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Artifacts and Commingled Skeletal Remains from a Well on the Medical College of Virginia Campus: Anatomical and Surgical Training in Nineteenth-Century Richmond

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Anatomical and Surgical Training in Nineteenth-Century Richmond

Jodi L. Koste

The Virginia Commonwealth University (VCU) School of Medicine traces its origins to the Medical Department of Hampden-Sidney College (MDHSC). Four Richmond physicians under the leadership of Dr. Augustus L. Warner successfully petitioned the Hampden-Sidney trustees in October of 1837 to open a medical department in the commonwealth's capital, some seventy miles east of its liberal arts college located in rural Prince Edward County.

Warner, a native of Baltimore and 1826 graduate of Princeton, completed his medical studies at the University of Maryland in 1829. An advocate of anatomical instruction and dissection for medical students, he spent his first five years after graduation practicing medicine and giving private lessons in anatomy, physiology, and surgery. Warner's pedagogical accomplishments were noticed and the University of Virginia offered him the chair of anatomy, physiology, and surgery in 1834. He remained in Charlottesville for only three sessions. The lack of subjects for dissection and of clinical cases for demonstration frustrated Warner and he resigned his professorship and relocated to Richmond in 1837. Within eighteen months of his arrival, Warner and his associates opened their medical school under the auspices of Hampden-Sidney College on November 5, 1838.¹

Warner became the first dean of the faculty for the fledgling medical department while serving as the professor of surgery and surgical anatomy. The faculty also included Dr. Thomas Johnson, a former professor at the University of Virginia, in the chair of anatomy and physiology along with four others responsible for teaching medicine, material medica, obstetrics, and pharmacy. The six faculty members set up the new medical school in a rented, four-story building located on the southwest corner of 19th and Main Streets. They converted the old Union Hotel structure to include an infirmary, lecture halls, and dissecting rooms. In the first six years of its existence the MDHSC matriculated between 55 and 65 students each session with graduation rates ranging from a low of 14 to a high of 24 in the spring of 1844. (See Table 1) ²

Table 1. Matriculates and Graduates—Medical Department of Hampden Sidney College

	1838-39	1839-40	1840-41	1841-42	1842-43	1843-44
Matriculates	46	63	58	55	56	65
Graduates	14	14	17	16	14	24

Most classes consisted of lectures by professors with some illustrated through the use of models, drawings, and other images. But from the beginning, Warner and his colleagues stressed the importance of practical anatomy as the basis of modern medical education. They noted: “The student who has not laid the foundations of his studies in that knowledge which the dissecting room alone can give, can make no satisfactory attainments in Physiology or Pathology, and, of course, cannot become duly qualified to practice either medicine or surgery.” In the era of didactic and theoretical instruction, anatomy courses comprised the most significant part of a student's medical education. While studying practical anatomy students had the opportunity to dissect cadavers in what was basically their only laboratory course in medical school. Through this experience they obtained practical knowledge such as how the bones, organs, muscles, tendons, and vascular structure all related to each other. Medical schools promoted themselves based on opportunities for this type of instruction.³

The MDHSC faculty believed that Richmond was ideally suited for a medical institution: “There is certainly no city south of Virginia, where the study of Practical Anatomy can be so advantageously prosecuted, --the warmth of the climate in the more southern cities interfering seriously with the duties of the dissecting room: While at Richmond, not only is the supply of subjects ample, but the temperature is such as to allow dissection to be continued without interruption from October until March.” By the late 1830s Richmond had emerged as a growing industrial and manufacturing city featuring iron works, flour mills, tobacco factories, and a significant slave trade. Physically demanding jobs often led to early death through exhaustion or accident. Richmond’s population of 20,000 individuals including 7,500 slaves and 1,900 free blacks could satisfy the clinical requirements of a medical school. While not endorsing the robbing of

graves, the MDHSC faculty noted: “from the peculiarity of our institutions, materials for dissection can be obtained in abundance, and we believe are not surpassed if equaled by any city in our country.”⁴

The South did indeed have a unique advantage in its ability to provide adequate bodies for dissection. As historian Todd Savitt has noted: “Blacks were considered more available and more accessible in this white-dominated society: they were rendered physically visible by their skin color but were legally invisible because of their slave status.” Dissection remained illegal in Virginia during the ante-bellum period, but public officials generally ignored those engaged in grave robbing activities particularly when slaves or free blacks were the target. They did, however recognize the common practice and, in 1848, the Virginia General Assembly strengthened the law for “violation of the sepulcher” by adding a jail sentence of one year and a fine of no more than \$500.⁵

