

## Hidden Histories of the Dead

In this discipline-redefining book, Elizabeth T. Hurren maps the post-mortem journeys of bodies, body parts, organs and brains, inside the secretive culture of modern British medical research after WWII as the bodies of the deceased were harvested as bio-commons. Often the human stories behind these bodies were dissected, discarded or destroyed in death. *Hidden Histories of the Dead* recovers human faces and supply-lines in the archives that medical science neglected to acknowledge. It investigates the medical ethics of organ donation, the legal ambiguities of a lack of fully informed consent and the shifting boundaries of life and re-defining of medical death in a biotechnological era. Hurren reveals the implicit, explicit and missed body disputes that took second place to the economics of the national and international commodification of human material in global medical sciences of the Genome era. This title is also available as open access.

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# Hidden Histories of the Dead

*Disputed Bodies in Modern British Medical  
Research*

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Dedicated with love  
To my uncle and godparent  
John Joseph Patterson Esq  
(1945–2019)  
and  
To my hairdresser  
Sharron Elizabeth Tomlin  
(1973–2019)  
and  
In memory of a shared friendship for history  
Lin Ross of Nevill Holt Hall

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This book has also been written against the backdrop of far-reaching changes happening in the academic sector, many of which are undermining the foundation of scholarship. It has been thought-provoking to complete a trilogy of books and to contemplate that beyond REF2020 many fewer

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historians will have the same opportunities to publish high-quality outputs in the near future. I am therefore appreciative of those colleagues who have retained a commitment to collegiality in the face of the commercialisation of education, its mushrooming bureaucracies and a fees culture that encourages instrumentality amongst the student body. Having had a former career in finance for ten years and left it to embrace life-enhancing educational values, it is unsettling to find oneself back in such a profit-driven environment awash with management-speak of questionable value. Thankfully, academics continue to care and speak out about these worrying cultural trends. That they do so attests to one of the most engaging aspects of being a historian – the recognition that history is not just in our keeping, but in our making too. If this book, and those like it, can make a contribution to a larger conversation about the importance of high-quality research to shape our medical world for the next generation, then it will have succeeded in its central purpose.

At the same time, I continue to be inspired by the kindness of strangers. The hospitality that has been shared as I journeyed around Britain doing public engagement for this book has been a wonderful experience. I would in particular like to pay a short tribute to those hospices that opened their doors to my research enquiries. Inside I encountered patients, friends and families who spoke so movingly about end-of-life experiences. I unquestionably came away a different person from what I learned from those contemplating death. Hospices not only do remarkable work but have an ethos that is so life-enhancing. On a daily basis they defy clichés about them being either sad or scary places – they are the opposite. In their architecture, staffing and general facilities, I discovered light-filled places where people were making the most of life however limited their prognosis. It has been a privilege to be part of such a constructive, holistic and welcoming community. I discovered consensual medical ethics, practical support and dignified choices. Along the way, I also learnt afresh the central importance of regenerating the legacy of love. Thank you therefore to all those who peopled this book, many of whom are not named to protect patient confidentiality. I hope that in some small way that what is written reflects an extraordinary energy of purpose that was shaped by all those patients who spoke to me.

It is a fact of life that no academic book makes it out of the study without the loving support of friends and family. This book (like the others that precede it) reflects the delicious cooking and generosity of spirit of Professor Steven King. His commitment to the female principle is one, amongst a number, of his special character traits. For this book is ultimately about something he exudes – compassion. It is dedicated therefore to three special people who died in 2019 just as the revisions for this book were being finished. My uncle and godparent John Patterson spoke movingly to me, as

## Acknowledgements

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PROFESSOR ELIZABETH T. HURREN

*Lammas, Rutland.*

## Abbreviations

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AA1832	Anatomy Act (2 & 3 Will. 4 c. 75: 1832)
AA1984	Anatomy Act (Eliz. 2 c. 14: 1984); see also HTA1984
ACPO	Association of Chief Police Officers, UK
AHCBD	Ad-Hoc Committee on Brain Death, convened at Harvard University, 1968
ALCOR	Alcor Life Extension Foundation
AMI	Acute Myocardial Infection
ARA1988	Anatomy Act Regulation Act (Eliz. 2 c. 44: 1988)
BD&RA1953	Births, Deaths, and Registrations Act (1 & 2 Eliz. 2 c. 20: 1953)
BLAA1880	Burial Laws Amendment Act (43 & 44 Vict. c. 42: 1880)
BMA	British Medical Association
BMJ	British Medical Journal
CA1952	Cremations Act (15 & 16 Geo. 6 & 1 Eliz. 2 c. 31: 1952)
CAA1926	Coroners Amendment Act (16 & 17 Geo. 5 c. 59: 1926)
CAA1956	Clean Air Act (4 & 5 Eliz. 2 c. 52: 1956)
CCA1888	Councils Act (51 & 52 Vict. ch. 41: 1888)
CCF	Congestive Cardiac Failure
C&FCASS	Children and Family Court Advisory Service, UK
CJA2009	Coroners and Justice Act (Eliz. 2 c. 25: 2009)
CMO	Chief Medical Officer, UK
COAD	Chronic Obstructive Pulmonary Disease
CPA1974	Control of Pollution Act (Eliz. 2 c. 40: 1974)
CPR	Cardiopulmonary Resuscitation
CR1984	Coroners Rules (SI 1984 No. 552)
CSE&W	Coroners Society for England and Wales
CUH	Croydon University Hospital
DofH,UK	Department of Health, UK
DofH	Declaration of Helsinki
DofLS	Deprivation of Liberty Safeguard
DHSS	Department of Health and Social Security
DofG1948	Declaration of Geneva, 1948
DS0	Distinguished Service Order

