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## **Aesthesis in anatomy. Materiality and elegance in the Eighteenth-Century Leiden Anatomical Collections**

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## Making a preparation<sup>1</sup>

Ever since the start of my research on the Leiden historical anatomical collections in 2008, I had been wondering about the experience of making a preparation. Given the often miniscule details of the preparations, it seemed difficult to me, and that hunch was confirmed by historical anatomical handbooks, as we have seen for example in chapter 2. Yet these confirmations from historical sources were not entirely satisfying. I kept wondering what it would be like to attend or to perform a dissection, and even more, how it would be to make a preparation. After all, anatomical handbooks like Pole's 1790 *Anatomical Instructor* do provide some instructions and guidelines, but also stress the impossibility of learning such tacit somatic skills from a book.<sup>2</sup> Obviously, I am not the only historian longing for a more hands-on experience of her topic. As the historian Karin Dannehl has pointed out recently, 'living history', in the form of re-enactments, hands-on experience, and handling sessions can be helpful tools in understanding historical objects and practices. When dealing with material culture, she suggests, many gains may be had from using sensual knowledge.<sup>3</sup> Dannehl does not specify what those 'many gains' might be, but I imagined understanding, and possibly even making explicit tacit knowledge would be possibilities.

In the summer and autumn of 2010, Hieke Huistra (working on another PhD project regarding the Leiden historical anatomical collections) and I already had the opportunity to satisfy some of our curiosity about the sensory experience of anatomy practice. We were allowed to attend some classes in the anatomical laboratory at the Leiden University Medical Center. Although I was impressed with the respectful way professors and students dealt with the dead bodies, and with the difficulty of discerning structures and organs in a real body, I also realized that our experience

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<sup>1</sup> With special thanks to Tiemen Cocquyt.

<sup>2</sup> Pole 1790, p. xiv, xxiv-xxv.

<sup>3</sup> Dannehl 2009, p. 130-2.

was a far cry from an eighteenth-century dissection room. Here was a gleaming, brightly-lit room, students moving around freely in white coats, wearing plastic gloves, learning anatomy from the preserved bodies of deceased people who voluntarily donated their bodies for this purpose. Textbooks and computers were at hand to look up what was seen during dissection. As the bodies were well preserved, they could be used for various classes, and the only smell was a faint chemical stench. The contrast with eighteenth-century dissections, of the unpreserved bodies of convicted criminals and paupers, done either in a cramped and stuffed anatomical theatre or in equally stuffy and undoubtedly smelly private rooms, could not have been greater.

Obviously I did not really mind the fact that the circumstances of the eighteenth-century dissection room could not be reproduced – the moral and hygienic objections would simply be too big. But the curiosity about the hands-on experience of making a preparation remained. Then, in the summer of 2011, I attended a lecture by Pamela Smith in Amsterdam, in which she recounted her experiences of trying to create casts of animals and insects based on instructions by a sixteenth-century craftsman, the metal caster Jamnitzer. She argued that although exploring historical objects through reconstructing them may seem overly emphatic, it may work as you have an external object to compare your reconstruction to. It is hard to capture the experience of reconstruction in writing, but it can be an efficient way of gaining knowledge of techniques and insights into historical accounts. Smith stressed that after trying to do something yourself, reading a historical book or manuscript on that technique is no longer a linear experience; it becomes more holistic.<sup>4</sup> Inspired by Smith's lecture and the article she wrote about her experiences together with Tonny Beentjes, I knew I had to try to make an anatomical preparation myself, based on eighteenth-century instructions.<sup>5</sup>

It was clear straight away that this experiment would be nowhere near as thorough as the one done by Smith. The first problem was: how was I ever going to do it, with only a year left to finish my PhD? I am a historian with no background in medicine or chemistry, I have no easy access to medical equipment like scalpels and syringes, and not a clue about how to obtain the ingredients – bees wax, colourants,

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<sup>4</sup> Smith 2011.