In this environment the MDHSC faculty was assured of an adequate number of bodies to support both anatomical instruction as well as surgical demonstrations. The professor of surgery, initially Dr. Augustus Warner and after his death Dr. Charles Bell Gibson (the son of noted University of Pennsylvania Professor of Surgery Dr. William Gibson), operated on both living and dead subjects. A list of recently performed procedures was included in the annual catalogues to inform prospective students of the faculty’s surgical acumen. These operations included tumor and polyp removal, lithotomies, amputations, paracentesis, tenotomy, hernia and fistula repair, and trepanning. The medical curriculum called for students to be instructed in the use of instruments. The faculty noted: “While the student will have the opportunity of witnessing surgical operations in the Infirmary, and other institutions for clinical instruction, and thus learn the mode of performing them; he can, from the cheapness of *material*, practice them upon the dead body, and acquire the manipulation which is necessary for an operator, and a knowledge of the use of instruments.”⁶

Facilities for both anatomical dissection and surgical operations were greatly enhanced when the MDHSC moved from its rented quarters in the fall of 1844. With a gift of \$2,000 from the City of Richmond, the faculty purchased lots 9 and 10 and part of 8 in Academy Square. This

area, bordered by Marshall Street on the north, Broad Street on the south, College Street on the east, and 12th Street on the west, included both private residences and public buildings.⁷ With an initial \$15,000 loan from the Virginia Literary Fund, the faculty financed construction of a new medical school building designed by architect Thomas Stewart of Philadelphia in an Egyptian style. This facility, constructed of wooden timbers and brick with a stucco exterior, originally included three lectures halls, a spacious dissection room, janitor's quarters, and an infirmary consisting of wards and private rooms ventilated by exterior windows.

Anxious to make use of their new facility, the faculty decided to schedule the 1844-1845 term of lectures in its new home, known today as the Egyptian Building. Warner spoke at an opening ceremony that marked the beginning of the academic term as well as the formal opening of the new edifice on 28 October 1844. The building was far from complete, as Dr. Jeffries Wyman, who assumed the chair of anatomy following Thomas Johnson's resignation in 1843, wrote to one of his northern colleagues in November 1844:

We have arrived at the end of the second week of our session, & are now getting into something like order. I assure you that our trials & vexations have been numerous, lecturing as we have been in a building half finished; of the state of which you can form some idea, from the fact that when I gave my introductory, some of the windows instead of glass, were closed by rough boards & others filled with glass that did not belong to them. It requires no small degree of excitement to get up much steam, when a professor is obliged to lecture (as I have been) in a room the floor of which was covered with block shavings &c just as they were left by the carpenters, who were daily expelled at a certain time in order to give me a chance to shake my dry bones for an hour in the presence of the class...

Wyman had served as demonstrator under noted anatomist Dr. John Collins Warren, the Hersey Professor of Anatomy at Harvard University, before arriving in Richmond. Never comfortable living in the slaveholding South, Wyman spent just five sessions in Richmond.

During his tenure, he offered lectures on a daily basis and expanded the anatomy course adding comparative anatomy, physiological science, and the use of the microscope.⁸

The burden of acquiring bodies for dissecting made the chair or professorship of anatomy one of the more difficult faculty roles. Harvard's John Collins Warren reflected that: "no occurrences in the course of my life gave me more trouble and anxiety than the procuring of subjects for dissections in medical lectures."⁹ While Wyman held the MDHSC chair of anatomy, Carter Page Johnson, an 1842 graduate of the school, served as anatomy demonstrator. Traditionally this position had few of the rights or privileges associated with a full professorship in a medical school. Still, many physicians accepted the role hoping either to advance through the ranks to a more desirable position or to hone their skills while waiting to build careers as surgeons. The demonstrator was assigned the responsibility of procuring, by whatever means possible, the cadavers required by the professors of anatomy and of surgery.

