

“Morbid curiosity”: The Decline and Fall of the Popular Anatomical Museum



🏰 A Cabinet of *Curiosities* 🏰

American cultural history is full of disappearing acts. But no act has ever disappeared—or been expunged—as thoroughly as the popular anatomical museum. Its kissing cousins, the dime museum, the freak show, the medicine show, leave behind a nostalgic afterglow; the museum of anatomy is roadkill. The collective memory retains almost nothing and there are few traces for historians to kick over. Yet the museum was a part of American urban life for almost a hundred years. The nation’s first popular anatomical museum appeared in the 1840s; the last closed its doors around 1930. In the three decades following the end of the Civil War, museums of anatomy could be found in New York, San Francisco, Philadelphia, Chicago, Boston, Baltimore, St. Louis, New Orleans, and some smaller cities too.

The popular anatomical museum didn’t disappear from an excess of modesty. Back in the day, it was known (by patrons and critics alike) for the lurid visibility of its curiosities. The anatomical museum was not just a transgressor of public morality, it was a notorious, flagrant transgressor, a public institution devoted to the display of things that should not be displayed. The popular anatomical museum affronted public decency (if the public had any decency to affront).



Fig. 1. Pacific Museum of Anatomy and Natural History. Frontispiece, L. J. Jordan [Kahn], *The Philosophy of Marriage* (San Francisco, 1865). Courtesy of the National Library of Medicine.

And how did it do that? In every way possible. An 1871 article in the *New York Times* on downtown entertainments described it this way:

Out . . . upon the thoroughfare, and following the crowd, we journey on to a "museum of anatomy." To it, gentlemen only can obtain admission on presentation of twenty-five cents. You hand your quarter, and receiving your pasteboard, step into the store. Facing you, with spear and tomahawk in hand, and an ominous grin upon his leather visage, stands the famous body of a savage of the Islands of Senegambia, killed in battle by a certain doughty Captain, who followed the customs of the savages, and prepared the body of his fallen adversary as a trophy. Next, have you any desire to study obstetrics, or equally improving surgery?—you can gratify it so far as viewing waxen models of operations and abnormal monstrosities will permit. Among all the curiosities of wax are the most revolting specimens of cutaneous disorders, and other things instructive no doubt, but very disgusting to the ordinary spectator. People come and go to this place from morning until night, putting money in the proprietor's purse, and after a stay of perhaps ten minutes, depart, as we did, with a lurking suspicion of having been sold twice in half an hour in Chatham-street.

The popular anatomical museum was a museum among dime museums. It inhabited the Bowery and other plebeian entertainment districts, places where novelty acts and freak shows proliferated alongside houses of prostitution, gambling, and all kinds of petty and not so petty crimes. And amidst the displays of oddities and curiosities, the museum of anatomy was in some ways the oddest and most curious. It specialized in persons and conditions that lacked, or exceeded, the boundaries provided by aesthetics, morality, physiology, race, or the law. Its province, in other words, was pathology and grotesquery, sex and impulsive desire, savagery and murder, death and decay. The anatomy museum—a mix of real specimens and models—blurred those categories, and staged them as a theater of the body. What was exhibited was the Body with a capital B, separated from, deprived of, punished by, or in rebellion against, a moralizing, rationalizing, disciplining Spirit. The result was an orderly arrangement of souvenirs of embodied life run amok. The museum piled on an excess of body parts. An excess of meaning. An excess of everything.

And if Spirit disciplined the Body, with criminal and physiological and moral laws, that too was excessive. Alongside “anatomical and surgical,” “pathological,” and “obstetrical and monstrosity” departments—and plenty of models and specimens of vaginas, penises, breasts, and partly dissected (and therefore unclothed) females—the museum featured displays of gruesome crimes and gruesome punishments. Dr. Baskette’s Free Museum of Anatomy, in Chicago, contained “historical collections” displaying the guillotine and its victims (and also an “extra Mormon cabinet” detailing the massacres and polygamous practices of the Mormons). Philadelphia’s European Museum of Anatomy, Pathology and Ethnology featured a special display on the Spanish Inquisition and antique European torture devices. The 1867 New York Museum of Anatomy displayed executed murderer Anton Probst’s head and right arm (which struck the fatal blows). Exhibitions of punished bodies—dissected, diseased, dismembered—commingled with exhibitions of punished criminals and criminal punishments. The museum crowd had plenty to gawk at.