<sup>5</sup> Smith & Beentjes 2010.

glue made of skins- for the injection mass. I had hardly any time to work on this project, and very limited financial resources. Luckily, I found myself surrounded by people equally taken by the idea of trying to reproduce the techniques and experience of making an anatomical preparation: most importantly my research group, Hieke Huistra and Rina Knoeff, and three invaluable professionals: Tiemen Cocquyt, curator at the Leiden Museum Boerhaave, Jan-Willem Pette, curator of the medical collections at Utrecht University Museum, and Andries van Dam, curator of the Leiden University Anatomical Museum. We were joined by a bunch of other enthusiasts, mainly colleagues from our department and Museum Boerhaave employees. Andries lent us some heavy glass and metal syringes, Tiemen arranged for a room to work in and supplied us with the injection masses, small metal pipes and corks, Jan-Willem brought a bain-marie, Hieke took photographs, I send everyone extracts from Pole's book and went to the butcher's for sheep organs, and everyone present threw in their knowledge of anatomy and the materials we were using.<sup>6</sup> That was the first lesson: you can only make an anatomical preparation if you have access to a network of objects, information, people, and their knowledge and contacts.

Although it is impossible to exactly reconstruct the slightly chaotic process of an attempt to recreate an eighteenth-century anatomical preparation in writing, I will try to give a textual account illustrated with photographs of it here.

### ***First session: 13 January 2012***

After some emailing and phoning, we got together in one of the conservation workshops of Museum Boerhaave on a rainy Friday afternoon in January 2012. Tiemen had already done research on how to interpret the historical recipes, and spent a couple of hours mixing two kinds of injection fluids, a coarse and a fine one, using Pole's recipe:

#### *“Injections*

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<sup>6</sup> The use of animal organs as stand-ins for human organs was not unusual until the late eighteenth-century rise of comparative anatomy. Most commonly pig and dog organs were used because of their anatomical likeness to humans (also see chapter 4), but as a dead dog is obviously not easily found in 2012 and the only Dutch butcher who has organs in store at all times is the Islamic butcher –who obviously does not sell pig- we chose to use sheep organs, as these are also fairly similar to human organs.

*Article III*

*Formulae for Coarse Injections.*

*RED.*

*YELLOW bees wax, sixteen ounces;*

*White resin, eight ounces;*

*Turpentine varnish, six ounces;*

*Vermillion, three ounces.*

*DARK BLUE.*

*White bees wax, sixteen ounces;*

*White resin, eight ounces:*

*Turpentine varnish, six ounces;*

*Blue verditer, ten ounces and a half.*

*ARTICLE V.*

*Formulae for Minute Injections.*

*The Size which constitutes the principal part of these formulae is made in the following manner.*

*Take the finest and most transparent glue, one pound, break it into pieces about the size of a nutmeg; put into an earthen pot, and pour on it three pints of cold water, let it stand twenty-four hours; stirring it now and then with a stick; then set it over a slow fire for half an hour, or until all the pieces are perfectly dissolved; skim all the frothy part from the surface, and strain it through a fine canvas cloth, or, what is better, a flannel; it will then be fit for the addition of the colouring ingredients.*

*RED.*

*Size, one pint;*

*Vermillion, three ounce and a half.”<sup>7</sup>*

About the interpretation of recipes, Tiemen wrote the following:

*“The recipes require some interpretation - here historical background helps, as it is not always entirely clear which products are meant, or why certain ingredients are preferred over others. For a start, the materials can be divided into three groups: there is an uncoloured basis for the fine injections (‘size’), a basis for coarse injections (wax mixture), and there are pigments that add colour to these two. As Pole also notes, these bases can be prepared in advance and stored, with the desired colouring pigment only to be added before use.*

*Preparing the size for fine injections was rather straightforward. The only plausible candidate for an 18<sup>th</sup>-century ‘glue’ was animal (gelatin) glue - in one of its variants, originating from either skins, bones or other tissue. Given the stress on “fine and transparent” glue, one jar (1/2 kg) of finely granuled hide glue was bought (Swaak Utrecht, €8.50). The amount of water needed for turning this into ‘size’ could be read in the recipe. Hide glue is commonly used in conservation practice and some familiarity with this product helped in obtaining a sufficiently fine consistency [viscosity], but this was not of decisive importance. The glue granules were left to soak for a day. Once this mixture had become a more or less solid ‘jelly’, it was divided into parts of the correct mass. After briefly reheating and stirring, the size was ready for pigments to be added.*

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<sup>7</sup> Pole 1790, p. 16, 22-23.