Despite its illegality, procuring cadavers was competitive and resulted in cooperation between MDHSC and the University of Virginia where Dr. John Staige Davis, a classmate of Johnson's, was also a demonstrator. Davis, in the relatively small city of Charlottesville, had to rely on bodies being shipped from more populous areas such as Norfolk and Richmond. Both demonstrators worked with individuals willing to break the law. Neither demonstrator controlled those involved in the grave robbing and trafficking of bodies even though the so-called "ressurrectionists" promised to exclusively supply one school or the other. Johnson, disturbed by the rivalry over bodies, proposed a plan where the two schools would divide the subjects so that each would have the requisite number to support its instructional program. Exact percentages were not provided but the MDHSC received the greater number. The Richmond school formally acknowledged this arrangement in 1856 when it amended the duties of the demonstrator. The faculty declared: "It should be the duty of the Demonstrator to make all arrangements necessary to secure subjects for the Professor of Anatomy and Surgery and for the students of this College and the University of Virginia and he will be expected to use the utmost diligence in guarding against all accidents which may serve to diminish the requisite supply of material."¹⁰

Johnson was relieved of the responsibility for securing cadavers in May of 1848 when the MDHSC faculty elected him professor of anatomy. His presence on the faculty had an immediate impact on affairs at the school. Johnson's previous experience as demonstrator may have guided him when proposing more formal regulations to govern the position. The demonstrator's primary responsibilities were to assist the professor of anatomy in preparing specimens and illustrations for anatomy lectures, to procure cadavers, and to monitor the dissecting room between the hours of 7:00 and 10:00 pm during the academic term. In addition the demonstrator was "to see that the Museum, Anatomical room, Dissecting room be kept as neat and as free from offensive matters as possible, and in the removal of the refuse matter to provide that it be so done as never to give offense to the citizens." Johnson knew of the difficulty of maintaining a clean dissecting area and recommended the faculty find an "appropriate place to deposit the refuse matter from the dissecting rooms." The faculty minutes do not reveal when such a place may have been selected or where it was located. The disposal of human remains continued to be a problem at the medical school, and in 1856 the faculty addressed the issue once again. The newly adopted regulations for the demonstrator specified that he "shall see that the offal is not allowed to collect in the dissecting or dead room and shall deposit it in the sink provided for that purpose." At some point between 1848 and 1856 the faculty identified the depository – a sink or well -- to use for human remains.¹¹

Problems greater than the disposal of anatomical material confronted the medical school in the mid 1850s. A fight with the Board of Trustees over a faculty appointment in 1853 resulted in the dissolution of the medical department's ties with Hampden-Sidney College. The medical faculty secured a charter from the Virginia General Assembly and became the Medical College of Virginia (MCV) in 1854. The newly reorganized school suffered a severe loss in the fall of 1854 when Carter P. Johnson drowned at sea. Dr. Arthur E. Peticolas who had served as demonstrator for most of Johnson's tenure as professor conducted the anatomy lectures for the 1854-1855 session. He was a graduate of the MDHSC and had served as house physician, demonstrator, and summer session anatomy professor before his election to the chair of

anatomy in March of 1855. An artist and writer as well as a skilled anatomist and surgeon, Peticolas suffered from asthma, which was exacerbated by his duties in the dissecting room.¹²

Peticolas, like others who served as demonstrator, periodically engaged in grave robbing. In January of 1856 he wrote to John Staige Davis that “three weeks before Christmas our friend who had done nothing for some time, disappeared sending a message that he did not care to continue in the business. To continue my lectures I was forced to play resurrectionist myself by no means a pleasant profession when the snow is 8 inches deep and the thermometer near zero.” Dr. Howell L. Thomas, a noted oculist and later MCV demonstrator during the Civil War, also assisted Davis in arranging for cadavers to be sent to the University of Virginia. Thomas was actively engaged in the process noting in a November 1849 letter that: “In passing down the street today I heard the darkies talking of a funeral tomorrow, if there be anything in it, I will watch and endeavor to secure the commodity for you.”¹³

For the most part the demonstrators and professors of anatomy could employ agents or deal directly with the “booty men” (Table 2). Correspondence from Davis, Thomas, and Peticolas made references to grave robbers by name. The physicians relied on a man identified as Bob Saunders who held a leadership role within the Richmond resurrectionist group. After his death in 1849, the demonstrators had to look elsewhere for help in securing cadavers. Charles I. Miller of Richmond was a grave robber active in the 1850s. He signed an exclusive agreement with Thomas to ship cadavers to the University of Virginia. MDHSC demonstrator Peticolas discussed the difficulty of acquiring bodies following the arrest of Samuel Gennet, another Richmonder associated with the grave robbing business. Gennet was caught, tried, and convicted for his role in a body snatching that took place on 1 January 1852. The news of Gennet’s arrest drew public attention to the issue and a temporary watch of the pauper and Negro burial grounds.¹⁴

