsibility. In other words, both the individual body and the surgeon who operates upon or dissects it are masked by a universal body

that depends upon the surgeon's *invisibility* for its realization. Free to detach and float above the terms and practices to which he subjects this body, the surgeon obscures his role as an actor, not only in flaying the body, but in shaping cultural discourse.

Despite his attempts at concealment, however, there are places where Gray's surgeon does emerge as the author of the body. Or, rather, he emerges as a ghostly whisper that further blurs the lines between passivity and activity and between the live body and the cadaver. Take, for instance, the sphenoid bone: it "presents for examination four surfaces" (72). In Gray's formulation, the sphenoid bone exists by virtue of simply presenting itself: the surgeon is nowhere in the text, and only the *effects* of his presence—his gaze—survive for inscription. But someone must be on the other end of that "examination": the occupier of the gaze to whom the bone is "presented." Despite his attempts at suppression, the reader can feel the surgeon's presence, even though he *isn't there*. Inevitably, the traces of his body and its surgical interventions endure, by virtue of their conspicuous absence. The surgeon returns to "haunt" the text that disappears him.

Indeed, the surgeon's unreturned gaze upon the sphenoid bone makes him a specter: "that which sees without being seen, [and] produces the sense of being seen, observed, surveilled" (Freccero 78). The surgeon's invisible gaze upon the bone causes readers to look for what they cannot see: is the surgeon looking at the bone, and is he also looking out at the *reader*? This produces a sensation that one has been "robbed of one's eyes" (Freud 131): something unseen and untranscribed has occurred and remains inapprehensible. Both the reader and the passive "patient" have certainly been robbed of their gazes. But the surgeon, by situating himself outside the sphere of activity, acquires a *double* gaze, even multiple gazes: he gazes invisibly at the body; at the "patient" whom he has constructed as existing independently of that body; and at the

reader; he even, perhaps, gazes at the surgical student who attempts to mimic his directions in the operating theatre.

Freud writes of the ego that which could be said of Gray's surgeon:

[T]he ego ... has the function of observing and criticizing the self [...]. [T]his mental agency becomes isolated, dissociated from the ego, and discernible to the physician's eye. The fact that an agency of this kind exists, which is able to treat the rest of the ego like an object—the fact, that is, that man is capable of self-observation—renders it possible to invest the old idea of a 'double' with a new meaning. (136)

That double gaze is produced for the surgeon by the mechanisms of the text. Because everything at which the surgeon gazes is his own creation, and because his creations cannot quite return his gaze, these multiple optics haunt the text and return to the surgeon *as a self-gaze*—all without ever requiring the presence of a unified body in possession of agency. Alongside the radical absence of the surgeon, then, the passive voice also makes possible a radical self-reflection. Because the surgeon observes himself, he is the only essence present. In some sense, this construction of a self-observation not only pushes other bodies into erasure, but also creates an additional kind of absence: as the only corporeal presence (and a ghosted one at that), the surgeon is free to act only upon his own body and thus to exercise its total self-absenting. *This* is the mechanism the text is after, because it produces “[s]elf-denial, a surrender of the self to the thing studied, [which] became a priority of that time” (Levine 3): a state critical to the nineteenth-century project of acquiring knowledge. Of course, to deny the self is to point irrefutably to it, as an entity which—for the production of this text and these bodies—must be excised.

Counter-intuitively, then, the surgeon's complete *presence* facilitates his inferred self-*denial*, which returns again to *mask* his extreme presence, inaugurating a circularity at the heart of which is corporeal erasure. This is how the surgeon can both remain radically absent and still

haunt his text. But this is also perhaps how *readers* can access the surgeon, can exhume him—the reader’s “willingness to be haunted” (Freccero 75) can contribute to an exhumation of the rhetorical technologies by which the surgeon attempts to mask his own presence *in order* to instantiate it fully, in order to gain complete control of the sphere of activity by making it appear that the dead body is independently animated.

The process by which the cadaver is brought to life—an entirely textual process—is completely elided. This makes sense in the context of nineteenth-century knowledge production. George Levine writes that, for nineteenth-century subjects, “dying...is always implicit as a foundation of scientific truth claims” because self-annihilation and other practices that imitate or produce death become the foundations of “objective” data collection and knowledge production (17). In other words, (self-) death is the foundation of nineteenth-century epistemology. The body under investigation in Gray’s text, then, *must* be dead in order to be objectively known—not only logistically, but ideologically. But Levine argues further that the “notion [that] self-annihilation produc[es] knowledge” ultimately results in a “[subject] position...for learning [that] is all but equivalent to death” (5). Then the surgeon, too, must be “dead” in his occupation of this subject position: he must occupy the position of self-annihilation ideal for knowledge acquisition. And, as we have seen, the surgeon achieves that death by using the passive voice to absent himself from the sphere of activity. By pushing Levine’s formulation to its frightening conclusion, the surgeon of the *Anatomy*, then, is also a kind of cadaver.

The *Anatomy*’s passivity is not just a state or condition of being; it can also be thought of as related to a *temporal process*. The act of conjuring the living body from the cadaver radically alters temporality—and, conversely, the surgeon must alter temporality to do so. The passive body in Gray’s text archives a procedure that has already *passed*; the body of the *Anatomy* has

always already been acted upon—in this case, it has always already been flayed and dismembered as a condition of its very existence.

Through recourse to the concept of medical consent, Elaine Scarry subtly addresses the radical alteration of temporality that surgical textbooks require in order to independently animate the dead body.

Situations of sickness, injury, or operation often entail heightened forms of the passive and the active. The patient is in a situation of extreme passivity; the physician or surgeon, extreme activeness. [...] This magnification of active and passive ... may be still further magnified if ... the patient is asleep or unconscious or under anesthesia [...]. The patient may even be dead, since many consent issues occur in conjunction with the problem of autopsy as well as organ donation [...]. Yet it is precisely here—in the injured, sleepy, anesthetized, dying body—that we have the sudden grounding of rights, sovereignty, dignity. [...] [T]he patient has not ... forfeited [consent] through illness, ... or through anesthesia, or unconsciousness, or even death. The whole issue of consent, by holding within it the notions of sovereignty and authorization, bears within it extremely *active* powers. Yet it often arises precisely at the point where by any conventional description there seems an extreme of passivity. (873)

Because issues of consent arise only when a subject cannot quite be said to provide it, medical practices invest the dead body with animation and agency in order to falsely locate consent within it. The instantiation of the capacity for consent in the dead body is an act that refuses narrative time: the body in this case is recognized to possess properties of animation beyond the grave. The surgical textbook, too, participates in a similar discursive technology: in order to invest the dead body with agency, it must activate a cultural fantasy that its dismembered body parts possess properties of animation independent of the surgeon-actor or the reader-viewer. We may never be able to uncover whether the nineteenth-century surgical textbook registers these issues already at play in the material context of the operating theater, or whether it *produces* them as part of the new medical epistemology. But we can be certain about the *effects*.

What Scarry calls a “mystification of active and passive” is at work in Gray’s text, which is achieved through the passive voice’s creation of passive temporality. This double passivity affords the surgeon incredible discursive and material power while exonerating him from the responsibility for the body he produces, which exists irreducibly, all by itself.

As we have seen, the passive voice and passive temporality facilitate the erasure of the surgeon and his investment of agency in dismembered body parts. These textual passivities create an opportunity for the surgeon to invisibly occupy the dead body or its parts, and to perpetrate acts through them—all while remaining distant and exonerated from the effects of these acts. The passive voice and passive temporality start to make possible an exoneration of responsibility for the body’s violation that becomes ethically problematic when we encounter the types and frequency of violence—ideological, literal, and social—to which Gray subjects the scientific body.

“I’m Nobody, Who Are You?”: Bodiless Acts of Violence

My analysis of Gray’s text opens with the way it instantiates passivity in the body because the surgeon’s invisible animation of the body is a crucial component of the text’s transition into violence. The passivity that erases the surgeon creates a textual field in which an independently animated body can commit violence in the name of science—a violence for which no one is responsible.

The *Anatomy* follows a predictable pattern of organization. Each organ, bone, and vessel is described with respect to its features, construction, and function, followed by a section that imparts instructions for surgical intervention. Appended to these descriptions and instructions are anatomical illustrations of each part under study. These anatomical drawings articulate the first

kind of violence I address from Gray's text. Laying the groundwork for the physical violence that follows it, this first kind of violence is not literal but ideological.

Following the text's established formula, an illustration entitled "Plan of the development of the foot" accompanies the foot's osteology (212). As with all of the text's illustrations, this foot is designed to represent the Platonic instance of its type: the standard foot against which students are implicitly taught by the text to compare all other feet. But this foot is *broken*: its phalanges are lengthened and then separated at each joint, and three of the five phalanges are entirely absent. Thus the appendage comes to be scientifically standardized as always already damaged and dismembered.

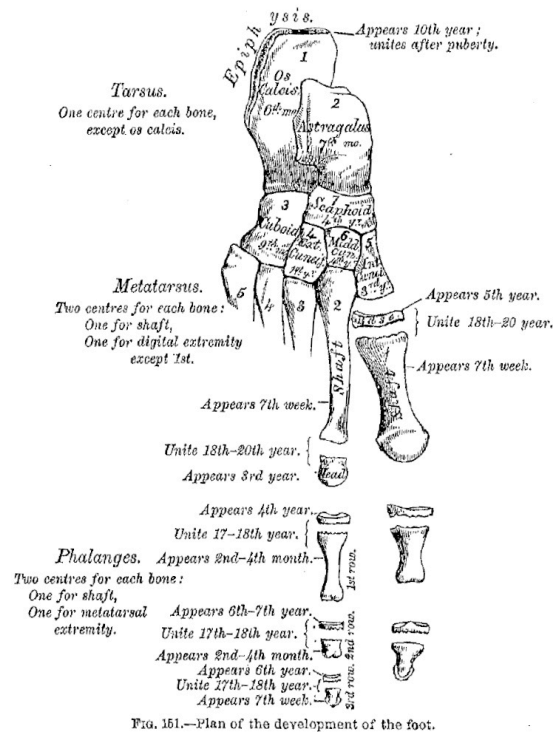


Figure 4. Henry Gray, "Plan of the Development of the Foot"

Additionally, the text surrounding the foot indicates that its various bones “appear” and “unite” at different stages of human growth. These textual labels inscribe the *effect* of a narrative, but not the dramatization of the *process*: the skinned and separated foot is represented in the drawing as healthy, and it indicates a narrative of normative human growth, but at no time could a single human foot contain all of the bones in the state in which the drawing represents them. In its shattered condition, then, this foot is evidence of two masked processes that have already occurred: both the maturation of a living body in which the drawing’s dismembered parts would be fused, and the several acts of dissection, carried out through several bodies, that produced this standardized foot. Thus, it cannot be a “living” foot under surgical intervention. It is clear that this rendered foot is the foot of the dissected cadaver, not the living surgical patient. That would be fine for a manual of anatomy, but this is a *surgical* manual, designed to guide students through the process of surgically intervening upon live patients. But in the text’s formulation, the Platonic live patient is already dead. The drawing makes visible a fictional body upon which invisible, undocumented procedures have already occurred outside the text, and the text neglects to differentiate between the various invisible practices that produce the body it represents. By obscuring the relationship between surgery and dissection—indeed, by making them equivalent—the text obscures the difference between the living body and the cadaver.

Thus we can see that two significant textual technologies are at work in the text’s anatomical illustrations: the representation of “standard” appendages as dismembered and broken, and the production of an equivalence between surgery and dissection that masks the discipline’s epistemological dependence on death. These textual technologies are not quite literal; rather, they conceal—while still retaining—the *ideological* violence at the heart of the text, upon which nineteenth-century medicine was structured. At the most basic level, the body

must first be flayed, shattered, and fictionalized in order to become an object that science can standardize—indeed, in order to become a body that science can *repair*. This representational dismemberment is its own kind of violence. It might seem perfectly normal and unremarkable to the twenty-first century subject—a subject for whom Vesalius’s anatomical drawings might seem quaintly majestic, and Hunter’s gruesomely primitive. After all, this is still how we do science; this is still how we represent and understand the body at the level of its anatomy. But it was not always so; this epistemological approach to the body was gradually naturalized over the course of the nineteenth century.

There is an additional consequence of this representational violence. Following the textbook’s model, nineteenth-century surgery requires that its practitioners engage in an imaginative process: a surgeon in an operating room must either translate the ideal foot of the text into the real foot in front of him, or he must *force the real foot to comply* with the text’s ideal example. A world in which even the possibility that the body of a surgical patient might be contorted to fit a fictionalized ideal is a world in which something definitive has changed about how the body is epistemologically approached. In this world, medical science becomes aligned with ideologies of ideal bodily construction, and it becomes licensed to warp individual bodies to its warp without social consequence.

This epistemological violence around which the *Anatomy* is structured provides a foundation for strange scenes of physical violence that permeate the text. Each of the text’s chapters includes a section entitled “Surgical Anatomy” in which Gray lays out instructions for how the practitioner should surgically repair the featured body part. But Gray routinely prefaces these surgical instructions with decontextualized acts of bizarre violence, ostensibly to explain why the featured body part might require surgical intervention. Writes Gray, “The metacarpal

bone and the phalanges are not unfrequently broken from direct violence” and “The carpal bones are...liable to fracture...from extreme violence” (170). And further, “The sacrum is occasionally ... broken by direct violence—*i.e.*, blows, kicks, or falls on the part” (45). A similar chorus of violence is established separately through each part of the body. In the eye chapter, the text informs readers that “in cases of uncomplicated rupture the injury is usually...the result of a blow on the front of the eye,” and that “in some forms of injury of the eyeball, as the impact of a spent shot, the rebound of a twig, or a blow with a whip, the iris may be detached from the Ciliary muscle” (842). Presented with instances of violence disconnected from their context, the reader is left to imagine terrifying scenarios in which a person might be punched in the face, battered by his or her shotgun, stabbed in the eye with a twig, or whipped in the eyeball. These possibilities are upsetting, especially because it is unclear whether the violence is the result of a mistake or whether it is intentional: these violent acts are not performed or narrated, but simply appear, independently of an agent. In the text’s highly abstract terminological context, these disembodied instances of violence threaten to leap out of context and unsettle the reader, who could suddenly be ocularly assaulted at any moment. But the effect of “direct” or “extreme” violence is narrated in the same terms as the performance of surgery: the organ is “ruptured” or “detached” in the Latinate vocabulary of clinical practice. By couching the effect of this violence in vocabularies of surgical precision, the text attempts to enfold the frightening specter of quotidian bodily violence within the abstracted procedures of medicine. In its intimate relation to surgical practice, bodily violence becomes *medicalized*: medicine’s very epistemology apparently depends on its commission.

The “Surgical Anatomy” section of the foot chapter opens by assuring readers that, “[c]onsidering the injuries to which the foot is subjected, it is surprising how seldom the tarsal

bones are fractured” (213). But this assurance doesn’t quite soothe anxiety, since the text goes on to invoke its familiar refrain: “most of the fractures are produced by direct violence” (213). The text continues to deploy its technique of repetitive rehearsal:

When fracture occurs...it is almost invariably the result of *direct violence*; but fractures of the posterior group ... are most frequently produced by falls from a height onto the feet. [...] The metatarsal bones and phalanges are nearly always broken by *direct violence*, and in the majority of cases the injury is the result of severe crushing accidents. (213-214, emphasis mine)

Again, the text gestures toward strange, decontextualized instances of violence: was the subject pushed from a building in order to “fall from a great height,” or mangled underneath the wheels of a carriage in a “severe crushing accident”? Who or what threatens the body? What produces surgical necessity? For it seems there is no one responsible for the violence, no agent who committed it or upon whom it was committed. Readers have only the vulnerable foot, of which “fractures may occur *in any part* and almost *in any direction*, either associated *or not* with fracture of other bones” (214; emphasis mine). As with the text’s other disembodied organs, the foot’s terrifying ability to be injured *anywhere*, at *any* time, and in relation to *anything* around it extends outward: the text creates a threat that is absolutely pervasive, but invisible, perpetrated by and upon bodiless objects of scientific scrutiny.

The persistent repetition of the term “direct violence,” and the endlessly strange and particular scenarios of violence that constitute their own repetitive echo, serve a significant function. These repetitions *naturalize* the relationship between violence and surgical intervention. By using repetition to naturalize the relationship between violence and surgery, the text exonerates social actors from responsibility for the haunting injuries that the bodies in the text endure. In its mutual construction of surgical intervention and violence against the body, Gray’s text effectively collapses the distinction between the two, establishing a relation between

surgery and violence that, perhaps unintentionally, describes surgery *as the direct effect of violence*—a bodily violence that is everywhere pervasive and performed by no one. Gray’s text replaces a concept of embodiment with an abstract “body” whose ontological contours are described as the *effect* of bodily violence.

The most chilling act of violence must certainly be the one that occurs in the chapter on the spine. Gray simply asserts: “Fracture-dislocation of the spine may be caused by direct or indirect violence, or by a combination of the two, as when a person, falling from a height, strikes against some prominence and is doubled over it” (54). The text’s other instances of brutality seem weird, highly unlikely, and ambiguously unintentional, but they still seem possible, and may even be recognizable from daily life. And in some ways, this instance of violence seems the *most* plausible: falls and other injurious accidents were appallingly common in factories, construction sites, and similar workplaces; a worker falling from a height, striking against a prominence, doubling over it, and thereby cracking the spine into bits was, unfortunately, a likely occurrence indeed. But in the context of Gray’s textbook, where violent acts *are committed*—even if only by no one—this incident takes on the menacing quality of *having been perpetrated*. Like the climax of some cruel and nefarious plot, it almost feels fictional. And, in fact, it may have been: unclaimed hospital patients comprised the bulk of the dissection material upon which Gray built his textbook but, according to archival records from London hospitals, “acute injuries do not seem to have been a major cause of death among ‘unclaimed’ patients” (Richardson *MOGA* 136). “Acute injuries,” however, are most certainly the major cause for surgical intervention in the *Anatomy*! This fractured spine passage insinuates that Gray, like a gleefully perverse schoolboy, may very well have concocted the book’s violent incidents from whole cloth, meaning that the specter of violence that pervades his text has been *manufactured*.

When the text transitions from describing parts of the body to describing processes by which the body comes to require surgical intervention, “the passive recipient of the touch has now entered the more extreme receptivity of being *injured*” (Scarry 873, emphasis mine). Wielding the magical power of committing violence with no perpetrator, the *Anatomy* prompts readers to ask: who acts, and who is affected? The linguistic construction of Gray’s text—and of surgical reference books more generally—creates a ghostly social universe that silently, scientifically authorizes brutality.

Embodying the Bones: The Pelvis Speaks

Significant political consequences arise from an epistemology in which living bodies can only be made intelligible through the precedent of the corpse. As we have seen, the surgeon in Gray’s text invisibly occupies the passive body, then commits acts of physical violence that appear to originate from the ether, with no agent or actor on either the perpetrating or receiving end. The text never describes a fully unified body with active powers of agency and responsibility. This universe that the surgical textbook makes possible—one that, in some sense, reflects the material world already in place—is haunting enough. But Gray’s text—and, by extension, the practice of medicine—also reflects and creates conditions of *social* violence.

In the Pelvis section, bodies threaten to fully materialize. Characters who feel almost like persons populate the section, infiltrating the text with a sense of the living, breathing agents it has worked so hard to smother. But the text effectively manages that threat by simulating a self-evident narrative of the bones—a narrative that, really, the surgeon composes *through* them. Gray’s description of the pelvis reveals that, especially for socially vulnerable bodies, the surgeon’s textual invisibility can reproduce destructive material effects.

The section opens with boldface type, signaling an emphasis on the inherent “difference” of its subject:

Differences between the Male and Female Pelvis.—The *female* pelvis, looked at as a whole, is distinguished from the *male* by the bones being more delicate, by its width being greater and its depth smaller. The whole pelvis is less massive, and its bones are lighter and more slender, and its muscular impressions are slightly marked. The iliac fossæ are shallow [...]. The *inlet* in the female is larger than in the male [...]. The *cavity* is shallower and wider. [...] The same differences are found in various races. European women are said to have the most roomy pelvis. That of the negress is smaller ... and with a narrow pubic arch. The Hottentots and Bushwomen possess the smallest pelvis. In the *fœtus* and for several years after birth the pelvis is small in proportion to that of the adult. [...] The generally accepted opinion that the female pelvis does not acquire its sexual characteristics until after puberty has been shown by recent observations to be erroneous. (182, emphases in original)

Gray has taken pains to scrub away the individualizing characteristics from all other body parts in his text, feigning for them a generic state of sexless and raceless standardization. But Gray’s pelvis explicitly differentiates classes of persons, because it has actually been constructing the standard white male body all along. From the mute bone of a cadaver, the text conjures an idealized, Victorian femininity through its female pelvis, which is “delicate,” “smaller,” “less massive,” “lighter,” “more slender,” “slightly marked” and “shallow.”

The text employs italics to single out the “*inlet*” and “*cavity*” portions of the female pelvis as sites of scrutiny where “differences” are most clearly observable. This attention to the “inlet” and “cavity” rhetorically prepares readers for the text’s discussion of reproduction and childbearing—which, strangely, includes a meditation on the *fetal* pelvis. In no other section of the text is fetal development gestured toward whatsoever; the pelvis is the only forum for a discussion of the fetal skeleton, and only its pelvis at that. The relationship between fetus and pelvis is thus naturalized here, structuring the act of childbearing as the medically proper function of the female body; indeed the only function that necessitates an acknowledgment of

difference. Expectedly, with their “most roomy” pelves, European females are heroically revealed as best outfitted for the task of bearing children and propagating their race.

In its mention of the prepubescent female pelvis, the text briefly registers alarm about whether a woman is safely “female” before she sexually matures, but this alarm is quickly tamped by recourse to “recent observations.” Alongside these “recent observations,” the text’s mention of “generally accepted opinion” allows the surgeon to signal his participation—and, in fact, his preeminent standing—in a wider scientific community. After all, he situates himself as part of the “recent observations” that have proven accepted opinion to be “erroneous.” In a sense, Gray advertises and validates his own expertise through the “mouthpiece” of the female pelvis.

Along with including the text’s single mention of the fetal skeleton, the pelvis section also includes the text’s single mention of race. This singularity creates a medically valid cultural assumption that a discussion of racial difference belongs in the same section as a discussion of sex difference—indeed, that racial difference is unproblematically *derived* from sex difference. Like the “standard” (white female) pelvis, those of the “Hottentots,” “Bushwomen,” and “negress,” also conform to accepted ideas about racial and sexual inferiority.

All of the text’s—and the culture’s—anxieties surface through this apparently irreducible site of difference. In the end, what really gets “spoken into being” through the pelvis bone is not its own narrative, but the “natural” superiority of the white European body. From this springboard, the surgeon’s removal of his own and others’ embodied materiality allows him to speak European *cultural* dominance into being through the body’s bones. Through the body’s obscured deadness, the surgeon is able to medically certify cultural stereotypes. The power to tell the body’s story is coopted by the living surgeon who ventriloquizes medical facts through the

animated corpse, invisibly reciting the voice of the dominant culture. This is the social violence the text perpetrates.

A sustained interpretation of the *Anatomy* suggests that, by the time of its publication, the body itself was understood not only to be conceptually capable of disembodied agency, but also to *mean* something different from what it once had. Gray's text was a frightening yet familiar management of bodies, in which the silent cadaver assumes agency and revivifies, entreating subjects to identify their bodies with its deadness. For, according to the *Anatomy*, it is not possible to epistemologically articulate the body without it already being dead, or without imagining it as having been dead, for the text offers no corporeal unity. The practice of surgery is dependent upon the *precedent* of death: the body must be made dead before it can be written into scientific definition. At the same time, the dead body must also hold within it the idea of being alive, for the body on which surgery is performed must be a living body. There is a collapsing of the distinction between surgery and dissection, and thus between the living body and the cadaver.

Over the course of his text's 800 pages, Gray slowly builds a scientific universe in which the body's contours come to be defined as a series of animated organs, vulnerable to spontaneous and unforeseen acts of violence. In some sense the shape this universe takes is obvious and inevitable: after all, one typically seeks surgical intervention due to injury. But in the *Anatomy* these injuries take on the spectral and threatening form of gothic terror, and no one is responsible for their commission. The surgical textbook creates a world in which normalized anatomical violence perpetrated on animated corpses becomes both conveniently magical but also utterly, objectively scientific.

This phenomenon generates an unspoken underlying ethics about the cultural uses to which the corpse can be put in service of ideologies of social death. From the bedrock of this

fictional violence, Gray commits social violence by invisibly certifying sexism and racism through the body's bones, encoding social oppression at the level of human anatomy. As we will see throughout the dissertation, this scientific encoding of social oppression was instigated by nineteenth-century world events and had the potential for disastrous real-world effects: as peasants, working-class citizens, women, and black Atlantic subjects were publicly agitating for more political and social freedoms, medicine took over increasing control of the body and its social meanings. The institutionalization of medicine in the middle of the century helped obviate responsibility for granting oppressed bodies full cultural citizenship, and it helped validate their continued oppression. In many ways, both subtle and explicit, medicine still functions this way today.

Despite its hundreds of pages of medical terminology, Gray's textbook both archives and produces a radical instability around the conception of the body that was already culturally in play. Because it teaches that the dead body must prefigure the living body, the text also—perhaps despite itself—produces a potentially radical temporality in which its buried and erased bodies can be unearthed and reconstituted in ways the text cannot predict. The next chapter will show how the linkage between the cadaver and the living body that gets disguised and suppressed in surgical textbooks bursts into the open in the Romantic fairy tale.

CHAPTER TWO

GRIMM CADAVERS: THE ANATOMY OF THE ROMANTIC FAIRY TALE

“There’s something wrong with us. These aren’t our organs.”
—Brothers Grimm, “The Three Surgeons”¹⁰

In the Brothers Grimm tale “The Girl Without Hands,” a young woman’s husband fashions her a pair of prosthetic hands to replace the originals her father had previously amputated. A king’s servant forges iron bands around his grief-stricken heart in “The Frog King.” The title characters of “The Three Surgeons” travel the countryside advertising their professional prowess by dismembering their body parts and extracting their internal organs, only to re-adhere them through the use of a magical ointment of their invention. The surgeons unknowingly submit to organ transplantation one fateful night, when a hapless inn employee and her mischievous beau substitute the surgeons’ body parts for those of an executed criminal hanging in the village’s gallows. Known today as “Cinderella,” the Grimms’ “Ashputtle” includes a mother who compels her two daughters to dismember their own toes to ensure their feet will fit into a pair of special slippers. A woodcutter in “Little Red Cap” snips open the belly of an anesthetized wolf and extracts two live bodies before suturing and reviving him. And in “Godfather Death,” a famous physician restores health to his deathbed patients with a special herb.

¹⁰ Mannheim, Ralph, trans. *Grimms’ Tales For Young and Old: the Complete Stories*, p. 406. All passages from the Grimms’ tales quoted in this chapter are taken from this translation. All twentieth-century English translations, including Mannheim’s, are taken from the final, canonical, 1857 German edition of the Grimms’ *Kinder- und Hausmärchen (Children’s and Household Tales)*—the “standard source work on which our knowledge of the German folktale is based” (Neumann 969). A hopeful problematization of reading a German Romantic text through its 1857 English iteration will be offered in a later section.

After 200 years of translation, modification, and scholarly interpretation, the fairy tales of the Brothers Grimm have taken on an afterlife of their own. But long before Walt Disney's filmic adaptations celebrated conventional morality with singing princesses, the tales of Jacob and Wilhelm Grimm explored a sinister world of anatomical duress. Transpiring along dark forest paths and craggy mountain passes; in country inns, forbidding castles, and peasant cottages; their tales are littered with limbs and suffused with an aura of bodily terror. As academic linguists, philologists, and folklorists by profession, the brothers were not trained—or even explicitly interested—in medicine or in scientific theories of the body. But when the tales first appeared, in 1812, the profession of surgical medicine was experiencing upheaval and transformation, and garnering increased public notoriety—its grisly practices and maligned reputation were becoming a part of the cultural imagination. With its magical physicians, dismemberments and dissections, transplanted organs, talking bones, and sentient corpses threatened by violence, the Grimms' canon reads like a surgeon's spell book.

In this chapter, I argue that Romantic fairy tale writers used medical vocabularies and images of dismemberment, dissection, and anatomical reconstitution in order to explore the concept of the human body as an animated cadaver. This gothic configuration of the body was influenced by—and, I argue, later influenced—newly developing surgical practices and procedures. In returning to the problems and possibilities of the disarticulated body in nearly every tale, the fairy tale registered a broader cultural awareness that the human body was becoming framed by new discourses and was acted upon in new ways at the century's opening. The genre's use of anatomical discourse reveals that surgical medicine was changing the relationship of nineteenth century subjects to their bodies. Fairy tales engage that changing relationship by questioning whether surgical medicine was powerful or perilous, and whether its

procedures seemed somehow both scientific and magical. In turn, parsing how fairy tales construct the body provides a foundation for the dissertation's argument that the era's medical professionalization was partially reliant on ethically problematic fantasies of the body rooted in the fairy tale's gothic mode.

I trace the history of the fairy tale genre from its tentative and rarefied beginnings to its generic codification in the early nineteenth century, when Romantic writers increasingly argued for its revolutionary potential. Indeed, because the genre was associated with the highly politicized national movements of the early nineteenth century, it became a fruitful space from which to reckon with a variety of revolutionary cultural changes, critiquing the nexus of institutions and discourses into which the body became enfolded in the decades following the French Revolution.

Indeed, it might be said that Romantic fairy tales work to articulate the "folk body," a newly emerging class of bodies and persons. As the bodies of working-class and peasant laborers across Europe and Britain became legally and socially freer, they were simultaneously organized and managed more rigidly. Romantic fairy tales indicate an underlying anxiety about whether the industrial mechanization of time and labor mirrored the body's parceling on the anatomist's table, or whether surgical knowledge could metaphorically reconstitute and reanimate the deadened, disarticulated body. In the Romantic fairy tale, the peasant body stands in contradistinction to the ruling body of the monarch and the public body of the aristocrat, reflecting the ways in which British and Continental cultures were newly beginning to understand peasant-class and working-class populations as discrete and politically conspicuous.

Advocating an approach to the genre that calls for a renewed attention to its bodies, I argue that the fairy tale can help recover a cultural history of medicine through a critical

consideration of its animated cadavers. Through readings of tales by the Grimm brothers (1812) and E.T.A. Hoffmann (1816), and citations of their many English translations, the chapter illuminates how the magical spaces and suspended temporalities of the fairy tale permitted writers to reevaluate the body's shifting parameters. The chapter concludes with a brief meditation on Mary Shelley's gothic masterpiece *Frankenstein* (1818) as evidence that discussions of surgical anatomy had become culturally popular, and had moved from the realm of the fairy tale into other genres as a reconstruction of the gothic more generally. But most importantly, I touch on *Frankenstein* to demonstrate that it had become culturally normative to use the discourse of surgical anatomy in discussions of *personhood*. The fairy tale made such a formulation culturally possible.