Professional versus Popular

But the popular anatomy museum was also a museum among medical museums. In the nineteenth century, any medical college worth its salt had an anatomical museum and pathological cabinet. There was a pedagogical circle of life: medical students and colleagues were expected to study specimens and also to produce them. Membership in the profession was consolidated by a common culture of collectorship. In formal medical discourse the specimen was accounted as an educational aid or as a record of a typical or unusual anatomical feature or pathological condition. Informally, there was the pleasure of acquisition and possession and a connoisseur’s appreciation of the artistry of the preparation. The professional anatomical museum was a repository of medical souvenirs. In other words: stuff in jars, skeletons, dried preparations, casts and models in wax, plaster, papier mâché, and wood. Some of them were typical, others were oddities, still others were records of a historical event, the skull of a man who had been shot at Waterloo or a relic of a notorious criminal who was hanged and then given over to the surgeons for dissection.



Fig. 2. Face with tertiary syphilis. Wax moulage. Possibly of German manufacture, late nineteenth century. Courtesy of the Mütter Museum, College of Physicians of Philadelphia.

Such items were common to both the professional and popular anatomical museum. Their differences had to do with proportion, quality, audience, and legitimacy: popular museums tended to have more sex- and crime-related material; the professional museum tended to have more “natural” specimens, and fewer models. The popular museum was open to a “for-gentlemen-only” public that was predominantly working class, with a large admixture of immigrants. The professional museum was generally open only to doctors and medical students, although respectable members of the laity were sometimes granted access. There was also a different ideological valence. The objects of the professional museum represented the triumph of medical knowledge, the conquest of reason and the law over the body. Doctors were known to keep a few specimens or a cabinet of material on display in their offices as trophies and, more broadly, as objects that advertised a medical vocation (as did diplomas, weighty medical tomes, medicines, and instruments). The specimens served as a credential, proof that the doctor had dissected and had special knowledge of the interior of the body.

In the Company of Men

The displays of the popular anatomical museum also advertised a medical practice. The museum was a clinic of a peculiar sort, catering entirely to men. Its proprietor typically described himself as a physician (but was suspiciously silent as to where he obtained his medical degree). The museum also featured a resident “lecturer” who transfixed customers with a pitch on the medico-moral-sexual maladies man was heir to. This was a long list that included syphilis, gonorrhea, chancre, impotence, incontinence (a category that included bedwetting, premature ejaculation, and nocturnal emissions), infertility, but also masturbation, promiscuity, sexual obsession, horniness, or a lack of libido. The lecturer’s litany of woes (symptoms of a larger malaise denoted as

“nervous exhaustion,” “nervous debility,” or “neurasthenia”) was designed to produce a state of anxiety in the clientele—a worried frame of mind that was heightened by the surrounding displays of syphilitic faces and diseased genitalia. The marks could then be easily persuaded to buy a book or patent medicine, or even better have a consultation with the doctor—who for an extra charge might perform a microscopic or chemical analysis of the patient’s urine. The nightmarish displays of anatomy and pathology (read: death and disease) functioned as a kind of moral shock therapy and, from the business end, helped to overcome sales resistance. The microscope and chemical apparatus, like the displays of specimens, bolstered the museum’s claims to be scientific and modern.



Fig. 3. Obstetrical and Monstrosity Department. Catalogue illustration, Dr. Baskette’s Gallery of Anatomy (Chicago, c. 1875). Courtesy of the William H. Helfand Collection, New York.

