"A Very Diffused Disposition:"
Dissecting Schools in Philadelphia, 1823-1825

In 1813 Benjamin Rush, Professor of Theory and Practice of Medicine at the University of Pennsylvania, died of pneumonia. His death was universally mourned for Rush had been a leading political statesman as well as a renowned physician. "Another of our friends of seventy-six is gone, my dear Sir, another of the co-signers of the Independence of our country. And a better man than Rush could not have left us, more benevolent, more learned, of finer genius, or more honest," wrote Thomas Jefferson to John Adams.¹

Rush’s passing prefigured the end of an era in American medicine. Rush was the last great exponent of the speculative theories of medicine. He believed that disease corresponded to a state of the body; if the victim were excited or feverish, he could only be cured by depletion—usually blood-letting—and if he were debilitated, then stimulants—wine, brandy, or opium—should be applied to bring the body back to a normal state.²

Only ten years after Rush’s death considerable, although not unanimous, skepticism was being voiced about the value of metaphysical systems. Ironically, in 1823 Nathaniel Chapman, Rush’s successor, bore the brunt of the criticism. Chapman had developed a solidistic theory which explained the action of drugs—for instance, diuretics—as affecting first the stomach, then through “sympathy...the absorbents or kidneys, according to the affinity of the article to one or the other of these parts.” Gouverneur Emerson, a physician on the Philadelphia Board of Health, after reading Francois Magendie’s experiments on

² The best account of the speculative medical theories in early nineteenth-century Philadelphia can be found in Samuel Jackson, A Discourse Commemorative of Nathaniel Chapman, M.D., Delivered before the Trustees, The Medical Faculty, and Students of the University of Pennsylvania (Philadelphia, 1854).
intravenous absorption, decided that Chapman's notions were scarcely credible:

Dr Chapman and his school...would account for these phenomena by the aid of sympathy or consent of parts, by means of which medical agents extend their impressions without mixture or combination....But to me this sympathetic theory has never been satisfactory: It is much too obscure and leads to vague and inaccurate deductions. It is to Majendie of Paris, that we stand indebted for illuminating this subject with the light of demonstration. By the most conclusive experiments he has shown, that, to gain admittance into the blood medicines and other substances are neither assimilated by the digestive organs, nor obliged to pass through the lacteals, mesenteric glands, Lymphatic duct, left subclavian & other stages of the circulation. He has proved...that substances find immediate access into the sanguiferous system, through the venous absorbents.

In fact, Magendie's experiments had been repeated by a committee of the Philadelphia Academy of Medicine two years previously. Consisting of three young physicians—Richard Harlan, Jason V.O. Lawrence, and Benjamin Horner Coates—experiments had been conducted on forty-three animals. The results clearly vindicated Magendie's findings.3

The episode is significant as symbolizing the gradual conversion of the Philadelphia medical community to the methods and tenets of the Parisian school. American medicine had long been dominated by abstruse theories; during the French period experiment and observation quickly became paramount. Clinical instruction, a detailed examination of the body (both in the diseased and healthy states), post-mortem dissection, statistical analysis, and the appearance of specialities—all characterized the new method of the Paris physicians.4 More than six hundred Americans went to Paris between 1820 and the Civil War; not

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surprisingly, since it was the medical capital of the United States, more students went from Philadelphia than from any other place. Between 1820 and 1839 three hundred twenty-seven Americans made the trip, a sizeable number again from Philadelphia.⁵

Complementary to the appearance and early success of a new medical philosophy in Philadelphia was a dramatic transformation of the institutional structure. In 1813 the University of Pennsylvania Medical School, the oldest in the country, was the sole institution in the city to offer medical instruction. Its faculty commanded the resources of Pennsylvania Hospital and the Philadelphia Almshouse; with hundreds of patients each year these two hospitals gave the professors and the university students ample material for clinical instruction. It was evident that the Philadelphia physicians lived under a medical monopoly exercised by the university. As Jonas Horwitz warned Lyman Spalding, President of the College of Physicians and Surgeons of the Western District of New York, who was applying for the vacant chair of anatomy at the university: “there exists a spirit of monopoly; & sycophancy in the medical school of this place that’s unrivalled any where.”⁶

Within a few years, however, the institutional topography of medical Philadelphia had been rapidly transformed by the sudden appearance of a variety of new schools, institutions, and journals. Anatomy classes, dissecting rooms, courses on medical botany, and chemistry lectures saturated the city with science. A pharmaceutical college opened in 1821, a conspiratorial medical club—the Kappa Lambda society—appeared the following year, and in 1825 a rival medical school—the Jefferson Medical College—was incorporated by the Pennsylvania state legislature. The principal beneficiaries of this sudden activity were the medical students who could supplement their regular courses with extramural tuition of their own choice.⁷

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⁶ Horwitz to Spalding, 2 March 1818, Hyde Collection, CPP; see also James Alfred Spalding, *Dr. Lyman Spalding: The Originator of the United States Pharmacopoeia* (Boston, 1916), 287.