A Grimm History: Situating the Romantic Fairy Tale

Though the fairy tale was not formally identified as a stable genre with recognizable parameters until the nineteenth century, the practice of crafting literary versions of oral folk tales is nearly 400 years old. Scholars today identify Giambattista Basile's *Pentamerone* as the first iteration of what would become known as the fairy tale. A middle-class Neapolitan soldier, Basile was also a practicing writer, and he began circulating and publishing his poetry at the Naples court in 1604. *The Pentamerone*, his two-volume collection of oral folk tales, was published posthumously in Italy in the 1630s. Shaped by the historical context of early modern Italy, Basile's *Pentamerone* records folk tales that emerged in a universe of factions, where the politics of a region were expressed in one of the country's hundreds of local dialects. Though its composition was not directly transcribed from oral sources, Basile did compose the tales in the local dialects of Crete and Venice, the tales' geographic origins. Relatively popular in its day,

The Pentamerone was eventually all but lost to literature. It was the Grimms, in the preface to the third edition of their tales, who first acknowledged Basile's influence in the genre's development, rescuing him from obscurity by praising his use of rural dialect and citing *The Pentamerone* as the first national collection of folk tales. Indeed, the preservation of national folk cultures would remain one of the fairy tale's primary generic objectives until the Victorian period, when aesthetics and morality eclipsed nationalism as a formal priority.¹¹

Though *The Pentamerone* wasn't translated into French until the late nineteenth century, the genre of the fairy tale experienced its next historical development in France. Beginning in the late seventeenth century, a group of French writers began crafting their own national folk stories into literature. Charles Perrault is the most cited and recognized practitioner of the French fairy tale, and he has often been characterized in popular culture as the father of the genre. But it is a group of French female aristocrats whom scholars credit as the genre's true pioneers. This circle of writers, including Charlotte-Rose de Caumont de La Force, Catherine Bernard, Henriette-Julie de Murat, and Charles Perrault's niece Marie-Jeanne L'Héritier, as well as Perrault himself, gathered throughout the 1690s at the famous Parisian salon of Marie-Catherine Le Jumel de Barneville, better known as Madame d'Aulnoy.

¹¹ It could be argued that the genre's preoccupation with the preservation of *national* folk cultures morphed, in the Victorian era, into a preoccupation with the consumption of *international* folk cultures. Although translations of *1001 Nights* and other "Oriental" tales gained a bit of steam in the Romantic era, it was the Victorians through whom translations and revisions of "foreign" tales became popularized. While I don't engage the Victorian fairy tale in this chapter, for chronological as well as stylistic reasons, it may merit mention here that the genre experienced another transition—an altogether new era, if you will—through its Victorian practitioners, characterized by aesthetic attention and moral instruction. One can, of course, argue that the Victorian fairy tale was still used as part of a nationalizing project; however, its role was no longer to preserve older folk cultures, but to repurpose them for aesthetic ends in service of Empire. Another way of saying this might be, Victorian tales are less interested in theorizing the human body qua body (ontologically, metaphysically, anatomically) and more interested in theorizing the social and colonial structures and institutions in which *classes* of bodies were becoming visible.

These writers circulated amongst themselves and eventually published what Madame d'Aulnoy coined *contes des fées* (“fairy tales”): stories in which “subversive ideas and indirect criticisms of Louis XIV could be safely articulated” (Schacker 7) through an association with women and children of the peasant and servant classes—the tales’ imagined sources. Cloaking references to controversial coups and illicit extramarital sex through the voices of talking animals and naïve peasant girls, the tales suggestively debated the era’s politics and gender roles. Called *conteuses*, these female tale-tellers were considered revolutionary for their content as well as their literary style. For, in the French court context, their tales provided “a space in which [aristocratic women could] refine rhetorical skills” (Schacker 7) through a “long, intricate, digressive, playful, self-referential, and self-conscious” style, “far from the blunt terseness that Benjamin and many others associate with the [fairy tale] form” (Harries 17). Even while they “played with earlier ... patterns and sometimes called them into question, [the *conteuses*] were conscious that they were participating in the creation of a new genre” (Harries 17). Wildly popular among courtiers and aristocrats, the tales infiltrated the middle class reading public only gradually throughout the eighteenth century. But many of the standard stories that still represent the fairy tale canon—“Rapunzel,” “Little Red Riding Hood,” and “Sleeping Beauty” among them—were modeled after the tales of the *conteuses*.

Though the folk tale “was appropriated in its entirety by the aristocratic and bourgeois writers in the sixteenth, seventeenth and eighteenth centuries with the expansion of publishing,” it was not until the nineteenth century that writers codified “a new literary genre which one could rightly call the fairy tale” (Zipes, *Spell*, 7). It was Jacob and Wilhelm Grimm whose collection of tales ultimately transformed the marginal genre of the fairy tale into popular literature—but this

process transpired over many decades. The first fairy tales entered Germany through France and gradually took hold of German readers over the course of the eighteenth century:

As early as 1710, translations of Antoine Galland's *Contes Arabes*, the first European treatment of *Alf Layla wa Layla* [1001 Nights], began to appear in Germany; German versions of the literary fairy tales of Charles Perrault and Mme d'Aulnoy were available by the 1760s; [and] the use of fairy-tale themes and structures was rampant in German Romantic literature (Schacker 21)

Cross-cultural literary exchange delivered the first French tales into the hands of German readers and writers but, as Schacker hints, it was the Romantics who seized upon the tales and generically politicized them. "All the major Romantic writers ... wrote fairy tales that reveal a great familiarity with the French and oriental literary tradition as well as the oral tradition and folklore in Germany" (Zipes, "Connections," 865), and all who were drawn to do so "experimented with this form in highly original ways" (Zipes, *Spell*, 55).

Indeed, the German Romantics were drawn to the fairy tale for what they saw as its *political* possibilities. These writers were inspired by the principles of the French Revolution, but were simultaneously exasperated with France's cultural and political influence in Germany before and during the Napoleonic Wars. Reacting against the spiritual and existential consequences of industrialization, "the romantics seized upon the fairy tale as a form to convey their visions of a new social order" (Zipes, *Spell*, 54). In this political and artistic climate, the fairy tale "developed as a fully autonomous genre, i.e., an artistic form which took as its innate substance the material conditions of the time" (Zipes, *Spell*, 54) to become "a prevailing form to express the concerns of the romantics" (Zipes, *Spell*, 55).

Jack Zipes divides the Romantic engagement with the fairy tale into "three overlapping stages from 1796 to 1820: the theoretical and innovative period which was characterized by radical experimentation; the folk period, which led to the exploration of national history and

tradition; and the conventional period, which reduced the originally complex motifs and themes to formulae for a larger reading public” (*Spell*, 70). Writers like Goethe, Ludwig Tieck, Novalis, and Wilhelm Wackenroder fall into the earliest category, and their fairy tales are primarily philosophical and existential in nature, full of mystical, digressive, and syntactically complicated meditations on the nature of life, music, and art. The primary goal of these tales is to highlight the ways in which Enlightenment epistemologies and industrial labor stifle the human spirit. In these tales, unexceptional peasant characters abandon their grueling jobs to journey through forests and mountains, reconnecting with the artistic and spiritual realms. Only in the middle period Zipes identifies do writers begin to actively deconstruct the human body—with the Grimms, the fairy tale becomes anatomical, and with Hoffmann, in the late period, the fairy tale becomes gothic.

Politics and stylistic experimentation drew early fairy tale writers to the form, but when scholars began to reckon with the genre, they were motivated by a wider variety of interests. What we know today as the genre of the fairy tale has been a subject of scholarly discourse since the nineteenth century. “It is really not until the late eighteenth and the early nineteenth century that scholars began studying and paying close attention to folktales and fairy tales,” Jack Zipes asserts (“Connections” 846), and, at least until the mid-twentieth century, the terms were often interchangeable; thus, scholarship on the folk tale intertwines with scholarship on the fairy tale until about the mid-twentieth century.

Scholarship on the nineteenth-century fairy tale has focused on theories of its structure, its history, its relationship to oral folk cultures, its psychological symbolism, and its gender and economic politics. While Ruth Bottigheimer has previously claimed that “[f]our perspectives have dominated *Märchen* research in the recent past: Freudian, Jungian, Marxist, and feminist”

(ix), I organize fairy tale scholarship from the nineteenth century to the present day into five roughly chronological categories—categories that often reflect the trends of scholarship more generally: anthropological nationalism; structuralism; psychoanalysis; class and identity politics; and historicism.

Nineteenth century scholars of the fairy tale were folklorists, like the Grimms themselves. In the late eighteenth and early nineteenth centuries, chafing against the French occupation of Germany during the French Revolution and the Napoleonic Wars, German folklorists mobilized their country around an imagined national literature grounded in the ethos of the “folk”—members of the peasant and agricultural classes who were viewed by merchant classes and aristocrats as being connected to an authentic national past through their transmission of oral tales. Publishing what were considered “academic” collections—oral tales with appending scholarly notes—the Grimm brothers, “and many others to follow, sought to establish national cultural identities by uncovering the ‘pure’ tales of their so-called people, the folk” (Zipes, “Connections,” 846). Scholars in Britain followed suit with collections of Irish, English, and Scottish tales alongside translations of “foreign” tales, fueled by orientalism and international commodity exchange.¹² At this time, the scholars who collected and transcribed oral folk tales did not make clear distinctions between the folktale and the fairy tale; what we have come to call the fairy tale was considered the written, and later highly literary, versions of oral folk tales. It was in this environment of nationalistic fervor that the Grimms and other academic folklorists performed their fieldwork and introduced their texts.

The early twentieth century saw a shift in fairy tale scholarship with the publication of studies such as Antti Aarne and Stith Thompson’s Aarne-Thompson classification system (1910)

¹² Prominent examples include Thomas Crofton Croker’s *Fairy Legends and Traditions of the South of Ireland* (1834) and Edward Lane’s *One Thousand and One Nights* translation (1838-1859).

and Vladimir Propp's highly influential *Morphology of the Folk Tale* (1928). Known at the time as comparative folklorists, these structuralist scholars were interested in identifying and categorizing what Propp called "motifs": a stable set of themes that recur in all folk tales, independent of era or geography, the variations of which fall into predictable categories. While Maria Tatar rightly laments that "[f]or Propp, folktales operate with machinelike precision according to a set of fixed and unvarying laws" (Tatar, "Facts," xxx), it seems to me that twentieth-century structuralism was a natural outgrowth of nineteenth-century ethnographic fieldwork: comparative folklorists were able to identify these motifs—however conditional they might now be considered—because folk tales from a wide range of geographic contexts and cultural traditions had been collected and distributed internationally.

Once structuralists had introduced motifs that unified fairy tales across temporal and geographic boundaries, psychoanalytic scholars began seriously analyzing the genre.¹³ The most culturally significant precedent for the psychoanalysis of fairy tales was Sigmund Freud's use of E.T.A. Hoffmann's 1816 short story "The Sandman" to develop his theory of the uncanny, which became the groundwork for his 1919 essay *The Uncanny*. Using a blend of Freudian and Jungian approaches, psychoanalytic scholars linked the core motifs of the folk tale to individual ego drives and cultural archetypes. Marie-Louise von Franz, herself a pupil of Carl Jung, followed her influential 1970 study *The Interpretation of Fairy Tales* with dozens of monographs further investigating fairy tales as illustrations of the collective unconscious. And in his important *Uses of Enchantment* (1976), Bruno Bettelheim maintained that fairy tales "embody in their various national incarnations timeless psychological truths" (Tatar, "Facts," xxx). He interpreted the

¹³ I would argue that psychoanalytic critics became interested in fairy tales partly because the motifs that structuralists had identified could, in the psychoanalytic context, operate like timeless symbols of the (collective) unconscious that described the human condition.

Grimms' fairy tales through a Freudian framework, arguing for the importance of the tales to the psychosocial development of children.

With a few important exceptions, the academic turn to “high” poststructural theory¹⁴ responded lukewarmly to the folk and fairy tales; the genre was largely devalued during this era of scholarly criticism, perhaps indirectly influenced by genre's massive mid-twentieth-century sanitization spearheaded by Walt Disney's filmic adaptations. But once poststructural theory transitioned into materially-grounded identity politics, scholars zeroed in on the genre's relationship to gender, class, and socialization, and began to uncover its latent expression of orientalist ideologies. Feminist critics in particular have illuminated the important role of women as source material for the tales, and have also pointed to the cultural misogyny that so often structured the tales' harrowing morals.¹⁵

As these scholars began to examine fairy tales for evidence of the social mobilization of class, race, and gender inequalities, historicists more broadly were interested in treating fairy tales as evidentiary documents inflected by a culture's material reality, investigating how the tales indicate the economic and social conditions of their creation. Jack Zipes has been recognized as a facilitator of the historicist turn since the 1985 publication of *Fairy Tales and the Art of Subversion*, in which he argued that fairy tales are products of specific historic conditions

¹⁴ Here I refer to a group of group of predominantly French-school poststructuralists—Foucault, Derrida, Kristeva, Lacan, Cixous, etc—many of whom, fascinatingly and perhaps significantly, had turned instead to *myth* as an interpretive framework.

¹⁵ In *Grimms' Bad Girls and Bold Boys* (1987), Ruth Bottigheimer discovers moral infractions, punishments, and speaking roles are determined by gender. In *Off with Their Heads* (1992) Maria Tatar views fairy tales as “an elaborate form of indoctrination” that teaches women to become docile wives and mothers (quoted from Holly Tucker). Elizabeth Harries' *Twice upon a Time: Women Writers and the History of the Fairy Tale* (2003) argues for fairy tales as manuals of decorum, and connects seventeenth-century female-authored fairy tales to their twentieth-century female-authored revisions. Donald Haase's *Fairy Tales and Feminism* (2004), which investigates both female heroines and female-authored fairy tales.

and cultural eras, and have always been used to reinforce or subvert geographically particular social norms—an argument that directly revises both the psychoanalytic and structuralist preoccupations with fairy tales as repositories of universal human experience or examples of static structural motifs. Historicists encouraged a detailed specificity around the genre's historical lineage, tracing its beginnings, its genealogy, its transmission and translation, and how print history has shaped its development. Realizing that these tales conveyed varied, historically situated ideologies, historicists reframed both local conditions and world-historical events through geographically diverse fairy tale traditions.

Of course it has been crucial to frame fairy tales through this rich variety of approaches—scholars have been able to successfully situate them sociohistorically, to give the genre critical weight, and to illuminate the reasons why the tales remain so culturally and personally resonant. Still, very few scholars have looked to the fairy tale to recover a cultural history of the body in a particular era, and only a scant number of studies pursue the genre's relationship to contemporary medical theories and practices.¹⁶ Put simply, the human body has never been an object of sustained critical discourse in the field of fairy tale studies, and historians of medicine have never looked to the fairy tale to recover a cultural history of the nineteenth century body.

Through an evocation of the worlds that Romantic fairy tales construct, and the bodies that inhabit them, this chapter discovers that the genre of the fairy tale shares concepts and assumptions with surgical medicine in approaching a definition of the human body, accessing similar vocabularies for its construction. Alongside other gothic Romantic texts that mismanage the human body in terms that evoke anatomical medicine, the fairy tale's generic transformation

¹⁶ For one of the few instances of such criticism, see Holly Tucker's *Pregnant Fictions* (2003), which argues that women writers used the fairy tale to rethink the biology of childbirth and the sociopolitical uses to which it had been put, experimenting with alternative ways of understanding pregnancy.

in the nineteenth century was uniquely suited to—and uniquely prioritized—the theorization of the body. Fairy tales can be productively marshaled to help excavate cultural practices regarding medicine and the body—practices that persisted throughout the nineteenth century to appear in profoundly unexpected texts, contexts, and discourses—as way to further understand how nineteenth-century medicine structured the body and instantiated particular relations of power. In turn, rather than assuming medicine as a culturally privileged origin point and reading medical developments “into” the fairy tale literature, I contend that the fairy tale’s innovative theories of the body uncannily *predicted* knowledge construction in the medical sphere.

Curating a Grimm Collection

Brothers Jacob and Wilhelm Grimm began collecting oral folk tales during their studies at the University of Marburg. Located in a small German town filled with imposing gothic architecture, the university attracted the nation’s elite students at the turn of the nineteenth century. The brothers, who had become relatively impoverished after their father’s death years earlier, were admitted into its cloistered halls only after acquiring a special dispensation, and even then were excluded from tuition aid, student activities, and social clubs. Though marginalized from much of the university population, the brothers became close to one of their law professors, whose circle of friends included the prominent Romantic writers Clemens Brentano and Ludwig Achim von Arnim. Through this introduction to the Romantic movement, the brothers were drawn to the study of history and literature, and began to collect oral folk tales.

Brentano became “a pivotal figure in the development of the Grimms’ collection” (Zipes, *Connection*,” 866). After he and Achim von Arnim published *Des Knaben Wunderhorn* (*The Boy’s Wonderhorn*), an 1805 volume of German folksongs, Brentano sought contributors for a

subsequent book of folktales he was planning. For source material, Brentano “turned to the Brothers Grimm, who, by that time, had collected a great deal of material pertaining to German folklore” (Zipes, “Connections,” 866). From 1807 to 1812, the Grimms selected roughly forty-nine tales for Brentano from their collection of oral and written sources.

In collecting these tales, the Grimms’ employed an approach influenced by the disciplines of social science. In his *Circular* of 1815, Jacob Grimm wrote of oral tales: “It is above all important that these objects be recorded faithfully and accurately, without make-up or accessories, from the mouths of the tellers, when feasible in and with their very own words, with the greatest exactitude and detail” (quoted in Neumann 977). Akin to bodies that materialize from their tellers’ mouths, these tales must be preserved without accoutering or accessorizing them—a kind of metaphorical nudity that Jacob associates with both cultural authenticity and scientific rigor. In recording the tales this way,

[t]he Grimms believed they were preserving a dying custom, gathering up the fading remnants of a robust tale-telling tradition that had gone on in the ‘cozy corners’ of folk communities. The metaphors they used for their collecting [were] drawn from farming and harvest, metaphors of organic growth and wholeness, metaphors of awakening the tales from a long sleep. (Harries 77)

Grounded in anthropological fieldwork, their process of collecting oral folk stories correlates to late-eighteenth- and early-nineteenth-century ethnographic works, which used empirical observation to study other cultures; this collection practice generically links the fairy tale to the realm of scientific epistemology. By relating their scientific data collection to organic agricultural practices and undecorated peasant bodies, the brothers aligned academic knowledge acquisition *against* mechanized industrialization, reinforcing their search for “a narrative tradition untouched by foreign influence, representative of the German *Volksgeist*” (Schacker 2). But in truth, the bulk of the Grimms’ sources were educated women from middle-class and

aristocratic families, who retold to the brothers the stories their governesses and nurses had told them as children. Through extensive fieldwork, then, the brothers had more accurately curated a world of anatomical violence that reflected the conceptual preoccupations of the literate middle class.

Clemens Brentano eventually lost interest in his own collection, and had abandoned it by 1810. But the Grimms used the tales they had collected for him as the basis for a collection of their own: *Kinder- und Hausmärchen* (*Children's and Household Tales*), published in two volumes in 1812 and 1815. The first edition was a highly scholarly text, containing over 20 pages of footnotes and no illustrations. Maria Tatar warns that “[w]hile it is tempting to imagine that the collection found its way effortlessly into German households [...], the history of its reception was marked by disapproval, hostility, and contempt” (“Facts,” xiii). This is a harsh assessment for a text that, more accurately, couldn’t gain an immediate audience because of its hybridity: with its boundary crossings and its lack of generic identity, the collection occupied an intermediary and uncomfortable cultural space. According to the preface of this first edition, the book, among its many duties, was “supposed to become a ‘manual of education’” (Neumann 971), but “because of the problematic content and awkward narrative style of certain texts, as critics noted, such an effect was apparently not possible. As a consequence the nine hundred copies of the first volume seemed for some years to be almost unmarketable,” and “the second volume sold as poorly as the first” (Neumann 972). The “problematic content” cited by critics surely consisted of the tales’ gruesome anatomical violence; and their “awkward narrative style” likely referred to the Grimms’ direct transcription of their sources’ oral rhythms. So prized by the Romantics, the devotion to authentic representations of the “folk” proved to be an academic priority rather than an aesthetic or commercial advantage.

The brothers regrouped and decided on a new strategy for their second edition of 1819, which “underwent extensive revision. Twenty-seven of the texts contained in the first volume and seven of those in the second were deleted, either because they no longer met the aesthetic demands of the Grimms, or because they were otherwise questionable (e.g., due to their cruelty)” (Neumann 972)—the brothers go so far as to note in the second edition’s preface that they have “eliminated every phrase not appropriate for children” (quoted in Schacker, 24). By 1822, the text’s “heavily expanded annotations were relegated ... to their own separate volume, which addressed itself especially to readers with specialized scholarly interest” (Neumann 973). While their annexing of the scholarly notes demonstrates that the Grimms were becoming increasingly conscious of—and increasingly catering to—a popular audience, such an annexing also demonstrates that they still wished to market their research across generic boundaries: the annotations, after all, had been *expanded* in the second edition and gifted with their own universe. However fantastical their content, the tales were also viewed by the brothers as possessing sufficient intellectual import as to necessitate such a maneuver, demonstrating that the themes encoded therein contained significant cultural weight.

Though the text was not immediately appreciated in Germany, “the *international* popularity of Grimms’ fairy tales had been established” (Schacker 26) almost immediately after the second edition’s appearance, with a number of translations into other languages—the most commercially successful of which was Edgar Taylor’s wildly popular English translation *German Popular Stories* (1823). And by 1825 the stories were finally selling well in Germany through a small, abridged edition conceived for children. The Grimms “adapted their renderings to meet standards of bourgeois propriety and contemporary reading tastes, producing successive—and markedly different—editions not only in 1819 but also in 1837, 1840, 1843,

1850, and 1857, as well as an independent volume of notes in 1856 and the first of many abridged editions in 1825” (Schacker 27). Wilhelm “further honed the texts stylistically from edition to edition” (Neumann 973), so that “the Grimms’ original striving to record the oral tradition was gradually replaced (at least from our contemporary perspective) by literary principles” (Neumann 975).

While the publication and reception histories of *Children’s and Household Tales* were marked by inconsistency, the effect of the tales is undisputed. Today, scholars almost exclusively refer, in both its native language and its translations, to the final 1857 edition of the text, and a critical edition of any earlier iteration of the tales does not currently exist in English translation. Opinions about this phenomenon differ. Ruth Bottigheimer effuses that the final 1857 edition of the tales “is of the utmost importance, for it is the locus classicus commonly acknowledged to have been one of the most powerful formative influences on generations of German, European, and American children in the nineteenth and early twentieth centuries” (xii). Advocating interpretive caution, Siegfried Neumann hedges that “the final edition of 1857 can be used only in a limited way if one seeks to discover clues in the tales’ content that point to their origin in the contemporary folk tradition” (976). While no edition of the tales makes easy work of uncovering their origins in oral folk culture—their sources having been, after all, middle class and aristocratic women—the tales of this edition *can* be used to archive the evolution of the era’s approaches to the body. After all, the tales of this edition had been “carefully stylized by Wilhelm so that they reflected what he and Jacob considered a popular ‘folk’ tone and genuine customs and beliefs that the German people had cultivated” (Zipes, “Connections,” 867), making the tales an accurate record of bodily attitudes that persisted from the first edition to the last. Even through successive sanitizations, the graphic bodily violence and anatomical vocabularies

of the final edition indicate a lasting—and increasingly popular—version of the human body as anatomically disarticulated and reanimated.

While the genre of the fairy tale had gradually taken shape as a written literary endeavor based in (but separate from) the oral folk tales of their source material, the Grimms' collection marks the moment when fairy tales became codified as literature, circulated widely through print to a diverse reading public.¹⁷ Their collection was “warmly received outside Germany, where it introduced new research methodology and the powerful rhetoric of field-based authenticity” (Schacker 2). The *Tales*' transnational distribution, aided by rapidly expanding print technologies, helped inaugurate an unprecedented interest in the fairy tale for readers of various social classes, and rendered its representations of the human body portable and culturally intelligible, contributing to a transatlantic discourse regarding shifting conceptions of the body.

The Grimm Body

In the *Kinder- und Hausmärchen*, many bodily functions do *not* appear. Common illnesses are rarely introduced, nor are diseases or plagues; no putrefaction, blood, or other bodily fluids feature prominently.¹⁸ Characters don't fly; and, though journeys constitute the thematic catalyst of many tales, the act of walking itself isn't much dwelled upon. Sleep usually

¹⁷ A triad of prominent fairy tale scholars—Jack Zipes, Ruth Bottigheimer, and Donald Haase—have debated whether the fairy tale originated in Italy or France, and in oral folk culture or print culture. Bottigheimer, in *Fairy Tales: a New History* (2009), asserts that fairy tales *originated* in print rather than folk culture, provocatively upsetting generations of scholarly and cultural understanding about the transmission of these tales.

¹⁸ Of course, this assertion is arguable: blood is introduced in a few stories. However, in instances when blood does appear, it is in stories carried over from the French tales, which were less concerned with the body caught up in science and more concerned with what it meant, culturally, when women did or didn't bleed. The symbolism of blood in these tales has been read as a stand-in for menstruation or loss of virginity.

visits characters as the result of a magical spell (or the violence of blunt-force trauma), and is usually portrayed as an anesthetic state somewhere between life and death. When characters eat, they rarely feast on the common products of agriculture; rather, they most often engage, accidentally or on purpose, in the cannibalistic ingestion of a dismembered body part. Instead, the human body, when described with any detail, is rendered in anatomical pieces—or it is half alive, half dead, or in the process of becoming one state or the other. The Grimms recorded through their sources—and lyrically embellished upon—a new cultural view of the body as an *anatomical* phenomenon, associating the body with the developing procedures of surgery. Simultaneously, the brothers' tales revealed the culture's interest in surgical knowledge as both potentially magical and potentially violent.

In the story of “Fitcher’s Bird”¹⁹ an evil wizard engages in the unsettling pastime of kidnapping and murdering young women, whose dismembered body parts he keeps in a cauldron of their own blood in the dungeon of his palatial home. As the tale unfolds, he kidnaps, decapitates, and dismembers the eldest and middle daughters of a local family. The wizard manages to capture the youngest daughter as well, but before dispatching her he leaves his castle to run an errand, and thus the youngest daughter escapes his fatal clutches. In the wizard’s absence she searches the castle for her sisters, and she eventually discovers their body parts stewing in the cauldron. The young girl immediately “got to work and gathered the pieces and put them in their right place: head and body and arms and legs. When nothing was missing, the pieces began to move and knit together, and the two girls opened their eyes and came alive again” (160). The girl hides her sisters in an unused room of the castle and awaits the wizard’s return.

¹⁹ The title is also frequently translated in English as “Fowler’s Fowl.”

The youngest daughter surely must have possessed impressive anatomical acumen to identify her sister's unique parts amongst the many others populating the cauldron, and to arrange them in correct proximity to one another. Proving capable of independent animation, the sisters' body parts sew themselves together again, undergoing an event that resembles surgical suturing. But the performance of such a procedure, and the actor who traditionally might have performed it, have been elided from the text, replaced by magic. The text instead invests dismembered body parts with agency, joined together of their own will in order to reanimate the cadavers from which they were severed. A clever fairy tale heroine is called upon to occupy the position of the surgeon and, through her act of re-assemblage, surgical medicine becomes the invisible but crucial mediating practice by which the dead body can be reconstructed as alive.²⁰

In "The Singing Bone," the Grimms offer yet another version of corpse animation. In this tale, two brothers vie for a princess's hand in marriage. In order to guarantee himself as the princess's sole suitor, the elder man brutally murders his younger brother, buries his body under a bridge, and claims the princess for himself. Some years pass before a shepherd, crossing the same bridge with his flock, glances down and catches sight of "a snow-white bone in the sand." Thinking the bone "would make a good mouthpiece for his horn," the shepherd "picked it up, and carved a mouthpiece from it. Much to the shepherd's amazement, the bone began to sing of its own accord the moment he set it to his lips" (106). Adopting the voice of the dead brother, the bone then vocalizes the story of its body's gruesome demise.

²⁰ Of course, the bodies that populate "Fitcher's Bird" are the bodies of fairy tale, not "real" bodies. In line with the conventions of the fairy tale genre, these bodies are, in some sense, allowed to perform these kinds of feats. But, alarmingly, these are the same feats performed by the bodies of surgical textbooks: in Henry Gray's text, for example, the surgeon elides his material presence and his acts of surgical intervention in deference to body parts that vibrate with their own agency.

Initially treating it as a prosthetic device, the shepherd manipulates the bone to fit his body as a surrogate speech organ. When the bone sings an absent body into being, the shepherd assumes it possesses agency—that it speaks “of its own accord.” But the shepherd neglects to recognize that the bone sings “itself” through *his* lips: its narrative can only be activated by the shepherd’s attempt to sing his own song through it. The corpse of the dead brother reanimates through a process of substitution, in which the living body of the shepherd becomes the vehicle for the sentience of disarticulated bones. The “Singing Bone” conflates the *shepherd’s* agency and the bone’s *passivity*, in order that the dead and living body might exist in simultaneity. This process produces an ambiguous confusion between the dead and living body—a confusion of which fairy tales take full advantage as they work through medicine’s influence on the body’s redefinition. For, when the living body assumes the sentience of the corpse, the fairy tale can stage questions about who is authorized to speak the body’s knowledge, and who is allowed to tell its cultural story.

“Fitcher’s Bird” and “The Singing Bone” lay the groundwork for a theory of the body that is carried out to scientific objectivity in the anatomical textbook, in which the deployment of the passive voice—and the concept of passivity more generally—make possible the conferral of agency onto otherwise lifeless, dismembered body parts. Invested with their own agency, these body parts allow social actors to exonerate themselves from responsibility for the body’s violation. In such a context, violence may be freely perpetrated against bodies without ethical consequences and, with the cadaver successfully reanimated of its own accord, invisible social actors are free to speak cultural ideologies into being through the silent corpse.

While many of the Grimms’ tales separately contain these theoretical building blocks, it is the well-known tale “Snow White” that effectively draws all of these processes together,

revealing the deeply anatomical nature of the fairy tale canon and its investment in gothic anatomies. From its opening lines, “Snow White” is infused with the threat of the body’s violation. The story begins in midwinter with the image of a queen “sewing at a window with an ebony frame.” Distracted by falling snowflakes, the queen “pricked her finger with her needle,” after which “three drops of blood fell on the snow” (184). Struck by the beauty of her blood in the snow framed by the window, the queen wishes for a child “as white as snow and as red as blood and as black as the wood of my window frame” (184), and she soon gives birth to a daughter with these physical qualities. Bearing the skeletal pallor of the dead, of snow, the child is brought to life in an immobilized winter landscape, her body “animated” within an ecosystem of death. Because physical injury is the germinating cause for her birth and the condition of her existence, Snow White’s body is foundationally linked to anatomical danger; to the pervasive threat of the body’s violation.

Upon the birth of the child, the queen is subsequently dispatched, without fanfare, in the tale’s first paragraph: “They called [the child] Snow White, and when she was born, the queen died” (184). The death of a laboring woman was, of course, a common and accepted consequence of childbirth until well into the twentieth century, and its occurrence here isn’t exactly a surprise. What makes the queen’s death noteworthy in the context of the tale is the way it immediately underscores the thematic conceit of the animated cadaver: the two bodies, one dead and one alive, briefly inhabit the same conceptual space, as though they swap or substitute for one another. Established in the tale’s opening lines, the ambiguous relationship between the living and dead body continues to structure the story’s logic.

After the queen’s death, the king remarries an insecure woman so concerned with her physical appearance that she employs a magical mirror to reassure her of her superior beauty—a

position she safely maintains for some years. But when she discovers, through the use of the mirror, that her stepdaughter's physical beauty has finally exceeded her own, the evil queen "turned yellow and green with envy" (185): her emotions, denoted on her body, replicate symptoms of illness. Physically affected by the plague of her jealousy, the queen "hated [Snow White] so much that her heart turned over in her bosom. Envy and pride grew like weeds in her heart" (185). Thus, as the queen becomes increasingly consumed by hatred for her stepdaughter, the organ of her heart gains both symbolic and material significance as a dismembered metonym, a blazon that stages her body in pieces. Her relationship to Snow White alters her anatomy. Using the heart to signify a character's inner moral state is a literary trope as old as literature itself, but in "Snow White" that trope becomes a constitutive piece of the anatomical map the story delineates, guiding the reader through the queen's subsequent actions.

