

“Specimens Calculated to Shock the Soundest Sleeper”: Deep Layers of Anatomical Racism Circulated On-Board the Louisiana Health Exhibit Train

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This essay explores the manufacture, display and reception of preserved human remains that circulated on-board the Louisiana Health Exhibit Train. This was one of the first public health trains in the United States and an internationally celebrated model of health education from a southern state with profound, manifold and enduring health problems.¹ As historians Julie Brown, Erin McLeary and Elizabeth Toon noted, health exhibits “warning against disease hazards such as tuberculosis,” or that promoted “a specific cause such as infant and maternal health,” were well established by the early twentieth century. Public health displays featured prominently in World’s Fairs and regional expositions and were “proven crowd pleasers” wherever they traveled, “aboard specially outfitted trains ... [or] in small-town shop windows during community health weeks.”² Such was the pace of development in visual education and its mobilization via modern transport systems, that in 1920 Mary Routzahn published a comprehensive survey of various traveling public health campaigns for the Russell Sage Foundation, “an anthology of practical experience” intended for those planning future exhibits.³ Building on previous studies of the Louisiana Health Exhibit Train and similar public health campaigns across the American South, the essay’s main focus is on the journeys, or circulations, of human body parts, anatomical and pathological specimens, in 1910–11, the first year of this initiative, and an analysis of the production, framing, and reception of these special samples.

At one level, as reflected in the rhetoric of the project’s public facing documents, that included an extensive multi-platform media campaign, the Louisiana Health Exhibit Train can be seen as a laudable part of Progressive era reforms. Yet, in cru-

cial ways, the essay argues that this display built on the culture, ideas and practices of racist medicine established under slavery, a thoroughly racialized system of collecting and exploiting bodies that continued to develop in scale, reach and intensity after slavery's demise. The power relations involved in the making of embodied knowledge and the role of the body in structuring health and other inequalities are ongoing social and political concerns, as well as an established area of anthropological, historical and sociological research, with many studies exploring the contested ownership, uses, display and meanings of dead bodies, bones and body parts.⁴ Edmond Souchon, the Tulane University anatomist who oversaw the harvest, preparation and the loan of the specimens, and many of his colleagues who were key players in the exhibition's organisation and promotion, were linked to a well-established tradition of appropriating valuable knowledge from enslaved and disempowered black bodies. Through the medium of a dynamic traveling public health campaign, the various racialized attitudes and messages of this elite group of white health and medical professionals circulated among racially segregated audiences.



Figure 7.1. Map of the 'Health Exhibit Train's' journey across Louisiana. This graphic was used as propaganda in official publications and the media campaign to emphasize the reach and influence of Dowling's mobile health crusade. The train – and the specimens – stopped at 256 towns and cities and attracted 225,000 visitors. [Source: Henry Oyen, "Cleaning Up a State," *The World's Work* 23, 5 (1912): 511.]

When Alabama-born physician Oscar Dowling took over as president of the Louisiana State Board of Health in 1910, he determined to tackle the state's soaring mortality and dire health record and utilized the most up to date strategies available. Dowling employed the new mass education methods of anti-tuberculosis campaigners, described by historian Nancy Tomes as "an eclectic mix" of religion, social science, social work, journalism, and advertising.⁵ Dowling wanted to take his show on the road and spread "the gospel of health" to communities situated near railroads throughout the state. In late 1910, after only a few weeks in his new position of leadership, Dr. Dowling's "health special" made its premiere at the state fair in Shreveport. The exhibit then appeared at more than two hundred towns during a vast seven month tour of the state (figure 7.1). Nearly a quarter of a million visitors reportedly passed through the two Educational-Hygiene-Exhibit cars, one of which contained Souchon's specimens. While inside that unusual space, the rapt visitors "had health talked to them in a manner they would not forget."⁶