Popular museums varied in size and pretension (most were at the low end of the spectrum), but that was the format. A *Boston Medical and Surgical Journal* editorial of July 24, 1873, denounced a museum that was “a type of its class,” Dr. Jourdain’s Gallery of Anatomy: “It was a collection of anatomical models and dissections, with representations of skin and venereal diseases, most improper for public exhibition, and calculated to excite the morbid curiosity of the young together with its peculiar forms of hypochondria. Vile pamphlets were on hand to induce those having or fearing disease to consult the proprietor. The harm which this single establishment must have done cannot be calculated.”

Such warnings had a long shelf life, perhaps even outlasting the museums themselves. In the teens or early 1920s, the United States Public Health Service mounted a lantern slideshow against the “quack trickery” of doctors who practiced at anatomical museums. Medical establishments had a vested interest in drawing the lines between legitimate and illegitimate practitioners—and suppressing competition.

The claim, by the *Boston Medical and Surgical Journal* and other medical critics, was that the museum fostered a “morbid curiosity” that killed the cat.

But did it really? We can only speculate as to how the anatomical museum affected its patrons, medically or morally. Some men must have come to the museum already panicked over visible signs of syphilis, gonorrhea, or other diseases they might be reluctant to speak about to the family doctor: the museum was their VD clinic; they came for treatment. (What was in the ointments and tonics they purchased is unknown to us, as it was to them, but museum pamphlets typically condemned mercury-based medications, which were then the standard treatment for syphilis. Mercury's effectiveness in arresting the progress of syphilis is debatable, but clearly it had terrible side effects. If the museum doctor's prescription was more benign, patients may actually have been protected from harm.) Other men, susceptible to suggestion, fretted all the way to the museum doctor's consulting room without having anything physically wrong with them. But still other men—the majority?—must have visited the museum purely for fun. Maybe they defined themselves in opposition to pathology—or maybe they perversely embraced it. Maybe they resisted the blandishments of the lecturer, or maybe they laughed all the way to the doctor. Maybe the doctor and the fretting were part of the entertainment, like a roller coaster ride that makes you scared and a bit nauseous.



Fig. 4. Extra Mormon Cabinet. Catalogue illustration, Dr. Baskette's Gallery of Anatomy (Chicago, c. 1875). Courtesy of the William H. Helfand Collection, New York.

It was a man's world. Women were denied the pleasures of viewing the displays, which were rife with "Florentine Venuses" and models of sexual anatomy and obstetrics that featured unobscured vaginas, adorned by realistic thatches of pubic hair. We don't know who exactly visited the museum of anatomy—how many middle- and upper-class men condescended to enter?—but it was a place where things that can't be said or seen in mixed company get said and seen. And such places, by definition, mixed men of different classes, especially younger men who used the museum to satisfy a morbid curiosity about sex and death and disease, and also the urban demimonde in which the museum was situated. The museum was not quite a refuge from the parlor—it provoked too much anxiety for that—but, like the men's club and the fraternity, it catered to a shared male voyeurism. It was a place where men could be men.

Down by Law

Given all that, it comes as no surprise that the museum of anatomy was not well respected. A stigma attached itself to institutions that trucked in death and desire, emotions and appetites, corpses and body parts. The museum claimed to serve the cause of moral reformation, but it really worked on base emotions and bodily appetites. Then, as now, there was a cultural hierarchy that placed reason and spirit at the top and the body at the bottom. The museum engineered sensations in the museum goer—the sensation of revulsion was continually cited in contemporary commentaries—and a worrying, tickling obsession with sex and sexual pathology, a condition that both burdened and pleased patrons. Like pornography, the museum was a technology of incitement, of arousal. The displays of tertiary syphilis, freakery, criminality, savagery, and dissected bodies and body parts combined to produce a kind of nightmare eroticism that simultaneously reinforced and subverted the museum's self-proclaimed mission to uphold sexual morality (a *modus operandi* not unlike that of present-day teen slasher movies, which also pair sexual desire and pleasure with pain, mutilation, dismemberment, and death).

And this brings us to the popular anatomical museum's relation to the Law (capital L). The museum of anatomy presented a jurisprudential interpretation of disease and desire. The penalty for sexual crimes and misdemeanors, and by extension sexual desire and all the other appetites, was written on the body and body parts. The specimens of the museum made moral transgression manifest. There was no escape: spirit was incarcerated inside flesh. Such notions, we should remember, had profound resonance in a society in which a considerable portion of the population suffered from syphilis, gonorrhea, and other diseases (with few effective treatments) and the visible signs of the harm of sexual desire were displayed for all to see on their faces and bodies.