For the queen next instructs a local huntsman to "[t]ake [Snow White] into the forest and kill her and bring me her lungs and her liver to prove you've done it" (185). The huntsman pities Snow White, releasing her to the forest, and instead replaces her organs with those of a boar he kills on his way back to the castle. With the queen's directive and the huntsman's subsequent act, the story conceptually substitutes the queen's diseased heart for, ostensibly, Snow White's unblemished organs. Circulating freely through contexts removed from their original bodies, these disemboweled organs take on afterlives. The queen's cook is "ordered to salt and stew them, and the godless woman ate them, thinking she was eating Snow White's lungs and liver" (185). Notably, it is only "*after* eating Snow White's lungs and liver [that] the queen felt sure she was again the most beautiful of all" (185, emphasis mine)—it is not the girl's erasure, but her *incorporation* that reconstitutes the queen's lost bodily identity and restores her to "health." As the queen integrates the girl's organs into her body, her cannibalistic consumption puts her in

close relation to the concept of the animated cadaver: seeking sustenance, renewal, and transformation through the ingestion of the corpse, the queen becomes a representation of the simultaneity of the living and dead body. Through this lyrical revisioning of an organ transplant, the story points to the disembodied organ's ability to function independently of the body from which it was extracted, and highlights the multiple functions an organ is called to perform in the fairy tale.

While the evil queen busies herself with her meal, Snow White sets up residence in the forest cottage of seven diminutive miners who require her to cook, clean, and sew for them as a condition of her safety and protection. But the queen's magical mirror betrays Snow White's survival and her location. The obsessive monarch visits the miners' cottage three times, disguised as an elderly peddler, in order to commit Snow White's murder herself. During her first attempt, the queen peddles Snow White a colorful ribbon and laces her in it so tightly that her "breath was cut off and she fell down as though dead" (187). Though she suffers hours of asphyxiation inside this alternative corset, Snow White manages to revivify when the miners return home and unlace her. When the queen reappears several days later to style Snow White's hair with a poisoned comb, the girl "fell into a dead faint" (188)—again the vocabularies of life and death interchange through her body. Despite presumably absorbing poison through her skull and into her bloodstream, Snow White again revives after the miners' removal of the comb—though surely, by this point, the story has successfully terrorized the rituals of conventional feminine grooming.

It is after the queen's third visit, when Snow White chokes on the core of a proffered poisoned apple and the miners fail to resuscitate her, that the girl is pronounced "really dead, and dead she remained" (189). After a mourning ritual during which they lay Snow White on a bier

and weep at her side for three days, the dwarves consider burying her body but decide against it because “she still looked fresh and alive, and she still had her beautiful red cheeks” (189). Snow White’s red cheeks evoke both the circulation of blood in a living body and the rouging of a corpse’s face in preparation for burial. This particular confusion of the living and dead body marks the first of the story’s many aestheticizations of the female corpse.

After deciding against the girl’s burial, the miners instead “had a coffin made out of glass, so that she could be seen from all sides,” and they install the coffin “on the hilltop, [where] one of them always stayed . . . to guard it” (190). There Snow White remains suspended in an ambiguous state between life and death, during which “[s]he didn’t rot, but continued to look as if she were asleep” (190). Like an anesthetized patient in the operating theater, or a body exhibited as an anatomical spectacle for the purpose of scientific scrutiny and wonder, Snow White is subjected to an embalming gaze at once funerary and clinical. As immobilized as a butterfly fastened under an entomologist’s pin, Snow White’s body exemplifies an obsessive cultural practice of hoarding and studying the carcass in order to restore to it an imaginary life through the socially accepted—and culturally linked—epistemologies of mortuary custom and science.

An unspecified number of “years and years” (190) passes until a prince from another kingdom, journeying through the forest, stops for the night at the miners’ abode. Inevitably, he sees Snow White in her glass coffin. Upon establishing how “lovely” she looks, the prince aggressively barter with the miners for the possession of her confined body. He first offers to “pay . . . as much as you like”; but, when the miners’ refuse, he demands that they “give it” to him, claiming, “I can’t go on living unless I look at Snow White” (190). The prince’s clichéd utterance is certainly intended to be taken melodramatically, but when transferred to the literal

register it becomes frightening: because he cannot sustain life without visually apprehending a corpse, Snow White's dead body, in a sense, *animates* the prince, and he joins the tale's other characters whose relationship with the cadaver is a source of vitality. In the face of such an impassioned claim, the miners give up the corpse to the prince.

As the prince's servants shoulder the coffin and begin to carry it away, one of them trips on a root and jostles the coffin, dislodging the poisoned apple core from Snow White's throat. She "opened her eyes, lifted the coffin lid, sat up, and was alive again" (190). The narrative logic here is significant. Snow White's body is invested with life subsequent to her performance of a series of mechanized actions presumably executed by her animated corpse: she comes to life only *after* opening her eyes, lifting the coffin lid, and sitting up. Though life does finally return, her body proves capable of moving independently of it.

Upon waking, Snow White instantly falls in love with the man who revived her and accepts his immediate marriage proposal—a proposal that, if Snow White truly "didn't rot" or presumably age all those years in her coffin, is offered to a *child*. The evil queen arrives at their wedding feast with the rest of the kingdom, but only to be ambushed: in the tale's final lines readers learn that "two iron slippers had already been put into glowing coals. Someone took them out with a pair of tongs and set them down in front of her. She was forced to step into the red-hot shoes and dance till she fell to the floor dead" (191).²¹ But who "had already" placed the iron

²¹ In "Snow-drop," Edgar Taylor's translation of this tale from his *German Popular Stories* (1823), the graphic manner of the queen's death is left out completely. Taylor also leaves out the episode in which the queen requests Snow White's organs and the huntsman substitutes them for a boar's. Indeed, Taylor's version (and many of the English translations that follow) performs a (pre-)Victorian elision of the anatomical body in favor of stylizing the tales to focus on moral instruction. I will argue later in this chapter that English readers move their theorizations of the body to other genres, but here it bears mentioning that what the English versions of German fairy tales *do* preserve is a preoccupation—even a fetishistic attention—to the animated corpse: Snow-drop's body is just as vividly alive in death as is Snow White's. Interestingly, in a scholarly footnote to his collection, Taylor writes: "The unfading corpse placed in the glass coffin is to be found also in the *Pentamerone*, ii. 8. (la Schiavottella): and in *Herlads*

slippers into the fire? Who is the “someone” who took them out, and who “forced” her to don them? Who is the actor, made invisible through the passive voice, perpetrating such violence? The “someone” at the gesture’s committing end never materializes. And, though the queen certainly deserves to be richly punished for four counts of attempted murder, the specific nature of her penalty takes an important form. In a palace hall surrounded by hundreds of witnesses, the queen endures a spectacularly anatomical torture. Her screams and the smell of her smoldering appendages have not been transcribed, but the scene is still potent as the uneasy twin to the spectacle of Snow White’s coffined body, when onlookers watched the processes of death-in-life unfolding. This is a curious mode of capital punishment, in which the incineration of one’s feet—really, a kind of dismemberment—produces death. The tale sounds its closing knell through this act of dismemberment—the only act of all the tale’s attempted murders for which death is the unquestioned result. “Snow White” opens and closes with anatomical injury, and between its bookends a child’s cadaver continually reanimates in preparation for its betrothal.

“Snow White” registers alarm about the possibilities of animation the cadaver possesses, the dismembered organ’s ability to function independently and be put to a variety of extra-contextual uses, and the spontaneous acts of violence with which the body is threatened that inexplicably produce a kind of living death. As its brutal anatomical fantasies play out through the socially-vulnerable body of a female child, the tale offers convenient textual strategies and cultural concepts put to use by the profession of surgical medicine in its vigorous efforts to connect with the wider culture and depoliticize its methods.

Saga, Snäfridr his beauteous wife dies, but her countenance changes not, its bloom continuing; and the king sits by the body watching it three years” (230). He goes on to note: “we have not entered into the particulars of the queen’s death, which in the German is occasioned by the truly Northern punishment of being obliged to dance in red-hot slippers or shoes” (230-231). Here Taylor defines English nationalism against German nationalism, fulfilling the goal of folklorists to identify their own national traditions against others—even through the simultaneous consumption of those other traditions.

Many of the Grimms' tales end by certifying that the protagonist has "died, and he's still dead" (255), while many others conclude by quipping that if the characters "haven't died they're still alive" (180). A staggering number of the tales end, not with certain death, but with deaths in process, or with statements that characterize death as an uncertain, malleable state that remains ambiguous even after repeated verification. Opening with life and closing with death (or marriage) is one of the naturalized generic structures of the fairy tale, and this structure can, of course, be read as an attempt to romanticize the peasant class's presumably uncomplicated connection to nature's rhythms. But the tales' vibrant theoretical contributions threaten to go unnoticed when we uncritically avoid the ways in which writers use the ambiguous ontological status of disarticulated corpses to interrogate rather than mirror accepted natural and social structures. Reorganizing the interpretation of the Romantic fairy tale around its bodies allows readers to excavate the key cultural questions postulated by the genre: how does surgical knowledge produce new possibilities for the human body, and how are post-industrial bodies fantastically anatomized? Who speaks the body's knowledge and determines its status? In what state are bodies allowed to possess agency?

Controlling One's Limbs: Hoffmann's Automaton

Today, the Grimms' collection provides the most prominent and lasting example of the Romantic fairy tale for English readers. But the brothers were not alone in cultivating literature that theorized the body by taking advantage of a genre's fantastic spaces and suspended temporalities. Perhaps the greatest practitioner of gothic fairy tales—and certainly one of the most entertaining—is E.T.A. Hoffmann.

Hoffmann might easily be considered the Romantic answer to the Renaissance Man. Born in Germany in 1776, young Ernst practiced law, gave music lessons, painted, and was fired from a government position for circulating controversial caricatures of upstanding citizens—all before he turned 30. He began publishing fiction in 1803, had penned an opera by 1804, and was commissioned to design and redecorate the rooms of a restored palace in 1806. As one of many Prussian bureaucrats who “had lost their livelihood through the victories of Napoleon” (Hollingdale 9), Hoffmann occasionally found himself starving or homeless after his job relocations. He was therefore highly conscious of his era’s socioeconomic issues, and many of his creative works embedded political and cultural critique: in his fictions, “[t]he Enlightenment ... is the subject of gentle mockery: into naturalistic scenes ... there obtrude supernatural and fantastic events which are left unexplained (often it is suggested that, since the Enlightenment does not allow them, they cannot have happened)” (Hollingdale 8).

Sir Walter Scott both admired and was appalled by Hoffmann. In his 1827 essay “On the Supernatural in Fictitious Composition; and particularly on the Works of Ernest Theodore William²² Hoffmann,” Scott diagnoses Hoffmann with a “touch of mental derangement” (74), possessing a mind that was so “ill-regulated and had [such] an undue tendency to the horrible and the distressing” that he was surely “on the verge of actual insanity” (81). Ever the armchair physician, Scott weaves similar medical diagnoses throughout the essay, finally concluding rather hilariously that Hoffmann’s “mental malady” was of the “appropriate quality to impede digestion and destroy the healthful exercise of the powers of the stomach” (82). Perhaps inadvertently, Scott’s urge to medicalize Hoffmann’s body further illuminates the decidedly anatomical thrust of his work. For Hoffmann, it could certainly be said that life imitated art: his

²² Hoffmann legally changed his second middle name to “Amadeus” in adulthood in honor of the composer, thus resulting in the moniker we know today as “E.T.A. Hoffmann.” Nineteenth-century critics regularly switched between the two, and even Hoffmann’s tombstone reads “E.T.W. Hoffman.”

death in 1822 from *locomotor ataxia*—the inability to control one’s limbs—is as “unnerving” an end as one could possibly imagine for one of the century’s greatest practitioners of anatomical fictions and fairy tales.

In looking to Hoffmann to discuss the Romantic fairy tales’ iterations, I seek to argue something not only about the fairy tale, but about the gothic more generally. For, like Edgar Allan Poe in America, Hoffmann’s works occupy the space between fiction and fairy tale; some critics might not even readily consider him a fairy tale writer, though he was certainly considered one in his day. Like other Romantic fairy tales, his fictions—the canonical *Nutcracker* among them, portions of which were translated into English by William Makepeace Thackeray—are decidedly anatomical in nature, for he was heavily influenced by the generic possibilities the fairy tale had opened, and was inspired by the gothic mode’s preoccupation with the animation, decay, disarticulation, and transformation of the human body. Hoffmann helps us understand the fairy tale *as* gothic.

Of Hoffmann’s well-known and oft-translated 1816 story “The Sandman,” Walter Scott opined in the same essay: “It is impossible to subject tales of this nature to criticism”—so impossible, in fact, that “we cannot help considering his case as one requiring the assistance of medicine rather than criticism” (97). Perhaps to Scott’s postmortem consternation, reams of scholarship on the tale exist today. I turn now to an interpretation of “The Sandman” not to unproductively rehearse this body of critical work, but to draw from it the aspects that link it to other Romantic fairy tales and their approach to the human body; to help forge a link between it and my later discussion of *Frankenstein*; and, most importantly, to further establish the groundwork for the dissertation’s reading of the surgical textbook genre.

“The Sandman” is the story of Nathaniel, an intense young man captivated by an automaton with whom he metaphorically exchanges organs, thus bringing her to “life.” The story itself is a rewriting—an “animation,” if you will—of a classic nursery tale: that of a “sandman” who bestows good dreams to children by sprinkling sand in their eyes as they sleep. This nursery tale was a well-established part of the canon of central and northern European folk myth; even Hans Christian Andersen penned a retelling of it with his 1841 “Ole Lukøje.” Hoffmann’s “The Sandman,” then, consciously participates in a genealogy of folk and fairy tale culture—though inverted and made grim in the hands of the Romantic writer.

In the story’s first pages, Nathaniel reflects on his childhood, which at first appears fairly conventional. Each evening after dinner, Nathaniel, his mother, and his siblings would gather around a table in his father’s study, while his father smoked a pipe, drank beer, and regaled them with stories. Indeed, young Nathaniel “liked nothing more than to read or listen to gruesome tales of kobolds, witches, dwarves, and so on” (88).

This fairy tale aesthetic darkly permeates his childhood, reaching out beyond the boundaries of the father’s study. For, some evenings, the children’s father became pensive and taciturn after dinner, refusing to engage in storytelling. On these evenings, their mother warned them that “the sandman” was coming. They would be sent to bed early, after which, from their bedrooms, they would hear “something come clumping up the stairs with a slow, heavy tread” (86) to enter their father’s study. When young Nathaniel would ask his mother who this sandman was, she always reassured him: “all that means is that you are sleepy and cannot keep your eyes open, as though someone had sprinkled sand into them” (87). But Nathaniel’s sister’s governess relates a quite different story to Nathaniel. The governess describes the sandman as “a wicked man who comes after children when they won’t go to bed and throws handfuls of sand in their

eyes, so that they jump out of their heads all bloody, and then he throws them into his sack and carries them to the crescent moon as food for his little children” (87). Through the introduction of this haunting figure, Hoffmann begins to revise a cherished cultural myth.

The late-night visits by the sandman continue for years, and finally Nathaniel’s curiosity overwhelms him. One evening, he conceals himself in his father’s room to await the sandman’s arrival. When his father and another man enter the study, Nathaniel peeks out from his hiding place to ascertain the identity of the figure his family has long called the sandman: it is Coppelius, his father’s advocate, a frequent daytime visitor to the family home whom the children had always found tasteless and revolting. From his concealed location, Nathaniel describes this “loathsome and repellent” figure, who possesses

a big misshapen head, an ochre-yellow face, grey bushy eyebrows from under which a pair of green cat’s-eyes blaze out piercingly, and a large heavy nose drawn down over the upper lip; a crooked mouth often distorted in a malignant laugh, at which times two dark red blotches appear on the cheeks and a strange hissing sound comes from between the clenched teeth. (89)

Part animal and part man, disfigured with physical deformities, Coppelius shares traits with the evil ogres and wizards of fairy tales. But, too, his physical form straddles the line between life and death, like a sickbed patient. With his yellow face, his feverishly red cheeks, and his “blue lips” (90), Coppelius not only looks diseased but also *spreads* disease: during his previous daytime visits to the home, the children always “lost all liking for anything he touched” with his “great knotty, hair-covered hands” (90). The “sandman” Coppelius becomes the cipher for the story’s retreatment of legendary mythical figures.

Over a flickering, smoking hearth, Coppelius and Nathaniel’s father begin manipulating “strange implements,” using “glowing tongs” to draw “brightly gleaming substances out of the thick black smoke.” As the pair “began to vigorously hammer away” at these substances, objects

begin to take shape under their hands: “human faces...without eyes.” When Coppelius orders Nathaniel’s father to locate the final special ingredient—eyes—Nathaniel screams in terror and his presence is discovered. Delighted, Coppelius seizes the boy, proclaiming his intention to use Nathaniel’s “lovely pair of children’s eyes” (91) for his project’s final touch. When Nathaniel’s father intercedes on his son’s behalf, Coppelius conditionally agrees:

“The boy can have his eyes then, and keep the use of them. But now let us observe the mechanism of the hands and feet.”

And with that he seized me so violently that my joints cracked, unscrewed my hands and feet, and fixed them on again now in this way, now in that.

“They don’t look right anywhere! Better where they were! The Old One knew what he was doing!” (91-92)

Nathaniel promptly faints, and later “awoke as if from the sleep of death” (92). Clad in black funereal garments, wielding laboratory instruments, and extracting human organs, Coppelius’s “secret alchemical experiments” (95) allow Hoffmann to theorize connections between magic, mortuary aesthetics, and the sciences. Coppelius’s interest in how “the mechanism” of the human body functions is cast as ghoulish: not quite a chemist and not quite a surgeon, he represents deep-seated cultural fears about anatomical science. After dismembering, rearranging, and resuturing Nathaniel’s body parts, Coppelius concludes that “The Old One” had it right in the first place. By appealing, not to God, but to an ancient, mythologized devil figure, Coppelius casts the pre-surgical, whole body as a timeless object suspended in an unreachable folk past—in other words, an object that is the natural property of the fairy tale. Nathaniel’s post-experiment, death-like sleep conjures images of a state akin to anesthesia; and his revived body becomes conceptually linked to the animated cadaver.

Coppelius continues to stalk Nathaniel, in various physical iterations, throughout his adulthood—leaping into his life with a maniacal chuckle at significant developmental stages. But most of Nathaniel’s story plays out during his studies at university. There, residing in his rooms

across the street from the famous Professor Spalanzani, Nathaniel uses a special telescope to spy through the window at Spalanzani's adolescent daughter, Olympia. Described as "deathly-rigid and speechless" (115), Olympia always looked "as if she was sleeping with her eyes open" (99) while she sits motionless at a desk in an otherwise empty room, staring forward—the only thing Nathaniel ever sees her doing. Each time he gazes at her through the telescope, her eyes at first "seemed to him strangely fixed and dead," but each time she gradually animates under his gaze: "as the image in the glass grew sharper and sharper . . . it was as if they were at that moment acquiring the power of sight, and their glance grew ever warmer and more lively" (110).

Abandoning his studies to practice a daily regimen of voyeurism, Nathaniel eventually discovers he has fallen in love with Olympia—a woman whom he has never met, and who never speaks or moves. Like Snow White, Olympia lies preserved beneath glass in order to be watched. Every day she comes to life under his gaze: transplanting his eyes through the engine of the telescope, Nathaniel's act of looking enables Olympia to "animate." And like Snow White's prince, who "can't go on living unless he looks" at a lifelike corpse, both characters are in some sense dependent upon maintaining the relationship of the gaze.

When Professor Spalanzani fortuitously throws a party for members of his university social circle, Nathaniel finally gets the chance to meet the object of his obsession. Throughout the festivities, Nathaniel stares entrancedly at Olympia, and finally summons the courage to take her onto the dance floor. As he reaches for her, he discovers that "Olympia's hand was icy cold; he felt a coldness as of death thrill through him" (114). Touching her, "he was seized by an inner feeling of horror, and he suddenly recalled the legend of the dead bride" (115). As with Edgar Taylor's footnote about the dead bride as a common fairy tale trope in European folklore, here Hoffmann re-signals his engagement with fairy tales and oral folk tale traditions. Nathaniel's

horror at Olympia's cold hand is short-lived, however; for "he looked into Olympia's eyes, which gazed back at him full of love and desire; and at that instant it seemed as though a pulse began to beat in the cold hand and a stream of life blood began to glow" (114). Again, Nathaniel animates Olympia's deadened figure through the action of looking.

After the party, Nathaniel begins to court Olympia in earnest. He "sat with her every day for hours on end" (117), speaking "passionately of his love" (114), to which she always replies, "Ah, ah, ah!" (114). When he reads her his poetry, she "listened to it all with great devotion" (117), occasionally answering, "Ah, ah!" (118)—but "it seemed to him that what Olympia said of his work, of his poetic talent in general, came from the depths of his own being, that her voice was indeed the voice of those very depths themselves" (118). And indeed, the voice *is* his own—he wishfully translates Olympia's identical, repetitive vocalizations into validation of himself. Like the shepherd in "The Singing Bone," Nathaniel speaks Olympia's body into being through his *own* narrative, attributing that narrative to the lifeless Olympia. Indeed, her very lifelessness is what empowers Nathaniel to speak to *himself*—the conduit of the cadaver enables a radical self-gaze. Of course, in the logic of "The Sandman," Olympia isn't technically a cadaver—she's an automaton, a mechanized doll; and the distinction between a corpse and an automaton can often prove significant. But that distinction isn't as important here, partly because Hoffmann muddies that distinction for his own use: he recasts the automaton in the vocabularies of the corpse, linking its vacant passivity to death.

After some time, and wholly by accident, Nathaniel discovers that Olympia is the scientific creation of Professor Spalanzani and his partner, the dreaded Coppélius (who first sold Nathaniel the special telescope that enabled him to look at Olympia). Nathaniel promptly goes insane and eventually throws himself off a tower in the town square. In "The Sandman," the

animation of the cadaver by means of anatomical manipulation becomes both deeply terrifying and seductively stylized. In Hoffmann, the theorization of the animated corpse also becomes more *psychological*—Hoffmann melds the early Romantic fairy tales’ philosophical existentialism with the middle Romantic fairy tales’ disarticulations of the body, to focus more tightly on the consequences for *individuals* of identifying with the corpse. Hoffmann’s attention to the *psyche* of the animated corpse resituates the fairy tale’s discussion of the anatomical body: no longer content to use dismemberment and reanimation to ruminate on medicine’s relationship to mechanized, industrial, post-Enlightenment culture more broadly, Hoffmann puts these tropes to use in order to interrogate *personhood*.

Personhood is, of course, a sweeping category, involving not just psychological but legal, economic, and ethical status. It is a category that I have become increasingly interested in and sensitive to over the composition of this manuscript, but one for which the manuscript does not fully account in its present state. The Introduction and other chapters in the dissertation begin to hint at the problems of personhood in which anatomical medicine and the practice of surgery are involved. It is my instinct that when sciences of the physical body endorse social oppression—or even, simply, when the sciences of the body articulate social categories of persons—that something about the epistemology of personhood is being reformulated alongside the epistemology of the physical body.

Perhaps it’s no surprise that, by the English translations of the 1820s, the fairy tale had moved toward a decidedly pre-Victorian program, focused on the moral education of proper subjects and the aesthetic stylization of the sickbed and the deathbed. Walter Scott identified this important generic turn:

Our English severity of taste will not easily adopt [Hoffmann’s] wild and fantastic tone into our own literature; nay, perhaps will scarce tolerate it in translations.

The only composition which approaches to it is the powerful romance of Frankenstein, and there, although the formation of a thinking and sentient being by scientific skill is an incident of the fantastic character, still the interest of the work [...] [turns] upon the feelings and sentiments which that creature is supposed to express as most natural ... to his unnatural condition and origin. (72)

Scott articulates an instinct that has driven my project all along: that Mary Shelley's

Frankenstein is both the crowning masterpiece of the gothic Romantic fairy tale, and its death knell. In Shelley's text, a deranged scientist raids anatomy labs and graveyards for their body parts, then sews them together to produce an animated cadaver. Though Scott characterizes the role of surgical science in the novel as "incidental," it is, of course, of crucial importance: not until the early 1800s—when anatomists unearthed graves and committed murder in order to furnish their classrooms, and natural philosophers staged public demonstrations jolting dead human and animal bodies into movement—was such a conception readily, pervasively available. But Scott is correct when he notes that the novel's overriding thematic concern is the monster's humanity: as we were all taught in our undergraduate university classrooms, *Frankenstein* is ultimately "about" whether or not Frankenstein's creature is a *person*. And Scott is also right to identify an unbreakable bond between Hoffmann's and Shelley's texts: they share a metaphysical concern with whether or not science is newly able to bestow personhood to cadavers.

But when the animated cadaver moves irretrievably into the English context, it does so not through the fairy tale, but through other genres. I would like to suggest that the undisputed commercial success of *Frankenstein* marks the moment when it became culturally *logical* to frame discussions of personhood—discussions of who can be institutionally authorized as persons—through recourse to anatomical and surgical vocabularies. This is a bold claim: it is no small transition when a culture begins to define personhood through and against the corpse—rather than through and against, say, God—and when it is able to do so precisely through

advancements in the practice of medical science. The dissertation's next chapter argues that surgical medicine used the cadavers of executed criminals to structure claims of personhood.

CHAPTER THREE

CONFESSIONS OF THE CADAVER CRIMINAL BODIES AND ANATOMICAL PERSONHOOD

“Absence disembodies—so does Death.”
—Emily Dickinson

In his sensational 1884 short story “The Body Snatcher,” Robert Louis Stevenson explores the dark, criminal underworld of anatomical medicine. Pursuing his murderous characters through decrepit graveyards, sleazy pubs, shadowy alleyways, and dissecting rooms strewn with limbs, Stevenson reveals an educational economy dependent upon the traffic of corpses. The story follows Fettes, a student in an Edinburgh medical school. He is employed as a “second demonstrator”—an assistant to the assistant—in the anatomy classroom of Mr. K, an infamous professor of anatomy. In his position as class assistant, one of Fettes’ primary duties is to “supply, receive, and divide the various subjects” (715) for student instruction: the corpses that constitute the core of the medical school curriculum. To acquire these bodies, Fettes is routinely “called out of bed in the black hours before the winter dawn by the unclean and desperate interlopers who supplied the table” (715). These anonymous men, whom the narrator calls “ghouls” (716), wake Fettes to deliver anonymous cadavers.

On one such night, two men knock on the door of Fettes’s apartment carrying a body in a sack, as usual. As the men await their payment, Fettes uncovers the body to examine its suitability for dissection. Beneath the sackcloth, he is surprised to discover a young woman of his acquaintance who was “alive and hearty” the day before. Upon further inspection of her body, he notices “a dozen unquestionable marks . . . that might well betoken violence” (717). Thus begins Fettes’s gradual realization that the bodies anonymously supplied to him are often

the victims of murder. Fettes's suspicion and dread intensify when his coworker, Macfarlane, later supplies him with another body for the dissection rooms: one belonging to a mutual acquaintance of theirs, an obnoxious man whom Stevenson has cheekily named Gray.²³ Macfarlane implies—but does not confess—that he murdered Gray, and he pressures Fettes to purchase the body for the anatomy classroom, presumably in order that he might conceal his crime through the processes of disappearance and erasure that dissection would enable. Fettes uneasily succumbs to Macfarlane's request. As is customary, he prepares the body for classroom instruction by decapitating and dismembering it, and the next day “the members of the unhappy Gray were dealt out to one and to another” (722) in an eager class of medical students.

Soon after this incident, Mr. K once again comes up short of dissection subjects for his pupils, and he tasks Fettes and Macfarlane with procuring a freshly buried corpse from a country graveyard. This practice is not new to Fettes; after all, “when subjects were scarce the pair would drive far into the country in Macfarlane's gig, visit and desecrate some lonely graveyard, and return before dawn with their booty to the door of the dissecting room” (717). But after his loss of innocence regarding the murderous source of the bodies that fill anatomy classrooms, Fettes is filled with renewed foreboding for this errand. The pair set out in the night, arrive at the graveyard during a rainstorm, and begin digging up a fresh grave until “[t]hey had been wetted to the skin during their operations” (726)—and Stevenson's conflation of the labor of surgery and the labor of corpse acquisition would not have been lost on clever readers. The two men prop the body—swaddled in burial cloth—between them on the gig's seat, and start homeward as it jostles between them. But during the ride, the corpse—described as “at once spectral and human”

²³ The name's cheeky quality derives from two likely historical allusions: to James and Ann Gray, the couple who turned in the famous anatomy murderers Burke and Hare to the police; and to Henry Gray, the author of the century's most famous anatomical textbook, *Anatomy Descriptive and Surgical*, known colloquially today as *Gray's Anatomy*.

(727)—begins to exert “a creeping chill” (726) over the two men, gradually seeming to change shape under its sack. They stop the horse to have a look at their strange bundle. As they peel back the covering to reveal the corpse’s head, the two men yell, recoil in horror, and break their lantern, and “the horse, terrified by this unusual commotion, bounded and went off toward Edinburgh at a gallop, bearing along with it, sole occupant of the gig, the body of the dead and long-dissected Gray” (727). Previously parceled out and flayed in the anatomy classroom, the murdered cadaver of their mutual acquaintance has been terrifyingly reconstituted in the story’s concluding sentence. In lieu of Macfarlane’s confession to murder, Gray’s body reappears in mute accusation. A murdered body, erased through dissection, is restored to wholeness to symbolize anatomical medicine’s criminal economy.

Though “The Body Snatcher” is a fictional story, it is lush with historically accurate detail. As its title implies, Stevenson set his story a generation earlier, during the height of the burking and bodysnatching era. As we learned in the dissertation’s introduction, only the bodies of executed criminals could be legally obtained for dissection in anatomy classrooms prior to the 1830s in both Britain and America. But, due to increased need for dissection material, demand for cadavers quickly outstripped supply. The narrator of the “Body Snatcher” alludes to this issue when he laments that “[t]he supply of subjects was a continual trouble to [Fettes] [...]. [T]he raw material of the anatomists kept perpetually running out” (716). Additionally, the narrator of “The Body Snatcher” describes the anatomist Mr. K as a man who “skulked through the streets of Edinburgh in disguise, while the mob that applauded the execution of Burke called loudly for the blood of his employer” (714). Here Stevenson directly invokes the Burke and Hare anatomy murders, and analogizes Mr. K to Robert Knox, the anatomist who purchased the bodies from Burke and Hare but was never legally charged with a crime.

Even in scenes wholly unrelated to the commission of criminal activity, the characters in Stevenson's story are seen to "confess" (712), demand "proof" (718), require "self-defense" (721), put their necks "in a halter" (721), or "flee...like a detected thief" in "the presence of...witnesses" (713). In suffusing his medical tale with criminal vocabularies, execution jargon, and legalese, Stevenson associates criminal activity with developments in medicine. His sordid tale teaches us the many ways in which, during the century's early decades, surgical medicine was mediated by—even constituted through—its intimate relationship with criminality, both in material reality and in the cultural imaginary.