The Health Exhibit Train moved then from the metropolitan centres of New Orleans and Shreveport, to more remote rural areas. In the process public health and anatomical knowledge was circulated to audiences largely unfamiliar with formal scientific presentations. On this journey Souchon's specimens underwent a literal circulation: from an urban professional educational environment populated by medical students, researchers, dissectors and preparators; to a diverse rural and small town lay population, many of whom lacked formal schooling; and thus moved from the realm of the privileged to the world of the poor. The essay considers some of the changes produced through the mobilization of the specimens and how this movement made the Health Exhibit Train display stand apart from comparatively static displays kept in anatomical museums. More figuratively, important shifts in the meaning of the specimens occurred as they travelled between places, spaces and audiences. They changed from representations of how to see the bodies and diseases of patients/others, to illustrations, or mirrors, of the bodily self; and moved from a role as key diagnostic tools, to become pedagogical devices that carried a serious health warning, dependent on context and audience. There were also variations of spectacle embodied in the specimens – scientific, aesthetic, freakish and mundane wonders – as recorded in audience responses.⁷

Situated at the intersection of several distinct, but overlapping and often complementary historiographical conversations, the essay samples from and engages with the rich histories of anatomy, public health and Jim Crow segregation. The work on public health and Jim Crow in the United States is far too diffuse and extensive to summarize in full here, but it is useful to critically survey key works

in the scholarly literature on anatomy to provide a framework for this essay's contribution. *Death, Dissection and the Destitute* (1988), Ruth Richardson's landmark study of the social, cultural, and political dimensions of the 1832 Anatomy Act in Britain, stimulated the beginning of a sustained upsurge in histories of anatomy across a variety of time periods and different geographical contexts. Richardson's work is foundational for this essay. It draws attention to the often dramatic clash in values between medical professionals and the public with regard to the meaning and uses of dead bodies. Michael Sappol's *Traffic of Dead Bodies* (2002), in contrast to Richardson's work, deployed a vast range of printed texts and visual documents, to examine how the emergent specialist field of anatomy, and its diverse representations, shaped identity – individual, social and professional – in nineteenth-century America. Sappol provides an essential framework for analyzing anatomy's dual role in the professionalization of medicine and the making of the modern self, together with his invaluable insights on displays, performances and representations of anatomy in American popular culture.⁸

Histories of medical museums that examine the building, operation, uses – and the various fates – of anatomical collections, are another significant thread of this blossoming field of historical inquiry. Recent studies of this topic highlight a range of important themes and issues that include: the key role of museums as sites of knowledge production and as spaces for medical education; the ways in which anatomical collections could promote state, institutional, commercial and individual interests; and the experiences of museum visitors.⁹ Additional concerns in contemporary histories of anatomy center on anatomical objects, texts, and images, and how these mediums shape and communicate knowledge of the anatomical body.¹⁰ Research on medical museums has also helped uncover anatomy's role in the violent colonial, slaveholding and eugenic past. Anatomy's historians continue to bring to light the moments and situations in which the remains of vast numbers of indigenous, racialized, trafficked, incarcerated, disabled, poor and other vulnerable humans were collected, catalogued, analyzed, compared, displayed, warehoused and erased in the name of science and progress.¹¹ While there is a rich medical history of Jim Crow, with few exceptions, such as the histories of Henrietta Lacks, dissecting room photographs and the Tuskegee Syphilis Study, there has been comparatively little scholarly attention to the practice of specimen harvesting, preparation, display, and circulation in the context of racial segregation.¹² Building on this impressive literature, this essay examines the asymmetric power relations that shaped the origins of Souchon's anatomical and pathological preparations, analyzes the role they played in the public health propaganda circulated by the Health Exhibit Train

and considers how audiences responded to the specimens' grim warning about the consequences of poor personal hygiene.