Table 2. Professors and Demonstrators of Anatomy

Professors of Anatomy and Physiology	Dates
Dr. Thomas Johnson (1802-1859)	1838-June 1843
Dr. Jeffries Wyman (1814-1875)	August 1843-March 1848
Dr. Carter Page Johnson (1822-1854)	May 1848-September 1854
Dr. Arthur E. Peticolas (1824-1868)	March 1855-1866
Demonstrators of Anatomy	Dates
Dr. Robert Mumford (1816-1843)	1838-184?
Dr. Carter Page Johnson (1822-1854)	1844-May 1848
Dr. Frederick W. Roddey (-1865)	1848-1849
Dr. Arthur E. Peticolas (1824-1868)	July 1849-March 1855
Dr. Theodorick P. Mayo (1830-1889)	March 1855-March 1857
Dr. Marion Howard (1825-1880)	March 1857-1861

Richmond's potter's field and Negro burial ground were frequent targets for resurrectionists. Development of this area began in the early 19th century when the city constructed a poor house, north of what was then known as Marshall Street (Maps 1 and 2). The Richmond Common Council authorized a grave yard for free Negroes in 1814, a Hebrew cemetery in 1816, and a burial ground for white city residents in 1820. All three were laid out in the area surrounding the poor house or city almshouse. The barren hillside beyond the northern wall of the Hebrew cemetery ultimately became the pauper's burial ground, or potter's field. These burial spots and the poor house were just over a mile from MCV (Map 3). The school strategically placed two medical students at the almshouse in order to collect anatomical materials. The Dean's Account Book documents a partial payment to Dr. Theodorick P. Mayo to honor a debt "owed by him to the students at the Almshouse for anatomical materials."¹⁵

The convict cemetery outside of the state penitentiary represented another potential source for bodies. Located just a mile from MCV, this cemetery was the final resting place for some of the men who died while incarcerated. The penitentiary lost an average of 12 men a year in the

period between 1853 and 1859. Several different faculty members served as house physician to the institution which gave medical students entree to another clinical learning experience.¹⁶

The MCV infirmary served as the students' primary clinical learning lab. It catered to all races and classes but was frequently patronized by itinerant workers, owners who sought treatment for their slaves, free Blacks, and immigrants. The faculty treated an average of 200 patients a year between 1855 and 1859. The number of deaths that occurred in the infirmary remains unknown. In one quarterly report, the dean noted that eight patients had died out of thirty-nine admissions. An editorial in the *Richmond Dispatch* stated "many of the negroes laboring in Richmond, are, for the want of room and nurses, sent to the Infirmary of the Medical College, when they are taken sick. Among them prevails a superstition that when they enter the Infirmary they never come out alive." By the late 1850s, some individuals in the Richmond community also spread rumors that MCV Infirmary patients who had the misfortune to die could wind up as cadaver specimens on the medical school's dissecting table. The College's Board of Visitors prescribed rules for managing deceased patients which specified that "no body must be removed or interred until 24 hours have lapsed after death except at the express request of the friends or by direction of the attending Physician or Surgeon."¹⁷

During the political debate surrounding the construction of a Marine Hospital in 1860 the perception that medical students at MCV dissected infirmary patients had become so pervasive that the faculty was compelled to take out an advertisement to deny these charges. In defense of MCV, Dean Levin Joynes wrote "no patient dying in the Infirmary, whether white or black, is ever sent to the dissecting room; but the body is in every case decently interred in the public burying grounds."¹⁸

From the fall of 1844 when the school first moved to Academy Square through the conclusion of the 1860-1861 term and opening of the new hospital structure, 1,480 men attended classes at MCV with 439 earning medical degrees (Table 3). No documentation has been uncovered that reveals the number of cadavers procured to support instruction for this number of matriculates. Although the faculty requested that the professor of anatomy provide a monthly accounting of cadavers supplied to each class, no such reports are found in the minutes of the

faculty meetings. It is possible to derive a rough estimate based on correspondence between John Staige Davis and Carter P. Johnson. In a letter written to Davis in December of 1847, Johnson extolled the benefits of obtaining a medical education in Virginia and remarked that: “it seems to me a ridiculous farce to attempt to teach 500 students collected together either clinical medicine or practical anatomy, especially where the price of subjects is \$20.00 and there are ten students in each class as in the case this winter in Philadelphia.” If a class of ten in Philadelphia was too large in Johnson’s mind, then it is probable that those in Richmond were somewhat smaller, perhaps as few as four to six students. Based on this estimate one can extrapolate that a minimum of 18 to 24 bodies was needed for each term. Peticolas reported sending 27 cadavers to the University of Virginia during the 1858-1859 session which suggests MCV probably took in about 54 bodies, if the two schools adhered to the standard formula of keeping two-thirds of the recovered bodies in Richmond for MCV and sending the remaining one third to Charlottesville.¹⁹