But further, Stevenson links surgical medicine and its criminal commerce to one of my key interpretive concepts: the animated cadaver. Although in the story Gray's murdered and dissected body does not technically come back to life, the logic of the tale requires readers to reckon with the magical, independent animation of Gray's disarticulated limbs: a mysterious power brings them back together, invisibly, without human intercession, to effect Gray's wholeness. As in the Grimms' tale "Fitcher's Bird"—in which dismembered body parts unite of their own accord in order to reconstitute murdered bodies—the haunting potential for the cadaver to become animated, and the practices that collude to produce that reanimation, are for Stevenson made possible by surgical instruction and its criminal economy.

The procurement and dissection of non-criminal cadavers by medical professionals was well documented in both periodicals and literature during the century's first half, and the topic enjoys a healthy presence in scholarship today. But this illegal traffic in corpses constitutes only one half of surgical medicine's criminal economy. The criminal corpse itself constitutes the other half of that economy. The process by which a convicted criminal *became* a corpse for dissection, and the cultural effects of that becoming, are significantly less theorized in both the literature of

the time and the critical literature today—though they are no less integral to surgical medicine’s relationship to criminality.

Surgeons needed to learn their art from corpses, and only executed criminals could be legally dissected in anatomy classrooms. These dissections, in turn, produced the knowledge in surgical textbooks. Behind their stark diagrams and sterile vocabularies, nineteenth-century surgical textbooks describe the bodies of criminals: surgical manuals were the textual graves of the executed. As such, they further encoded—and simultaneously occluded—criminality within medicine’s very epistemology. While literary fictions of the time reanimated the dismembered corpses of the *victims* of murder, criminal cadavers invisibly produced the medical knowledge that was applied to *living* persons. It is partly this process of dissection and invisible substitution through which the criminal corpse became “reanimated.”

This kind of reanimation that the surgical textbook makes possible is not the straightforward literal process of the dead, dismembered body suturing itself together and coming back to life, as we saw so frequently in the Romantic fairy tale. I suggest, rather, that the process of producing a surgical textbook from dissected remains, and applying that knowledge to heal living persons, creates the foundation for a *conceptual* reanimation of the criminal’s body. For, after an executed body has been parceled and studied in the anatomy classroom, after its criminal origins have been erased and replaced by Latinate medical terminology, the surgical textbook pulls an abstract, universal human body from the wreckage of the executed body: a clean, sterile, standardized body that represents the Everyman. The criminal’s body thus becomes invisibly reconstituted, and layered onto the body of the patient through medical practice. Through this reanimation and its scientific application to the bodies of the living, the

criminal corpse began to structure newly forming ideas of personhood and new definitions of the human.

In the decontextualized universe of surgical textbooks, the criminal remains mute and invisible; his body is archived only through its traces, its bone and muscle fragments. Criminal bodies—and surgical medicine’s occluded relationship to criminality—cannot be accessed through these texts, but only through the criminal economy that produces them. For this reason, we must reckon with the surgical textbook’s unexpected generic ally, the criminal confession narrative, to uncover how the bodies of criminals and victims disappear and reanimate in substitute for the surgical textbook. I argue that the genre of the criminal confession narrative and its paratexts²⁴ provide the richest evidence for uncovering the ways in which nineteenth century subjects were redefining the human body and its personhood using the relationship between criminality and medicine’s study of cadavers.

In these popular narratives published in pamphlet form or in periodicals, a convicted inmate awaiting execution narrates the story of his life and crimes in graphic detail, usually through an amanuensis (convicted inmates were rarely more than functionally literate), confessing his deeds to the public and to God. Their confessions were often appended by transcripts from their criminal trials, and accompanied by newspaper articles that further investigated—and sensationalized—the crime, the trial, the prisoner’s life story, or the lives of his victims. Often circulated in tandem with the public executions of the convicted, these texts emerged as a primary site where the living body and the cadaver could exist in simultaneity, reinforcing one another. The criminal confession narrative is the primary genre through which

²⁴ In his 1987 *Paratexts*, literary theorist Gérard Genette defines paratexts as materials that accompany and frame the main text of a printed document, such as indices, tables of contents, and appendices. Many scholars of print culture, however, have taken to using the term more liberally, to indicate published material that refers to or is associated with an uber-text from which other documents are inspired, or with a material context (such as printed literature that contextualizes a museum exhibit).

the link between surgical medicine and criminal activity is developed and deepened—more powerfully, even, than explicitly medical literature, because more invisibly.

As case studies, the chapter analyzes two criminal confessions to think through the ways in which the genre was using the criminal cadaver to theorize the definition of the human body, and to suss out the consequences this had for raced and economically impoverished bodies. In the first case study, from 1831, an Italian immigrant boy was murdered in London and his body sold to an anatomy school. I investigate a cache of archival documents related to the case, including a published broadside that summarizes the trial transcripts, a newspaper article that investigates the murderers' biographies, and the murderers' handwritten confessions. In the second case study, from 1841, four African American men were publicly executed for murder and their decapitated heads were displayed in a drugstore window on St. Louis's Main Street. I examine newspaper articles surrounding the case, the text of the men's published confessions, which includes their trial transcripts, and the material context of their displayed bodies. In comparing an African American confession to the white British confession of the murder of an Italian immigrant, the chapter elucidates the differences between—and yet the cultural confluences of—legal and physical personhood, and how the genre used anatomical personhood to frame—or even obviate—discussions of legal personhood that might otherwise enter into the criminal context and upset oppressive social orders of race and class hierarchy. What you will see in these criminal confessions over and over again is the textual dismemberment, erasure, and reconstitution of the criminal corpse, through which a tension emerges between the abjected *homo sacer* of the gallows and the silent understanding that his body is, medically, one's own.

I believe the genre of the criminal confession to be inherently related to the development of surgery and the social panic incited by its uses and abuses of the cadaver. But the chapter does

not—and cannot—contend that the genre of the criminal confession was explicitly medical or surgical in its content; even though professionals tangentially related to the medical sphere—coroners, executioners, dentists, druggists—fill its pages and participate in the material contexts surrounding crimes and executions; and even though they demonstrably engage with medical and anatomical discourse. Rather, the chapter argues that the genre of the criminal confession erased marginal bodies through a process of cadaverous dismemberment and anatomization; and that this erasure was made possible by the criminal cadavers that surgical medicine had made culturally available, and the increased cultural awareness of the haunting practices surrounding the discipline: a discipline that was fighting to take control of the human body’s definition. I demonstrate how the central gesture of the genre becomes the cadaver’s animation; and the meanings and consequences of that animation—what the genre does with it and what that means for the culture—is explored here. Ultimately, the chapter argues for criminal confession narratives as vigorous participants in the broader cultural redefinition of the human body.

Anatomical Maps: The Pieces of Carlo Ferrari

One wouldn’t be amiss in calling the archives at London’s Wellcome Library antiseptic. Bright fluorescent lights illuminate the small, windowless, white-walled room, the access to which is controlled by an electronically locked glass door. Rows of gray tables, fastidiously arranged, are equipped with sockets for powering electronic equipment, as well as gray foam platforms on which to view materials. Archivists whisper quietly to one another as they pass through the reading room pushing wheeled carts, from which they distribute texts to scholars who lean rigidly, silently over them, carefully turning pages with white-gloved hands. Like patients in a controlled environment, safe from the threat of disease, these ancient yellowed texts

fold open under the practiced coercion of the scholar's prophylactic fingers. Across so many barriers of history and hygiene, you cannot know these texts; you can only diagnose them.

The sterile atmosphere of the archives operates in stark contrast to its grisly contents: thousands of papers and artifacts related to the history of medicine in Britain. At one of its gray tables I encountered a thin, unassuming folder that, beneath its clear plastic casing, contains a selection of the few extant documents pertaining to the murder of Carlo Ferrari, a young Italian immigrant whose cadaver was illegally sold to the King's College School of Anatomy in 1831. Surviving through only a handful of brittle, aging manuscripts, and understudied in scholarship, the details of this particular case are important, but scant and confusing.²⁵

The legacy of Ferrari's murderers, however, is legendary. Named after the infamous Burke and Hare, the "London Burkers"—Thomas Williams, John Bishop, Michael Shields, and James May—were a gang of men who practiced anatomy murder in early-nineteenth-century London. The four men were regularly apprehended for bodysnatching and cycled in and out of prison throughout the early 1800s. At the time of their final apprehension and the subsequent execution of Williams and Bishop following Ferrari's murder, the London Burkers had, according to Bishop, sold between 500 and 1,000 stolen or murdered bodies to anatomy schools and medical professionals between 1819 and 1831.

Piecing together Carlo Ferrari's murder is no easy task when working with the omissions and inconsistencies typical of nineteenth century criminal confessions, trial records, sensational periodicals, and monthly bulletins like *The Newgate Calendar*.²⁶ But a general framework of the

²⁵ Historian Sarah Wise has written the only comprehensive historical account of this case, the 2004 monograph *The Italian Boy: a Tale of Murder and Bodysnatching in 1830s London*.

²⁶ *The Newgate Calendar*, subtitled *The Malefactor's Bloody Register*, was a monthly bulletin of executions which had been continually published by the Keeper of London's Newgate Prison since the 1770s, featuring accounts of the lives, crimes, and executions of Newgate's prisoners. Inmates'

murder emerges by combining these sources. On Friday, November 3, 1831, Thomas Williams and John Bishop murdered Ferrari—who was, according to various accounts, either 10 or 14 years old at the time of his death. Over the course of the weekend they, and their friend James May, attempted to sell the boy's cadaver and some of its dismembered parts to a handful of medical schools and medical professionals. Guy's Hospital declined the corpse, after which King's College purchased it. While the men awaited their payment, the College's suspicious demonstrator of anatomy called for the police to assess the body, and Williams and Bishop were immediately taken into custody. A coroner's jury was assembled on November 8 to confirm the boy's murder, and a police investigation was subsequently conducted into the boy's provenance and dispatch. Bishop, Williams, and May were tried and convicted of murder on December 3, and Bishop and Williams were hanged at Newgate Prison on December 5, before an audience of thirty thousand spectators (May was pardoned). Immediately following their executions, the men's bodies were themselves taken—Bishop's to King's College and Williams's to the Theatre of Anatomy in Windmill Street—for public dissection, where hundreds of spectators viewed their remains. In the meantime, the police had opened up the lodgings of Williams and Bishop and were charging the public five shillings for entrance; objects from the dwellings were carried away as souvenirs.

On the night of December 4, after visiting the prison chapel, Williams and Bishop were taken back to their cells, where their confessions were recorded. Thomas Williams' confession—scrawled by the Keeper of Newgate in a thick, difficult hand on a stained piece of parchment—is brief, and rendered in emotionless, mechanical prose. While the murder is described at the

handwritten criminal confessions were also routinely published here; the *Calendar* is perhaps the most common place where the public would have encountered these confessions. The *Calendar's* collected stories were published in multi-volume editions approximately every 25 to 50 years, and were quite commercially popular. Its accounts were often appropriated by other publishers and periodicals.

confession's conclusion only fleetingly, Williams betrays considerable mnemonic acumen leading up to the deed: his confession ultimately reads more like a map of 1830s London than the narration of a gruesome murder.

Williams opens his confession by relating how he spotted Ferrari "asleep in the Pig Market Smithfield," where he lured the boy to him by giving him a penny and buying him some pudding to eat. Most likely sleeping outdoors due to homelessness or destitution, the boy may have accepted the coin and meal without suspicion. Williams first took the boy "to the Bell Public House at the Top of the Pig Market." There, Williams plied him with beer and left him to drink while he walked "to the Fortune of War Public House," where he was supposed to have met his co-conspirator, John Bishop. Finding that Bishop had not arrived there, Williams then took the boy from the Bell pub "to the Old Bailey Watering House" and left him at this new location while he circled back to the Fortune of War, discovering that Bishop had still not arrived there. Upon returning again to retrieve the boy, Williams discovered Bishop waiting for him, with the boy, at the Old Bailey. The two men then took the boy "up Ludgate Hill thru Cheapside House" and into Aldersgate Street, where they gave the boy more beer before taking him back to their lodgings, for still more beer, and "a portion of laudnaum [sic]." After he fell asleep, "Bishop took the boy up in his arms and put him head first into the water Butt which is sunk in the ground and I assisted him. He there died and me and Bishop stripped him and put him in the Box." Williams then recalls that

the Boy had on the Blue Coat Striped Waistcoat [sic] the same as was produced on trial and grey trousers, and Leather Cap which was burnt with his shoes by me and Bishop. The Coat, Waistcoat, and this he said was given him he said by a Woman in West Street otherwise called Chick Lane.

The confession concludes with Williams declaring that "this is the Whole Truth I most solemnly declare in the presence of my Maker."

Earlier in the confession, Williams embeds a chilling obfuscation: though police officials eventually identified the murdered boy as Ferrari, Williams, in his confession, claims that when he asked the boy to identify himself, he answered simply “White.” Ferrari’s embodied identity is potentially erased by being mistaken for—or purposely misdirected to appear as—a different or altogether fictional person. From the distance of nearly two centuries, it feels like no accident that an Italian immigrant—a member of a population that was unfavorably racialized in both Britain and America in the 1800s—would be renamed “White.”

By offering an account of his crime and gesturing toward God’s ostensibly merciful capacity, Williams’ confession obeys the generic parameters of the criminal confession narrative. But the confession also follows a key *conceptual* custom of the genre: its bodies are erased by other discourses (here cartography), only to reemerge in dismembered pieces. Occupying a single line of text couched toward the end of two handwritten pages, the physical details of the boy’s murder do not appear to be the “plot”—or even the “meaning”—of the confession. Ferrari’s body is never described, but rather *obscured* under the confession’s “whitewashing” and its strict, obsessive cartography: from the pig market, readers visit a series of pubs as they journey through streets and alleyways, the names of which are painstakingly indicated. Williams even includes a seemingly insignificant detail: to determine the geographic origin of the clothes the boy was wearing, Williams offers both its official (West Street) and alternate (Chick Lane) appellations. Ferrari’s body comes to be known, eventually, only in pieces: readers assemble its contours through the listing of his clothes that were offered up as evidentiary documentation—documentation not of his *body*, but of the *crime*.

Unlike Williams’s confession, the confession of John Bishop was partially reprinted in *The Newgate Calendar*. Taken down by an anonymous prison employee in a hand too muddled

to decipher (at least by me!), its transcription in the *Calendar* is helpful—but also feels suspiciously mediated. The first sentence of Bishop’s confession reads as follows: “I, John Bishop, do hereby declare and confess that the boy supposed to be the Italian boy was a Lincolnshire boy.” This is one of many contested attributions of the boy’s identity: police investigation documents, periodical articles, and other accounts of the crime repeatedly circle back to the men’s deliberate “relocation” of the boy’s origins. But more importantly, Bishop’s opening gesture is another confession of *geography* rather than murder, obscuring the body and supplanting it with cartographic exactitude. As the confession continues, Bishop relates that the two men

gave the boy some bread and cheese; and after he had eaten, we gave him a cup full of rum, with about a half a phial of laudanum in it. I had bought the rum the same evening in Smithfield, and the laudanum also in small quantities at different shops. There was no water or other liquid put into the cup with the rum and laudanum. (172)

The boy’s humanity almost materializes through the humble act of eating, but is swiftly replaced with a strange detour in which Bishop, like an apothecary, lists the sources and exact dosages of the various ingredients that constituted his potions. Here, the confession reads like a prescription for insomnia, not a murder.

Bishop then describes how—and, of course, exactly where—he and Williams went out for a drink after the boy passed out. Upon their return from the pub, they

tied a cord to his feet, to enable us to pull him up by; and I then took him in my arms and let him slide from them headlong into the well in the garden; whilst Williams held the cord to prevent the boy going altogether too low in the well. He was nearly wholly in the water, his feet being just above the surface. Williams fastened the other end of the cord round the paling, to prevent the body getting out of our reach. The boy struggled a little with his arms and legs in the water, and the water bubbled a minute. We waited until *these symptoms* were passed, and then afterwards I think we went out and walked down to Shoreditch to occupy the time. (172, emphasis mine)

Bishop describes the murder in substantially more detail than Williams. But it is the detail of the instruction manual, reminiscent of something like jury-rigging a ship: Bishop expends considerable textual energy on explaining how and where to tie a rope in order to suspend a floating object in obedience to the laws of physics. Only little Carlo's feet protrude above the water, and the process of his death is characterized as a *disease*, the symptoms of which—struggling appendages, bubbles breaking the water's surface—abate quickly and are followed by an evening of convivial drinking. Taken together, the two confessions portray a tourist map of popular pubs in London's poorest neighborhoods, a pharmaceutical prescription, and directions for a science experiment—with, here and there, dismembered limbs and articles of clothing emerging as place markers.

Likely sometime that November, London publisher J. Catnatch printed an undated and anonymously authored broadside, probably circulated at newsstands and on street corners along with other periodical ephemera, and thus widely read. Entitled “The Trials of John Bishop, Thomas Williams, and James May, for the Horrible Murder of an Italian Boy,” the document excerpts the court proceedings from the murderers' trial. In brief, choppy paragraphs, each witness's testimony is transcribed.

The broadside opens with transcription of the testimony of John Davis, a porter at Guy's Hospital—the first place Williams and Bishop tried to sell their cadaver. Davis states that the cadaver was brought to him on Friday, November 4, and that he “believed [the body] to be a young boy or girl, from the leg which he saw protruding through a hole in the sack.” This errant leg is the first dismembered piece in the trial transcript's gradual reconstruction of Ferrari's body.

The transcript never clearly connects the plot points of the events, but readers can assume Guy's Hospital chose to decline purchasing the cadaver, because it turns up next at the King's College medical school, where Williams and Bishop tried a second time to sell it. The King's College dissecting room porter, W. Hill, states in his witness testimony that he "was sure the body could never have been laid out or buried, and there was blood about the mouth and heart, which appeared to have been wiped off." Again, the boy's body is ascertained in pieces, as readers sketch the mouth and heart into place alongside the protruding leg. Chillingly, it's unclear what Hill means by "heart," and its use is an unusual choice—surely he must have been referring to the boy's bare chest, but in the graphic context of the dissecting room readers are given fodder to imagine the boy's chest cracked open to reveal the organ nestled in its cavity, wiped of its blood.

The next witness is identified simply as "Mr. Beamon, a surgeon," who states that he was "desired to inspect the body" on Saturday, two days after the murder. It is unclear whether Beamon is employed at the King's College medical school and, thus, whether the school's dissecting room had indeed purchased the cadaver—sneakily erasing the college's complicity (Beamon was, indeed, employed at the College, which did, indeed, purchase the corpse—but the omission of these facts in the context of a legal trial is significant). In his official testimony, Beamon states simply that the boy's "death had been caused by violence from blows at the back of the neck, with an instrument like that produced" at trial. This instrument produced at trial was a bloodstained awl "such as is used by resurrection men," according to Higgins, the policeman who located the weapon in the murderer's lodgings during the investigation. Importantly, Beamon's *medical* testimony, as a surgeon, directly contradicts Williams's and Bishop's own

accounts of the murder, which they claimed had been accomplished through drowning, as we saw above.

Thomas Mills, a dentist with a practice in Newington, next testifies that he was visited at his home by James May—the transcript’s first mention of the third defendant charged with the boy’s murder. None of the documents about the case clarify the identity of James May or elucidate how exactly he came to associate with Williams and Bishop—though May was well known as one of the London Burkers. Mills recalls only that May “offered him a set of teeth for a guinea; he remarked that one of the teeth was chipped and did not belong to the set. [...] The teeth had portions of the gums rdhering [sic].” Here is the trial transcript’s final piece of Carlo’s body. Its set of teeth and ragged gums are miles distant from their host in service of advancing dentistry’s technologies, but their wrenching removal is lost to the record—as invisible as Carlo’s body has itself become.

Was the boy drowned, or stabbed with the awl? Did King’s College officially purchase the body? Was the body preserved for burial, or did it go unclaimed after the coroner’s examination, and thus become consigned to dissection anyway? The ambiguity of the body’s final location and the conflicting accounts of its dispatch further serve to block our apprehension of it: the boy’s body becomes known as a collection of parts, markings, and fractures produced through the invented weapon that caused them. Though other historical and archival records fill in the missing details, the widely-read court trial broadside contains no evidence or witness testimony pertaining to how the three men on trial came to be considered suspects and charged. Instead, the transcript reproduces an anatomized account of the child’s body through the perspective of its *destinations*: the anatomy lab and the dentist’s study. Again, a kind of cartographic hologram emerges: a map for the locations of London’s premier scientific

laboratories and its law enforcement professionals. The texts referenced here—the confessions and the broadside—gather the pieces of Carlo’s body, but they don’t put them back together to form Carlo’s personhood; rather—like Gray’s reconstituted body in Stevenson’s story—Carlo’s cadaver is reassembled in order to prove the criminality of the accused. In the following documents, also related to the case, it will be seen how the dismemberment and reassemblage of Carlo’s cadaver produces—even animates—the subject position of the always-already executed criminal.

Among those few surviving documents enclosed in the clear plastic folder at the Wellcome’s archives is a chilling scrap of paper, rescued from James May’s prison cell

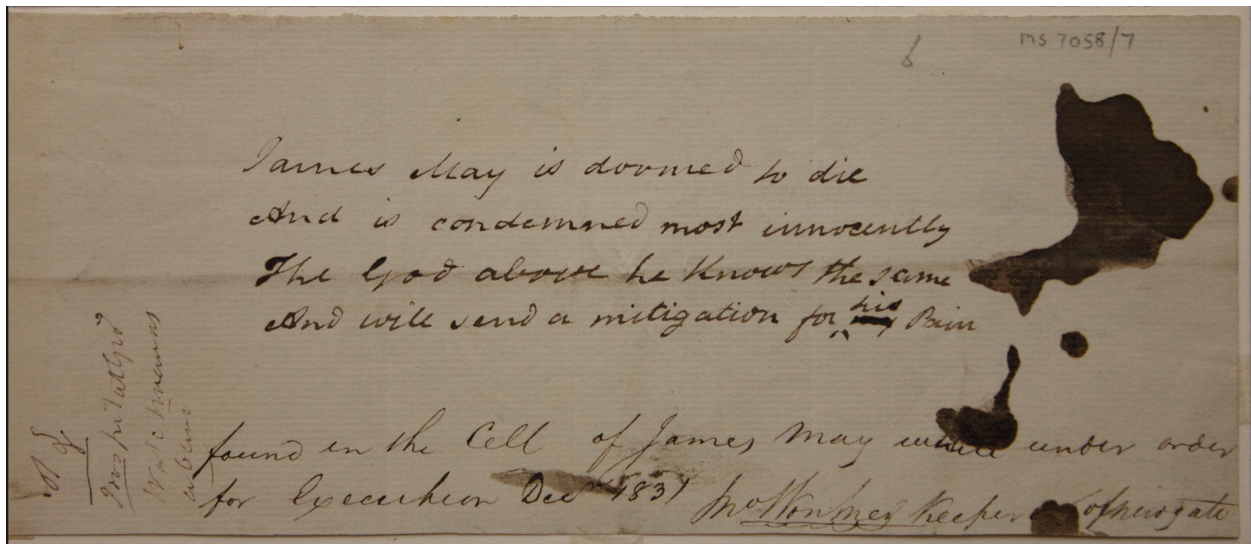


Figure 5. Paper fragment from James May’s prison cell, Wellcome Library archives

sometime before his scheduled execution. The scrap reads in its entirety:

James May is doomed to die
 And is condemned most innocently
 The God above he knows the [score?]

And will send a mitigation for ~~my~~ his Pain

found in the Cell of James May while under order
for Execution Dec 1831

Mr. W[?] Keeper of Newgate

Enough inconsistencies are evident in the scrap's handwriting that it remains unclear whether May wrote the top portion himself and the Keeper later annotated the bottom portion, or whether the Keeper transcribed the entire document on his own, perhaps taking down the beginning lines from the walls of May's cell.

The content of the document is largely unremarkable: facing execution, May restates his innocence and calls upon God's mercy. In its capacity as an *aesthetic* object, however, the document is truly haunting. An unruly ink splatter, chillingly reminiscent of spilled blood, dominates the paper's right side. So blood-like does the stain appear, in fact, that it's difficult not to imagine the convicted May bleeding onto the page as he writes, setting off a chain of associative images—the murdered boy, the impending execution. The invisible carnage upon which both surgical medicine and criminal execution depend rises to the surface through this inky blemish, becoming both indelible and accusatory. Through it, May's body is simultaneously living and dead: writing and bleeding in real time, but designed to be transcribed and read after he had already been executed. The document doesn't necessarily or fully *register* the nexus of practices and discourses through which surgical medicine and criminal execution embody one another, but it does *consolidate* them in the mind of the reader. The fact that May was pardoned just hours before his scheduled execution does not erase the animated cadaver that this scrap of text produces: whatever quotidian accident caused the ink splatter, its effects reach through history to jolt us.

The act of reading the confessions of someone who is about to die, but reading them during or after their execution, serves to create a conceptual space in which the living and dead body exist in simultaneity, animating the cadaver. In the case of Carlo Ferrari, readers see the process of how the murdered, dismembered, and dissected body comes to be anatomically reconstituted; both through a process of its own independent animation—the mobility of its dismembered parts as they traffic around the city to be sold—and through a process of anatomized reconstitution, built back together through its pieces.

This phenomenon is demonstrated even more persuasively through my next case study. In the first case, we saw how destitute immigrants and impoverished classes were caught up in this criminal economy, both as victims and as victimized perpetrators—after all, Williams and Bishop, like the anatomy murderers in Stevenson’s story, were poor and uneducated themselves, practicing anatomy murder as one of few options for gainful employment. But what of raced bodies, which were also highly vulnerable in the social context of the 1800s? I turn now to the American context, and the black bodies of African American subjects convicted of murder.

A Substitute Body: Confessing in America

In the summer of 1989 in Augusta, Georgia, a group of construction workers was renovating an old Greek-Revival structure that once housed the Medical College of Georgia. The renovation went as planned until workers came upon a haunting discovery. Beneath the building’s foundation, they unearthed

a chaos of dissected body parts and nearly *ten thousand* human bones and skulls, many bearing the marks of nineteenth-century anatomy tools or numbered with India ink. [...] Jars held fetal organs in vanishing lakes of whisky—an indication that scientists had displayed the purloined bodies, using the alcohol as a preservative, in addition to dissecting them. Because not only grave robbing but also anatomical dissection were illegal in Georgia until 1887, there was no legal

source of such bodies [...]. [Remains had been] unceremoniously scattered in the basement amid a jumble of broken syringes, microscope slides, scalpels, old pill bottles, and other medical detritus. [...] Scientists determined that most of the remains dated from the nineteenth century, and detailed analyses of the bones and surrounding materials revealed that 75 percent of the bones in the basement were those of African Americans, although blacks constituted only 42 percent of the area's population. (Washington 120)

Scientists subsequently confirmed that the majority of the bodies found in the excavated basement had been taken from Cedar Grove Cemetery, an African American burial ground at which, “[s]ince its founding, black Augusta residents had consistently complained of grave robbing” (Washington 121). Prompted by this discovery, further research into the Medical College's records revealed that the institution had, in 1852, gone so far as to purchase a slave for the express purpose of robbing graves.

The discovery at the Medical College of Georgia was deeply troubling—but it was not unique. This accidental basement excavation provides a window into nineteenth-century American medical practice, for which “a supply of black bodies was key to the primacy of the hospital as the new center for American medical instruction and treatment. [...] [M]edical teaching, training, and research utilized black bodies disproportionately, and in some southern venues, they were used exclusively” (Washington 103). Northern medical schools, too, participated in the traffic of illegal cadavers, importing African American corpses from the south in mislabeled shipping crates. Among the many horrifying conceptual consequences of this practice, the shipment of African American bodies in labeled boxes enfolds the black corpse into the discourse of commodity culture and the circulation of dry goods and other materials—a phenomenon that will register more meaningfully later in the chapter. Nowhere in the country were the bodies of African Americans safe from such traffic. In the middle of the night, their corpses disappeared from graveyards, stolen by both impoverished whites and by their enslaved

brethren. Their bodies were parceled and erased under the surreptitious dissection of the anatomist's knife. Their dismembered body parts—displayed at the time for the purpose of scientific scrutiny—were eventually squirreled away in basements, languishing undiscovered for centuries. Surgeons and physicians derived universal medical knowledge from the black cadaver, and drew their classroom lessons from its surfaces.

Illegally obtained black cadavers provided the bulk of material used in medical instruction and study. However, as in the British context, the illegal activity that facilitated the *procurement* of corpses was only one half of surgical medicine's criminal economy. As the only legal source of dissection material, the cadaver of the executed criminal formed the equally important remaining half of that criminal economy. But dissection of the criminal corpse was a complex issue in antebellum America. The wider American culture considered dissection “a shameful fate reserved for the most heinous criminals, who received a double sentence of execution and dissection” (Washington 121). But, for black Americans, “anatomical dissection meant even more: it was an extension of slavery into eternity, because it represented a profound level of white control over their bodies” (Washington 125).

In recalling the hanging of a condemned African American criminal that took place around 1800, Dr. A.B. Crosby, a physician from Haverill, New Hampshire, articulated the grotesque cultural—and literal—relationship between black criminal cadavers and anatomical medicine:

All the neighboring physicians were invited to be present and were requested to bring any dissecting instrument they might deem of use. Tradition says that one brought a hand-saw, another an axe, still another a butcher's cleaver and a fourth came armed with a large carving-knife and fork. The cuticle of this unfortunate Ethiope was subsequently tanned and cut up into small pieces, as souvenirs. (quoted in Washington 124)

Reminiscent of practices that would later characterize lynching, the execution of this anonymous criminal is viewed by Crosby and his crew as a self-evident opportunity for the pillaging of medical specimens. Not content to await the body's traditional arrival at an appointed anatomy school, the physicians dissect him *in situ*. Though the story is just as likely to be apocryphal as not, the actual, historical occurrence of this dissection event is of less importance than the cultural ideologies that the story betrays: the black body comes to be scientifically known and medically useful only in dismembered pieces. The criminal cadaver is erased through a gleeful cannibalistic consumption in which the butcher's cleaver gives way to the knife and fork—a clear, and familiar, metaphoric comparison between the operations of dissection and of butchery. Crosby helps us understand how medical education and practice was dependent upon the spectacular execution of black criminal corpses that, simultaneous to their execution, become dismembered and fetishized commodities that represent white scientific knowledge.

The disappearance of black corpses from graveyards and the erasure of black criminal cadavers through dissection was not limited to the literal. The discursive fantasy of dismemberment, dissection, and disappearance was embedded generically in the “black criminal genres”—an umbrella term I use to comprise fugitive slave advertisements and African American criminal confessions. Throughout the eighteenth and nineteenth centuries, but increasingly after the passage of the Fugitive Slave Act of 1850, slave owners placed advertisements for their runaway slaves in both southern and northern periodicals. The representation of the black body in runaway ads is extreme and explicit, since the body is often the text's sole subject. Rife with descriptions of brandings, lashings, and other injuries sustained at the plantation, runaway advertisements described escaped or “absented” African American bodies through the marks of white torture inflicted upon them. Rarely does a whole, original

body emerge behind the captor's markings; rather, in the runaway ad, the black body "disappeared," figured as an *effect* of white violence. This disappearance of the black body was staged in order to maintain white control, but the actual disappearance of slaves—through their running away—is evidence of a *lack* of white control for which this second figurative disappearing strives to compensate.