The essay draws on various traces of the past. These include an extensive sample of newspaper and public health reports, together with relevant fragments from Souchon's personal papers, to examine the Health Exhibit Train's presentation of pathological anatomy and sanitary science to rural populations and marginalized ethnic groups in Louisiana, communities often with different perspectives on health, disease, medicine and the body during the nadir of American apartheid. National, state and local newspapers, including the *New York Times*, the *New Orleans Times-Picayune*, and the *Tensas Gazette*, together with medical, public health and business journals, such as *The Southern Medical Journal*, the Louisiana State Board of Health's *Quarterly Bulletin*, *Collier's Magazine* and *The World's Work* all reported at length on the Health Exhibit Train. These publications were part of the official public education narrative that hailed and accompanied the exhibition, as frequent and detailed reports reinforced and disseminated the state board's hygienic "gospel". The *New Orleans Times-Picayune* offered rich coverage of the project, but rarely found space to include the "voices" and opinions of visitors to the exhibit. As well as published articles and unpublished reflections on the collection of specimens, Souchon's papers contain valuable correspondence with health professionals from across the United States as the preparations traveled, many medical men writing in admiration of his collection and skill in the preservation of human remains. There appear to be no surviving black newspaper materials or black authored public health reports from Louisiana in this era.¹³ Black subjects, where present in white-authored media, official and private sources, are stereotyped and trivialized. Early twentieth-century vernacular and oral testimony does, nevertheless, provide useful evidence of the black community's perspective on health and questions white doctors' appropriation of black bodies for medical research.

Dr. Souchon's Dark Medicine: Racialized Ideas and Anatomical Practices

The opening address at the first meeting of the International Association of Medical Museums (IAAM), held at the Army Medical Museum in Washington D.C. in May 1907, described the ideal medical museum "as a compendium of scientific facts, a storehouse of material for research-work, and as a teaching medium." Not surprisingly, given the meeting's location and the institutional affiliations of the various delegates, the Association's model was a college museum, intended primarily for the

use of medical professionals, researchers and students. Nevertheless, the Association felt that – even within the profession – such facilities were “comparatively little appreciated”, especially in North America. This led to “a wealth of pathological material” going “unused and lost”, or, if it eventually found its way to a museum, “placed there without special direction, becoming of relatively little value except to the very few.”¹⁴ Indeed, in this intensive early-twentieth-century phase of professionalization, most college medical museums became less accessible to the public and popular anatomy museums declined in number.¹⁵ The IAAM implemented a scientific and professional approach to museum organization in pursuit of the ideal. The Association encouraged the building of collections in places where museums did not currently exist, improved the quality of extant collections, heightened awareness of museums’ value as centers for medical research and teaching, and enabled the “interchange of Museum material.”¹⁶ The human source of museum materials, however, was not addressed by these ideal statements, yet of such fundamental practical importance that no institution could afford to leave the matter to chance. This section examines how the issue of cadaver supply was addressed by medical professionals in Louisiana, the racialized dimensions of this source, and how it shaped medical knowledge production, which included the specimens selected for display in the Souchon Museum of Anatomy and dissemination on-board the Health Exhibit Train.

Edmond Souchon was born in Opelousas, St. Landry Parish, Louisiana, in 1841. A stronghold of slavery, the town was also the site of the Opelousas Massacre in 1868, a riot which saw white supremacist mobs – and included the vigilante organization known as the Knights of the White Camelia – murder of hundreds of African Americans.¹⁷ Souchon’s French-born parents sent him to Paris to prepare for a medical career and in 1860 he enrolled at the University of Paris’ École de Médecine. A planned return to begin a medical career in Louisiana was delayed by the outbreak of the American Civil War, and instead he became a resident at Paris’ Charité Hospital. On the death of his father, Souchon returned to New Orleans and completed his M.D. studies at the University of Louisiana in 1867. In 1872, Souchon was elected Demonstrator of Anatomy in the Medical Department of the University of Louisiana (figure 7.2). He built a large private practice and became Chief of Clinics at Charity Hospital, where he was also a prosector in the preparation of post-mortem studies.¹⁸

At Charité, Souchon worked in service to the celebrated surgeon and anatomist, Alfred Velpeau, and met fellow southerner and former slave surgeon, James Marion Sims, who had a permanent influence on Souchon’s life and career.¹⁹ In honor of

this friendship, Souchon mythologized and sanitized the posthumous reputation of Sims as a medical pioneer. He memorialized key sites of Sims' practice and innovation, which included a location he described as the "House in which lived the 'free niggers' who were the first patients of Dr. Sims when he moved to Montgomery." In further tribute to his mentor, "the model and the guiding star [he] strove to follow," Souchon named his son Marion Sims, who would also join the Tulane medical faculty.²⁰ Raised, schooled in and wedded to the traditions, culture and practices of slavery and racialized medicine, Souchon began his career as a doctor in slavery's immediate aftermath, and came to professional prominence in the first two decades of Jim Crow segregation.