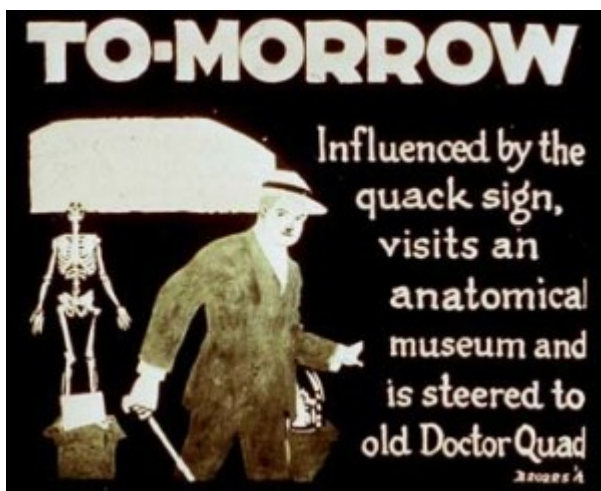


Fig. 5. United States Public Health Service lantern slide. Early twentieth century. Courtesy, National Museum of Health and Medicine, Washington, D.C.

The popular anatomical museum's displays and justifications dramatized the Law.

The museum made sense to its patrons because the Law was their cultural logic, the cultural logic of their performance of sexuality, selfhood, social class, gender, race, and a bunch of other things. The Law was inside the museum (and inside the patrons). But the Law—in this case literally the governmental structure of penal codes, police departments, and courts and trials—was also outside the museum. And the museum was outside the Law. It was a pariah institution, to its many critics a moral pathology: sexually transmitted disease staged as a burlesque, as an incitement to pleasure.

Decline and Fall

The museum of anatomy was robust. As a flower of evil it was a hardy perennial, a crowd pleaser. So why did it die? Well for one thing, there was no shortage of people who wanted to kill it. From the outset, popular anatomical museums attracted enemies who objected to its displays of partially and wholly undressed (and partially and wholly skinned) bodies, with females far outnumbering males. In 1850, the district attorney indicted the proprietors of the New York Anatomical Gallery—the nation’s very first popular anatomical museum and then only three years old—for “exhibiting . . . figures of men and women naked in lewd, lascivious, wicked indecent, disgusting and obscene groups attitudes and positions to the manifest corruption of morals in open violation of decency and good order.” Similar attacks on the museum occurred at intervals. Police in Rochester, New York, shut down the European Anatomical, Pathological and Ethnological Museum and seized its “obscene representations” in 1874; the proprietors moved on to Buffalo, Philadelphia, and Chicago. In 1888, Anthony Comstock’s Society for the Suppression of Vice and the New York City police conducted a campaign against the city’s four anatomical museums, confiscated and destroyed most of their objects, and put three of them out of business. A jury refused to shut down Kahn’s Museum of Anatomy, the oldest and most substantial of the four. The trial transcript hasn’t survived, but in his notes, Comstock complained that he wasn’t permitted to destroy some “wax figures of females life size, some pregnant & some otherwise & 37 cases of filthy penises.” Comstock didn’t give up: in 1896 he lobbied for an amendment to the state penal code that outlawed all museums of anatomy save those “designed for physicians or medical students when kept to their lawful uses or purposes” (along with a ban on performances by women wearing tights). This effort failed: at least two anatomical museums operated in New York City in the first two decades of the twentieth century. A similar prohibition was successfully enacted into law in Chicago in 1922, as part of a reorganization of the penal code (progressives often used this stratagem to push through rafts of minor reforms).



Fig. 6. Anatomical/pathological erotica: dissected woman with tuberculosis. Wax. Late nineteenth century. Courtesy Spitzner collection, Musées d'Anatomie Delmas-Orfila-Rouviere, Paris.

