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.

Elizabeth T. Hurren is Professor of History at the University of Leicester.
Hidden Histories of the Dead

Disputed Bodies in Modern British Medical Research

Elizabeth T. Hurren

University of Leicester
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 been written with the generous support of the Wellcome Trust in London, to whom I am very grateful for the financial funding they awarded to me in the past five years. I hope that the new research it contains is a fitting tribute to the extraordinary legacy and personal vision of Sir Henry Wellcome. He sought during his lifetime to engage the curiosity of the public with the fascinating hidden histories of the body in the twentieth century, and beyond. It thus contains wide-ranging new research material assembled as part of a major transdisciplinary, large Programme Grant: WT RA15G2019 on which I have been a Joint Principal Investigator, exploring ‘Disputed Bodies in Modern Medical Research’. In so many respects, what has been accumulated represents the culmination of over two decades’ archival research. This has meant that in two previous books, I have been able to explore the 1750 to 1830 as well as 1830 to 1930 phases of body supply in human anatomy. Now these are extended in this third monograph by exploring the neglected period of 1930 to 2000. This sort of historical perspective over the longue durée has never before been feasible in a history of the body in Britain. I am therefore very appreciative of all the kind assistance given to me by the dedicated staff working in county records offices, university libraries and national medical institutions, across the UK. Although they are too numerous to list here, I did want to pay a short tribute to their collective expertise. It remains remarkably open to enquiry, for it is admirable how they continue to maintain the highest professional standards against the backdrop of exceptional budget cutbacks in local government services and the heritage sectors. It therefore affords me enormous pleasure to be able to place this book once again on open access thanks to a Wellcome Trust publishing subvention. In so doing, I hope its contents will promote around the world the remarkable archival collections that are available to academics in Britain.

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
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 con-
tinue 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 particu-
lar 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
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learnt afresh the central importance of regenerating the legacy of love. Thank
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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
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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

did my hairdresser Sharron Tomlin and friend Lin Ross. They shared what compassion meant to them after their respective cancer diagnosis and painful treatments, and the pivotal role that it plays in all our lives wherever we experience medicine and the body in a global community. Thanks to them, *Nunc scio quid sit amor* – Virgil *Eclogues*, VIII.

PROFESSOR ELIZABETH T. HURREN

*Lammas, Rutland.*
Abbreviations

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 Infarction
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 Council 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
DoH,UK Department of Health, UK
DoH Declaration of Helsinki
DoLS Deprivation of Liberty Safeguard
DHSS Department of Health and Social Security
DofG1948 Declaration of Geneva, 1948
DS0 Distinguished Service Order
<table>
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<th>Abbreviation</th>
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<tr>
<td>EC1979</td>
<td>Medical Research Council Ethics Code, 1979</td>
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<tr>
<td>EPA1990</td>
<td>Environment Protection Act (Eliz. 2 c. 43: 1990)</td>
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<tr>
<td>FAA</td>
<td>Federation of Associations of Anatomists</td>
</tr>
<tr>
<td>fMRI</td>
<td>Functional Magnetic Resonance Imaging</td>
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<tr>
<td>GHD</td>
<td>Growth Hormone Deficiency</td>
</tr>
<tr>
<td>GMP</td>
<td>Greater Manchester Police Force</td>
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<td>HOTA1989</td>
<td>Human Organ Transplant Act (Eliz. 2 c. 31: 1989)</td>
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<td>HTA</td>
<td>Human Tissue Authority</td>
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<tr>
<td>HTA1961</td>
<td>Human Tissue Act (9 &amp; 10 Eliz. 2 c. 54: 1961)</td>
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<td>HTA1984</td>
<td>Human Tissue Act (Eliz. 2 c. 14: 1984); also called AA1984</td>
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<td>HTA2004</td>
<td>Human Tissue Act (Eliz. 2 c. 30: 2004)</td>
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<td>IHD</td>
<td>Ischaemic Heart Disease</td>
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<tr>
<td>LGA1894</td>
<td>Local Government Act (56 &amp; 57 Vict. c. 73: 1894)</td>
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<td>LVF</td>
<td>Left Ventricular Failure in the Heart</td>
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<td>MA1752</td>
<td>Murder Act (25 Geo. 2 c. 37: 1752)</td>
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<td>MA1858</td>
<td>Medical Act (21 &amp; 22 Vict. c. 90: 1858)</td>
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<td>MDA1913</td>
<td>Mental Deficiency Act (3 &amp; 4 Geo. 5 c. 28: 1913)</td>
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<td>MDDS</td>
<td>Mitochondrial DNA Depletion Syndrome</td>
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<td>MID</td>
<td>Mentioned in Despatches</td>
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<td>MRC</td>
<td>Medical Research Council</td>
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<td>NC1947</td>
<td>Nuremberg Code, 1947</td>
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<tr>
<td>NCEPOD</td>
<td>National Confidential Enquiry into Patient Outcome and Death, 2006</td>
</tr>
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<td>NET</td>
<td>National Ethics Trust</td>
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<td>NHS</td>
<td>National Health Service, UK</td>
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<td>NGNI</td>
<td>Next Generation Neural Interfaces, Imperial College London</td>
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<td>NPL1834</td>
<td>New Poor Law Amendment Act (4 &amp; 5 Will. 4. c. 76: 1834)</td>
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<td>NPSA</td>
<td>National Patient Safety Agency</td>
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<td>ODR2020</td>
<td>Organ Donation Register, NHS strategy 2020</td>
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<td>PGP</td>
<td>Pituitary Gland Programme</td>
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<td>Police and Criminal Evidence Act (Eliz. 2 c. 25: 1996)</td>
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<td>RCP</td>
<td>Royal College of Pathologists</td>
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<td>RSM</td>
<td>Royal Society of Medicine</td>
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<td>SA1961</td>
<td>Suicide Act (9 &amp; 10 Eliz. 2 c. 60: 1961)</td>
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<tr>
<td>TEPARC</td>
<td>Trans-European Pedagogic Anatomical Research Group</td>
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<td>TRA1884</td>
<td>Third Reform Act (48 &amp; 49 Vict. c. 3: 1884)</td>
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<td>UCHL</td>
<td>University College Hospital, London</td>
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<td>UDDA1981</td>
<td>Uniform Determination of Death Act, USA, 1981</td>
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<tr>
<td>UMDS</td>
<td>United Medical and Dental Schools of Guy’s and St. Thomas’ hospitals</td>
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<tr>
<td>WMA</td>
<td>World Medical Association</td>
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Ethical Note

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