Figure 7.2. Interior view of anatomy class, Josephine Hutchinson Memorial Building, Tulane University, New Orleans. The photograph depicts a deeply racialized context of anatomical practice. A disproportionate number of the cadavers used were African American and the dissectors were exclusively white males. This space, normally hidden from public view, was a primary production facility for Souchon's specimens, as was neighboring Charity Hospital's "dead room" which featured in Souchon's tale of Andrew Smyth and William Banks. [Source: MA2027, Rudolph Matas Library of the Health Sciences, Tulane University.]

In contrast to his reminiscence of Sims, the Charity Hospital patient William Banks was a minor character, but one who nevertheless played a key role in a celebratory Civil War-era recollection of another "medical first" published in the twilight years of Souchon's retirement. William Banks was a 34-year-old ship's steward, racial-

ly categorized by Souchon as “mulatto” on admission to Charity in 1864. Banks suffered from a large pulsating tumor at the base of his neck, just above the right shoulder, diagnosed as an aneurism of the subclavian artery. Souchon remembered that Charity’s then chief surgeon, Andrew W. Smyth, managed to ligate the artery, which allowed Banks to recover and resume his labors. A decade later, an injured Banks returned to Charity with another pulsating tumor “at almost the same point, as large and as ominous as the original aneurism.” On this occasion, Souchon recalled, Smyth could do nothing for his patient and Banks died forty-eight hours after admission. Smyth wanted the upper right section of Banks’s body preserved, to showcase the “success” of his original surgery, apparently the first of its kind in recorded medical history, and called on Souchon – then Demonstrator in Anatomy at the University of Louisiana and assistant in post-mortem studies at Charity – to undertake the dissection.²¹

Souchon recollected that Banks had “no family”, but belonged to a “colored [burial] association” who “demanded the body turned over to them immediately.” Hearing a “great row in the waiting-room of the dead-house” between Smyth and representatives of the association, Souchon removed the chief surgeon’s desired half of the trunk, right arm and head “from the balance of the corpse.” With help from one of the hospital’s dead-house porters, this grim “package” was smuggled through a back window to an awaiting carriage. Showing little sympathy for the burial society, Souchon wrote: “But judge of their shock and horror when they saw all that was left of their saint, two legs with the viscera and a left arm, without being able to find where the balance had gone and by what way. I do not think they know it to this day.”²² Dismissive of the burial society’s sacred rites for Banks’ dead body, Souchon’s tale betrayed no irony in his declared ownership of the corpse as a scientific totem. The final resting place of Banks’ dissected body fragment, and the crowning moment of this cadaver tale, terminated at the enormous collecting point of the “great national” Army Medical Museum in Washington D.C. Here, Souchon’s prized specimen was entombed “in a beautiful all-glass box with a fine crystal lid, bathed over head in pure alcohol, the admiration of all who love subclavian aneurisms of the third portion.”²³

For Souchon, his Tulane colleagues, and subsequent generations of medical students, the significance of this story, in part, lay in the “splendid and invaluable” specimen crafted from Banks’ corpse. The tale became more meaningful, however, through being shared and circulated, the recitation and elaboration of the “peculiar and somewhat thrilling incidents” that resulted in “such a unique relic.”²⁴ The publication, performance, and dissemination of this anatomical narrative also worked to

establish Souchon's "medical bona fides," a gothic trailer for his character and depth of "commitment to the profession and medical science."²⁵ Further, the tale of William Banks connected Souchon to slaveholder-physicians who claimed and stole dead bodies as specimens and for dissection. The story affirmed white power, authority, indeed mastery over black subjects racially framed as lesser humans.²⁶ This gruesome and arrogant white racist anatomical narrative, with Souchon celebrated as "a living legend throughout the medical world by stealing most of a human body for science," accentuated the long-established pattern of post-mortem racism and structural violence produced by New Orleans's medical institutions – mirrored not only across the American South, but internationally – a perverse situation that grew and intensified after slavery.