Table 3. Matriculates and Graduates--Medical Department of Hampden Sidney College and Medical College of Virginia

	1844-45	1845-46	1846-47	1847-48	1848-49	1849-50	1850-51	1851-52	1852-53
Matriculates	71	74	75	70	72	80	90	85	76
Graduates	18	17	17	21	24	24	26	24	26

	1853-54	1854-55	1855-56	1856-57	1857-58	1858-59	1859-60	1860-61
Matriculates	61	76	72	72	60	70	228	148
Graduates	21	26	29	23	21	20	20	82

In December of 1859 MCV accepted 144 students who had left medical school in Philadelphia following the hanging of John Brown and returned to the South to continue their education. The faculty sought support from the Virginia General Assembly to accommodate the larger student body and a growing infirmary patient population. The legislature appropriated

\$30,000 for this purpose in exchange for college's real property in March of 1860. With this transaction, MCV became a state institution. The faculty opted to build a new hospital instead of adding to "the rather expensive Egyptian style of architecture which belongs to the college building." The construction of the new hospital proved to be a difficult undertaking. The building was to be situated on the existing college property, just west of the Egyptian Building. This required the demolition of a stable and privies located on the spot of the proposed hospital. Workers also had to construct a culvert to facilitate drainage on a plot of land that was once bisected by a stream. Dean Levin Joynes compiled a detailed list of disbursements for the project. Two entries are of particular interest. On 20 October 1860, the college paid Jacob Holloway \$151.62 for "digging and bricking up sink [well] under college." A month after closing the old well, Joynes recorded a transaction for "rope used in digging sink." A February 16, 1861 entry in the Dean's Account Book recorded the purchase of "rope & well-wheels for dissecting room." This evidence indicates that MCV sealed one well and dug another during the construction of the new hospital.²⁰

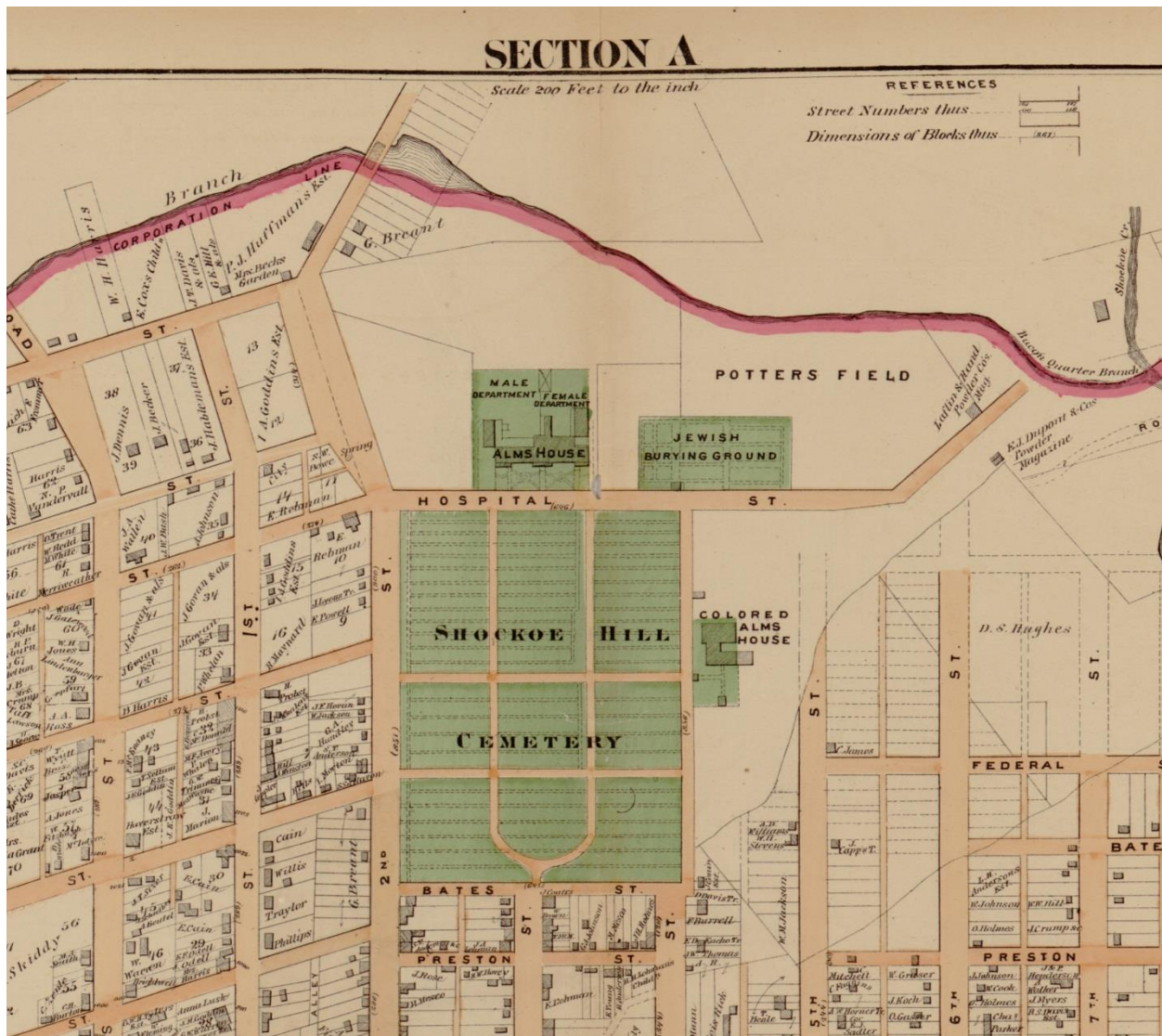
It is difficult to prove conclusively that the well closed in October of 1860 was the same one uncovered by construction workers while excavating the area west of the Egyptian Building in April of 1994. The location of the well, in close proximity to some remaining foundations of MCV's original hospital structure, would suggest that it was sealed prior to the opening of the new clinical facility in April of 1861. The college has undertaken five major building projects on the lots in the southeast corner of Academy Square since 1860. Each project required excavation work in the square to place building foundations. No recorded discoveries of wells were made during the construction of a laboratory building, a children's hospital, or a hospital for African-Americans. Workers did uncover a large refuse well under the basement of the Egyptian Building during a major structural renovation of the college's oldest facility in 1939. A long-serving college administrator confirmed that this well had once been used to dispose of cadavers and other anatomical specimens in the late 19th and early 20th centuries. These facts suggest that the well discovered in April of 1994 may have been the one used by various demonstrators of anatomy to dispose of human remains in the period between 1848 and 1860.²¹