Above all else, however, the period was characterized by amazing creativity. A flood of medical pamphlets, books, journals, and essays poured off the press. No subject was too insignificant, no idea too recondite, no observation too obscure to be ignored by the Philadelphia doctors. Discussion and debate seemed to go on endlessly in all forums. It was without doubt the golden age of Philadelphia medicine: enrollments at the city's medical schools soared; only Paris and Edinburgh could claim greater numbers. Textbooks written by the University of Pennsylvania faculty and, after 1841, by the Jefferson professors, were used almost exclusively by every medical school in the country.

By 1824, so many private dissecting schools had appeared in the city that the University of Pennsylvania faculty faced a crisis of no small dimensions. A plethora of small private medical academies catered either to students already at the university who wished to supplement their formal education with extramural tuition or, alternatively, were filled with students who hoped to enter the university later in the year and needed preparation for the more rigorous curricula of the university. When confined to either one of these two roles, the small schools were tolerated with the implicit understanding that the university would brook no competition nor tolerate any rivalry: "so much reproach was cast upon any graduate of the existing school who would endeavor to set up a rival to his alma mater that few had the audacity to try it. Social influence proved strong enough either to nip such enterprises in the bud or to blight them before the legislature." Establishments which offered medical instruction but not the degree were even occasionally welcome since they relieved the overburdened professors from some of the pressures of teaching.8

The myriad of small medical institutions was indicative of the state of medical education in the city. First, since they were well-attended (most had between thirty to a hundred students in any one year), it is not unreasonable to surmise that they satisfied, albeit partially, a need for medical education which was left unanswered by the university. Second, they bridged the gap between the regular terms of the university.

Third, they gave recently graduated doctors an opportunity to become better known both to the general public and to their elders in the medical profession.

Enterprising young physicians could advance their own careers while providing instruction in anatomy and surgery to those medical students in the city who found the university’s facilities inadequate. Most of the dissecting schools were fly-by-night affairs; a small number, however, were reputable institutions staffed by competent instructors who quickly won the approval of the university. Jason V.O. Lawrance is a case in point. A graduate of the university medical school Lawrance founded the Philadelphia Anatomical Rooms in 1820, providing lessons in dissection at his apartment in Chant Street. The school only opened during the summer and fall months of each year since it was intended to give instruction merely during the university’s vacation from April to November. This compliance with the medical school’s schedule was a relief for the faculty, which was anxious, as always, that any independent initiative be kept firmly within limits and not metamorphose into a rival.9

In any case Lawrance’s talents had already been spotted. Two years before, William Gibson, the new professor of surgery at the university medical school, had offered young Lawrance an assistantship. In 1822 Philip Syng Physick, having witnessed the early success of Lawrance’s Anatomical Rooms, invited him to become the assistant of anatomy. In the same year he became a member of the surgical staff at the Philadelphia Almshouse largely through the enthusiastic recommendations of the university faculty. Thus an independent spirit who had proved himself a competent and energetic lecturer (the Philadelphia Anatomical Rooms soon had more than seventy students) was attracted from the periphery of the city’s medical community towards its center. Lawrance’s prospects became linked with those of the university; he was urged into cooperation, not competition, with the medical elite.10

His associates at the Rooms were likewise merged into the mainstream of Philadelphia medicine. John D. Godman, a graduate of the

University of Maryland, at first puttered about aimlessly, hanging around his alma mater hoping for an appointment, joining Daniel Drake at the Medical College of Ohio for a few months, and generally going nowhere. On joining Lawrance at the Anatomical Rooms in 1822, however, Godman soon achieved success, even if it were rather limited.\textsuperscript{11}