A discursive tension between the anatomical presence of the black body and its erasure or disappearance through escape has a contemporary medical corollary. In his "classic" treatise entitled "Report on the Diseases and Peculiarities of the Negro Race" (1851), antebellum physician Samuel Cartwright asserts:

[I]t is necessary to glance at the anatomical and physiological differences between the negro and the white man; otherwise their diseases cannot be understood. It is commonly taken for granted, that the color of the skin constitutes the main and essential difference [...]; it is not only in the skin that a difference of color exists between the negro and the white man, but in the membranes, the muscles, the tendons, and in all the fluids and secretions. Even the negro's brain and nerves, the chyle and all the humors, are tinctured with a shade of the pervading darkness. His bile is of a deeper color, and his blood is blacker than the white man's. [...] His head is hung on the atlas differently from the white man; [...]. According to Soemmering and other anatomists, who have dissected the negro, his brain is a ninth or tenth less than in other races of men. (65)

The gruesome physical labor of dissection enables Cartwright to hyper-visualize the black body in order to medically define it as inferior to white bodies. But he uses this physical inferiority as the foundation for his invention of a disease that discursively encodes black *invisibility*. For, his "Report" is most widely known for its invention of "drapetomania," a medical disorder particular to black slaves and characterized by "the desire to flee from servitude." Cartwright's invented disease scientifically encodes disappearance into the bodies—and into the bodily epistemology—of black American subjects.

Like the runaway ad, the African American criminal confession—and the material contexts surrounding the public executions of black American criminals—deployed similar tropes of invisibility, absence, and erasure to describe the black body. In America the criminal confession genre—long termed “gallows literature” in the cultural vernacular—was established in the colonial period and had been part of the American popular imagination since the seventeenth century. The original conventions of the genre were influenced by Puritan culture, prioritizing the act of confession as a salvific gesture. In the early days these confessions were much less sensational, and the narrative was structured around the logic of redemption: the convicted person described his crimes in the language of remorse, acquiesced to Christian principles, and directed a plea for forgiveness to God. By the 1830s, as publishing technologies rapidly developed, “it was commonly accepted that a person sentenced to die should write such an account” (Fabian 54) of their life and crimes, and printed confessions were circulated through the public to gain a wider readership.²⁷ In fact, Ann Fabian argues that criminal confession narratives provided an integral function in the emerging marketplace of print culture: “as published documents, the lives and confessions of the condemned had epistemological value for people learning to place trust in printed words” (50). The post-conviction criminal confession could serve as an unmediated extension of the “objective” truths and “reliable” evidence of court trials and convictions, and thus it participated in training readers to extend that authenticating capacity to other printed documents.

In the early days of the American criminal confession narrative, those condemned to execution were almost exclusively white—most often white indentured servants. Thus the genre’s origin, comprised of primarily white-authored texts, was not immediately associated with

²⁷ Taking advantage of this economy, many criminals agreed to record their confessions in order that the proceeds from publication could go to their families after their deaths.

a raced criminality. But as America approached the nineteenth century, laws regarding black personhood and property were increasingly reevaluated in the face of abolitionists. African Americans became newly ambiguous persons under the law, and were increasingly subjected to the law's circumscription, as criminals. The public execution of convicted African Americans became more widespread, and their published confessions radically changed the "face" of the genre.

Prefiguring the fugitive or ex-slave autobiography, the African American criminal confession adopted conventions from the longstanding generic tradition of gallows literature. Detailing corpor(e)al punishments and anatomical spectacles, these texts are haunted by the specter of impending death. Because the writers of these confessions had already been accused of criminal acts against white citizens and were awaiting—often spectacular—executions, their confessions served to incite white collective fears and violence, while at the same time reinforcing the criminalization of blackness. Replete with details about the brutal murders of white victims, these criminal confessions embraced an idealized, sacrificial white embodiment.

There are a variety of ways in which the African American criminal confession narrative provided a textual stage for the figurative erasure, substitution, and dismemberment of the black body, and the black criminal confession's relationship to the procedures of criminal law helped white Americans legally and culturally "authenticate" the version of the black body that these texts promulgated. First, on a very basic level, African American criminal confessions documented bodies that were on the verge of "disappearing": convicted criminals awaiting execution. Second, like the fugitive slave narrative on the antislavery lecture circuit, these criminal confessions circulated as commodities to stand in for the black body tortured by slavery. But, unlike slave narratives that prioritized speech, literacy, and writing as key technologies in

the development of an embodied personhood, the criminal confession genre was constituted by the tension around black silence. Jeannine DeLombard argues that “the conjunction of procedural restrictions on black courtroom speech [and] a gallows literature tradition disproportionately devoted to malefactors of color” worked together to shape “the production and reception of African American personal narrative” (73) in general. The inadmissibility of court testimony—a “standard practice for African American defendants in the nineteenth century” (Buchanan 143)—rendered the criminal confession narrative a substitute for the presence of the defendant’s body in the courtroom. And finally, African American criminal confessions used the anatomized black body to perpetually suspend the difference between exaggerated presence and intangible absence. “To keep the body in the text,” Ann Fabian argues, “publishers took words ‘from the prisoner’s own mouth’ (or lips or tongue). They wrote, they said, words that ‘proved to have dropped from [the] lips’” of the convicted (67). And, because “many [prisoners] wrote and published to defend themselves against rumors circulating outside their cells and to discount pirated versions of their lives” (Fabian 58), the criminal confession circulated *as* the inaccessibly captive body.

For these reasons, the black-authored criminal confession served as a kind of substitute body—a substitute that, in turn, stood in for the material reality of the already-executed corpse. Inadmissibility and its textual substitute, the black criminal confession, contributed to a mythology of the black body as the ideal absent: it is written into presence only through its proximity to death and impending erasure. Despite the apparent hyper-materiality of the black body, then, the African American criminal confession ultimately shaped the cultural conception of the black body by evoking its absences. The linguistic substitutions that the criminal confession performs are textual effects that mirrored real-world political, legal, and economic

injustices—something deconstructive criticism has long maintained about language in general. The accumulation of authenticating documents around black textual production, and the corollary display of the black body as documentary evidence, are practices which raise questions about whether a black body is ever fully present in nineteenth-century America, or whether instead a white/universal body was being written into existence through the constructed *absence* of the black body.

DeLombard further argues that slaves were made persons only through their criminality and their criminal presence in print: because “their first-person narratives were often occasioned by or responsive to their encounters with law” (4), she writes, “crime shaped evocations of black personhood in American print culture” (6). And because “slaves alone were credited with a legal agency that was legible only as criminality” (10), “the criminous slave was assigned a degree of legal personhood routinely denied to even free blacks” (14). Only as they awaited the transition from living body to cadaver, then, did slaves become legally visible as persons. In the black criminal genres, the black body is characterized as aesthetically mortuary, registered only in pieces or as a cadaver. The black criminal confession works to disembody the black subject, representing the larger cultural tendency to obviate the impending threat of black embodiment and legal personhood that Emancipation promised. Because the black criminal body was viewed as property twice over—enslaved by both the plantation and the state—it proved troublingly amenable as an object of study from which theories about the human body could be derived without ethical consequence.

My larger project argues that the definition of the human body was re-conceptualized in the nineteenth century. This redefinition was implicitly instigated, in part, by cultural anxieties surrounding the transatlantic emancipation of slaves and the increasing visibility of the tortured

bodies of black Atlantic subjects. In an era during which agitation for the dissolution of chattel slavery became transnationally widespread and urgent, the African American body became newly explicit. If African American bodies were candidates for legal personhood and physical humanity, the body itself *meant* something different from what it had previously. The rise of a liberal consciousness invested in the language of human rights, and a concomitant emerging idea of universal humanness, ensured that anxieties emerged in a variety of contexts, from both proslavery apologists and antislavery advocates, about how to incorporate the violated African American body into a larger concept of the human body.

It should be no surprise, then, that the African American body in particular became a primary “vehicle” through which nineteenth-century cultural anxieties about the body were translated, and through which the very conception of the body was transformed. The physical bodies of African Americans were the primary criteria by which they were singled out for oppression, and a primary site for the exercise of disciplinary and punitive technologies of oppression. The antebellum black body, then, was highly visible and highly materialized, and it remains commonplace for scholarship to suggest that its materiality was paramount. The great emphasis—in law, medicine, and society—directed toward the fact of the black body’s corporeality made that body all the more accessible to disciplinary apprehension. Thus, representations of black bodies in texts that described or supported disciplinary institutions—institutions such as law and medicine—carry great textual and cultural importance.

But alongside that materiality lies a counter discourse of invisibility and erasure, articulated through criminal genres. “Absence,” “erasure,” and “invisibility” are terms that counter recent scholarship about the black body as an anatomical spectacle. This scholarship focuses on a variety of characteristic sites, such as the antislavery lecture circuit, the auction

block, and the medical display of black bodies as “curiosities.” Daphne Brooks writes persuasively that African American performance, lecture, and bodily display constituted “a fugitive form of political expression” that “transcended the discursive restrictions of the slave narrative and redirected the uses of the transatlantic body toward politically insurgent ends” (68).

But my project questions aspects of this prominent strain of criticism, which reads the nineteenth-century black body as culturally symbolic of utter, essential presence and hyper-materiality. It is my contention that the culture’s “feared loss of white bodily integrity” (Hartman 9) instigated textual practices that often characterized the black body as culturally *invisible*, and often in order to make white bodies or technologies visible in its place. Such textual practices often took advantage of black-agented escape and unlocatability as related forms of absence. I argue that, when the black body becomes hyper-visible to institutional discourse, it is simultaneously subjected to textual maneuvers that highlight its *disappearance*. Black subjects became evacuated from discourses of embodiment at the very moment when, legally and socially, their embodiment was most fraught. A concerted metaphoric priority on the black body’s disappearance, absence, and erasure made it easier for white subjects to obviate responsibility for incorporating black bodies into a universal definition of the human body.

This metaphoric priority doesn’t negate the narrative strain of hyper-materiality; rather, it further develops the discursive contours of that materiality. It can be powerful to reckon with textual instances where punitive measures directed toward black bodies both reveal their materiality, and simultaneously instantiate invisibility and bodilessness. For such textual instances, I turn to the African American criminal confession narrative. I suggest that, in texts where anatomical language is used in black criminal contexts, something significant is being

articulated about the human body more generally: the body was being redefined as legally and culturally human to the extent that it was violated, disarticulated, absent, or dead.

Anatomies of Erasure

In the summer of 1841, four African American men met in St. Louis—one free, and the others enslaved but highly mobile and independent. Madison Henderson, Alfred Warrick, James Seward, and Charles Brown possessed extensive experience in criminal activity, and together they conceived a complex crime. The men planned to kill the white live-in clerks at a local storehouse in order to acquire keys from their bodies and ultimately rob the storehouse's purportedly well-stocked safe. With some difficulty they managed to dispatch the clerks, but the keys to the safe were never located and the rumored money never accessed. Just before fleeing the scene, the four men set fire to the storehouse to destroy the murdered bodies and thus conceal the evidence of their crimes.

After a month-long manhunt recounted in local and regional newspapers, the four men were apprehended, tried, convicted of murder and arson, and sentenced to death. As they awaited execution, a local journalist and publisher, Adam Chambers, visited their cells to record their confessional narratives. On July 9, the men were publicly hanged on Duncan's Island outside St. Louis. Steamboat excursions to the island were organized to accommodate tens of thousands of spectators, and the men's published confessions were sold at the hanging in pamphlet form, under the title *Trials and Confessions of Madison Henderson, alias Blanchard, Alfred Amos Warrick, James W. Seward, and Charles Brown, Murderers of Jesse Baker and Jacob Weaver, as Given by Themselves; and a Likeness of Each, Taken in Jail Shortly After Their Arrest*. Following their execution, the men's dismembered heads were displayed in a drugstore window

on St. Louis's Main Street. The men's confessions comprise a representative—but significantly understudied²⁸—African American criminal confession context.

The published confessions of Madison, Seward, Warrick, and Brown slowly reveal details of the men's crime and the bodies it affected, progressively accreting toward the promise of a complete story that never materializes. Not only was the testimony of the convicted men inadmissible in court, but inconsistencies in witness testimony, misidentifications of the murdered bodies, a faulty—or falsified—coroner's report, and contradictory accounts about how the victims were murdered produce a text in which all the bodies under investigation remain hauntingly inaccessible despite their graphic corporeality.

Constructed as a series of ever-narrowing frames, *Trials and Confessions* opens with the men's portrait likenesses. Chambers, the amanuensis, then offers prefatory remarks. Next, a selection of newspaper articles from the *Missouri Daily Republican* provides a summary of the crime, recounts the men's apprehensions, and excerpts details from the coroner's report on the murder victims. The *Republican* articles are followed by the court transcripts from the men's trials, and finally their own confessions. In a sense, readers are instructed to begin at the story's end and slowly make their way to the beginning: execution first, then the apprehension of the accused, then medical examination of the victim's bodies, and finally the crime itself. Cloaked under layers of institutional discourse, the men's confessions are made accessible only after the text has delivered its guilty verdict through the trial transcripts. The text is organized in a way that forecloses the bodies on trial: its temporal logic makes the men arbitrary accessories or bystanders to the event of their conviction and execution. The very structure of the text, then, helps to “absent” the men's bodies.

²⁸ I located this document in UNC's online archive of African American slave narratives, “Documenting the American South.” To date, only one study of this criminal confession exists, in Buchanan's chapter (see bibliography).

By opening with self-conscious prefatory remarks regarding his methodology of textual construction, Adam Chambers positions *Trials and Confessions* as an insecure, shakily reconstructed document, vulnerable to lapses of incoherence. Rendering the labor of transcription and synthesis highly visible, Chambers writes:

[I]n a cell separate and apart from each other and from all persons...[n]o one prisoner knew what the other had confessed to. This will in some measure account for the discrepancies which appear in the confessions. [...] [T]he writer...recur[red] again and to different and disconnected parts of their narrations, to sift, as far as practicable the correctness of their stories. [...] [W]herever he could find anything in their statements or in their manner of relating them to justify a belief that they were untrue, he endeavoured to exclude them from the confession. (ii)

At the text's opening the reader becomes acutely aware that pieces of the confessions languish untranscribed—the full stories exist somewhere permanently unreachable. Though Chambers has attempted to suture the statements into a stable iteration, he also *preserves* the document's rampant incoherence by alluding to it repeatedly. By making the act of misremembering visible, Chambers helps to absent the men from their own confessions and contributes to a kind of cultural amnesia concerning black bodies.

The *Republican* articles that follow Chambers' remarks are laden with the language of the coroner and the detective. In these articles, journalists describe the murdered bodies of Jesse Baker and Jacob Weaver as “dreadfully mangled” and “cut open in several places.” Of the crime scene they report that “the hat and handkerchief of Mr. Baker [was found], but no trace of his body could be discovered. It is conjectured that...his body lies buried in the ruins” (1). The journalists' focus on personal objects points in the direction of Baker's body, but only to signify its absence, as well as its potential burial status. Chambers' decision to launch the text through this mortuary lens suggests that, for the pamphlet's readers, the vocabulary of the coroner's examination, images of the anatomical mutilation of cadavers, and the heightened absence of

dead bodies provided a legible interpretive framework for the African American criminal confession and the black bodies it surveys.

But despite the coroner's reports, trial transcripts, and the men's confessions, the events that transpired on the night of April 17, 1841, remain ambiguous. After meeting on a boat docked along the Mississippi River, the men took separate routes to the Collier & Pettus storehouse, planning to kill its clerks and burgle its safe. During Seward's trial, arresting officer James Gordon relays that Seward told him he "didn't see Warrick" when the men reconvened at the storehouse, and "supposed he was in some of the alleys" (8)—Seward effectively "disappears" Warrick from the scene, without ever speaking himself into record. This bodily displacement is repeated as Gordon continues:

[Seward] has since the first conversation I had with him told me that I mistook him in his first statement of his position—his first statement to me as I understood him, was that he was at the corner of the house opposite Mr. Collier's and at the alley—his second was that he was at the corner below—of Pine and Front Streets. He said he was not any time in the house, and that shortly after the last young man went in he left the place and went home. (8)

Through his rehearsal of Seward's revisions of the timeline and his summoning of multiple geographic positions, Gordon manages to dis-locate Seward, erasing his material presence from the crime just as Warrick was erased before him. Arresting citizen Robert B. McDowell further "disappears" Warrick at Warrick's own trial:

[Warrick] stated that at the night the deed was committed...Brown, Sewell [sic] and Warrick were together at the corner of the street at about 9 o'clock. [...] He stated that he had not been in the house, but was on the look out. [...] [H]e used the expression 'we were all there together, we were all in the house together.' [...] [H]e said Madison killed Jesse Baker; and that he was not there in the house, but was out by the door; he said 'we were all in,' but not that *he* was. (9)

According to McDowell, Warrick first claims he was never in the house, then claims he was, then again claims he wasn't. McDowell's unstable pronoun usage further heightens Warrick's

unlocatability. At least grammatically, Warrick languishes beyond the text's borders, inapprehensible. In succession, witnesses at each trial misplace one or another of the men, complicating the reader's ability to locate their bodies at any specific place in any given time. Crucially, because the men never speak at the trial, it is the *white* witnesses who ventriloquize their speech and displace or disappear their bodies—supplanting black bodies with white.

Through a comparison of witness testimony and each man's published confession, further inconsistencies emerge around the physical acts of the murders. All men agree that Madison knocked on the storehouse door and entered first, approaching Baker with a bill and asking for his expertise in identifying whether it had been counterfeited. But the accounts fray from there. After showing Baker the bill, Madison claims he used a crowbar to deliver one blow to the back of Baker's head, knocking him off of his chair, and then "went out and gave the bar to Warrick, who...went in and struck [Baker] twice over the head" (33). Warrick, however, claims that Madison struck Baker *twice*, and that, after Madison gave him the crowbar and he entered the store, he "saw that [Baker] was dead, or would die, so I struck the chair twice" (45), exonerating himself. Brown claims that he "could not hear the blow [Madison] gave Baker, but I heard the body fall upon the floor" (75), rendering Madison's body at least temporarily unlocatable, while Seward says he "could not see what [Madison] did but heard the blow" (61), directly reversing Brown's version. Madison states that, next, Warrick "came out and gave the bar to Brown and he and Seward went in together" (33); but Warrick claims he "came out and gave the bar to Seward" (45). After Seward and Brown enter the store, Warrick claims that they both "beat [Baker] some time" until "the face was all mashed up" (45). But Seward claims that he didn't enter the store until after he heard Brown "striking several times," and that he himself didn't strike Baker until he "observed that it was no use, that he was dead," after which he "took down

a coat hanging on the wall, and spread it over him. I then struck the body twice, about the bowels, over the coat” (62). The timeline of events, and the agents who performed them, becomes obscured beyond recognition.

Jacob Weaver’s body receives similar treatment. The official coroner’s report on Weaver’s body, which was printed in the April 19 issue of the *Missouri Daily Republican* and reprinted again in the *Trials and Confessions* pamphlet among its selection of extracted periodical articles, states:

Mr. Weaver was found . . . [with] his head dreadfully mangled. He had been shot through the head, the ball entering above the left eye, and so near had the weapon been to him, that his face and his left hand were blackened with the powder. [...] His head was also cut open in several places, the wounds appearing to have been made with a bowie knife or hatchet. (1)

The men’s confessed accounts of Weaver’s murder do not cohere with the coroner’s. All the men agree that Brown delivered “five or six” (34) blows “until [Weaver] was dead” (46), but the three remaining men all position themselves as though they were not present. Madison claims that he “could not see them from where I stood” (34). Warrick claims first that Brown’s blows “fell upon [Weaver’s] chin,” but the rest of his testimony places him outside the events, as he claims only that Weaver “halloed once in a very feeble voice” and that he could “hear the blows distinctly” (46) but not see them. Seward recounts that, before entering the room, Weaver “looked in at the key-hole” (62), but Seward could only know this if he had been *outside* the building watching Weaver. Seward confirms that he “did not see the blow” but that he “heard several blows” (62), reiterating his placement outside of the scene. Each man structures his confession as though he is simultaneously there and not there. Through comparison, the men’s accounts create an impossible geography whereby they disappear from the scene at crucial points, only to reappear and assert a spectral, voyeuristic gaze that prohibits the direct

apprehension or location of their bodies. Not only does Weaver's body fail to materialize coherently, but the bodies of the convicted men remain inaccessibly absent.

The men never mention a pistol; a crowbar, rather than a hatchet or bowie knife, was the weapon. It's unclear, then, where the "powder burns" of the coroner's report could have come from—not even the scientific authority of the coroner can produce Weaver's body "correctly." But the coroner's report does produce a white body blackened by murder: according to the coroner, Weaver's "face and his left hand were blackened"—not by gunpowder, but presumably by the fire in which the body was partially consumed. How the coroner, a trained professional, could have mistaken a burnt body pulled from the fires of arson for one blackened by gunpowder is an important mystery; Weaver's white body seems purposely blackened. Its constructed blackness haunts the report, and Weaver's body, at least symbolically, substitutes for other bodies absented by virtue of their racial blackness: it is by becoming "black" that Weaver can be enfolded into the same generic practices of forced misrecognition that lead to disappearance.

It should not be surprising that the four men provided inconsistent accounts, if for no other purpose than to evade conviction. And it is also unsurprising that the men's inconsistent accounts were preserved and manipulated by witnesses and white amanuenses: this enables the witnesses to secure a conviction and the amanuensis to sell pamphlet copies by telling a thrilling, blood-curdling story. But it is significant that, through the generic conventions of the criminal confession genre, the preservation of the men's inconsistent testimony facilitated the construction of the black body as invisible. Despite his prefatory remarks assuring readers that he has produced as coherent a version of events as possible, Chambers is able to take advantage of the criminal confession's guise of authenticity and, in so doing, highlights the cultural instability of the black body and its perpetual vulnerability to erasure and absence.

While they awaited execution, the four convicted men attempted an escape from prison.

The *Daily Missouri Republican* reported the following in their July 2 issue:

Last evening...the four negroes confined under sentence of death, made an attempt to escape. It seems that by some means they had got an instrument and severed off the heads of the rivets in their shackles.—During the day, the jailer has kept them in a cell at the south end of the passage, and at night locked them in a cell north of the middle passage. [...] [E]very precaution has been used by Mr. Melody and the two men he has on guard, but they were completely deceived as to the security of the irons, although they were examined twice every day. Brown, we presume, had been detained, for we had been receiving his confession up to within 15 or 20 minutes of the attempt to escape. [...] The public have confidence, as they well may have, in Mr. Melody's vigilance and rectitude of purpose; and we have no hesitation in saying, for we saw them ironed, that there is no possibility of their escaping. ("Escape and Recapture")

The article registers considerable unease about black mobility. The *Republican* assures readers that, despite the ridiculous oversight of the jailers, the public can continue to place confidence in the same carceral technologies that facilitated the men's escape. A rhetoric of exactitude accompanies this assurance: like supplemental prisons, references to "south" and then "north," to "twice every day" and to "15 or 20 minutes" circumscribe the men within locatable geographic and temporal boundaries. To produce evidentiary proof of the men's successful recapture, the journalist (occupier of the article's spectral "we" position) commandeers the gaze, claiming he "saw" the men shackled. In this way, the paper converts itself into a sensory body, adopting a whitened gaze that extends into the cavities left by the men's brief disappearance.

In perhaps the article's most chilling feature, the writers use the language of "severed heads" to describe how the men hacked themselves out of their fetters, eerily predicting and invoking the men's eventual decapitation. And with its threatening choice of the term "middle passage," the article reinscribes the men's captivity within the historical nexus of the slave trade, signaling the limitless extent of society's carceral control over black bodies. With its menacing language, the periodical projects its linguistic shadow of control into the absences it creates. As

with the runaway slave advertisement, black bodies are disappeared in order to make white carceral technologies visible.

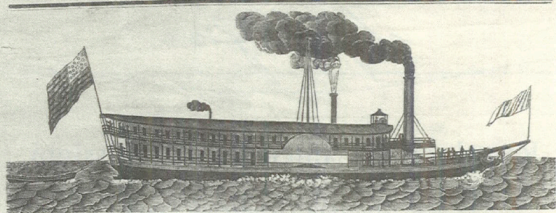
This threat of black-agented escape permeates the text of the confessions and infuses the wider cultural context in which the men were executed. The *Trials and Confessions* pamphlet was marketed to “a southern white community who firmly believed in the dangers that free blacks, and loosely supervised slaves like [Madison], posed to society” (Buchanan 127). The pamphlet likely did not quell the fears of those readers: before the murders for which they were convicted, Madison, Seward, Warrick, and Brown were constantly engaged in economies of escape, disappearance, and unchartable mobility. Through his connection to Cincinnati’s white abolitionists from the Anti-Slavery Society of Ohio, Brown furnished a young African American man with forged free papers and accompanied him as he escaped slavery on a boat. When the young man expressed anxiety about the dangers of escaping and considered turning himself in, Brown pushed him over the edge of the boat to his death (70). After extensive practice, including a stint during which he “studied book keeping” (51) and another spent copying a hotel’s registry, Seward became such an expert forger that he could “counterfeit any signature” (50), and was “initiated into a company of Counterfeiters” (55) who traveled the country forging and cashing banknotes. Thus, Seward circulated beneath the forged white identities of those whose signatures he counterfeited. And when Madison states that he “was in the practice of buying all the newspapers, and taking them to [my master’s] room, where he would read to me any thing that was in them about runaway negroes” (17) in order to kidnap and resell them, the threat of the escaped black body enters the confessions in the form of the runaway ad, which was already doing cultural work to construct the black body’s absence. In the newspaper accounts of their apprehension, the men’s criminality was persistently linked “to their mobility through the pan-

Mississippi region” (Buchanan 134), registering discomfort with the men’s always un-located bodies. Attempting to encircle and manage black bodies that disappeared under their own agency, a *New Orleans Picayune* journalist went so far as to consult various sources to verify that “many of the slaves...mentioned in *Trials and Confessions* had indeed escaped from their masters” (Buchanan 138). The *Picayune* journalist calls the escaped slaves back into materiality—but only in the presence of their “masters”—so that the white authors of the periodical press, rather than the slaves themselves, can control bodily disappearance and recapture.

One week after their thwarted escape, the men were publicly hanged. The nearby town of Alton, Illinois chartered a steamboat to ferry onlookers to the hanging on Duncan’s Island. In an extant advertisement for the Alton steamboat excursion, black bodies again conceptually disappear. The phrase “For St. Louis!” headlines the advertisement, and below it appears the steamboat’s name, “The Eagle!” Both phrases leap out at the reader in a bulky, dark font that towers over the text below it. Between these phrases a large, detailed lithograph etching of a steamboat emits cheerful clouds of steam. Also printed in large, bold text is the price of the fare. Punctuating the adventure of travel with exclamation points, fully half of the poster’s copy is devoted to proclaiming and aesthetically rendering the vehicle. As a featured technology, the steamboat becomes one of the “symbols of American progress [that were] deployed in the mob murders of African Americans” (Goldsby 21). Jacqueline Goldsby here refers to the phonograph, the photograph, and electric streetlight poles as emerging technologies that facilitated the practice of lynching in the early twentieth century; but, many decades earlier, the conception of the black body was just as intimately linked to the technologies marshaled to erase it. It is the technology of the steamboat and the thrill of travel that structures the men’s public execution for

Alton's citizens, and their experience of the execution is dependent upon access to such technologies.

FOR SAINT LOUIS!



**The Regular Steam Packet
EAGLE!**

THE undersigned, having chartered the above Steam-boat, for the purpose of accommodating all the citizens of ALTON, and the vicinity, who may wish to see the

Four Negroes Executed,

At St. Louis, on **FRIDAY NEXT**, would inform the public that the Boat will leave this place at **SEVEN** o'clock, A. M., and St. Louis at about **FOUR**, P. M., so as to reach home the same evening.

The Boat will be repaired and fitted up for the occasion; and every attention will be paid to the comfort of Passengers.

**FARE FOR THE TRIP TO ST. LOUIS & BACK
ONLY \$1 50 !!!**

The Negroes are to be hung on the point of *Duncan's Island*, just below St. Louis. The Boat will drop alongside, so that **ALL CAN SEE WITHOUT DIFFICULTY.**

For Passage, apply to
**W. A. Wentworth,
P. M. Pinckard.**

ALTON, JULY 7, 1841

A broadside advertising the *Eagle's* excursion to view the execution of Madison Henderson, Charles Brown, James Seward, and Amos Warrick, July 7, 1841. Courtesy of the Missouri Historical Society, St. Louis.

Figure 6. Poster advertising steamboat excursion

In smaller letters in the middle of the page, the copy states, "Four Negroes Executed." The men are not named, and the poster refuses to situate them temporally: it is grammatically unclear whether they will be executed or whether they have been already. Suspended in an

atemporal zone, their bodies disappear from the discourse, to be replaced by practices of evidentiary documentation: the “signatures” of the men who chartered the steamboat and organized the excursion, rendered in boldly visible clarity. Calling themselves the “undersigned,” they append their printed “signatures” and the date of the poster’s creation to the bottom of the poster. The poster mimics a legal document through which the “undersigned” assert contractual claims about the featured technology, such as the promise that the steamboat will situate itself on the banks of Duncan’s Island in such a way that “all can see without difficulty.” Crucially, the object of the sentence remains absent; the poster does not articulate exactly *what* can be “seen without difficulty,” and the convicted men’s bodies again disappear. A poster ostensibly advertising the execution of four bodies enters the vocabularies of evidentiary documentation in order to replace black bodies with the contemporary technologies that make the event possible and structure the way it will be viewed and understood.

The day following the men’s execution, the *Daily Missouri Republican* printed a florid, melodramatic rendering of the hanging as its leading article, which occupied well over a column of tiny print. The article demonstrates the variety of verbal and cultural technologies that structured viewer expectations and experiences of the event:

Never in the history of St. Louis was there called forth such a concourse of persons as attended the execution of the four negroes [...]. We have heard the crowd variously estimated at from twenty to thirty-five thousand. In fact it was impossible to form any correct estimate of the numbers; every place from which a view could be had was covered to excess. [...] And here we take occasion to tender the thanks of the community to the companies for the efficient and arduous duty which they performed on this occasion. Such was the pressure of the crowd that but for them we think it doubtful if the Sheriff could in double time have reached the place of execution. [...] Seward first addressed the multitude at some length [...], then Warrick made a short speech, then Brown, and then Madison. [...] [Madison] remarked, that he knew the people had assembled hear [sic] to hear him speak, but ... he had had his speech written down and they could read that, (alluding to his confession) [...] Madison was killed instantly. Seward struggled about two minutes. The knot of the rope on Brown was so adjusted that

it came under his chin, and he was a long time dying. In fact, it was for a considerable time thought doubtful if he would die unless it was changed. Warrick appeared dead in a minute and three quarters. [...] We were surprised to see the number of women attending the execution. [...] [J]udging from the equipages and dress which we saw, we supposed that some who ranked high in fashion were present. We, however, trust that they really were not of that class. (“The Execution”)

The theatrical language that frames the hanging “reinforce[s] the spectacular character of black suffering” (Hartman 3) while simultaneously obscuring the bodies upon which the spectacle is dependent. The journalist focuses on the crowd, and the few comments the article provides about the executed men are appended to references about members of the community who assisted in their transfer and execution. Not even their death speeches are rendered; the article merely gestures toward the fact that language was uttered. Though the article does reference the content of Madison’s utterance, it is an utterance that points toward yet another text: the confession that is meant to replace the presence of his body at the physical site of the gallows. And because this text is on sale at the hanging, the article’s inclusion of Madison’s utterance works merely to *advertise* the continued availability of the pamphlet. It is only the men’s cadavers that receive sustained attention. With detached, clinical detail, references to the exact times of death and the efficiency of the executioner’s knots train the reader’s focus toward logistics and technologies of execution, turning away from the men’s corporeality at its most imperiled moment. This, after all, was what everyone came to see; but the article interprets this moment as one that concerns procedures rather than bodies.