The official records of the college, faculty correspondence, college catalogues, newspaper reports, published histories, and other sources have provided some insight into anatomical instruction, grave robbing, and management of human remains at the former Medical College of Virginia. This contextual information and factual evidence drawn from the written record combined with the findings from physical evidence recovered from the well in 1994 give an expanded understanding of the education of mid-nineteenth-century physicians in the Old Dominion and the health of antebellum Virginians.



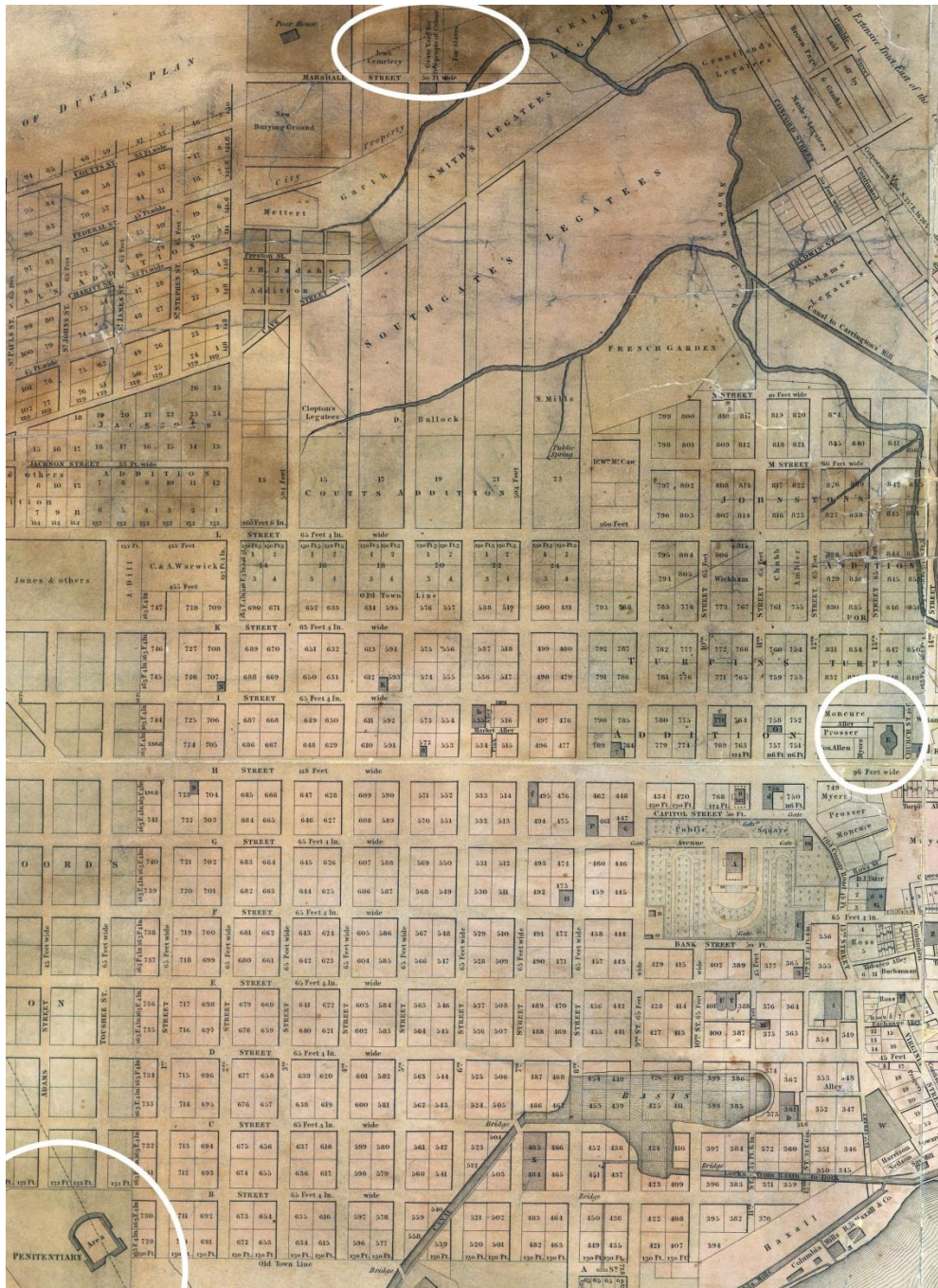
Map 1: "Plan of the City of Richmond," Micajah Bates, Richmond, VA, 1835, Library of Virginia.

Bates published this map just prior to the creation of the Medical Department of Hampden-Sidney College. It provides a detailed overview of the poor house (almshouse) and burial grounds. Bacon's Quarter Branch and Shockoe Creek is drawn further south than the actual location that these waterways cut through in the northern edge of the city.



Map 2: "Illustrated Atlas of the City of Richmond, Va." By F. W. Beers, Richmond, VA, 1876.

Beers' map, rendered some sixteen years after the period in question more accurately shows the location of the Potters Field in relation to the almshouse, Hebrew burial ground, and Bacon's Quarter Branch.



Map 3: "Plan of the City of Richmond," Micajah Bates, Richmond, VA, 1835, Library of Virginia

Map illustrating the distance between the Medical Department of Hampden-Sidney College/Medical College of Virginia and the Penitentiary and Negro burial grounds.