*The recipe for the coarse injection mass required more interpretation, in particular the denomination 'resin'. A survey of some 19<sup>th</sup>-century varnish recipes brought to light that several sorts of resin were used in wax mixtures, so this did not clear up a lot. After reading the recipes, a professional varnish conservator, Sam Scheldeman, considered that colophonium - the resin of pine trees - was the most likely candidate for a substance called 'resin' in this period and application. [Later in the 19<sup>th</sup> century colophonium was substituted by more stable and soluble resins.] So it appeared that both the solid (resin) and the fluid (turpentine) parts of pine tree secretion were combined again in this recipe. More significant, however, was why this was done. Upon inquiry it turned out that a resin addition can be used to raise the melting point of bees wax, while adding turpentine lowers it. For an injection mass, a higher melting point [than the C. 60 degrees for pure bees wax] makes the solidified solution less vulnerable, but too high a melting point makes it impossible to inject. Adjusting the resin/turpentine ratio allows for a convenient regulation of the injection mass' consistence. (Bees wax, highest quality, was bought at Drogisterij Bik, Leiden, at about €18 for 500 g. Turpentine was about €3 for 100 ml. Three bags of 100g Colophonium cost €13.50 in total, at Verfmolen de Kat.) In practice, however, adding the colophonium to the bees wax proved not so easy. Even with continuous stirring, and at a temperature where the bees wax nearly started to boil, the colophonium dissolved very slowly. It was probably for this reason that other, more soluble, resins were being resorted to in later 19<sup>th</sup>-century injection recipes. After stirring for a sufficiently long time, we did nonetheless manage to prepare a homogeneous wax mixture for coarse injections.*

*The choice of pigments was revealing as well. On this occasion, we decided to work with red and blue injection masses. For red colourations Pole prescribes vermilion, while for blue he suggests to use 'fine blue smalt' as a pigment. But unfortunately for us, these turned out to be among the most expensive pigments currently on the market. Red and, particularly, blue - colours that only seldomly occur in nature – have a long history of difficult attainability. Only during the 19<sup>th</sup> century was the economy of pigments transformed by novel, chemical, production techniques – but Pole's recipes clearly date for before this time, and one wonders how this would have had its repercussions on preparation practice. Vermilion was available from Verfmolen de Kat (Zaandam) for €41.80 for 25 g – we needed close to 100 g. Comparison with other (historic) red pigments confirmed that vermilion*



was among the 'purest' –deepest- reds available at that time. In the later 19<sup>th</sup> century, vermilion was partly substituted by (synthetically produced) cadmium red – but as this is even more poisonous, we were happy to use 'imitation vermilion', a more modern 'azo'-pigment (stable, safe) at a competitive price of €5.75 for 100 g (Verfmolen de Kat). Intriguingly, for blue colourations Pole had already anticipated the difficulty of finding a pure substance (Lapis Lazuli - €201 for 10 g at Kremer Pigmente), by prescribing smalt instead. Smalt is a blue pigment created from grinding cobalt-tinted blue glass into small granules. It was developed in the Early Modern period as an economic alternative for more expensive blue pigments, but has the disadvantage of remaining a rather 'macroscopic' product (bad solubility). During the 19<sup>th</sup> century a better alternative was found once ultramarine, a synthetic form of lapis lazuli, could be produced. For us, however, this meant that ultramarine can nowadays still be found easily at €5.00 for 100 g, while 'historic' smalt has to be bought at a specialized pigment dealer. In order to reduce costs, and to test their interchangeability, a bag of ultramarine (100 g, Kremer Pigmente) and a small jar of smalt (fine grind, 50 g, about € 35 at Kremer Pigmente) were procured.

After adding the pigments to the size and wax bases, the injection masses were ready. Some difficulties were foreseen in adding the correct amount of the alternative pigments (imitation vermilion instead of true vermilion, ultramarine in addition to smalt), but this was not so problematic. An advantage of pigments is that they have a clearly defined colour tone, the solution therefore does not get darker once the medium is 'saturated' with pigment. It turned out that adding the right quantity of pigment rather was a matter of feeling than exact science.