The *Republican* article participates in how spectacles of blackness and African American bodily torture “provided the occasion for [white] self-reflection” (Hartman 7). The article primarily eyewitnesses the social practices of white attendees and telegraphs its participation in the generic conventions of advertising and of sensational journalism, eliding and displacing the

black bodies at the heart of the event. Through the article, those bodies disappear behind technical observations and cultural self-gazing. Saidiya Hartman argues that this white self-reflection can only be produced from and instantiated through the staging of black bodily suffering. But the *Republican* article demonstrates that this self-gaze in fact produces the radical absence of *all* bodies. Ann Fabian argues that “[p]rinted descriptions of the crowds who came to witness executions ... offer[ed] readers a chance to join those who had made great effort to attend a hanging,” transforming readers into “vicarious witnesses” (57). But, as Hartman teaches, readers are only vicariously witnessing *themselves*—and, further, they are vicariously witnessing themselves as *having been absent* from the event. The text of the *Republican* article, then, substitutes *itself* for the absent bodies of readers.

The published confessional pamphlet also simultaneously structured the experience of the execution. Because the men’s confessions were on sale and circulating at the hanging, many viewers were likely to have purchased a copy to read during the event. Those who arrived early in the morning might have read the pamphlet in its entirety while they waited for the afternoon hanging, absorbing its information, so that, for these viewers, the pamphlet infused their reception of the event. And because it is reasonable to assume that most of the thirty-thousand spectators had obstructed views or were not close enough to actually see the hanging, they might have interacted with the pamphlet as not only a *supplement* to the hanging, but as a *substitute* for the men’s bodies. Serving a similar function to that of the slave narrative at a public lecture, where “the sale of printed documents helped to underwrite the lecture tours of abolitionist speakers” (Fabian 80), not only did the pamphlet underwrite—or perhaps “overwrite”—the event itself, but it also “wrote” into tangible existence the bodies on display that could not be apprehended visually. And like the slave narratives sold at public lectures, the pamphlet stood in

as documentary evidence, authenticating both the guilt of the executed as well as the experience of the viewer—the viewer’s body becomes “authentically” present at the event only through the reading of the pamphlet. In this way the pamphlet, like the newspaper article, substitutes text for bodily presence.

Subsequent to their hangings, the men’s dismembered heads were displayed in the window of Corse’s drugstore in St. Louis (Buchanan 144). I’ve found no archival document that offers an explanation of this practice’s proposed effects, but it certainly demonstrates what Jacqueline Goldsby calls “the imperatives of visual literacy—what it means to see, and how technologies of seeing organized American social life and knowledge” (41). Harriet Washington provides another persuasive example of the spectacular disciplinary displays of the black body in nineteenth century America—one of hundreds of such examples:

When an enslaved African American named Tom was condemned to death for a murder in 1824, [the local Dr.] Simpkins said he obtained Tom’s body by promising him all the gingerbread he could eat until his hanging. After the execution, Simpkins assembled Tom’s skeleton and hung it on his waiting-room door, where, [his] biographer explains, it terrified patients when the wind occasioned its movements. [...] Black bodies on anatomists’ tables, blacks’ skeletons hanging in doctors’ offices, and the widespread display of purloined black body parts constituted the same kind of warning to African Americans as did the bodies of lynched men and women left hanging on trees where blacks would be sure to see them, or cut up as souvenirs of racial violence. (Washington 135-136)

Examining an advertisement for Corse’s drugstore alongside the etched portraits of the men included in their confessions helps us theorize these practices of display in the absence of their justification, uncovering how the material circumstances around the men’s execution participated in conjunction with anatomical medicine to produce technologies of spectacular erasure.²⁹

²⁹ This display of cadaverless heads hauntingly correlates to the display of unclaimed bodies in the Paris Morgue. Beginning in 1864 with the Morgue’s construction, dead bodies that went unclaimed were displayed behind a glass window in the Morgue’s lobby, ostensibly for the purpose of assisting friends and loved ones with identification. But this display of corpses quickly became a frenzied cultural

James M. Corse regularly printed advertisement copy for his drugstore in the *Missouri Daily Republican*, and many issues of the newspaper leading up to and following the hanging reproduce Corse's ads. For regular readers of the *Republican*, then, the Corse's ad contributed to the print context that was created as an alternative or supplement for the material context of the hanging. While any number of storefronts along Main Street could have possessed window display areas adequate to the task of exhibiting four dismembered heads, their exhibition at that specific location provides insight about the cultural context into which the heads entered and the particular effects they might have produced. The full ad reads:

JAMES M. CORSE,
Dealer in Drugs, Medicines, Paints, Oils, Dye-
stuffs, Window Glass, Druggist's Glass-
ware, Surgical Instruments, Fancy
Articles, and Perfumery,
NO. 69, MAIN STREET.

The advertisement features the predictable materials a drugstore typically dispensed for basic domestic needs. By seeing the heads in the seemingly objective context of the drugstore window, spectators were asked to read the heads of the executed *as* dry goods: practical, quantifiable commodities. Their display in such a context would have appeared to reinforce the quotidian pragmatism of the punishment and to inoculate any empathetic associations with the men's corporeality which, through such a dismemberment and display, was effectively erased, obscured by commodification.

In addition, locating the heads in the drugstore's window enfolds the punished, disarticulated black body into the sphere of practical medicine. White consumers encountered the decapitated black body at the site where they sought cures for their own bodily malfunctions.

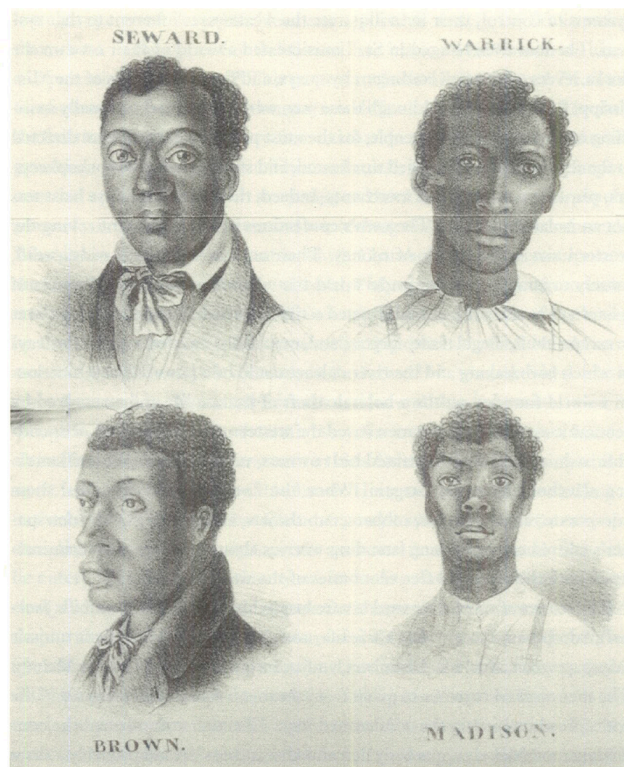
sensation. Free to enter, passers-by could—and thousands did—pass through the morgue to gawk at death. The term *morgue* was first used to describe the location in a prison where new inmates were housed so that jailors could recognize them in the future.

Unlike a professional doctor's office, the drugstore offered subjects the opportunity to manage their own bodies, to diagnose and administer to their own routine medical needs. By extension, with the dismembered heads situated at such a location, white subjects could participate in the "diagnosis" and punishment of black bodies. Like a supplemental cure, the presence of the bodiless black heads shores up the white body, suggesting its undiseased wholeness: the dismembered black cadaver vivifies white embodiment.³⁰

It is difficult to imagine what the severed heads of the four men in Corse's drugstore window looked like, or what it felt like to observe them and be in their presence: were the heads preserved in alcohol? Were they open to the air, decaying? While the experience of viewing the heads in their context remains unavailable for recovery, the *Trials and Confessions* pamphlet further structured the material viewing experience by offering portraits of the four men on the frontispiece of the published pamphlet. These portraits jarringly evoke the dismembered heads for the reader. Each man is rendered from the shoulders up, and the necks and faces of the condemned signal the corporal reality of decapitation. Considerable labor was clearly expended on the portraits' construction: each prisoner's features are unique, and each man's countenance bears a slightly different expression of sorrow, surprise, and remorse, taxonomically documenting the "authenticity" of the men's guilt in all its variety. The portraits signal their intention to seamlessly and transparently replace other iterations of the men's physical bodies, including the very material instance of their execution, which many who were present could not clearly apprehend.

³⁰ As we saw earlier in the chapter, the use of the black body to treat the white body has a textual corollary in medical textbooks.

In fact, because the dismembered heads were likely deflated, void of lifelike expression, or perhaps subjected to processes of decay, the portraits work to entirely replace the embodied “life” of the heads. The portraits’ caption “Drawn on Stone from Life in Jail” (iii) reinforces the



An engraving of James Seward, Amos Warrick, Charles Brown, and Madison Henderson. From *Trials and Confessions of Madison Henderson*. Courtesy of Cornell University Law Library.

Figure 7. Portraits of Seward, Warrick, Brown, and Henderson

men’s occupation between life and death: in order to produce the portraits’ lifelike images, the men’s lives are “drawn” from their bodies and “captured” on stone through the process of the portrait—a supplemental “hanging” by the neck. While the portraits record lifelikeness, the caption makes them already dead, further facilitating their substitution for the dismembered

heads in the drugstore window. Any access to corporeality that the antebellum subject might have acquired by observing the heads becomes obscured by their deadened unrecognizability, and the portraits are free to occupy the space left by the men's bodily absence.

The public display of severed heads feels vitally, even mediinally, corporeal: what better way to instantiate bodily presence and the brute fact of corporeality than by offering this horrifying spectacle? Especially considering the processes of decay into which the heads may have entered as they remained in Corse's window, the flagrant materiality of the dead body cannot be denied, and the display of severed heads reads, at least on the surface, as a gruesome but effective consolidation of the culture's complete control over the black body and its meanings. But, in order to understand how they represent cultural imperatives toward black erasure and absence, it is equally important to stress the absolute *disembodiment* of the heads—they are physical body parts, yes, but stripped of their signs of mobility and incoherently detached from the rest of their parts, left to be identified as symbols of power rather than active agents. Saidiya Hartman writes of this dilemma:

[T]he fungibility of the commodity makes the captive body an abstract and empty vessel [...]. [T]he dispossessed body of the enslaved is the surrogate for the master's body since it guarantees his disembodied universality and acts as the sign of his power and dominion. Thus, while the beaten and mutilated body presumably establishes the brute materiality of existence, the materiality of suffering regularly eludes (re)cognition by virtue of the body's being replaced by other signs of value, as well as other bodies. (21)

Though Hartman writes about the spectacles of torture enacted against the bodies of enslaved persons, her formulation works equally well when considering the cultural effects of the spectacle produced from the bodies of these executed African American prisoners. The act of displaying the heads of Madison, Warrick, Seward, and Brown works in tandem with other textual representations that have circumscribed the event, to effect a total absencing. In the space

where the idea of their bodies might have been, self-reflective documentary text and portraiture displace corporeality.

Acting as “bookends”—the portraits appear at the beginning of the pamphlet, and the dismembered heads appear as the culmination of the material event—the portraits and the severed heads emerge as each other’s photographic negatives, as two bodiless instantiations of dominant power that completely enclose the narrative and the experience of the execution, and attempt to fully determine its meanings and effects. Inaugurating an endless cycle of substitutions, the portraits and the heads interact to create a narrative about the replacement of the living black body with the cadaver.

CHAPTER FOUR

THE COFFIN'S TENANTS WOMEN WRITERS AND THE SUBJECT POSITION OF THE CORPSE

In 1862, British poet Christina Rossetti published *Goblin Market*, a collection of poems rich with corporeal images that explore the relationship between female sexuality and death. In many of the collection's poems, the satisfaction of sexual desire brings a female narrator dangerously close to death; in others, women pine for dead lovers. But in "After Death," one of many sonnets from the collection, a sentient corpse retains her desire for a living man. In this poem, the dead speaker lays shrouded and nestled in a coffin at her own funeral, while a man hovers over her decorated corpse. The speaker cannot see the man leaning over her—her eyelids would have been closed in preparation for viewing the body—but her other senses become electrified in his presence. She remarks that the man "leaned above me, thinking that I slept / And could not hear him; but I heard him" (5-6). She notes that he "did not touch the shroud, or raise the fold / That hid my face, or take my hand in his, / Or ruffle the smooth pillows for my head" (9-11). The speaker registers her body in gradual stages that correlate to the man's denial of it, expressing a desire to be unveiled and touched—a desire that remains unrequited. Indeed, as the poem closes, the speaker laments that "He did not love me living; but once dead / He pitied me; and very sweet it is / To know he is still warm though I am cold" (12-14). The speaker suffers an eternal bodily desire, but her position as a corpse allows her to reverse the traditionally gendered roles of sexual relation: it is she who watches and she who desires, while her beloved demurely weeps and turns away from her body. As in many of her poems, in which strict poetic forms are modified through irregular rhyme or meter, Rossetti's "perversion" of the sonnet form through uncustomary subject matter underscores the unconventional economies of desire enacted

by the speaker. By assuming the silent, supine subject position of the corpse, the poem is able to interrogate the human body's gendered boundaries.

In each of its chapters, this dissertation considers the ways in which the ascendance of surgical medicine metaphorically redefined the living body as a corpse, and the ways in which literary uses of the corpse affected socially marginalized bodies. The Romantic fairy tale deployed dismembered organs and reanimated corpses in order to reevaluate the post-Enlightenment peasant body and its enmeshment in economies of industrial labor. Through the criminal confession narrative, the publicly executed corpses of impoverished and racialized criminals were reanimated and circulated in print as a pharmaceutical correlative to the silent dismemberment and disappearance of their executed bodies in surgical textbooks. Literary experiments in each of these genres afforded writers the opportunity to grapple with surgical medicine's oppressive consumption of the poor and the disenfranchised. However, in each of these genres, the corpse's objectification remained paramount. Its literary utilization structured the oppression of marginalized bodies. But when women writers of the nineteenth century take up the animated corpse as a theoretical tool, they inaugurate an exciting, transformative process. Rather than experimenting with the *object* of the corpse, women writers inhabit its *subject* position, putting the corpse to surprising, politically subversive uses. This chapter considers whether, for women writers, the corpse's subject position is one of subordination or one of empowerment.

Through their adoption of the corpse's subject position, women writers mobilized a set of cultural issues emerging in the nineteenth century around the object of the human body. By taking advantage of the cultural anxiety surrounding the uses of the cadaver, women writers of the period directed attention to the ways in which women's bodies were treated, legally and

socially, *as* cadavers. Through readings of an epistle by Fanny Burney and poems by Emily Dickinson, the chapter looks at how women writers employed surgical and funerary vocabularies associated with the corpse to investigate three key issues that its animation naturally evoked: to explore their sexuality, to illuminate the ways in which legal and social custom withheld women's property rights to their bodies, and to make visible the politics of dissection and the uses of the dead body. The chapter contrasts these writers' uses of the corpse with popular paintings by Thomas Eakins and the Pre-Raphaelite Brotherhood, as well as a short story by Arthur Conan Doyle, to demonstrate the pervasive objectification and eroticization of the female surgical patient and corpse that these writers worked to upend.

The eroticization of the female corpse had long been a popular trope in eighteenth- and nineteenth-century art and literature. As surgical medicine progressed and its customs and practices infiltrated popular culture, that trope was revised in artistic and literary spheres through the aesthetic objectification and eroticization of the female surgical patient. While male writers and artists figured the female corpse or surgical patient as an object of erotic desire or revulsion, the women writers under study imagined the corpse's inner life as a way to explore their own erotic desire. The mute fact of the corpse's objectification—and abjection—made it a useful vehicle for articulating female subjectivity: in the imaginations of these women, the corpse's interiority becomes a space free of boundaries and limitations.

The women writers under study also frequently encode theories of property rights in their treatment of the cadaver, as a way to dramatize the limited rights they held in the “property” of their bodies. The object of the cadaver was uniquely suited to thinking through issues of bodily property, because disenfranchised citizens—such as black Atlantic subjects, immigrants, the impoverished, the hospitalized poor, and the incarcerated—had very little legal and cultural

recourse to the acquisition and management of their cadavers, replicating in death the diminished rights in their bodies that they experienced in life. The cadaver also traveled through multiple and ambiguous contexts of property through its involvement in the renegade practices of body snatching and burking that constituted a thriving illegal traffic in corpses supplied to anatomical schools. With its multivalent resonances, the term “traffic” links the corpse to other networks of human trafficking—and women in particular were often targets of such networks. The corpse, then, was a rich theoretical object for disenfranchised writers who were looking for ways to interrogate their limited legal rights to their own bodies. Women writers who inhabited the corpse’s subject position were able to register the ways in which the increasing visibility of the cadaver made visible their own social position as propertiless “objects.”

The corpse also held great capacity as a critical medium for women writers because, like its cousin the anesthetized surgical patient, it was assumed to be an insensate object of study that was only ever acted upon. Already legally and socially “dead,” women’s bodies became *recoded* as dead through the scientific advances of surgical medicine, which elevated women’s social death to the level of science. By adopting the immobile, seemingly innocuous subject position of the corpse or the medical cadaver, these women transition from sexual objects to sexual subjects, and from passive patients to active participants in the construction of knowledge about their bodies. Through such an interrogation, the highly gendered politics of anatomical medicine itself becomes visible.

As we have seen with both the fairy tale and the criminal confession, genre was equally significant to subject matter for literary writers who used the corpse to explore the politics of bodily definition. The magical spaces and suspended temporalities of the fairy tale allowed Romantic writers to highlight surgical medicine’s simultaneously scientific and mystical

rearrangement of the human body. And the criminal confession provided a unique space in which the living and dead body could exist in ambiguous simultaneity, mirroring the confusion of living and dead bodies in a variety of the era's political and social sectors. Both Dickinson and Burney, too, engage in theoretical challenges to genre. The experimental and unregulated spaces of the poem and the epistle enable these writers to replicate surgical procedures textually and to reimagine the female body to which these procedures are applied, producing what I term a "surgical poetics." This poetic practice is accomplished through wild and irregular modifications of form, labyrinthine syntax, nontraditional grammar, and complicated pronoun usage that resists the concepts of order and hierarchy embedded in language. But, primarily, it is these writers' use of the em dash to which I will call attention throughout my readings, highlighting the ways in which these women maximized its revolutionary potential.

My theory of the em dash's functions and effects assumes that its use signifies surgically in literary contexts where the examination of the human body is the primary subject matter. In *The Birth of the Clinic*, Foucault meditates on the work of the famous late-eighteenth-century French anatomist Marie Francois Xavier Bichat in order to describe how the science of anatomy was undergoing a conceptual transformation that changed the way knowledge about the body was organized and disseminated. In his analysis, Foucault evokes a developing medical epistemology that mirrors the textual work of the em dash:

Bichat imposes a diagonal reading of the body carried out according to expanses of anatomical resemblances that traverse the organs, envelop them, divide them, compose and decompose them, analyse them, and, at the same time, bind them together. [...] [This is a] method of reading that, scanning the forms of disintegration, describes the laws of composition. (129)

Here Foucault points to the moment when anatomical science begins to transition from a holistic understanding of the body's systemic interrelation to an epistemology grounded in the isolation

and decontextualization of parts and organs. In this new vision of the body, the anatomist dislocates the organs from their contexts only to map them back together through a “diagonal reading”—a practice that links body parts back together only when they bear “anatomical resemblances” to one another. When Foucault argues that this anatomical reading practice “describes the laws of composition,” he points to the way anatomy decomposes and recomposes the material of the human body—but he also evokes the laws of *textual* composition.

The writers under study in this chapter “read” the body using a version of the laws that organized Bichat’s anatomical maps: under their pens, the em dash performs the diagonal work of bodily decomposition and re-adherence. Like tiny slashes—or stitches—across the page, the em dash signals a frenetic attempt to embody or imprint the traumatic practices of the surgical theater. It simultaneously binds and separates, violates and heals, punctuates and punctures, textually reproducing the procedures of surgery by replicating the act of cutting into flesh and suturing it. The writers under study marshal the em dash to negotiate scenes of surgery that look like scenes of death and burial—indeed, its ambiguous effects make visible surgical medicine’s blurring of the categories between life and death, body and cadaver, surgery and mortuary ritual. For, its employment pushes the reader aggressively, frantically onward—it replicates life’s mobility and thus resists death. But simultaneously it maps, fixing entities in place and fastening an immovable relation between them—a kind of textual dismemberment dependent upon an assumption of the body’s material death.

For Dickinson and Burney, the use of the em dash is also anti-grammatical. It is never employed properly: to interrupt a sentence with a related clause, or to modify a preceding clause. Rather, it is used unpredictably: to bind unrelated clauses, to map out body parts in order to make their dismemberment visible, or to produce the effect of a frantic, stream-of-conscious utterance.

This renegade use of the dash demands that issues of authenticity, proof, and veracity come into question at the very moment that the body comes into (surgical, anatomical) visibility. For the dash seems to replicate the very consciousness of the writer and thus seduce the reader into believing that a kind of authentic truth is being iterated in real time. It makes the text—and the bodies described by the text—vulnerable, uncertain, and transgressive.

My theory of the em dash does not intend to endow this tiny punctuation with undue significance: not every instance of its use in nineteenth century literature encodes a surgical aesthetics, a medical politics, or a corporeal interrogation. Rather, I suggest that when women writers use the em dash to argue for the relationship between the female corpse and the body of the female surgical patient, it *takes on* a surgical quality, rendering the body's anatomy visible and layering the gendered political stakes of surgical medicine into the techniques of composition itself.

Mortuary Aesthetics: The Surgical Theater of Fanny Burney

In 1811, the prolific English novelist, diarist, and playwright Frances Burney underwent a surgical operation to remove a “peccant attom,” or tumor, from her breast. She had been living in France for nearly a decade while her husband served in a high-ranking position in the government of Napoleon Bonaparte. Her husband's employment provided Burney with access to leading medical care, and France's top surgeons performed her operation.³¹ Still, the procedure was so traumatic that Burney could not bring herself to begin writing about it until three months

³¹ Indeed, Burney was lucky to have had access to the French medical system, which was more liberal than the British and American systems in obtaining corpses for dissection and standardizing hospital and clinical practices. This was due in part, Lilian R. Furst reminds us, to “Marie-Francois-Xaviar Bichat, the French pioneer of pathological anatomy whose research contributed greatly to making Paris the center of medical innovation in the earlier part of the nineteenth century” (6).

after its occurrence, and spent an additional six months in composition and revision. In 1812 she sent her account as a letter to her sister, Esther, with whom she frequently corresponded.

Populated by a cast of surgeons who wield morbid, mortuary magic, Burney's letter expresses the complex political significance of the gendered body caught up in the practices of surgery.

In nineteenth century literature, the relationship between surgical anatomy and the epistle is subtle but significant. Many literary writers articulated the human body's changing cultural definition through formal experiments that anxiously highlighted the material insecurity and generic instability of letters. In texts of the period, the epistle is vulnerable to violent interventions that evoke metaphors of surgery, and it takes on a corporeal quality that mirrors the body under surgical duress: letters are interrupted in their composition; portions are excised or disfigured; their transmission is waylaid or mishandled; and the documents themselves are often misread, misinterpreted, or even illegible.³² In fictions that feature the circulation of epistles, surgically extracted organs often delivered as evidentiary documents, and in some cases organs often accompany letters.³³

The epistle becomes doubly corporeal because it represents the body in the most intimate way, by purporting to transcribe consciousness in real time—which makes it a relative of the em dash. In its relationship to a singular body part—the human hand—the epistle stands in for the always-already dismembered body, evoking surgery through its very composition. As a handwritten document that transcribes the apparently spontaneous streams of a writer's

³² I am reminded of Wilkie Collins' *The Woman in White* (1860), in which Count Fusco rapaciously interrupts and appropriates Marian Halcombe's private diary, expending considerable rhetorical energy certifying the diary's accuracy.

³³ Many of the Grimms' tales—such as “Snow White” and “The Girl Without Hands”—feature disemboweled organs accompanied by letters, or organs that circulate as proof of murder. Of course, the most trenchant example comes not from literature but current events: Jack the Ripper used the post to circulate dismembered body parts accompanied by chilling handwritten missives.

consciousness, its ephemerality stands in direct contradiction to its intimate record of the human body's physical processes, even after death: the intimacy, distinctiveness, and spontaneity of handwriting "speaks" the dead or absent body into being, cradling deadness and aliveness together simultaneously. And, like the space of the surgical theatre or the clinic, the epistle is simultaneously private and public, handled by a host of disinterested professionals.

For these reasons, the epistle was an ideal format for theorizing the frightening implications of how the unstable and ambiguous processes of surgical medicine mimicked the preparation of the corpse for burial.³⁴ Repeatedly throughout nineteenth-century literature, the epistle is the stage for generic and literal surgical procedures, and for the theorization of the bodies that surgical medicine produces. Of course, not all personal correspondence or epistolary fictions explored the human body as subject matter; I simply suggest that the genre was often a format for such meditations—precisely because of its generic conditions.

As Fanny Burney's letter begins, her chief surgeon, M. Dubois, assembles the operating table:

M. Dubois ordered a Bed stead into the middle of the room. [...] Two *old matrasses* M. Dubois then demanded, and an old Sheet. [...] These arranged to his liking, he desired me to mount the Bed stead. [...] I was compelled, however, to submit to taking off my long robe de Chambre, which I had meant to retain. [...] M. Dubois placed me upon the Mattrass, and spread a cambric handkerchief upon my face. (17, emphasis in original)

Burney would have been considered fortunate to undergo her procedure in the relatively comfortable and intimate setting of a bedchamber—most nineteenth-century surgical operations

³⁴ In recounting a curious incident from the February 14, 1829, issue of London's *Morning Herald*, Ruth Richardson points to the way that the epistle also mediates the corpse: "[A] woman...had recently died and been buried [...]. Before her death she had entrusted to a close woman friend some letters from her dead son, with the injunction that they were to be laid with her in her coffin. The friend forgot, and was very distressed until—soon afterwards—the village postman died. The woman arranged to have the letters put in *his* coffin, as she firmly believed that he would be as diligent a postman in the other world as he had been in this" (*DDD* 4).

took place in overcrowded hospitals, on army battlefields, in the uncomfortable setting of a physician's office, or in unhygienic slums. But Burney invests even this aristocratic setting with accusatory gender politics. In preparation for her surgery, she must perform an erotically charged spectacle of disrobement. The "old mattresses" that Dubois "demanded"—likely used simply to avoid bloodying new ones in the operating process—take on the seedy character of having been soiled in previous illicit encounters. Though surely Dubois "arranged" the room "to his liking" in order to efficiently maximize clinical access to Burney's body, Burney frames his actions in terms of personal *preference*, suggesting that Dubois arranged the room to satisfy his "desire" for her to "mount" the bedstead. Though she ultimately divests her clothing for the utilitarian purpose that her body might be surgically acted upon, Burney challenges the notion of consent when she is "compelled to submit" to the removal of the robe she "had meant to retain."

This rapacious language highlights a cultural problem that gained increasing publicity in the era: how the context of the operating room eroticized female patients and complicated a patient's rights to her own body—and, indeed, how art and literature of the period reinscribed that eroticization, as the chapter will show. Burney must renounce her body's *erotic* agency to become an object of surgical medicine. By invoking literary tropes of the virginal bedchamber in her description of the operating room, she frames the act of surgery through a problematic ethics of sexual consumption: for women, at least, the practices of surgical medicine contained inherent issues around the power dynamics of gender.

Burney goes on to describe how her surgeons prepare her body for the operation, drawing gothic connections between surgical medicine and burial customs. Portrayed as "7 Men in black" (16), the surgeons place a transparent handkerchief over Burney's face—a common nineteenth-century surgical practice that evokes contemporary funerary and burial practices of the face-

covering cloth or the shroud. Ruth Richardson describes the prevailing cultural rituals around the preparation of the nineteenth century corpse for burial, which involved “washing the corpse, plugging its orifices, closing the eyes and mouth, straightening the limbs, and *dressing it in winding sheet or shroud*” (17-18, emphasis mine)—and here it is difficult not to recall Hawthorne’s Reverend Hooper, who enters his community like a walking dead man, shrouded beneath a black veil. Burney’s operation demonstrates a number of the ways in which mortuary rituals, the discipline of morbid anatomy, and surgical medicine coalesce.

Observing a “dead silence” (19), the surgeons communicate with each other over Burney’s body in an occult language of symbolic gestures. Using what Burney terms “the fatal finger,” Dubois “first described a straight line from top to bottom of the breast, secondly a Cross, and thirdly a circle” (18). Burney returns to this gothic imagery at the procedure’s conclusion when, after hours of tiring work, she “saw my good Dr. Larry, pale nearly as myself, his face streaked with blood, and its expression depicting grief, apprehension, and almost horror” (20). Dressed in ritual black, the surgeons become pallbearers to their shrouded, corpse-like patient, and the chief surgeon’s “fatal finger” invests Burney’s body with necritude. On the operating table, Burney imagines her body as a funerary corpse over which ghostly surgeons perform mortuary rituals.

But in her account of the operation itself, Burney complicates her earlier passivity by strategically appropriating medical discourse to craft a sophisticated surgical narration style. First, she employs accurate medical terminology to identify the “bandages, compresses, sponges, Lint” (16), and other medical instruments that will be used by her surgeons. Then, as the operation begins, she reports how “the dreadful steel was plunged into the breast—cutting through veins—arteries—flesh—nerves—[...] I began a scream that lasted unremittingly

through the whole time of the incision—” (18). Though this moment is imbued with panic, it is also highly clinical. Through the slices and ligatures of the em dash, Burney labels her body in anatomically distinct parts. The use of the dash allows her to replicate the processes and temporality of the operation, while also infusing the procedure with a frenetic charge that reproduces the instability of her anatomy and the distress she experiences. For this is also the moment when her body electrifies into animation: the incision incites a scream that undercuts the clinical language, reminding readers that a subject exists underneath the surgeon’s knife.

As soon as the surgeons perform their initial incision,

the air³⁵ that suddenly rushed into those delicate parts felt like a mass of minute but sharp and forked poniards, that were tearing the edges of the wound—but when again I felt the instrument—describing a curve—cutting against the grain, if I may say, while the flesh resisted in a manner so forcible as to oppose and tire the hand of the operator, who was forced to change from the right to the left—then, indeed, I thought I must have expired. [...] [T]he terrible cutting was renewed—and worse than ever, to separate the bottom, the foundation of this terrible gland from the parts to which it adhered—Again all description would be baffled—[...] I then felt the Knife rackling against the breast bone—scraping it! (19)³⁶

³⁵ Burney’s mention of air evokes a related contemporary medical practice and points to her medical intelligence: “Germ theory was basic...in revolutionizing surgery in the second half of the nineteenth century. Up to then it had been a brutal business, consisting mainly of amputations, which were performed with the utmost speed while the patient was partially numbed by large amounts of liquor. Surgeons wore the same blood-sodden frock-coats year after year, and all the postoperative wounds in a ward were dressed with the same sponge from the same basin of water. [...] [P]ostoperative mortality rates ranged from 24 to 60 percent [...]. [W]ound infection was considered an inevitable stage following surgery, for it was thought to be caused by *the entry of oxygen into the tissue through the incision*” (Furst 13, emphasis mine). It was British surgeon Joseph Lister (1827-1912) whose innovations eventually led to the wide-scale adoption, later in the century, of antiseptic practices during surgical operation and in post-mortem wound treatment. Burney’s identification of oxygen as not only painful to her exposed body but also potentially fatal—characterized as “sharp and forked poniards”—betrays significant clinical knowledge.