¹ Wyndham B. Blanton, "Augustus Lockman Warner, 1807-1847," *Annals of Medical History* 4 (January 1942): 1-9; Wyndham B. Blanton, *Medicine in Virginia in the Nineteenth Century* (Richmond: Garrett & Massie, Inc., 1933): 38-9, 42-3; "Note," *American Journal of the Medical Sciences* 14 (1834): 530.

² Blanton, *Medicine*, 39,46; Medical College of Virginia, *The First 125 Years of the Medical College of Virginia* (Richmond: Medical College of Virginia, 1963), 5-9.

³ William G. Rothstein, *American Medical Schools and the Practice of Medicine* (NY: Oxford University Press, 1989), 33-35; Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century* (Chapel Hill: University of North Carolina Press, 2004): 59-60; *Catalogue of the Officers and Students of the Medical Department of Hampden Sidney College 1852*, hereafter cited *Catalogue*.

⁴ Midori Takagi, "Rearing Wolves to Our Own Destruction:" *Slavery in Richmond 1782-1865* (Charlottesville: University Press of Virginia, 1999): 16-18; *An Address to the Public in Regard to the Affairs of the Medical Department of Hampden Sidney College* (Richmond: Ritchie & Dunnivant, 1853): 38-9; *Catalogue 1859*.

⁵ Todd L. Savitt, "The Use of Blacks of Medical Experimentation and Demonstration in the Old South" *Journal of Southern History* 48 (August 1982): 331-35; Todd L. Savitt, *Medicine and Slavery: the Diseases and Health Care of Blacks in Antebellum Virginia* (Urbana: University of Illinois Press, 1978): 290-02; Todd L. Savitt, *Race and Medicine in Nineteenth- and Twentieth-Century America* (Kent, OH: Kent State University Press, 2007): 77-81; *Code of Virginia 1849* (Richmond: William F. Ritchie, 1849): Chapter 196, Section 13, p. 740; Blanton, *Medicine*, 69.