As Samuel Alberti and Elizabeth Hallam noted in their introductory reflections on *Medical Museums: Past, Present, Future*: "Cultural and social factors ... shaped bodies in museums, even as far as the very kinds of bodies that it was possible to collect and exhibit."²⁷ In the era of Jim Crow segregation in the United States, poor black bodies were particularly vulnerable, easily accessible and readily transportable to the designs of white professional medical collectors, researchers and health exhibitors. William Banks' story is a partially visible, but hardly isolated, example of racialized specimen harvesting practices that were widespread, routine and conducted on a truly enormous scale.²⁸

Annual announcement catalogues for the Medical Department of the University of Louisiana, which became Tulane University in 1884, had noted for decades that a "peculiar feature of the school" was its "unequaled hospital and anatomical advantages." At the New Orleans Charity Hospital, medical students could attend post-mortem examinations led by the Professor of Pathological Anatomy, and Tulane's 1911 *Bulletin* reported that the hospital's pathological department had examined 17,773 specimens of various types in 1910 alone.²⁹ In a 1928 report on anatomy at Tulane for the Rockefeller Foundation, Professor of Anatomy and Head of Department, Irving Hardesty, made plain the century long special arrangements between Charity Hospital and the Coroner of Orleans Parish guaranteeing the university's supply of cadavers for teaching, "usually in sufficient abundance," and that "[m]ost of the bodies used" were "those of negroes."³⁰

In the university museum setting, Souchon's specimens, especially those linked to tuberculosis and syphilis, embodied and produced white racial knowledge of black bodies and diseases. The specimens illustrated basic racial assumptions and more ornate racialized epidemiological theories that were reinforced and further disseminated through lectures, demonstrations, workshops, and, of course, the dis-

play of the collection itself. In fact, the very notion of race was written on the specimens, such as a jar that contained the “Thick Skull from a Negro” in the Osteology section.³¹ In this respect and many others, the Souchon Museum actively crafted and exhibited the paradigm of race. These specimens also proved useful vehicles for advancing white professional ambitions. In 1885, Souchon became Professor of Anatomy and Clinical Surgery – a post he held until his retirement – and was appointed as President of the Louisiana State Board of Health in 1898 (serving in this role until 1906 under three different state governors). He also played a major part in the design of the University’s new Richardson Memorial Medical Building (completed in 1908), and developed the new anatomical museum in this same space. After his retirement from the Chair of Anatomy and Clinical Surgery at Tulane University, Souchon became a founder member of the IAMM. As curator of Tulane’s anatomical museum, the bulk of his retirement years were spent devoted to the assembly of “unique anatomical preparations” using preservation and coloration methods that he proudly claimed as his own – a collection that Souchon hoped would match the IAMM’s ideal.³²



Figure 7.3. General View of Museum, Medical Department, Tulane University of Louisiana. Normally quite still and stationary, some of the specimens left the college and traveled the state of Louisiana – and indeed further afield – in Dowling’s mobile public health exhibition. [Source: Tulane University Photograph Album 01, University Archives, Special Collections, Howard-Tilton Memorial Library, Tulane University, New Orleans, Louisiana.]

The museum became Souchon's legacy project and his personal papers reveal the extent to which he believed the specimen collection could secure his place in the professional pantheon. "The finest room of its kind in this country or abroad," is exactly how the *New York Medical Journal* described the Souchon Museum of Anatomy in 1909. What made the museum distinctive, the anonymous author of this "News Item" declared, is that all of the "specimens are real."³³ Souchon emphasized the same point in a widely circulated announcement, "there is ... no papier mache, no wax models, no dried specimens," rather "it is composed exclusively of the "real things," of dissections ... It is essentially a Modern Study Museum in the fullest meaning of the words."³⁴ The museum occupied a large room, "flooded with light through numerous windows and skylights," in the new building on Tulane's uptown campus. Compared to traditional spaces, such as the museum's previous iteration in the old Richardson medical school building on Canal Street (figure 7.3), there were "no cases against the walls," instead "rows of tables" on which stood "67 large jars with preparations on Osteology" and "400 large glass jars containing actual dissections, with permanent color of muscles, vessels, nerves and organs."³⁵ In other published claims to distinctiveness, Souchon highlighted both the educational significance of the exhibits in a crowded university timetable and the value of his museum's growing national reputation to Tulane, a collection he regarded as "unequalled in any other medical school except Harvard."³⁶