When Lawrance died of typhus fever in 1823 while attending the "poor in the Ridge Road District," Godman took command of the Rooms. The next year he published \textit{Anatomical Investigations}, a work so superior that shortly afterwards Nathaniel Chapman invited him onto the editorial board of the \textit{Philadelphia Journal of the Medical and Physical Sciences}, a review founded by Chapman in 1820. Godman joined the Academy of Natural Sciences in 1821; only five years later he became one of the Academy's most renowned authors when his three-volume \textit{American Natural History} appeared. Only the crippling effects of tuberculosis contacted in 1826 prevented the young physician from becoming one of Philadelphia's most brilliant representatives. His last months were marked by great pain; yet he continued, as the patrician Reuben Haines put it, to "wield his masterly pen." Thomas Say, the foremost American entomologist of the period, reflected on the sad passing of an old companion: "our old friend Godman is no more. Consumption terminated his highly useful existence. This is truly a very great loss to the world of science."\textsuperscript{12}

Other anatomy schools of the period included the Philadelphia Association for Medical Instruction, the Medical Institute of Philadelphia, and the School of Medicine. All had close connections with the university. Teachers at these recognized schools were usually recent graduates of the university and in many cases even eventually joined the faculty. Students from the university medical school, if they remained in Philadelphia during the summer recess, were encouraged to attend the recognized schools, and very often the university's facilities were used by their instructors.\textsuperscript{13}


\textsuperscript{12} Keen, \textit{History of the Philadelphia School of Anatomy}, 5-6; Haines to Charles Lucien Bonaparte, 6 March 1830; Say to Bonaparte, 5 July 1830, Bonaparte Correspondence, Museum National d'Histoire Naturelle, American Philosophical Society microfilm.

\textsuperscript{13} John Redman Coxe to William Edmonds Horner, 28 January 1825, Medical Faculty Papers, Archives General, UP.
In time, however, the mania for dissecting threatened to get out of hand, and in 1824, the professors, alarmed at the number of transient dissecting schools, drew up a report to the university trustees expressing their concern. The demand for instruction in dissecting had become so great that even anatomical courses conducted in private houses by persons with few or no qualifications had become extremely popular. For the university such "schools" of anatomy threatened to become an acute embarrassment. As the 1824 report makes clear, some unscrupulous individuals advertised their courses in the city newspapers and attracted sizeable numbers of students but failed either to deliver a complete course or to supply adequate facilities for dissection. In many cases, the students never saw, let alone practiced on, a corpse; some instructors left off teaching in the middle of a course while still others simply took their students’ fees and promptly disappeared. Last but not least, such was the demand for cadavers that William Gibson, the university's professor of surgery, was having increasing difficulty in securing corpses for his own students. Caretakers of burying grounds (presumably for paupers) were bribed to supply corpses to this or that private school so that the university was entirely unable to procure bodies for dissection. The final indignity occurred during the winter term of 1823, when a corpse on its way from a burying-ground to the university's buildings was seized by force and carried off to a private school.

In short, medicine was being utterly disgraced in the public eye by the unseemly, not to say ghoulish, competition for corpses. Nor was the total absence of self-regulation of the dissectors calculated to endear the city authorities towards the medical lyceums. The vox populi could not be trusted to distinguish between the university and her rivals, nor was an enraged mob, its passions aroused, likely to discriminate when it set about the business of burning down medical schools.

What was to be done? The medical faculty proposed that dissection be formally incorporated into the lectures on surgery, which were now mandatory for every freshman student in his first term. Thus, reasoned the professors having dissected to his heart's content on his arrival in Philadelphia, the university student would never again be gulled by the unscrupulous private teacher. However, not all students in the city intended to take the medical degree; it was perfectly legitimate to
practice medicine in rural communities without the doctorate. Hence the audience for private dissecting rooms was diminished by the university's action but not eliminated.

In any case, as an internal report made clear the following year, the university did not have the facilities even to provide for its own matriculants, let alone any independent students. There were at least two hundred and sixty students who needed dissecting practice; the university, with space for only one hundred and twelve students, fell short.

The medical faculty's 1825 report proposed that two additional dissecting rooms be built, each sixty feet long and twenty feet wide. Action on the report was delayed until 1829, when, in a draconian step for the usually conservative trustees, the entire medical school was demolished and in its place a large Medical Hall was erected on the site at Ninth Street. The new building included three spacious lecture rooms, a museum, private offices for the professors, and several anatomical rooms for the dissecting classes.