Finally, comparing the injection mass (size) to which smalt was added, to that with an ultramarine colouration, brought to light that the differences in colour tone were somehow visible, but very subtle. If the injection masses are to be seen through the tissue of a preparation, these subtleties would disappear. On the other hand, after a few hours the injection mass with smalt showed to be less 'stable', as the (heavier) smalt particles had started to sink to the bottom before the size had completely solidified. There was a blue residue on the bottom of the jar. The ultramarine solution remained homogeneous during cooling-off, eliminating the need to stir too often. To summarize, one could note that the selection criteria for

*pigments have more to do with solubility, stability and economy than with absolute colour tone. Working with historic pigments is helpful for grasping the difficulties encountered in preparation practice, and would be required for the conservation of historical specimens – but for a preparation workshop, more economic modern pigments can easily be resorted to.”<sup>8</sup>*

Thanks to Tiemen’s thorough preparations, all we had to do was start to try injecting our specimens. I had brought three sheep hearts [Ill. 62] and some anatomical illustrations, and we decided to try Pole’s recipe for injecting a heart first:

*“Press out as much blood as possible from the vessels; put a pipe into one of the pulmonary veins, and another into the vena cava superior. Having injected warm water by these tubes, to clear the heart of the masses of coagulated blood which are generally found in it after death, tie the lungs at their roots, the vena cava inferior, and all the divided arteries, except the aorta, into which a pipe must be put. Throw red injection into the pulmonary vein, which will fill the left auricle, left ventricle, aorta and coronary vessels; but during this part of the injection, an assistant ought to hold and compress the aorta immediately after its giving of the coronary arteries, so as to press the injection on in them; but as by this the injection will be prevented from entering the aorta, it must be filled from the pipe which was inserted into it. The injection escaping by the intercostal arteries, may be stopped by the assistant throwing cold water onto the injection as it flows from the vessels.”<sup>9</sup>*

As these hearts were obviously already separated, we started by pouring warm water in them, hoping that we would wash out as much blood as possible. Unfortunately, the butcher had cut off the vessels almost entirely, making it impossible to tie them off. We decided to try to close them off with small corks, and if that did not work, to press them shut instead. Then we faced the problem of

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<sup>8</sup> Tiemen Cocquyt, personal communication, 2012. As these technical comments may be valuable for future research, I decided to include them unabbreviated.

<sup>9</sup> Pole 1790, p. 46-47.

determining the various vessels. None of the participants had a medical background, and even with the help of the anatomical tables I had brought, we had a pretty hard time distinguishing the pulmonary veins from the inferior vena cava, and the aorta from the pulmonary artery. This difficulty struck me as rather authentic – I suddenly had a much clearer understanding of the bewilderment and wonder that early anatomists, as well as early modern anatomy students who often had to work without the help of illustrated handbooks, must have experienced when first dissecting a heart themselves.

Before we started injecting, we decided to clean of fat and cartilage, but it proved quite difficult to get rid of the fatty tissue covering parts of the heart without damaging the heart itself, even though we had medical quality scalpels for the job. Because time was limited, we decided to leave some of the fat on. Because of the size of the heart chambers, we decided to start injecting with the coarse fluid. We started the process by putting the hearts in the bain-marie tub, as the coarse injection fluid recommended for the heart solidified if it cooled down to about 70-80 degrees Celsius.<sup>10</sup> We also put the pots with the coarse injection fluid in improvised bain maries (cauldrons of water on hot plates), and warmed the syringes in the bain-marie. As one person held the heart, the other filled the syringe with hot fluid and started injecting. Actually quite a lot of pressure on behalf of the injector was required to get the fluid in, and the assistant holding the heart required help within seconds, as the injection fluid quickly streamed out of the openings that we had plugged with corks [Ill. 63].

Nonetheless, at the first attempt we managed to get two full syringes of wax into the heart, with only a small part dripping out again. We did not dare to stop this dripping with cold water during the injecting, as we feared this would also solidify the fluid that was still being pumped in. As the wax seemed to be dripping out too quickly – apparently failing to enter the smaller vessels – we assumed at some point that the (structure of the) wax must be too coarse'. We solved this by adding oil of turpentine, which had to be fetched at the drug store around the corner. After a little reheat in the bain-marie, we also injected the thinner, red wax and put the heart in cold water. It

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<sup>10</sup> This is actually a guess, as we could not find the thermometer anywhere. The estimate of 70-80 degrees Celsius is based on the fact that pure bees wax has a melting point of 62-64 degrees Celsius, and colophonium was added to heighten the melting point.

appeared to us that the red wax had entered the finer vessels on the outside of the heart at some points as well, but we did not want to cut through the heart to check it yet, as we thought the wax inside the bigger compartments might still be a bit soft. The fumes of the oil of turpentine from the heated wax became rather overwhelming at some point.