EC1979	Medical Research Council Ethics Code, 1979
EPA1990	Environment Protection Act (Eliz. 2 c. 43: 1990)
FAA	Federation of Associations of Anatomists
fMRI	Functional Magnetic Resonance Imaging
GHD	Growth Hormone Deficiency
GMP	Greater Manchester Police Force
HF&EA1990	Human Fertilisation and Embryology Act (Eliz 2 c. 37: 1990)
HOTA1989	Human Organ Transplant Act (Eliz. 2 c. 31: 1989)
HTA	Human Tissue Authority
HTA1961	Human Tissue Act (9 & 10 Eliz. 2 c. 54: 1961)
HTA1984	Human Tissue Act (Eliz. 2 c. 14: 1984); also called AA1984
HTA2004	Human Tissue Act (Eliz. 2 c. 30: 2004)
IHD	Ischemic Heart Disease
LGA1894	Local Government Act (56 & 57 Vict. c. 73: 1894)
LVF	Left Ventricular Failure in the Heart
MA1752	Murder Act (25 Geo. 2 c. 37: 1752)
MA1858	Medical Act (21 & 22 Vict. c. 90: 1858)
MDA1913	Mental Deficiency Act (3 & 4 Geo. 5 c. 28: 1913)
MDDS	Mitochondrial DNA Depletion Syndrome
MID	Mentioned in Despatches
MRC	Medical Research Council
NC1947	Nuremberg Code, 1947
NCEPOD	National Confidential Enquiry into Patient Outcome and Death, 2006
NET	National Ethics Trust
NHS	National Health Service, UK
NGNI	Next Generation Neural Interfaces, Imperial College London
NPL1834	New Poor Law Amendment Act (4 & 5 Will. 4. c. 76: 1834)
NPSA	National Patient Safety Agency
ODR2020	Organ Donation Register, NHS strategy 2020
PGP	Pituitary Gland Programme
P&CEA1996	Police and Criminal Evidence Act (Eliz. 2 c. 25: 1996)
RCP	Royal College of Pathologists
RSM	Royal Society of Medicine
SA1961	Suicide Act (9 & 10 Eliz. 2 c. 60: 1961)
TEPARC	Trans-European Pedagogic Anatomical Research Group
TRA1884	Third Reform Act (48 & 49 Vict. c. 3: 1884)
UCHL	University College Hospital, London
UDDA1981	Uniform Determination of Death Act, USA, 1981
UMDS	United Medical and Dental Schools of Guy's and St. Thomas' hospitals
WMA	World Medical Association

## Ethical Note

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This book complies with the Data Protection Act (1988) and recent GDPR (2018) in the UK. Anonymous names feature throughout the chapters. Each dissection case was given a unique identifier, known only to the author for ethical reasons. The new data is based on anatomical case material collected in the archives from 1945 to 2000. It is therefore beyond the one-hundred-year rule that historians often work with. All named cases have a unique set of letters. Each alphabetical description does not relate to the original names in the case files. This is to ensure that should there be any living relatives of the dead, their family name is not revealed. Sometimes, aspects of people's personal backgrounds are additionally disguised to ensure privacy is not breached. Those names that are cited in full, as per the original files, have come from primary research material already in the public domain. These are often newspaper reports and media interviews where relatives chose to speak openly. They are set out in the footnotes. At all times, the author has sought to maintain confidentiality. Over a three-year period of research, extensive record linkage work checked each case file's circumstances carefully. Anatomy records have therefore only been summarised and general statistics produced. If a representative case is cited, it has always been de-identified in such a way that it would be difficult to re-identify it. The author has tried to ensure that there are not any discrepancies or errors. If any have inadvertently arisen, then do please contact them on – [eh140@le.ac.uk](mailto:eh140@le.ac.uk)