These turn-of-the-century efforts at suppression made life difficult for museum operators. But the museum of anatomy was probably already history. A *New York Times* article of 1895 used it as a marker of a bygone era, “the darkest days” of the city, “the period of the dance halls, cellar dives, and ‘anatomical museums’ after the [Civil War],” even though a museum or two still lingered on the Bowery. By 1911, the *Times* was waxing nostalgic for “the smaller, less sophisticated, less civilized town of the era of pump water, blue omnibuses, cobblestone pavements, black mud, oyster shells and orange peel, Dew Drop inns and anatomical museums.” So even as reformers continued efforts to ban museums of anatomy, in many places the museums had already disappeared or were declining into decrepitude, obscurity, or quaintness.

And why was that? We don’t really know, but here are some factors to consider. The decline and fall of the popular anatomical museum coincided with decline and fall of the dime museum, a fate that most observers attributed to the rise of competing entertainments, most notably the movies, vaudeville, and amusement parks. It also coincided with the decline of the *professional* anatomical museum, as the glass slide, the photograph, photomicrograph, stereograph, film, and statistical table became the media in which anatomy and pathology were documented. And this coincided with changing models of disease causation—germ theory began to supersede environmental explanations of disease; and microbiology and radiography began to supersede anatomy as emblems and methods of medical science. In other words, if the anatomy museum’s claim to be scientific and modern legitimated its medical treatments and its displays of the sexual body and the grotesque, then by the turn of the century that claim was looking kind of tattered. From the time of Vesalius onward, anatomy fellow-traveled with modernity. It was a good run, but after four centuries, the anatomical museum, both professional and popular, seemed like a dusty antique.

There is also the issue of shelf life, the longevity of curiosity. The museum of anatomy was a collection of novelties and curiosities; the proprietor's capital investment was in a stock of objects. But after several decades such pieces could no longer be regarded as novelties. American popular culture is notoriously a careening, accelerating, succession of attention-deficit trends, fads, and fashions. While the rate of change in the early twentieth century nowhere approached the supersonic speed of the music-video-cable-ready-Internet generation, it exceeded the capacity of the anatomical museum, a low-profit, low-rent operation, which utterly failed to reinvent itself.

Whatever the case, we know that the popular anatomical museum lost its public and lost its lease. Part of the museum's appeal was that the anatomical specimen was a mirror. People saw themselves in the objects, and they saw double: the museum was a carnival of self and other. But over time the museum of anatomy became so identified with the body and desire that its outlaw valence simply outweighed the disciplinary valence. To put it another way, the museum's representations of a body ruled and punished by anatomical boundaries and physiological law became so invested with eroticism and desire that its claims to teach science and morality no longer served, even as a fig leaf.

Or maybe the museum lost its salience because more supple, more dynamic, and more friendly modes of erotic representation came around to supersede the scary jurisprudential model that was the museum's thematic. If so then, in the final analysis, the museum lost its mojo. Compared to the engaging, sexy, kinetic offerings of the cinema, the burlesque, and the peep show, the anatomical museum was devoid of eroticism and vitality, and had nothing new to offer. By the 1920s and '30s, it was regarded as something of a joke, if it was regarded at all. In its final days, before its total disappearance, the museum of anatomy lingered on, not as a collection of curiosities, but as itself a curiosity.

Further Reading:

Nineteenth- and early-twentieth-century popular anatomical catalogues and pamphlets can be found at the New York Public Library, the Library of Congress, the National Library of Medicine, the American Antiquarian Society, and other historical collections. The first scholarly treatment of popular anatomical museums appeared in George Odell's massive fifteen-volume compendium, *Annals of the New York Stage* (New York, 1931). More recently, popular anatomical museums are discussed in Brooks McNamara, *Step Right Up* (rev. ed.; Jackson, Miss., 1995), a history of the medicine show, and in Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in 19th-Century America* (Princeton, 2002), as part of a larger discussion about the role of anatomy in American culture. English popular anatomical museums are discussed in Richard D. Altick's *The Shows of London* (Cambridge, Mass., 1978).

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