As the security staff wanted to lock up by now, we decided to call it a day. We put both the injected and the two uninjected hearts into the fridge at the museum and cleaned up. The latter proved to be easier said than done as well. As the bins would not be emptied until Monday, we had put the loose pieces of fat and cartilage in a plastic bag and taken it outside. The injection fluids, with its relatively high melting point, proved extremely difficult to remove from the syringes. As we had all been wearing plastic gloves no one had really noticed how sticky the half-hardened wax was. It seemed to me that especially for a beginning anatomist, it is almost impossible to inject preparations without spilling injection mass. This explains why most anatomy handbooks suggest that students begin by injecting water or milk, and maybe with added colourants – this is considerably less messy and expensive than using hardening waxes or even mercury mixes.

### ***Second session: 20 January 2012***

During the second session, a week after the first, we wanted to try another structure too. We thought about a skinned head or a leg bone with some veins on it, figuring that injecting those might be easier to see than the heart chambers. However, when I showed up at the butchers in the morning, he did not have any heads or legs available. He did have liver though, so I took off with a liver and another heart. Upon arrival at the museum we first took the previous week's hearts from the fridge and started cutting them up to check how far the wax had gotten in. Although it had filled the chambers and bigger vessels quite nicely, we could not see any evidence that the wax had penetrated the smaller veins. [Ill. 63] Therefore we decided to inject two more hearts with the finer injection masses.

With one of the hearts, we followed the same procedure as the week before – we injected the fluids through the bigger vessels, as Pole suggested. The other heart we decided to inject from the outside as well, just randomly sticking the injection needle into veins visible on the outside. Although this obviously did not fill a lot of

small veins, it actually did show some vein structures on the outside of the heart quite nicely. Time was passing quickly again, and about half an hour before we had to start cleaning up, we decided it would be a shame not to use the liver. Although bought fresh the same morning, it now stank tremendously. As we did not have the entire Pole handbook with us, we looked up the liver in the contemporary anatomical atlas I had brought. We figured that one of the main blood vessels that enters it, the *vena portae*, would probably be a safe bet for entering the injection mass.

As the liver was a dark brownish red, we chose the blue injection mass as we thought this would give most contrast. Not really knowing what to expect, we started injecting the blue mass. To our surprise, the result was quite spectacular: the blue waxy fluid spread quickly through the webbed structure of veins in the liver. [Ill. 65] This was instant proof that the tissue structure of the blood vessels in the liver is very different to that in the heart. Unfortunately this is where we had to end our injection experiments, as we had run out of time. We decided to put our preparations of the day, the newly injected hearts and a part of the liver in jars with 96% alcohol. After cleaning up, we went to a pub to watch the videos and photos we took, and to discuss our experiment.

### *Conclusion*

Now, almost four months after our preparation-making experiment, the three preparations look a bit forlorn. The wax injection has run out, especially from the liver, probably because the injection mass contained quite a lot of turpentine and because we did not make an attempt to seal off the openings through which we injected the wax. Looking back, we can come up with a hundred things to do differently 'next time', but unfortunately there will be no next time in the foreseeable future. Our job descriptions do not include 're-enactment of historical anatomical practices', and our bosses do not seem too keen on funding more expensive ingredients for injection mass, instruments, and trips to the butchers. We simply do not have the time or the resources to try to make preparations again. Nevertheless, the experience of trying to make an anatomical preparation with a 1790 anatomical handbook as our guide was an invaluable one.

Nothing brings home truths about eighteenth-century practices of making anatomical preparations more emphatically an experiment like this, even if the results were a far cry from the refined, lasting preparations discussed in this book. First, it affirms that the task of making anatomical preparations relies largely on tacit knowledge. No handbook in the world can explain the exactitudes of the practice. For example, how coarse or thin the injection mass should be depends on numerous factors, like the structure of the organ one chooses to inject, the desired penetration of vessels, the temperature of the tissue, the injection mass, the room as well as the syringe. The size of both the organ to be injected and that of the syringe and needle matter greatly, as well as how many people there are around to assist. Learning how to make a well-injected preparation is an art that can only be learned through endless practice, through trial and error, with hands-on work. It is truly about gaining knowledge from all your sensory perceptions – we used our touch, smell, sight and hearing, and it takes little imagination to envision the inclusion of taste.