The improved facilities for dissection enabled the university to keep pace with its rivals, although the competition from other anatomy schools was not eliminated until the 1870s. The University of Pennsylvania continued to enjoy an illustrious reputation. Indeed, if parents could not afford to send their sons to London or Paris for a medical education, then the next best choice was Philadelphia. Boston was a scientific city and Harvard had her medical school but ambitious Americans would rather be in Philadelphia: "last winter I passed in Boston, & heard a full course of Lectures, from the able Professors of the Medical School in that place. However the anatomical table was not always supplied, & there was not a single private dissection, I am anxious for the best opportunities & Philadelphia is reputed to afford such."


15 Josiah Barnes to William Edmonds Horner, 14 August 1828, Medical Faculty Papers, Archives General, UP. See also Whitfield J. Bell, Jr., "Medicine in Boston and Philadelphia: Comparisons and Contrasts, 1750-1820," in *Medicine in Colonial Massachusetts, 1620-1820*, Publications of the Colonial Society of Massachusetts, 57 (Boston, 1980), 159-83.
Communication from the Medical Faculty to the Trustees on Introducing the Dissections into the Common Course of Study for Graduates in Medicine, 1824.¹⁶

... In connexion with the Lectures on Anatomy an appendage to the chair has always existed under the name of the Dissecting Class, where students are taught the method of making dissections for themselves and the changes which are produced in the healthy structure of the different organs of the body by the progress of disease. In thus merely sketching the outlines of the department, its extreme value and utility to every person who intends to practice medicine will be at once obvious, and it will be consequently admitted that such an establishment is indispensable to the character and good foundation of every medical school. In stating to you in the paper alluded to the evils by which the chair of Anatomy was beset, it was attempted to make you particularly understand, that these dissections were the points in which we suffered most and where we considered ourselves vulnerable. These evils are referable to two heads 1st such as affect the students themselves and 2d such as affect the Professor of Anatomy.

In regard to the first; the Students are often induced to see instructors who are prepared for the task neither by previous studies nor by the actual arrangements for dissections. Several cases of the kind have occurred within a few years some of which have been particularly glaring. In one the individual distributed a most promising circular letter in which the airiness of his rooms, with their good accommodations, and his own qualifications and assiduity were very strongly dwelt upon. Many of the students having met with this were allured by his promises and it is believed that a contribution of about three hundred dollars was thus levied. When the course commenced it was found that this gentlemen's airy apartments were very limited in number and of such dimensions that they scarcely deserved the appellation of rooms. In regard to dissections the teacher failed utterly in supplying his students with subjects so that they fell through. His lectures on Anatomy continued irregularly only three or four weeks in which time he finished the account of about one half of the skeleton leaving all other parts of the human structure untouched. Here the course finally concluded with some

¹⁶ Medical Faculty Papers, General Archives, University of Pennsylvania.
apology from the teacher for not being able to do more. It may be
supposed that such conduct gave rise to the deepest feelings of indig-
nation in the minds of the students. In another case an individual by the
same sort of promises, collected about one hundred young men around
him and after having got their money his course concluded in the same
way by an almost complete failure in the performance of his stipula-
tions. Other instances might be mentioned but we trust that the first
abuse is now sufficiently substantiated to indicate the value of a
remedy. . .

2d As regards the inconveniences which affect the Professor of
Anatomy himself. It very frequently happens that young men who have
just taken their degrees and wish to recommend themselves to the public
attention by a short method, think the most effectual way of doing it, is
the teaching of the most important part of medical education. In con-
sequence of this very diffused disposition, dissecting rooms have
multiplied to a very injudicious extent in Philadelphia and indeed such
as may before long cause the University to be razed to its foundation by
some popular excitement. The plan which is occasionally adopted by
these teachers is well calculated to produce such a ferment. As they do
not always succeed in getting their benches filled to their satisfaction,
they still wish to make a show of a Class. In order to do this they literally
send out to the highways and hedges for invitation only; by which means
such an assemblage of diverse ages and avocations is produced as is least
likely to recognize the value and to surmount the prejudices of ana-
tomical investigation. A case occurred but a short time ago where a lad
of twelve had a standing invitation to a course of lectures on Anatomy, to
which was added a request for him to bring all his acquaintances who
wished to come. It has also happened very recently that the body of a
man who had come to his death by violent means and such as produced
particular attention from the public, having been taken to one of these
rooms was there exposed to the gaze of such persons as wished to see it,
and became the subject of very general conversation and of no small
feeling. A few years ago a person rented a house in Southwark to
prosecute dissection in, his business was carried on so incautiously that
some boys in playing around were induced by the careless shutting of a
door to see what was within. To their extreme horror they found a body
dreadfully mangled about the head and divers incisions like wounds
made in it. The alarm spread rapidly of a terrible murder having been committed and a large mob speedily assembled. The Anatomist fled. A coroners jury was summoned which in the progress of the investigation obtained a clue to the circumstances and thus appeased the public mind on the score of the murder but left it highly excited against dissections. In several instances dissecting rooms have become a serious cause of complaint to neighbourhoods and have occasioned remonstrances to the Mayor, who if he had been less favourable to science might have broken up dissections completely in our city.