Souchon's claims for the Tulane medical museum's greatness appear to have had real and lasting merit, with this large and impressive collection singled out for praise by Abraham Flexner in his 1910 report on *Medical Education in the United States and Canada* and featured in the Rockefeller Foundation's international survey of model Departments and Institutes of Anatomy, Histology, and Embryology in the 1920s.³⁷ This acclaim was further cemented by the work of Souchon's obituarists and memorializers, who celebrated his skill, character, and intellect, but neglected to comment on the power relations that enabled this professional achievement.³⁸

Having introduced the mindset and sites that supported the racialized selection, production, framing and use of specimens at Tulane, the next section reconstructs, contextualizes and evaluates the changing uses and meanings of Souchon's preparations as they moved away from the college. In November 1910, the Louisiana State Board of Health loaned Souchon's preparations from the museum at Tulane for use in a new public education project – the "Health Exhibit Train" – with contemporary reports describing the specimens as "a credit to any museum" and "calculated to shock the soundest sleeper."³⁹ The specimens migrated from the domain

of scientific medicine – where they were used in teaching and research – to a public health context, travelling by rail across Louisiana, communicating the State Board of Health’s “gospel” of hygiene. This journey, on-board a specially designed railway car, brought both changes in function and new encounters with varied audiences. In the display and uses of these specially prepared human remains, both domains of knowledge privileged certain meanings, but, in the public health context, interpretive narratives and visual presentations masked the social origins of the specimens. In both settings, the white racial frame, medical racism, a racialized moral reform agenda and racialized audiences structured and determined the selection, use and presentation of the specimens, as well as viewer responses.⁴⁰

Racialized Health Education as a Vision of Progress for a Nation

In the post-Civil War South, both whites and blacks struggled for health, and often desperately. Military defeat, the destruction of chattel slavery and the collapse of agricultural production, the migrations that accompanied emancipation, the mass incarceration which attempted to regain control black labor and mobility, and relentless white racial violence, all exposed the region’s population to physical, emotional, and psychological hardships – making southerners vulnerable to waves of epidemic diseases, including smallpox, yellow fever, and malaria.⁴¹ Undermined by the state’s inadequate health, education, and welfare provision the physical and mental condition of Louisianans, remained comparatively poor in the opening decades of the twentieth century. On average, rural citizens were the sickliest in the state. Large numbers of both whites and blacks succumbed to hookworm, pellagra, rickets, scurvy, and other disorders that resulted from poverty, poor diet and housing, overwork, stress and deficient sanitation. Medical professionals and formal health-care facilities were scarce outside the larger urban settings in Louisiana, where chronic illness prevailed and was managed largely beyond the health profession’s surveillance. The state gradually implemented improvements in sanitation and by 1910 New Orleans had filtered water, along with a modern sewage and drainage system.⁴² The lamentable condition of education in the state, however, only exacerbated Louisiana’s health problems. By 1898, legal statutes segregated virtually all public schools in Louisiana. Estimates put the white illiteracy rate at roughly 20% of the population, with the black rate in excess of a staggeringly high 70%. State funding for education was woeful and most whites believed a good education was wasted on African Americans. These deep-rooted systemic social problems were both a stim-