³⁶ Ruth Richardson writes that pre-anesthetic, pre-antiseptic surgery “was accomplished on the conscious, screaming patient, by surgeons with dirty overalls, dirty instruments and dirty hands. The operating table was a slab of wood, channelled to allow the blood to drip down into buckets of sawdust. The patient (referred to by John Hunter as the ‘victim’) was tied down, and held still when necessary. [...] If the operation was conducted in a teaching hospital, the patient’s agonies would be observed by dozens of students” (DDD 41).

Burney interweaves various discursive registers in this compact passage. As the scalpel cuts through each new layer of tissue, Burney confidently guides her reader through the processes of surgical operation. Again, her use of the em dash separates the procedure into its discrete steps. Burney clearly identifies each body part and continues to carefully employ clinical terminology: “wound,” “instrument,” “operator,” “gland.” Her letter begins to take on the characteristics of the era’s surgical textbooks, with their disarticulated illustrations, their labeling of pertinent body parts, and their step-by-step directive guidance through the operating process.

In this way, Burney relates her body to another kind of corpse: the cadaver on the dissector’s table—the origin point of all contemporary surgical knowledge. In fact, through the processes of surgery Burney’s body *becomes* a corpse: the passage above is interrupted midway with her assertion that she has “expired,” and throughout the letter she describes herself as persistently cycling between life and death throughout her procedure. “I became ... without sentiment or consciousness” (16), she states, after which “Dr. Moreau instantly entered my room, to see if I were alive” (16). Later she writes, “Oh what a horrible suspension!—I did not breathe—and M. Dubois tried vainly to find any pulse” (18). At many points during the procedure she is certain she “must have expired” (19), only to later be “re-animated” (17), and by the operation’s conclusion she notes, “I could not even sustain my hands and arms, which hung as if I had been lifeless; while my face...was utterly colourless” (20). When the dead body rises up to stand in for the living body in the clinically mediated environs of the surgical theatre, Burney is able to register surgical medicine’s problematic collapsing of the distinction between the living body and the cadaver. In her formulation, the operating theatre becomes indistinct from theatres of dissection, mourning, and burial, and the bodies that typically occupy these theatres—one alive, one dead—also become indistinct. In this way, Burney produces a tenuous

body: alive but shrouded in burial garb; jolted back into animation through the mortuary techniques of surgery.

For Burney, and for nineteenth-century surgical patients more broadly, this tenuous indistinctness between the living and dead body produces anxiety, but it also becomes a basis for resurrection.³⁷ As the boundary between life and death is perforated, surgical poetics emerge to appropriate this new relationship to morbidity for marginalized—and especially female—subjects, whose relationship to medical morbidity had historically been subordinated in favor of a perceived relation to other biological duties, such as childbearing. With her attention to the breast, to the female body of the surgical patient, and to the sublimated gendered erotics of the surgical theater, Burney makes women's bodies uncomfortably visible in the spaces and discourses wherein women were traditionally rendered invisible. The adoption of the corpse's subject position is part of what makes this visibility possible.

As a generic form, the epistle is also integral to Burney's poetics. Composing her account in the form of the epistle allows Burney to foreground the confusion of the living body and the cadaver in an additional way: by cycling between embodied immediacy and clinical detachment. When Burney asserts, in the middle of her strict scientific account, that "all description would be baffled" readers may furrow their brows in suspicion: after all, she labors extensively to produce a quite graphic series of medically accurate descriptions. This spontaneous performance of mute bafflement makes Burney-as-narrator feel present and alive, but it also self-consciously directs the reader to how painstakingly Burney has crafted herself as a mute, unspeaking corpse. This interplay between terminological accuracy and frenetic terror helps destabilize the generic status

³⁷ My use of the term "resurrection" here is intended to evoke, not religious discourse, but anatomical discourse; specifically the use of the term "Resurrection" as a synonym for bodysnatching earlier in the century.

of the epistle: does it record unmediated bodily observations and transmit authentic experience in real time? Or is it vulnerable to manipulation and the rearrangement of its parts, to a scientific scrutiny that replicates the surgical act?

Burney renders the white male body of the surgeon and his procedures visible, predicting counter practices later in the century that instantiated his *invisibility*.³⁸ She highlights the way in which surgical practices place her body in an unstable category between cadaver, surgical object, and mortuary subject. Indeed, her body becomes the site where anatomy, surgery, and the burial practices of the corpse come together, and thus these various disciplines cannot be effectively sorted out; they appear to rely upon the same epistemological methods. Mediating the surgical body's ontological confusion between life and death, Burney's epistle self-reflexively highlights its own instability.

By commandeering medical vocabulary, Burney signals her ability to participate in the construction of anatomical knowledge, despite women's exclusion from professional medicine, and despite the passivity ascribed to her status as a patient. By casting the discipline of surgical medicine as tenuously clinical and relegating medicine to the realm of the fantastic, gothic, or occult, Burney is able to assume the task of translating the surgeon's symbolic gestures into legible practices that violate her body. By composing her letter in the voice of a surgical patient upon which dissection and funerary practices have converged, Burney effectively inhabits the subject position of the cadaver. Her letter highlights the increasing cultural and material overlap

³⁸ Specifically, this "counter-textbook" refers most directly to the nineteenth-century's emblematic compendium of surgical anatomy, Henry Gray's *Anatomy, Descriptive and Surgical* (1858). In this volume's Introduction, I argue that Gray's *Anatomy* is an inherently disembodied text that occludes the bodies and procedures of the surgeon as well as the patient and the reader, and invisibly converts the dead body into the living subject of surgical dissection by treating the dismembered cadaver—upon which Gray's insights depend—as a breathing body, vulnerable to random acts of disembodied violence committed by absent, invisible agents.

between surgery and funerary practices, an overlap that was made possible through the object of the cadaver—the object that both anatomical and mortuary science had in common. Burney also draws attention to the ways in which the practices of surgical medicine facilitated underlying cultural attitudes towards women’s bodies. Her account stands as an evocative example of a private, gendered surgery, demonstrating how women writers used medical discourse to participate in rewriting the definition of the human body throughout the century.

Surgical Poetics: The Operations of Emily Dickinson

An entire ocean separated Fanny Burney and the American poet Emily Dickinson, and almost forty years transpired between the composition of Burney’s letter and Dickinson’s most productive years as a poet. During those decades, literary production on both sides of the Atlantic had shifted from Romantic concerns to the aesthetic and cultural preoccupations of the Victorian era and the American Renaissance. On the British side of that ocean, Dickens wrote of social reform and the institutional failures of the law. In America, Melville wrote of the punishing mechanisms of commerce, and Poe penned gloomy fantasies of psychological duress. Many writers of the era were invested in the sciences, but the gruesome and graphic bodily depictions found in Burney, Mary Shelley, and other women writers of the Romantic period would not have been brooked from a woman writer in the neo-Puritan New England context of the midcentury.³⁹

Still, significant corollaries exist between Burney’s letter and Dickinson’s poems. Like Burney, Dickinson was deeply invested in the political valences and social consequences of

³⁹ A Romantic engagement with science and medicine, such as Burney’s or Mary Shelley’s, was much more graphic and much more concerned with the individual over the institution; a greater sense of social propriety and clinical detachment (versus explicit corporeality) pervades midcentury accounts of medicine’s bodies.

inhabiting a female body, and she dramatized these consequences through the use of terms and metaphors drawn from the sciences. Both writers turned to the corpse to express their frustration with inequality as well as to explore modes of bodily desire. Indeed, many of Dickinson's poems are written from the perspective of the animated cadaver. While Dickinson's use of the corpse does parallel an explicit medical discourse that infuses her oeuvre, no single poem treats the female cadaver in a surgical context as seamlessly as Burney does in her letter. But Dickinson's speakers do inhabit coffins, tombs, graves, and funeral parlors, their bodies hovering on the boundary between life and death as they sketch out the possibilities the corpse affords. Both writers were also productive purveyors of the em dash. Dickinson's liberal and storied employment of the em dash fragments the human body into anatomical units, and its use is frequently paired with existential ruminations on whether the taxonomic and economic sciences effect—or even produce—corpses. In the process of drawing together funerary and surgical vocabularies on the bodies of animated corpses through the ligatures of the em dash, Dickinson argues that, in midcentury New England, women can only attain sexual and economic rights to their bodies when they are figuratively—and literally—dead.

Readers familiar with Dickinson's canon will not be surprised to encounter interpretations that argue for the paramount significance of death in her work—indeed, the theme has perhaps been belabored past the point of novelty. My analysis of her poetry, however, makes an important distinction: rather than looking to Dickinson's ruminations on death as a physical or psychic *state* that requires philosophical or religious inquiry, I look to the object—and subject—of the corpse, and Dickinson's enmeshment of it in scientific discourse. Importantly, more often than not, Dickinson's corpses are not dead at all.

But do Dickinson's poems *really* draw on surgery and medicine that extensively? Casual students of nineteenth century American literature often associate Dickinson's poetry with the overarching critical obsessions of her most devoted scholars: she has been primarily mythologized as a poet of nature and spiritual doctrine. For readers who have not approached Dickinson's work with an eye to its medical embodiment, its anatomical prowess, or its surgical corpses, I offer below a quick scan of these recurring themes as a way to orient and contextualize my analyses. In particular, I provide examples of places where Dickinson assesses the human body in anatomical pieces; where she uses the character of the surgeon, doctor, or physician; and where she dramatizes medical procedures. In the process, I hope to demonstrate that Dickinson drew from medical themes with surprising frequency, and that the larger discourse and ideology of medicine acts as a framework for her discussions of gender, property rights, and the ontological status of the human body more broadly.

The body does not exist in Dickinson—at least, not as the unified, contiguous object we assume it is. Rather, it is a collection of parts that don't ever quite make a body, and emotional, psychological, or spiritual states can only ever be expressed through those dislocated parts. For Dickinson, consciousness and agency reside in individuated organs, and her fragmentation of the body into anatomical units demonstrates this. The dismemberment of individuated organs, and the location of consciousness and agency in those organs, is something we have seen in the fairy tale and in the surgical textbook as well—it is a prevailing nineteenth-century trope. In poem 1392, for example, the speaker progressively describes hope as “a strange invention” (1), a “Patent of the Heart” (2), and an “electric adjunct” (5) of which, ultimately, nothing is known. The speaker in poem 811 argues that “Scarlet Flowers” (2) should be understood as “the Veins of other Flowers” (1)—at least until nature has leisure for such “Terms / as ‘Branch’ and ‘Jugular’”

(3-4). While “branching” can be applied to the veins of plants and animals equally, the term “jugular” evokes clearly human associations. Of a recently expired corpse, the speaker of poem 1527 laments, “Oh give it Motion—deck it sweet / With Artery and Vein—” (1-2). In light of Dickinson’s assumed religious preoccupations, it is significant that this speaker wishes for the corpse’s reanimation through a revival of its circulatory system—not its spirit. In the throes of grief following the death of a loved one, the speaker of poem 786 longs for the “dull comfort” (13) of a living death that would strike her anatomy in stages; she strives to “weary Brain and Bone— / To harass to fatigue / The glittering Retinue of nerves— / Vitality to clog” (9-12). Ultimately, this speaker concludes that “to die / is Nature’s only Pharmacy / For Being’s Malady—” (22-24). And in poem 100, which more directly engages the anatomical sciences, the speaker avers, “A science—so the Savants say, / ‘Comparative Anatomy’— / By which a single bone— / Is made a secret to unfold / Of some rare tenant of the mold, / Else perished in the stone—” (1-6). In this poem, Dickinson addresses the epistemological conventions of a science in which an entire body—and its secrets—can be reconstructed from a single disembodied part. There is a danger there: the anatomical sciences are endowed with the disturbing power to make visible that which this speaker, at least, longs to keep hidden. Of course—and significantly—this is only possible when that body is a dismembered corpse, who might otherwise have simply “perished in the stone.”⁴⁰

Alongside her registration of the body through its discrete anatomical parts, the character of the surgeon, the doctor, or the physician figures prominently in Dickinson’s work. In poem 177, the speaker practices necromancy in order to communicate with the dead. “I instil the pain /

⁴⁰ Dickinson returns to this danger in poem 443, in which a speaker has become an automaton, a kind of living corpse who performs her daily routine despite the fact that her “Existence—some way back— / Stopped” (11-12). The speaker must shield this interior deadness from the “Too Telescopic Eyes” (22) of “Science” and “Surgery” (21).

Surgeons assuage in vain” (4-5) this speaker declares, inferring a vexed and mystical relationship between the practice of surgery and the magical object of the corpse. In poem 396, “The Surgeon—does not blanch—at pain—” (9), but his “skill is late” (13)—too late to reverse the body’s inevitable death. Poem 108 reads in its entirety: “Surgeons must be very careful / When they take the knife! / Underneath their fine incisions / Stirs the Culprit—*Life!*” Here, Dickinson characterizes life as a kind of criminal that rises up to endanger the body undergoing surgical intervention—a body that, in the conventions of surgical education, has always otherwise been a corpse. The speaker of poem 1270 wonders, “Is Heaven a Physician?” (1), but concludes with defeat that “Medicine Posthumous / Is unavailable” (3-4). In poem 287, a recently expired corpse is likened to a clock that has stopped—a “Pendulum of snow” (11) that “will not stir for Doctors” (10). Poem 1633 opens with abrupt boldness: “Still own thee—still thou art / What surgeons call alive— / Though slipping—slipping I perceive / To thy reportless Grave—” (1-4).⁴¹ The status of the body in this poem is ambiguous: though surgeons may define it as living, the speaker recognizes that it might be considered already dead outside medical epistemology. The terms of ownership in this poem recur throughout Dickinson’s work. Importantly, this speaker still “owns” the addressee because that person is still *medically* alive—in this poem, and in many others of her oeuvre, surgical medicine mediates property ownership. Once dead, it can be assumed, the speaker would no longer retain ownership over the other’s body; as we will see,

⁴¹ This poem’s opening clause lacks an important pronoun, though many readers may instinctively supply the “I” that belongs in front of “Still.” Indeed, Dickinson returns again and again to the deliberate removal of the “I” at strategic points in a poem. This removal of the “I” forces readers to search for it—a quite strenuous project, due to Dickinson’s highly labyrinthine, baroque, and often grammatically incorrect syntax structures. And still, the “I” often never materializes. Removing the “I” and making readers labor to locate it becomes a kind of proto-feminist grammatical technology in Dickinson: it destabilizes a Romantic, masculinist sense of authorship, and it makes painfully obvious the ways in which women are “removed” or made invisible in a variety of social, scientific, and legal settings. This invisible “I” is actually just as visible as—but more accusatory and more political than—a transparently visible one.

Dickinson examines this phenomenon in other work. In many of her poems, Dickinson invokes the figure of the surgeon in order to dramatize the condition of a body that hovers on the boundary of life and death, and to equate that condition with emotional angst or economic inequality.

In addition to the character of the surgeon, doctor, or physician, many of Dickinson's poems also use medical or surgical procedures as metaphors for social, emotional, or spiritual states. Poem 762 argues that emotional pain is a long, drawn out process, made all the more painful because it is often briefly "cauterized" (4) by bliss. In struggling to identify an emotional state known only as "it," the speaker of poem 559 bemoans that this state responds to neither medicine nor surgery and thus does not qualify as sickness or pain. In her complex and provocative critique of the institution of marriage, the speaker of poem 1737 exclaims, "Rearrange a 'Wife's' affection! / When they dislocate my Brain! / Amputate my freckled Bosom! / Make me bearded like a man!" (1-4). To make herself into a wife, the speaker would have to undergo a process—one that includes the medical procedure of amputation—that would alter her entire bodily composition.⁴² The stunning poem 656 likens the season of autumn to the medical practice of bloodletting:

The name—of it—is "Autumn"—
The hue—of it—is Blood—
An Artery—upon the Hill—
A Vein—along the Road—

Great Globules—in the Alleys—
And Oh, the Shower of Stain—
When Winds—upset the Basin—
And spill the Scarlet Rain— (1-8)

⁴² Poem 1551 also includes a chilling instance of amputation: "Those—dying then, / Knew where they went— / They went to God's Right Hand— / That Hand is amputated now".

As blood tips from an overturned basin and sweeps the roads and alleys of this poem, Dickinson evokes the gothic horror that many Romantic writers had previously associated with medicine.

Of course, many of Dickinson's poems do not explicitly reference medical or surgical procedures, but do still retain what I might term a surgical epistemology, staging scenes that evoke surgical procedures. As Robin Peel reminds us,

The relationship between science and literature is a complex one [...]. The transformation that occurs as the ideas move from one genre to another might mean that the idea appears in fragmentary form. Because a poem makes no mention of a microscope does not mean that it has not been influenced by ideas that only a microscope made possible, for scientific writing may be the germ for the metaphor. (79)

This seems true for any number of Dickinson's poems, but especially for a poem like 861, in which the speaker cries, "Split the lark—and you'll find the music." A fierce current of surgical butchery attends this directive, and the speaker calls this surgically-reminiscent procedure a "Scarlet Experiment!" The poem seethes with an underlying sarcastic rage directed toward practitioners of a scientific epistemology that attempts to locate the essence of a living thing through its dissection. Dickinson's use of the em dash following "lark" boldly replicates such an act of dissection.

But it is poem 565 that directly relates medical procedures to the trope of the animated corpse. This poem argues that surgical interventions—such as a "Small Leech—on the Vitals— / The sliver, in the Lung—" and "The Bung out—of an Artery" (9-11)—seem relatively insignificant and harmless, until one realizes that they produce "A Being—impotent to end— / When once it has begun" (15-16): in other words, a body unable to die. The poem's basic conundrum—a conundrum both spiritual and scientific—is medicine's ability to intervene at the moment of death in order to sustain life indefinitely. In this poem, Dickinson asks just what kind of body medical intervention leaves us with and, in so doing, draws our attention to the larger

cultural preoccupation with the reanimation of the corpse. Indeed, in the paragraphs above, I have provided a set of examples that demonstrate Dickinson's use of medical language more generally, but it is this trope of the animated corpse—and the inhabitation of that corpse's subject position—to which I will turn below in more sustained readings of Dickinson's verse. For, in each of the poems I treat at length, the animated corpse forms the basis for epistemological inquiry, and the discipline of medicine lurks in the background as the scientific program that makes such animation possible.

My reading of Dickinson's work is in conversation with Robin Peel who, in *Emily Dickinson and the Hill of Science* (2010), resituates the antebellum sciences as an important force behind Dickinson's poetics. Peel explores "the relationship between the high public profile of the sciences during Dickinson's early writing career and the rhetoric and structure...of her poetry" (19-20), arguing that her poems can be seen as "not only deriving some of their qualities from the influence of the exciting new scientific culture, but also as having scientific intentions and making scientific claims" (14). Peel acknowledges that "the antebellum period saw an immense popularization of science, in debates that crisscrossed the Atlantic," and argues that "Emily Dickinson taps readily into this new vocabulary" (23)—a vocabulary of geology, geography, botany, astronomy, psychology, and economic science, each of which Peel surveys in turn. In fact, he addresses every scientific discipline but one: medicine. Because medicine—and surgery in particular—was arguably the most pervasive, insidious, and rapidly advancing science of the period, this is a notable, if understandable, exclusion. Additionally, for the scientifically minded critic, it is difficult to ignore the insistently medical moments in Dickinson's verse paired with the legion of sentient corpses who populate her poems—especially considering that the literary use of the corpse was so interdependent on medicine's conspicuous consumption of

corpses. For these reasons I pick up where Peel leaves off, considering medicine as one of the important modes of scientific discourse through which Dickinson engaged in her culture's understanding of the human body more generally, and the female body in particular. Dickinson explores an alternative perspective on bodies from that of the scientist, exploiting the vocabulary of science for radically different purposes and ends.

With the benefit of the archival work undertaken by numerous scholars of the antebellum period, we know that Dickinson's education was steeped in the sciences. At Amherst Academy and Mount Holyoke Seminary she studied botany, chemistry, mathematics, and physics, and in a letter to her brother, written at age 17, she mentions physiology as one of her current school subjects. Because "the educational practices of her time demanded that she memorize and recite great sections of scientific texts" (Peel 14), it seems likely that Dickinson spent time learning this scientific material. Researchers have identified most of the specific textbooks Dickinson likely would have encountered during her schooling, but one textbook in particular stands out as significant to this project.

One of the best known of Emily Dickinson's science textbooks is Calvin Cutter's *Anatomy and Physiology*, a book mentioned by Dickinson in [her] letters...and used at Amherst Academy in 1847 and Mount Holyoke in 1848. The book defines anatomy as the "term applied to the description of the mechanism or structure of the parts of the system. It is derived from Greek *ana*, 'through' and *temno*, 'I cut.'" [...] The book...is also rich in excellent diagrams. There are fine drawings of the bones and a disturbing diagram of the eye and its muscles. The book has a practical leaning, so that discussion of the skin leads to advice on *bathing*. (Peel 180)

Mimicking a proper anatomical reference book such as Gray's *Anatomy*, Cutter's *Anatomy* included detailed diagrams and illustrations—ones that were in accordance with new representational strategies that prioritized the dismembered, disconnected decontextualization of bones and organs rather than preserving a holistic interrelationship among the body's various

systems. It fits, then, that the science of the human body Dickinson studied—defined through its etymology, “I cut through”—could have led Dickinson to a poetics wherein the human body’s discrete parts are sliced apart or sutured via the em dash.

But Cutter’s *Anatomy* also indulged in what might seem, today, like a bizarre digression: its anatomical discussion of a particular organ (in this example, the skin) segued into advice about the routine maintenance of the organ’s hygiene. When directed toward a practice such as bodily hygiene, this discursive maneuver contributes to an ideology about women’s bodies and social roles. In Cutter’s textbook, the domestic realm erupts into the scientific realm. When these discourses interpenetrate, sociality becomes enfolded by science, disciplining students to be proper social actors while simultaneously *medicalizing* the body’s comportment. Instantiated through the disciplinary (in the Foucauldian sense) context of the schoolroom, the antebellum pedagogy on display in Cutter’s textbook demonstrates the ongoing formation of a cultural relationship between the construction of the social body and the scientific construction of the body. This is a cultural relationship Dickinson would come to critique through verse in later years.

This insidious melding of the scientific body and the social body was not limited to Cutter’s *Anatomy*, and this mode of pedagogy was often addressed specifically to female students. A trenchant example could be found in another of Dickinson’s textbooks: Almira Lincoln’s *Familiar Lectures on Botany*, which was directed at girls and used exclusively in single-sex classrooms. The science featured in the textbook was appropriately accurate and rigorous for school-aged readers. But Lincoln advises girls to apply the skills of botany—specifically “the study of the beautiful” and “the sense of order and organization”—toward “the recognized and necessary domestic virtues” of “becoming a well-organized housewife” or “the

arranging of flowers [and] the tending of a garden” (Peel 170). The text also metaphorically associates a well-cultivated flower with ideal feminine beauty. Lincoln’s textbook served not only as an introduction to a branch of science, but as an undercover domestic manual.

Peel reminds us that Lincoln’s “construction of womanhood, reinforced here by a woman writer,...demonstrates the dominance and pervasiveness of a discourse” with which Dickinson would have been all too familiar (171). It might have been true that, “far from being excluded from science, New England women found that science was a province from which antebellum society was happy for them to be active as observers, collectors, and teachers, and that they took advantage of this opportunity” (Peel 144), and even that “[m]en might have dominated the field of public lectures, but women were very much present in the field of popular science publication in Britain and the United States” (Peel 24). However, it’s easy to see why Dickinson would have expressed critical suspicion of the domesticating tenor of some of these textbooks. For, through their textbooks, even young children were taught that science disciplines the social body, and that the prevailing stereotypes promulgated about the social body were *scientifically* valid. The historical and cultural context of antebellum pedagogy provides compelling evidence for why Dickinson might have been drawn to scientific vocabulary as a foundation for a poetics of social inequality. Indeed, it becomes clear why Dickinson might have used medical discourse in particular, and why she might have taken advantage of the corpse’s visibility, to theorize the female body’s social status.

In one of Dickinson’s well-known poems, a living person narrates her gradual conversion to a corpse.⁴³ The poem reads in full:

After great pain, a formal feeling comes—
The Nerves sit ceremonious, like Tombs—

⁴³ Following the conventions of poetry analysis, I assign the speaker of a poem the same gender as the author when no evidence of the speaker’s gender is provided.

The stiff Heart questions was it He, that bore,
And Yesterday, or Centuries before?

The Feet, mechanical, go round—
Of Ground, or Air, or Ought—
A Wooden way
Regardless grown,
A Quartz contentment, like a stone—

This is the Hour of Lead—
Remembered, if outlived,
As Freezing persons, recollect the Snow—
First—Chill—then Stupor—then the letting go—

In the poem's opening line, the speaker states: "After great pain, a formal feeling comes."

Dickinson here evokes the solemn, withdrawn immobility that can overtake someone stricken with grief—an emotional state that, as the poem continues, is likened to corporeal death. But, with this opening line, Dickinson also refers to a *formal* practice that is ideally suited to articulate the physical transition from living body to corpse. Her use of the em dash breaks up the dying body into discrete anatomical units: the speaker's still, tomb-like "Nerves," her "stiff Heart," and her mechanical "Feet" each fail in turn, and the em dash makes visible the body's anatomy as it transitions to death in stages. As the speaker's individuated body parts are textually extracted and separated, her body becomes increasingly inert, first transitioning from flesh to wood, then stone, then taking on the leaden quality of the corpse. Indeed, at the poem's conclusion, the speaker deftly manages to inhabit *two* corpses simultaneously: her own body as it dies, and the imagined corpse of someone who has frozen to death; someone who, after expiring, looks back to "recollect the Snow" (12) that killed her, remembering the experience in stages: "First—Chill—then Stupor—then the letting go—" (13). While "After great pain" narrates the process of death, a poem like "I died for beauty"—in which two corpses in a tomb chat about the philosophical concepts of truth and beauty—is more clearly composed from the perspective of

the corpse. Together they constitute Dickinson's two most canonical poems that strive to inhabit the corpse's subject position, providing a solid baseline for Dickinson's inhabitation of the corpse more generally.

But neither poem uses the corpse's subject position to address issues of gender, and for this I turn to poem 470. Over the course of this poem, its speaker struggles to discern whether she is dead or alive, engaging in a diagnostic process that draws from the language of anatomical medicine. As her body cycles through the gendered vocabularies of the physician's exam, the funeral, and the property owner, she determines that she is both dead and alive simultaneously—an animated cadaver. The poem reads in full:

I am alive—I guess—
The Branches on my Hand
Are full of Morning Glory—
And at my finger's end—

The Carmine—tingles warm—
And if I hold a Glass
Across my Mouth—it blurs it—
Physician's—proof of Breath—

I am alive—because—
I am not in a Room—
The Parlor—Commonly—it is—
So Visitors may come—

And lean—and view it sidewise—
And add “How cold—it grew”—
And “Was it conscious—when it stepped
In Immortality?”

I am alive—because
I do not own a House—
Entitled to myself—precise—
And fitting no one else—

And marked [by] my Girlhood's name—
So Visitors may know

Which Door is mine—and not mistake—
And try another Key—

How good—to be alive!
How infinite—to be
Alive—two-fold—the Birth I had—
And this—besides, in—Thee!

Unlike poems in which the speaker inhabits the corpse's subject position, this speaker is alive—but that life is defined through and against the corpse and its locations.

The poem's opening gambit is suffused with uncertainty: "I am alive—I guess—", the speaker waffles. The em dash at the end of the first line accusatorily points toward the nothingness of the white space at the page's right side, signaling the ambiguity by which the poem—and the speaker's body—will be governed. That ambiguity haunts the poem's examination of the female body's cultural and biological status, and places a crucial ontological doubt over the poem. Addressed by a speaker of indeterminate vitality, the reader, too, may become unnerved by doubt, taking up this journey of "guessing" whether the speaker is alive.

The speaker first attempts to ascertain whether she is alive by noting that the "Branches on [her] Hand / Are full of Morning Glory." This superficially fresh and simple image bears a cluster of contradictory associations upon examination. Perhaps the speaker is clutching recent cuttings from a blooming morning glory vine, and the blooms may remind her of nature's vitality and, thus, her own. But the task of clipping them would also slowly kill them, leaving her grasping at an object simultaneously alive and dead. In clutching the flowering branches, the speaker may also be associating herself with a corpse that has been decorated in preparation for viewing. The "branches" in her hand may even be human veins, for she next notes that "at [her] finger's end—// The Carmine—tingles warm," signifying that blood pumps through her body.

This first sign of life—a clutched cluster of morning glory blossoms in a hand pulsing with blood—proves insufficient for deduction, as it points simultaneously to life and death.

The speaker then turns to medical discourse. She employs the “Physicians’—proof of Breath”: an ancient folk custom still in practice in Dickinson’s day, in which a mirror is held over a dying person’s mouth to check for respiration, which would produce fog on the mirror’s surface. When she “hold[s] a Glass / Across [her] Mouth—it blurs it,” underscoring the poem’s diagnostic process by confirming her vitality. But the speaker quickly transitions from the physician’s exam to the funeral parlor when she states, “I am alive—because— / I am not in a Room— / The Parlor—Commonly—it is— / So Visitors may come—.” Medical diagnosis leads directly to mortuary custom, which points to their assumed relationship in the culture—indeed, we saw this same overlaying of the medical and the mortuary in Fanny Burney. By placing her body in adjoining contexts of life (physician’s exam) and death (funeral parlor), the speaker in this poem uses her body to blur the difference between the two states. The funeral parlor’s “Visitors” also telegraph the culture’s collapse of the living and dead body: these mourners “lean—and view it sidewise— / And add ‘How cold—it grew’— / And ‘Was it conscious— when it stepped / In Immortality?’” This question is at the heart of Dickinson’s oeuvre—do life and death interpenetrate one another—and it’s a question that medicine’s conspicuous use of cadavers helps instigate. When the mourners ask themselves whether the body was conscious of dying, they invest the corpse with consciousness and call attention to the corpse’s potential postmortem animation.

The botanical world of the morning glory, the physician’s anatomical examination, and the mortuary context of the funeral parlor have all proved insufficient in confirming the speaker’s vitality. In the poem’s fifth and sixth stanzas, the speaker transitions to the discourse of

property rights, drawing a relationship between the biological and legal statuses of the female body. For, when the speaker claims she must be alive because she *doesn't* “own a House,” she also infers a series of related cultural indictments: that property ownership is somehow deadening, that women must be dead to legally own property, and that property ownership, when it concerns women, produces *social death*.⁴⁴

These indictments were all, in some sense, historically accurate. The poem's composition roughly correlates to burgeoning economic, religious, and literary philosophies that linked individual capitalistic consumption and property ownership to moral and ethical decrepitude.⁴⁵ Additionally, women could not legally own property, and only had access to property management through marriage or male relations. Upon her husband's death, a house's title might revert to a woman only when claims by other male issue or relatives had been exhausted. As a social *custom*, a woman's right to property was only observed through her will: after death, she could dole out objects that had been accepted as hers in life. As the poem's speaker accuses, only as a corpse could a woman “own” property—property ownership thus inferred a multitude of female corpses. What might have originally seemed like a strange move on the speaker's part—confirming she is alive because she *doesn't* own a house—makes a chilling kind of sense in the nineteenth-century American context.⁴⁶

⁴⁴ Another strong example of the relationship between the house, the gendered body, and the corpse can be found in poem 389, “There's been a death in the Opposite House.”

⁴⁵ Such as those from Marx, the Transcendentalists, Thoreau, and Carlyle. Notes Peel, “Marx was Dickinson's contemporary, a fact that is relevant not because of any influence, but because it points to the way in which capital was a subject to be freshly perceived and considered” (122).