But evils still more direct are felt by the chair of Anatomy. The competition for subjects renders them scarce and enhances the price of them to the students very considerably. Different parties of persons engaged in procuring subjects appear at the same time upon the ground and by their contentions interfere much with the silence and secrecy with which such operations should be conducted; and occasionally the neighborhood is so excited and watchful as to make it necessary to suspend the business for a time. Sometimes the ground is left in so bad a state that the proceedings of the night are made manifest in the day. It was a carelessness of this kind which occasioned the severe law of the last winter from Moyamensing Township. A subject the last winter was taken by violence from the people of the University and carried to a private room, which rendered it necessary on future occasions to send out a strong escort of students. Two years ago a burying ground which has always been subservient to the purposes of the University was forestalled by a private teacher through an agreement with its superintendent and the University was completely cut off for the time.

These several incidents prove a mass of evil and of inconvenience to exist in the discharge of the duties of the anatomical Chair which seems to be well worthy of the attention of your Honourable Board. We are sensible that the authority of the Trustees can not be extended into private concerns, but a corrective remains which it is thought will be fully effectual for the protection of the school. It is to connect the Dissecting Rooms in such way with the winter course of Instruction that the attendance in them of at least one season be necessary to a Degree. As the majority of the first course students is in the habit of taking the ticket the principal effect of the law will be to sanction by a legislative provision, a measure which is spontaneously adopted, while it gives to the
chair of anatomy the security that the welfar of the Institution requires; and in the following manner. Students on their first arrival in town can not be led away but will go at once to the University for instruction in Dissection, as they do in the case of the other branches; and a knowledge of this regulation will deter most persons from engaging in conducting dissection who are not prepared for the task by previous studies and by sufficient accommodation.

Report of the Committee of the Medical Faculty on Dissecting Rooms, &c, May 1825

1st On the propriety of augmenting the accommodation for Dissectors

There are now four rooms appropriated to this purpose, two of which contain each eight tables by crowding them, and the other two six each, also by crowding them. One of the latter has of late years been unavoidably withdrawn from the general service of the faculty owing to the number of dissectors, it being properly a retiring room for the students who do not attend all the lectures.

Each of those tables accommodates four dissectors or one class, whereby the whole of these accommodates 112 dissectors. The dissecting class of the last year including two hundred students, so that 88 of them at any given period were without places.

Is it ascertained that during the last year at least 260 students dissected in this city. And as it should be a point in the policy of the school to be prepared in every way for all the students who frequent it, it is obvious that the deficiency of places in the University is at least 148. It is also to be remarked that the popularity of dissections is increasing, and that by a further cultivation of this branch the aggregate of dissectors may at a future day mount to 300.

The general security of the Institution is essentially connected with this department, and it is impossible under the present circumstances of extremely limited accommodations to do justice to it, another building should in some way or other be provided.

A suit of Dissecting Rooms commensurate with the demands of the Institution and organized properly, should have convenient places for at least fifty tables for dissecting classes alone—There should also be one room for dissecting practitioners of medicine, and individuals engaged

17 Medical Faculty Papers, General Archives, University of Pennsylvania.
in making preparations. There should be a second for receiving and cleaning subjects—for boiling skeletons, and for making injections—in short for the most offensive procedures in Anatomy. Unfortunately at present every thing is huddled together.

The projected improvement, is to appropriate the South room to practitioners and preparation makers. The lower room to cleaning &c. The upper room of eight tables to the dissection of six classes. The fourth room to be restored to the faculty.

Then to erect two rooms sixty feet long by twenty wide for the remaining four classes.

It is presumed that the latter might be done at an interest of three hundred dollars per annum. at most, as the building and outfit would be perfectly plain:

(Members of the committee were Nathaniel Chapman, William Gibson, and William Edmonds Horner.)

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