Making an anatomical preparation involves dealing with disgust in different degrees. The initial queasiness we felt when unwrapping the raw sheep hearts waned quickly; we got used to the smell and feel, and they were nowhere near a discernible state of putrefaction yet, so there was little about them that really bothered us. The liver really did smell bad, but even that was quickly forgotten once we got impressive results injecting it. The turpentine fumes coming off the injection mass were not exactly disgusting, but they were smelly and made us light-headed. Of course these organs were bought from a butcher, who had ‘dissected’ them from a freshly slaughtered animal body and cleaned them, withholding from us the visceral experiences of having to harvest organs from a not-so-fresh subject ourselves, so our disgust must have been minimal compared to what could be experienced in an eighteenth-century dissection and preparation room.

However, despite the initial disgust, fascination quickly took over. What had looked so straightforward in the pictures in the anatomical atlas, and seemed so uncomplicated in Pole’s description, was much more complex in practice. Even working out what vein to inject turned out to be a problem. Yet these complexities also ignited a strange kind of admiration for nature – its variety, and the fact that the sheep hearts were all slightly different. But presumably they had all worked absolutely fine, they had kept alive fairly big mammals, and in a way they were all

beautiful and perfect. This excitement and admiration intensified with the injection of the liver. Before the injection, it was a stinky, slippery clump of tissue, and in the anatomical atlas it looked like a wiry piece of machinery of some kind. But then we injected the blue wax, and all of a sudden wonderfully refined vein structures became visible. With these experiences under my belt, it was even easier to understand why the eighteenth-century Leiden anatomists wanted to reveal and exhibit the beauty and perfection they found in their anatomical practices in refined preparations.

What we also experienced distinctly was the fact that materials are resistant. The sheep hearts in particular resisted injection, the wax masses resisted remaining fluid long enough to penetrate the vessels we wanted them to, and even after putting the preparations in jars, they resist remaining stable: the coloured wax dissolves in the alcohol, slowly undoing our work and rendering the preparation invisible. Even though we did not intend to sell them, we nevertheless found that the materiality of things we used to try to make elegantly injected preparations resist commodification, or at least objectification. In fact, the aspects of the aesthesis that shaped the eighteenth-century anatomical preparations and the epistemic culture they were a part of, were still to some extent discernible in our attempt to reproduce an eighteenth-century wax-injected preparation.





**THE LEIDEN DECLARATION ON HUMAN ANATOMY/ANATOMICAL  
COLLECTIONS**

CONCERNING THE CONSERVATION & PRESERVATION OF ANATOMICAL & PATHOLOGICAL COLLECTIONS

THIS DECLARATION

IS ADDRESSED TO THOSE RESPONSIBLE FOR

ANATOMICAL & PATHOLOGICAL MUSEUMS & COLLECTIONS

WORLDWIDE

**From: Participants, delegates and supporters of the  
International Conference on 'Cultures of Anatomical Collections',  
held at Leiden University, 15-18 February 2012**

(<http://hum.leiden.edu/icd/news-events/cultures-of-anatomical-collections.html>)

We are scholars, curators and creative artists from across the world with professional involvements in human anatomy and pathology. We are writing to express our very great concern about the storage and preservation of collections of human anatomy and pathology in some parts of the world.

Almost every medical faculty possesses anatomical and/or pathological collections: human and animal preparations, wax- and other models, as well as drawings, photographs and documents and archives relating to them.

We salute and wholeheartedly commend and admire those institutions in which anatomical and pathological museum materials are celebrated and well-cared for.

However, we are also aware that in some other institutions, such collections are neglected: badly stored, poorly maintained, and rendered inaccessible to medical and other audiences.

Newer teaching methods and preoccupations have sometimes caused these collections to become under-appreciated. Financial constraints and crises can often mean that funding for the conservation, storage, and sometimes even the preservation, of anatomical collections can become de-prioritized. As a result, collections can be in great danger of becoming undervalued and neglected, which may eventually result in permanent damage.