⁶ Blanton, *Medicine*, 40-41; *Catalogue*, 1844: 13-14; Extensive list of surgical procedures can be found in the annual catalogues from 1850 forward.

⁷ It was in the northeast corner of the square that construction workers uncovered an abandon well containing human remains in April of 1994.

⁸ Jeffries Wyman to David Humphreys Storer in "Twelve Letters from Jeffries Wyman, M.D." edited by George E. Gifford, Jr. *Journal of the History of Medicine and Allied Sciences* 20 (October 1965): 309-33; David Starr Jordan, *Leading American Men of Science* (New York: Henry Holt, 1910): 171-77; *Catalogue*, 1844: 20.

⁹ Edward Warren, *The Life of John Collins Warren* compiled chiefly from his autobiography and

journals (Boston: Ticknor and Fields, 1860) v.1: 404; John B. Blake, "Anatomy" in *The Education of American Physicians: Historical Essays* edited by Ronald L. Numbers (Berkeley: University of California Press, 1980): 38-39; A. M. Lassek *Dissection: Its Drama and Struggle* (Springfield: C. C. Thomas, 1958): 246.

¹⁰ Carter P. Johnson to John Staige Davis 19 August 1845, Howell L. Thomas to John Staige Davis 31 August 5, 12 September, 3 December 1849, James Lawrence Cabell to John Staige Davis 23 July 1851, Papers of John Staige Davis, Acc#1912, Special Collections Department, University of Virginia Library, Charlottesville, VA, hereafter cited as Davis Papers; James O. Breeden "Body Snatchers and Anatomy Professors: Medical Education in Nineteenth-Century Virginia" *Virginia Magazine of History and Biography* 83 July 1975: 321-37; Minutes of the Faculty of the Medical Department of Hampden-Sidney College 22 March 1852, Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Richmond, hereafter cited as Minutes of the Faculty.

¹¹ Minutes of the Faculty 18 September 1848, 31 July 1849, 22 March 1852.

¹² "Carter Page Johnson" *Virginia Medical and Surgical Journal* 5 (October 1855): 341-4; Arthur E. Peticolas to the Board of Visitors of the Medical College of Virginia 10 July 1865, Sanger Historical Files, Special Collections and Archives, Tompkins-McCaw Library, Richmond, VA; Blanton, *Medicine*, 48-51.

¹³ Arthur E. Peticolas to John Staige Davis 21 January 1856, Howell L. Thomas to John Staige Davis 3 November 1849, Davis Papers

¹⁴ Arthur E. Peticolas to John Staige Davis 26 January 1852, Howell L. Thomas to John Staige Davis 31 August, 5, 12 September, 27 November, 3 December 1849, Charles I Miller 12 September 1849, Davis Papers; Joseph Johnson to the General Assembly 22 March 1852 in *Journal of the House of Delegates for the Session of 1852* (Richmond: William F. Ritchie, 1852): 265-66.

¹⁵ Blanton, *Medicine*, 70, 211-12; Mary Wingfield Scott *Old Richmond Neighborhoods* (Richmond: William Byrd Press, 1950): 285-86; Dean's Account Book, Special Collections and Archives, Tompkins-McCaw Library, Richmond, VA; Minutes of the Faculty 4 July 1857.

¹⁶ *American Medical Almanac for 1840* (Boston: Marsh, Capen, Lyon and Webb, 1840): 21

¹⁷ Minutes of the Board of Visitors of the Medical College of Virginia 26 May 1854, Special Collections and Archives, Tompkins McCaw Library, Virginia Commonwealth University, Richmond. Reports to the Second Auditor, 1857-1859, 1863.

¹⁸ Dean's Account Book

¹⁹ Carter P. Johnson to John Staige Davis 19 December 1847, Davis Papers; Tables of matriculates and graduates compiles from *Catalogues*, 1839-1861 and Matriculation Book, 1838-1871, Special Collections and Archives, Tompkins-McCaw Library, Richmond.

²⁰ Blanton, *Medicine*, 54; Dean's Account Book 1856-1871; "Statement of Receipts and Disbursements," Sanger Historical Files; Reports to the Second Auditor, 1859.

²¹ *Richmond Times-Dispatch* 8 March 1939; *Richmond-Times Dispatch* 11 May 1994.