⁴⁶ Elsewhere in Dickinson's oeuvre, the house also symbolizes a coffin or a grave: many of her poems refer to coffins as houses and dead bodies as “tenants” of the grave. In one of the more poignant examples of this trope, the animated corpse in poem 784 frantically travels over land and sea to escape the “Lodgings” of the grave in which she has found herself—a grave outfitted with a “Pillow for [her] Head.”

But the speaker pushes the metaphor of property ownership even further. For, she is alive not simply because she doesn't own a house; she is alive because she doesn't own a house that is "entitled to [her]self," one that is fitted with a "precise . . . Key" to ensure that "Visitors" do not "mistake" her "Door" for someone else's. It is a very specific house, then, that the speaker doesn't own—the "house" of her body. This body that the speaker describes is certainly virginal or, at least, premarital—it is, after all, marked by her "Girlhood's name." But it is a body full of desire, one that longs for visitors to "try" it. The speaker, of course, is alive, so she doesn't own this house of her body—she would have to be a corpse to own it. Through a highly complicated metaphorical maneuver Dickinson suggests, then, that the subject position of the corpse is, for a woman, both sexually liberating and masturbatory—a position from which she can experience a desire that is "entitled to [her]self" and "fitting no one else." But this metaphor also chillingly accepts that the speaker doesn't own her body or her sexuality, and *that's what makes her alive*. Dickinson brutally highlights the ways in which, for women, being alive means being a piece of property in which others claim ownership, and only as a corpse does a woman's property rights over her body revert back to herself. No wonder so many women writers adopted the corpse's subject position: the female cadaver was thoroughly objectified, but also, counterintuitively, invested with agency. This dual function of the corpse evokes Marianne Noble's suggestion, in *The Masochistic Pleasures of Sentimental Literature* (2000), that "the pleasures derived from producing and reading sentimental accounts of abjection and surrender could in certain circumstances be authentic and positive for women" (Peel 388, f.3). Only in the corpse's zone of abjection, then, could Dickinson—and many women writers of her era—claim the rhetorical power that allowed them to express unacceptable bodily experiences.

In the poem's concluding stanza, the speaker shifts discursive registers once again, invoking an "infinite" birth experienced through "Thee." But the safe, conventionally religious affirmation of the poem's finale becomes haunting under scrutiny. The speaker seems to have reached the undoubted conclusion that she is alive, reporting how "good" it is to be so, and punctuating her vitality with an exclamation point. But she repeats the word "alive" twice, perhaps in anxious reassurance. For, by calling the state of being alive "infinite," the speaker challenges rather than validates her vitality—infinity is, after all, death—or, rather, life and death simultaneously, in perpetuity. The speaker then claims to have experienced a "two-fold" birth: her original natal expulsion, and a rebirth in "Thee" that has resulted from the diagnostic process undertaken in the poem. The speaker's use of the term "two-fold" to describe her two births underscores both her double repetition of the word "alive" and also the double *valence* of aliveness as being twofold (both alive and dead). By ascribing her rebirth to a capitalized "Thee," the speaker may simply be expressing a grateful religious declaration after the exhausting procedure to which she has submitted herself—a sort of "Thanks to God, I'm still alive and I owe it to you; my faith is renewed." Her utterance could also be read as a rebirth *into* heaven—a *death* that abruptly changes the final stanza's diagnosis from living body to corpse. But finally, on the heels of the previous stanza's sexual metaphors, the speaker's capitalization of "Thee" may be incidental and may not refer at all to a sacred entity, but a profane one—perhaps the lover about whom she had fantasized during the property ownership stanzas. The poem ends with the same ambiguity on which it began: the speaker is not conclusively dead *or* alive, and may perhaps be both at once. The diagnostic barometers of medicine, funerary customs, property ownership, and religion are not sufficient to prove vitality. What these discourses *do* enable, however, is the adoption of the corpse's subject position. This subject position, in turn, allows

the poem's speaker to critique gender inequality while simultaneously expressing a cloaked, but intense, sexual desire.

On the level of content, "I am alive—I guess" frames its discussion of women's disenfranchisement through brief and sometimes occluded references to contemporary medical science. It is certainly medically significant that a single poem references branching veins pumping with blood, a physician's deathbed exam, and a corpse; but, for some readers, the poem's content still might not result in a persuasive medical reading. For such readers, the poem's structure offers an additional layer of meaning. With its relentless positing of hypotheses followed by the testing of those hypotheses, "[t]he poem can be viewed as an experiment. [...]" There is a *process* here of experiment, recording, and provisionality that parallels, if only in formal process, the methodology of science" (Peel 138). Here Peel refers to Dickinson's canonical poem "Safe in their Alabaster Chambers," but his insight works just as well for the poem under study here: its structure deftly mimics what has come to be known as "the scientific method." What I term a "surgical poetics," Peel might call a poetics of scientific epistemology: he argues that her poems "are relentless explorations of epistemology as she asks again and again, not only what do we know? but *how* do we know?" (Peel 74). And just as she does with religion, Dickinson "ironically uses science to heighten rather than reduce uncertainty" (Peel 93). The heightened uncertainty produced by her ironic use of science helps Dickinson infuse the body's very ontological status with uncertainty: if diagnosis cannot ascertain the body's aliveness or deadness, and if surgical intervention and anatomical science can revivify corpses and sustain life indefinitely, then the body itself can never be irreducibly dead or alive. In that liminal state, the corpse becomes endowed with subjectivity. Or rather, in that liminal state, the corpse becomes endowed with *female* subjectivity.

Each in their own way, both Fanny Burney and Emily Dickinson crafted a poetics of surgical anatomy, which they applied to the female body in order to both criticize and explore the bodily experience of gender difference. Of course, “[i]t would be wrong to claim that Dickinson had an advanced education in the sciences, but it would also be wrong to claim that she had a superficial or incidental experience of science” (Peel 187)—and this seems equally true for Burney. Their cultivation of the corpse’s subject position, aided by medicine’s conspicuous consumption of cadavers, opened up surprising possibilities for women. As we will see, these are surprising possibilities that male writers and artists of the midcentury decades worked tirelessly to foreclose.

From Subject to Object: Aesthetics of the Female Corpse

In John Everett Millais’ painting *Ophelia* (1852), a pale woman with outstretched arms floats on her back in a narrow river, closely surrounded by lush flowers and foliage that encroach into the water. Her long auburn hair fans out from her head. Her mouth is parted, her eyelids are partly closed, and her unfocused eyes roll toward the right side of her head. A slight blush creeps over her cheeks, in contrast to the ghostly whiteness of her skin. The painting depicts a scene from Shakespeare’s *Hamlet*, in which the character Ophelia sings to herself as she drowns in a Danish river. But Millais’ painting takes an imaginative leap from the core textual material by which it was inspired, for his Ophelia may well already be dead: the rigidity of her body and the expression on her face make it impossible to distinguish whether she has been captured at the moment she is transitioning from life to death, whether she is already a corpse, or whether—perhaps most significantly—she is in a state of heightened sexual arousal. The viewer is cast in the position of an onlooker stationed at the river’s bank, unable to reach out and offer assistance

but close enough to the body to feel as though lying next to it. In a seductive and impossible relationship to the painting's subject, viewers snuggle closely to her, watching her die and climax simultaneously. This is a troubling pictorial fantasy for which no masculine counterpart is offered in the period's art and literature—in no poem, fiction, or painting are viewers or readers suspended over a beautiful *male* body, watching him experience the same simultaneous physical processes. Millais' painting demonstrates the ways in which the female corpse was pervasively



Figure 8. John Everett Millais, *Ophelia*

objectified in nineteenth century cultural production. His aesthetic eroticization draws out disturbing cultural connections between ideal feminine beauty, sexual arousal, and death.

Ophelia is one of the most instantly recognizable—and most frequently reproduced—paintings of the nineteenth century. It remains an icon perhaps largely due to its perceived beauty and technical acuity, but also because it easily serves as an overarching metaphor for the aesthetic preoccupations—really, the ethos—of an entire era. That ethos can be summed up in Edgar Allan Poe’s famous argument from his 1846 essay “The Philosophy of Composition”:

Regarding...Beauty as my province, [I] referred to the *tone* of its highest manifestation—and all experience has shown that this tone is one of *sadness*. [...] Melancholy is thus the most legitimate of all the poetical tones. [...] I asked myself—“Of all melancholy topics, what, according to the *universal* understanding of mankind, is the *most* melancholy?” Death—was the obvious reply. “And when,” I said, “is this most melancholy of topics most poetical?” From what I have already explained at some length, the answer, here also, is obvious—“When it most closely allies itself to *Beauty*: the death, then, of a beautiful woman is, unquestionably, the most poetical topic in the world.

Through a chain of logical propositions, Poe builds an aesthetic program in which the most excellent art production is inextricably dependent upon the female corpse.⁴⁷ Millais’ *Ophelia* is an example of this cultural logic.

Millais was a founding member of a group of Victorian painters, poets, and critics who called themselves the Pre-Raphaelite Brotherhood. Led by Millais, Dante Gabriel Rossetti, and

⁴⁷ And indeed, Poe’s own corpus is littered with dismemberment, ambiguously animated corpses, and ambiguously dead living bodies. For a book manuscript, a sustained attention to these instances is crucial, especially since they most often contain disturbing meditations on gender. But here it bears briefly rehearsing a few of these instances. Madeleine Usher, presumed dead and successfully buried, comes back to terrorize and help effect the “fall” of the House of Usher. Ligeia dies then and comes back to life as her husband’s former lover. Morella dies in childbirth, but ends up re-birthing herself, and her original corpse disappears from its tomb. The unnamed narrator of “Berenice” has his cousin Berenice unintentionally buried alive, and then extracts her teeth from her head while she lays in her grave and keeps them in a box on his desk. Significantly, all of these women possess prodigious intellectual acumen, for which the texts seem to punish them with unnatural, monstrous bodies. We never get the subject position of these women; as with this chapter’s other examples from male writers, Poe is much more invested in playing out the psychological struggles and internal neuroses of male narrators *through* the object of the animated female corpse. But, to be fair, Poe doesn’t limit dismembered and cadaverous animation to his female characters: Brevet Brigadier General John A.B.C. Smith is a fully functioning automaton who can be taken apart and then put back together and invested with life; and in “The Tell-Tale Heart,” the extracted heart of a murder victim continues to beat from the floorboards underneath which it was hidden. Perhaps we can think of Poe—who was active from the 1820s to the 1840s—as a kind of antagonistic precursor to Dickinson’s work.

William Holman Hunt, and active in England in the latter half of the century, the Brotherhood rejected what they saw as the staid and mechanical conventionality of the Royal Academy. They were drawn to nature, mythological or classical figures, and vibrant color. In particular, both Millais and Rossetti obsessively painted women in demure, supplicant, and often erotic, poses: in Millais' *Martyr of the Solway* (1871), a chained Margaret Wilson looks wistfully downward with



Figure 9. John Everett Millais, *Martyr of the Solway*

her hands bound behind her back; his *Grey Lady* (1888) is cloaked in shadow and reaches toward a shaft of light; Rossetti's *Lady Lilith* (1867) combs her hair in front of mirror in a state of partial undress; and his *Proserpine* (1874) contorts her hands and wrists in order to suggestively clutch a partially eaten fruit.

But Millais' *Ophelia* stands as the Brotherhood's most trenchant example of the ways in which surgical medicine's visible consumption of cadavers translated into a culture of the corpse more broadly, with numerous artists and writers exploring the corpse's aesthetic and theoretical

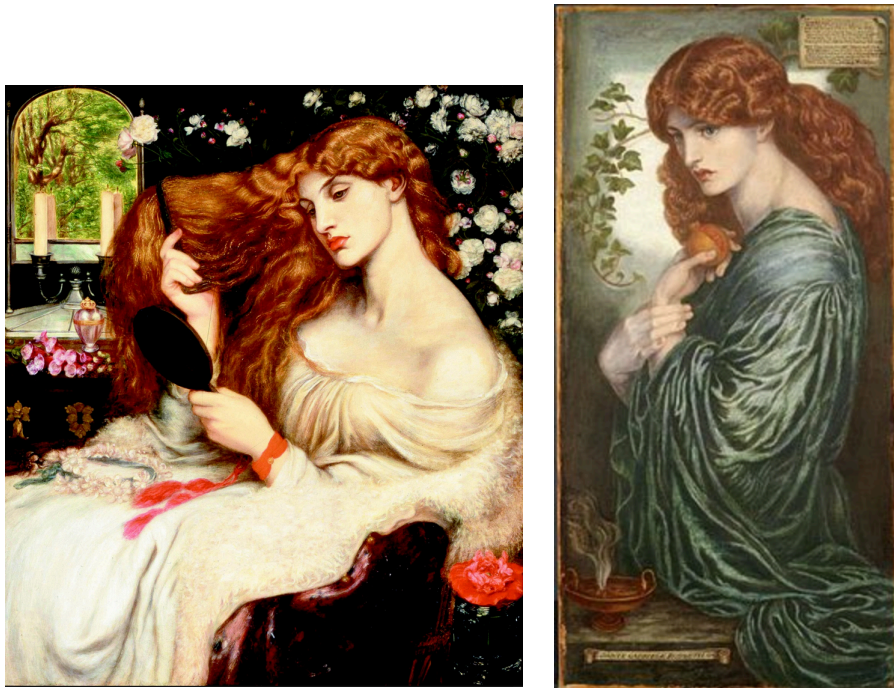


Figure 10. Dante Gabriel Rossetti, *Lady Lilith* and *Proserpine*

potential throughout the century. Most of the insights of this dissertation are explicitly framed by the rise of surgical medicine and the institutional transformation of the anatomical sciences more broadly throughout the nineteenth century. But the members of the Brotherhood were not associated with medicine or interested in the sciences in any way whatsoever, and their paintings do not engage thematically with scientific epistemologies of any kind. In fact, the Brotherhood was resolutely Romantic—even medieval—in its artistic associations, concerned chiefly with the elevation of art through fantastical references to historic or literary moments of death and

spiritual transcendence. Perhaps they were not quite *anti*-scientific, but nearly so. What Millas' *Ophelia* helps to demonstrate is that the corpse's increasing visibility, though inaugurated by medicine, was not always associated directly with it in art and literature. The corpse pervaded contexts far removed from medicine.

But the aesthetic preoccupations of the Pre-Raphaelite Brotherhood were, in fact, recapitulated in art through the space of the surgical theater. In particular, a pair of paintings by the American artist Thomas Eakins depicts surgical operations performed on a male and female patient respectively. Contrasting the two paintings provides compelling evidence for the stark differences in representational strategies applied to the male and female surgical subject.

In Eakins' 1875 painting *The Clinic of Dr. Gross*, Dr. Samuel Gross lectures a group of Jefferson Medical College students while his assistants perform an operation on the femur of an anonymous male patient. The painting is an exemplar of sterile professionalism. Gross strikes an imposing and heroic figure: smartly dressed in a fashionable suit, he towers above the patient, occupying the left center plane of the canvas while wielding a surgical knife in his bloodied right hand. The operating surgeons are also dressed in striking black suits, and with dissecting instruments in hand they earnestly crowd around the incised leg of the patient—the only part of the patient's body exposed to the viewer. Male medical students loom in the darkened shadows of the canvas's top left corner, dutifully scratching notes. The lone female figure in the picture is seated to Gross's right; presumably the patient's wife or mother, she covers her face in squeamish terror to protect herself against the procedure's gore. This female figure embodies physical revulsion in a scene otherwise imbued with clinical detachment—indeed, the patient's pale, decontextualized leg is symbolic of just such a detachment. The patient's body, symbolically dismembered, is an object of pure science, leaking only a stray line of blood from

his incision, which is pushed open by gleaming steel forceps. In Eakins' painting—and in medical culture more generally—the male body is an object of science, not aesthetics; the medical students engage with his leg in wonder and scrutiny.



Figure 11. Thomas Eakins, *The Clinic of Dr. Gross*

Composed fourteen years later, *The Clinic of Dr. Agnew* (1889) provides a stark and telling contrast to the purely scientific gaze that consolidates around the male body in the surgical theater. Commissioned by a group of Dr. David Agnew's students to honor him on the

occasion of his retirement from the University of Pennsylvania Medical School, the painting depicts the performance of a partial mastectomy in Agnew's surgical theater. *The Agnew Clinic* maintains some compositional similarities to Eakins' earlier depiction of the Gross surgical



Figure 12. Thomas Eakins, *The Clinic of Dr. Agnew*

theater. The esteemed doctor, bathed in the painting's light source, stands above and at some remove from the operation, and also wields a scalpel. His surgical assistants, who perform the operation, crowd around the patient. And male medical students, cloaked in shadow, fill the theater's seats in the top left and center of the picture. But here the similarities end. In contrast to *The Gross Clinic*'s earnest scrutiny, a few members in this scene have adopted an air of casual nonchalance. Agnew himself is dressed in frumpy surgical whites, and leans back against the

wooden banister of the operating stage, halfheartedly gesturing toward the operation. *The Gross Clinic*'s medical students are all highly invested in the procedure, leaning forward to take notes. But a few of the medical students in Agnew's theater appear resolutely bored, some whisper or gossip to each other, or turn away from the procedure, and a handful of the students appear to be *asleep*. The operating surgeons assume their obligatory positions around the patient's body, but none appear to be overly engaged in the occasion. This air of boredom and nonchalance exhibited by some of the painting's figures threatens to invest the picture with the troubling impression that women's medical care is less important, less interesting, and of less consequence than men's medical care—an impression that persists in medical research and practice today.

But the most significant feature of the painting is the body of the female patient, who is rendered nude from the waist up. Of course, her nudity is in some sense functional: after all, the surgeons are performing a mastectomy. But the left breast that is being operated on is not exposed to the viewer at all; it is her unspoiled right breast that hangs into the picture. There can be no medical reason for this breast's exposure—it is a purely aesthetic gesture, especially considering that Victorian doctrines of decorum would otherwise dictate her concealment. Her glowing white body becomes a paragon of ideal feminine beauty, not an object of medical inquiry. Among a collection of otherwise bored students and faculty, the only figure in the picture who betrays any engagement is a young surgical assistant: he leans over the patient, holding down her legs, and he clasps her hand and stares longingly at her exposed breast, rather than the breast being operated on. The figure of the surgical assistant further focuses the viewer's attention on the patient's breast and dramatizes the patient's drugged, supine nudity. Whereas Dr. Gross was clearly the subject of *The Gross Clinic*, it is the *patient* who emerges as the subject of this painting. Through her, Eakins plays out a sexual fantasy that can only be culturally

authorized in the clinical space of the operating theater. With the female patient, Eakins chose to show the face and naked torso, and situate it within a scenario of voyeurism and spectacle; whereas in *The Gross Clinic*, the leg is isolated and abstracted from the male body. *The Agnew Clinic* creates a spectacle of both brutal realism and prurience.

Millais' *Ophelia* depicts a sexualized female corpse but makes no reference to medical discourse, and Eakins' *Agnew Clinic* depicts a sexualized female surgical patient—but one who, though drugged, incapacitated, held down, and lecherously gazed upon, is very much alive. Though neither artist produced a representative cultural artifact that seamlessly draws together both medicine and the corpse—through, say, an erotic objectification of a female medical cadaver—they share a common and linked preoccupation with an iconography that depends on references to the incapacitated female corpse. Such an iconography, I argue, is made possible by medicine. At the very least, these artists viewed the female corpse and the female surgical patient as opportunities through which to express gendered stereotypes—as mute, insensate objects through which to entertain erotic narratives that might otherwise be socially prohibited. Eakins in particular helps demonstrate that the female body changed the way medicine was practiced and depicted and that, inversely, the practice of medicine effected the cultural perception of the female body. His paintings reveal the ways in which the operating theater was an inherently gendered space, and its assumed clinical authority could disguise or validate the voyeuristic objectification of the gendered surgical patient. During roughly the same time period that Eakins crafted these famous works, Arthur Conan Doyle was busy producing analogous literary examples.

Scottish author Arthur Conan Doyle is best known for his creation of Sherlock Holmes, the intellectually invincible detective whose numerous adventures Doyle penned and published

beginning in 1887. But Doyle, a practicing physician, had studied medicine at the University of Edinburgh in the late 1870s, during which time he began writing and publishing fiction. A sizeable amount of his short fiction examined medical practice and contexts, and Doyle also regularly published scientific articles in the nation's premier medical journal, *The Lancet*. In 1894, Doyle published a collection of medically themed stories entitled *Round the Red Lamp: Being Facts and Fancies of Medical Life*. *Round the Red Lamp* compiled all of Doyle's stories that bear a significant medical bent, some of which had been published previously in *The Lancet* or in literary journals.

Nearly half of the tales in *Round the Red Lamp* contain politically-conscious—even feminist—meditations on issues of gender and sexuality. In “The Third Generation,” a celibate aristocrat discovers he has inherited syphilis from his rakish grandfather—one of a handful of venereal diseases Victorians believed could be transferred congenitally—and he commits suicide so as not to infect his fiancée. “The Curse of Eve” depicts contemporary obstetrics through the perspective of a husband whose wife undergoes a dangerous childbirth; the husband reviles his newborn son for causing his wife pain. In the most famous tale from Doyle's collection, “The Case of Lady Sannox,” a husband punishes his wife's infidelity by tricking a surgeon to amputate her lips and mouth; the story is widely interpreted as a metaphor for clitoridectomy. In perhaps the most explicitly feminist tale of the collection, “The Doctors of Hoyland,” a town's sole physician—the conservative and traditional Doctor Ripley—is outraged when a trained female physician sets up a second practice down the road from his own and manages to steal most of his patients by virtue of her up-to-date medical knowledge. Only after she successfully mends his broken leg following an accident does he appreciate her talents, but he can only express his admiration for her skill through a marriage proposal—which she promptly declines.

But one story in Doyle's collection combines gender, aesthetics, and surgical medicine, fusing the ideologies inherent separately in Millais and Eakins. In "His First Operation," a third-year medical student takes a first-year medical student—the tale's narrator—to witness a surgical procedure in the operating theater of the school's renowned surgeon, Archer. The patient, an anonymous woman, suffers from a "tumour of the parotid" (11) covering her neck and jaw, which must be removed. The unnamed narrator, who has never before seen a live surgery, watches the preparations with increasing discomfort, and he promptly faints just as the operation is set to begin. While the story's first pages deftly orient readers to the sights, processes, and hierarchies of an average day at a medical school, the removal of the patient's tumor is the story's main subject. The patient's tumor is described as an *objet d'art*, and the process of its excision is imbued with erotic overtures—with the painter-surgeon at the procedure's helm.

Before the operation begins, the unnamed narrator describes the sight he encounters when he enters Archer's operating theater:

The woman lay back upon the waterproofed pillow, and her murderous tumor lay revealed. In itself it was a pretty thing, ivory white with a mesh of blue veins, and curving gently from jaw to chest. But the lean, yellow face, and the stringy throat were in horrible contrast with the plumpness and sleekness of this monstrous growth. The surgeon placed a hand on each side of it and pressed it slowly backwards and forwards. (11)

In contrast to the patient's horrendous ugliness, her tumor—pretty, curving, plump, and sleek—takes on an almost sexualized quality. All of the patient's physical beauty has been transferred from her face and neck to her tumor—indeed, it is as though the tumor cannibalistically draws its erotic nourishment from the erogenous zones it abuts. The patient is made ugly—a failed femininity that becomes localized in her disease, the place where the surgeon can "fix" it. Indeed, as we will see below, the surgeon becomes a creator figure when he is analogized to a

painter: he alone becomes responsible for drawing out the aesthetic properties of the patient's diseased body.

The surgeon discusses the upcoming procedure with his assistants, directing them to administer chloroform. As the chloroform shows its effects, the patient begins “moaning gently under the towel which had been placed over her face. She tried to raise her arms and to draw up her knees, but two dressers restrained her. The heavy air was full of the penetrating smells of carbolic acid and of chloroform” (12). These effects go unnoticed by the surgeons, who ignore the patient while debating a current political bill coming up for a vote in the House. But the scene evokes a troubling, gendered danger. The woman's ambiguous moan can pass for pain, drugged confusion, or even erotic arousal or refusal—especially in a context in which she desperately tries to cover her body and finds herself physically unable to do so. Her vulnerability becomes increasingly disconcerting when, in her drugged stupor, she begins to sing to herself:

‘He says, says he,
If you fly with me,
 You’ll be mistress of the ice-cream van;
 You’ll be mistress of the—’

And here her song “mumbled off into a drone and stopped” (12). I can find no historical reference to indicate that the song was anything but a creation of Doyle's imagination, though it could be a popular song of the day that has not survived. Its lyrics, however, are both contextually strange and appropriately haunting. On its face, the song allows Doyle to dramatize the delirious effects of chloroform. But the song's lyrical content foregrounds the scene's lurking gender politics. When the patient imagines herself as “the mistress of the ice-cream van,” she transports herself to a less traumatic space of ephemeral sweets and seasonal pleasures. But it's no great effort to notice that “van” so closely rhymes with “man” as to imbue the scene with a sexually charged relational economy that becomes layered into the space of the surgical theater.

With the patient associatively stylized as the “mistress of the ice-cream *man*,” she becomes a sexualized object. Pinned to the operating table by the effects of chloroform, moaning as she attempts to raise her arms and draw up her knees, the woman becomes the perfect surgical patient—a “mistress” to the surgeon’s “ice cream man.”

As the political chatter amongst the surgeons dies down, Archer approaches the patient, who by this time was “breathing in long, heavy gasps” (12). As Archer addresses the medical students gathered in the theater, describing how he will proceed with the operation, he begins “passing his hand over the tumor in an almost caressing fashion.” He then reaches for a “long, gleaming knife” and “balance[s] it in his fingers as an artist might his brush” (12) before pinching the patient’s neck to draw up the skin from the tumor, poised to slice into the patient’s flesh.

The description of the surgery ends abruptly here, because the narrator has fainted. In the world of the story, the tumor remains the undisturbed site of erotic and aesthetic power on which the surgeon’s creative prowess is exercised. While I certainly don’t wish to overdetermine the story’s symbolic effects or its potential semiotic registers, it feels important that the narration ends just as the surgeon is ready to “penetrate” the patient’s flesh with his scalpel-brush. Adopting the formal structure of a “tease,” the story pulls back to produce an anticlimax. The patient—an incapacitated woman held at knife point—sits at the center of a nexus of discourses that coalesce on her body in the space of the surgical theater: discourses of sexuality, aesthetics, and medicine. The narrator easily sidesteps the story’s lingering rapacious effects by repeatedly analogizing artistic expression with surgery, painter with surgeon—a set of analogies under which the patient’s body disappears.

In many ways, “His First Operation” is a story of failures and cognitive lapses, abrupt foreclosures and premature interruptive gestures: the perverted femininity of the surgical patient and her failure to protect herself from the “art” of the surgeon; the narrator’s swoon that occurs when the sexualized femininity of the tumor becomes imperiled and nearly excised. The story also does not allow the patient to speak, except in coded lyrics that further cast her as an object of desire in a commercial economy. In the contained universe of the plot, the story “fails” on yet another level: the patient is never successfully anesthetized, so the surgery can’t be performed—after he awakens from his faint, the narrator learns that “there was never an operation at all! They found the patient didn’t stand the chloroform well, and so the whole thing was off” (13).

But it is also a story of success: it depicts an advanced professional at the height of his powers, and shows that the exercise of those powers is achieved on the bodies of incapacitated women who remain beautiful and sexual *because* they are medically aberrant. The surgical theater isn’t an art class with a live model, and its operating table isn’t a stage for gang rape—but the fact that Doyle’s story (and, indeed, Eakins’ painting) makes it appear so is indicative of what the culture believes that space is capable of licensing. At the very least, the surgical theater is a space that dramatizes the passive objectification of the female body, and transforms that objectification into an artistic trope. But it does more than dramatize it or transform it—the story shows the mechanics by which that objectification becomes *medical*, scientific.

The female patient in “His First Operation” is not a corpse, and her body is never described through recourse to cadaverous metaphors. The closest any surgical patient can ever come to the corpse—the state of anesthetization—is in fact here interrupted, because the patient cannot tolerate the chloroform and the procedure is discontinued. It is the *narrator* whose body comes closest to registers of death, through fainting. But, of course, this episode of fainting is

what *feminizes* him. Not only is the narrator unable to tolerate the thought of the impending surgery, but he also discovers that he actually fainted just as Archer began delivering “one of his racy lectures” (13). Falling into a dead swoon at the first suggestion of bodily gore and racy material, the narrator becomes another antihero upon which the professional and creative powers of the story’s medical team depend.

My discussion of the corpse’s subject and object positions has been historically wide-ranging. Indeed, Thomas Eakins, Arthur Conan Doyle, and some members of the Pre-Raphaelite Brotherhood were all active in cultural production decades *after* the dissertation’s timeframe, which spans the period from Romanticism to the publication of Gray’s *Anatomy* in 1858. My use of these examples of art and writing from the late-Victorian period does not purport to expand the dissertation’s primary timeline or to alter my arguments that the epistemology of the corpse developed and gained cultural traction prior to the century’s last decades. Rather, I evaluate the cultural production of these late-century men because they provide persuasive examples of a discourse that ran parallel to Burney’s and Dickinson’s—a discourse that responded to, or was even made possible by, earlier explorations of the theoretical possibilities the corpse offered.⁴⁸ Perhaps, in some sense, Fanny Burney and Emily Dickinson predicted the terrifying consequences for female subjects of what the culture of the corpse might lead to if unchecked.

In nineteenth century culture, the corpse was a complex and contradictory object. It carried sickness and disease, and was thus reviled. It retained the spirit of the creator, and was

⁴⁸ Doyle’s example buttresses my point about the earlier development of the epistemology of the corpse: while all of his stories in *Round the Red Lamp* deal with medical advances that swept the practice in the century’s later decades, over half of the stories are explicitly concerned with the ossification and fossilization of medicine—with the past rather than the future—and critique the sizeable amount of practitioners who were operating on outdated knowledge. Doyle is looking backwards—with the concern that medicine is often still looking backwards, too. To provide a rather hilarious anecdote, most of the surgeons, physicians, and medical practices in Doyle’s tales “blend more freely with the wig and cravat of the Georges, than with the close-cropped hair and black frockcoat of the end of the 19th century” (32).

thus honored. As a product of war, it symbolized both national pride and waste, and sweeping social grief. As an object of medical science, it carried both fascination and horror. But ultimately—and increasingly as the century progressed—it was an object of abjection and defilement. I believe male writers and artists of the period were drawn to sexualizing the female corpse because it comfortably extended a prevailing ideology of the female body as hyper-passive. The female corpse was an object that easily permitted a particular cultural fantasy: that women could be acted upon without compunction; that literally anything could be done to women's bodies, without consequence.

But when that eroticization transfers to the surgical patient, it elevates an objectifying, necrophilic aesthetic to the level of *medicine*. It makes the corpse's erotic objectification respectable. Even clinical. Scientific. Technologically *advanced*. Transferring the eroticized corpse to the surgical theater is a way of claiming the authority to carry out the erotic manipulation of the female body—not just any man, anywhere, but a certain professionalized elite (artists, surgeons) can carry out and license such a manipulation. Millais, Doyle, and Eakins demonstrate the mechanics of how that eroticization takes place. When the objectification, aestheticization, and eroticization of the female body is carried out under the auspices of medicine, a rapacious cultural ideology becomes *pharmaceutical*.

It is nothing short of remarkable that women writers of the period aligned themselves with the corpse; that they inhabited the corpse's subject position so persuasively, and to such devastating effect. Burney and Dickinson crafted a surgical poetics around, not the object, but the *subject* of the corpse. Through their brash generic experimentations with the epistle and the poem, they bravely argue that nineteenth century women were treated as corpses. But they also

show us how the corpse could break women free from social and legal forms of bondage—how its unregulated subjectivity was refreshing, permissive, liberatory.

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