We are aware of more than one recent instance in which curators have been marginalized or lost, and collections placed in inappropriate 'storage' conditions, rendering them liable to serious deterioration. Separated from their archives, these collections can lose identity, sometimes irrevocably.

We greatly fear that some uniquely important anatomical collections are currently in danger of being irretrievably damaged and perhaps lost to medical and cultural heritage.

We, the undersigned, wish to raise international awareness concerning the current critical situation for these collections.

Anatomical and pathological collections are medically relevant not only for future generations of medical students and faculty, and for future medical research. They are also important in the history of medicine generally, for the history of the institutions to which they belong, and also for a wider understanding of the cultural history of the body.

These collections sometimes document diseases and medical conditions that are now rare or simply no longer exist, teaching methods and preoccupations currently unfashionable or apparently superseded, and techniques of manufacture and display no longer practised. Collections often hold rare and extraordinary materials that are records of unique scientific investigations, medical conditions, and skills. In some cases these materials are the only documents that allow us to understand key changes and developments in Western medicine, and their dissemination.

Moreover, anatomical collections are crucial to new scholarly inter-disciplinary studies that investigate the interaction between arts and sciences, especially but not exclusively medicine. Such collections allow the study of interactions between anatomists, scientists and anatomical artists, and other occupational groups involved in anatomical and pathological displays. They embody the rich histories related to the display of natural history and medical cabinets; they reveal how new artistic and documentary techniques and materials were adopted by physicians and scientists in other historical periods; they demonstrate how new knowledge about the body and the natural world was presented by and for the medical, scientific and sometimes lay audiences.

Ultimately anatomical collections are important in knowing ourselves and the bodies we are. In this sense they are no less important than world famous artworks like the “Mona Lisa”, the “Venus de Milo” or Michelangelo's "David".

We urge medical faculties worldwide to mobilise all possible means in order to protect and preserve the important academic, medical, institutional, scientific and cultural heritage these collections represent.

Moreover we urge funding bodies to recognise and cherish these collections.

Babke Aarts (assistant curator, Utrecht University Museum)  
David Adams (on behalf of the Institute of Anatomical Sciences, UK)  
Dr. Philip Adds (senior lecturer in Anatomy, St. George's University of London)  
Eva Ahlsten (Osteologist and head of the museum of medical history in Uppsala, Sweden)  
Luis-Alfonso Arráez-Aybar, MD, PhD (Board Executive Officer Spanish Anatomical Society (Sociedad Anatómica Española, SAE) Professor of Human Anatomy & Embryology; School of Medicine; Complutense University, Madrid)  
Gemma Angel (History of Art Department, UCL)  
Prof. Rosa Ballester (historian of science, University Miguel Hernández)  
Roberta Ballestriero, M.Phil. (art historian, associate lecturer for the Open University, Manchester, photographer)  
Dr A.W.H. Bates (morbid anatomist and medical historian, Royal Free Hospital and UCL)  
Liang de Beer (historian, Leiden University)  
Dr. Philip Beh, MBBS, DMJ, FHKAM(Path), FFFLM (Associate Professor forensic pathology, the University of Hong Kong)  
Dr. Annika Berg (historian of ideas / medical historian, Stockholm University)  
Dr. Leo van Bergen (medical historian, Royal Netherlands Institute for South East Asian and Caribbean Studies, Leiden)  
Dr Elizabeth Benjamin MBBS; FRCPath, Senior Clinical Lecturer /Consultant Pathologist , University College London  
Prof. Harm Beukers (Scaliger professor, special collections, Leiden University)  
David James Blackwood (member of the Quekett Microscopy Club)  
Prof. Enrique J. Blanco Barco, MD, PhD (Professor of Human Anatomy & Embryology, Spanish Society of Anatomy (Sociedad Anatómica Española, SAE), Salamanca, Spain)  
Timo Bolt, MA (medical historian, UMC Utrecht)  
Jonathan Browns (Cultural Planner-Collections City of Ottawa, Ottawa, Canada)  
Prof. Jose-Luis Bueno-Lopez (President Spanish Society of Anatomy, the University of the Basque Country, Leioa, Spain)  
Owen Burke (medical physicist at Glan Clwyd Hospital, photographer)  
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