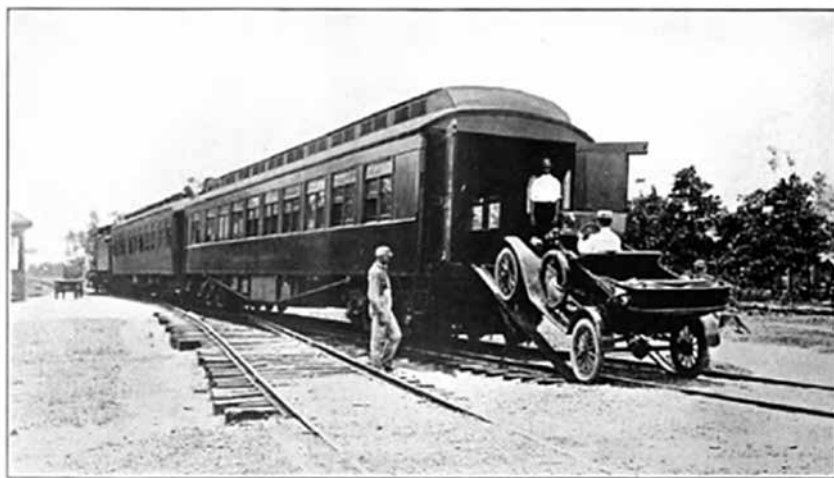
ulus to public health reform in the state and significant obstacles to overcome for activists, educators, and health professionals.⁴³

Although sometimes complicated by ethnic tensions, political differences – especially in terms of class and gender – and competing career agendas, the Southern “Progressive era” reform was thoroughly contaminated by the region’s white racism.⁴⁴ Less obvious are the racialized dimensions of the region’s public health exhibits, especially those which built on and extended the reach of older racialized anatomical practices. Souchon’s preparations are used here then to examine an important change in the South’s long history of racial anatomy and health discrimination, as the medical museum, a key material resource of white racism, became mobile. Organizers of the Health Train sought to “shock and awaken” an allegedly dirty, diseased, and degenerate population. Responses from the travelling exhibit’s audiences – where available – help determine not only the success of this public hygiene mission, but also uncover popular understandings of anatomy in a rapidly changing era.

As William A. Link observed, historians have long agreed that health and education are crucial to understanding early twentieth-century social reform in the American South, but key studies differ markedly in their analyses of the aims and agendas that underlay the various campaigns, as well as the overall effectiveness and impact of the strategies implemented. Richard Brown’s celebrated *Rockefeller Medicine Men* and James D. Anderson’s examination of *The Education of Blacks in the South*, for example, argued that northern social reform programs were motivated by the desire “to impose corporate dominance in American life ... to reinforce the existing class and caste structures,” and to act as “vehicles for social control” of African Americans by politicians and industrialists.⁴⁵ *The Germ of Laziness*, John Etting’s account of the Rockefeller commission’s hookworm campaign in the South, and Tames’s *The Gospel of Germs*, which focused on the anti-tuberculosis movement in the United States, shifted scholarly attention to the creation of health messages and highlighted how reformers blended the new science of bacteriology, with commercial, evangelical, popular entertainment.⁴⁶ Gregg Mitman took scrutiny of public health campaigns a stage further and examined its visual culture – including Christmas seals, posters, and films – in the context of a segregated America.⁴⁷ None of these studies, however, explored how reformers deployed anatomical specimens in the promotion of their goals.⁴⁸

Having successfully controlled outbreaks of yellow fever in New Orleans, as the city experienced its final epidemic in 1905, health reformers targeted other disorders that continued to plague and debilitate the South.⁴⁹ Popularly identified as the

“germ of laziness”, hookworm’s impact on the physical condition of its sufferers supported stereotypes of the “lazy southerner” and undermined the goals of New South industrialists, who sought to increase the output and efficiency of the region’s labor force. Dr. Charles Wardell Stiles’ report on the prevalence of hookworm suggested as many as 40% of southern children of school-age were infected. This moved John D. Rockefeller to fund a Sanitary Commission for the Eradication of Hookworm Diseases and inaugurated campaigns to diagnose, treat, and educate the public in the prevention of the disease in nine southern states that included Louisiana.⁵⁰ Tuberculosis was another particularly chronic health problem for many African Americans across the American South, with especially high numbers of sufferers in large cities such as Atlanta, Baltimore, and New Orleans.⁵¹ The Anti-Tuberculosis League (ATL) established a New Orleans branch in 1906, to combat the spread of the disease and provide higher standards of care. The League also sponsored Louisiana’s first tuberculosis hospital, the St. Tammany Home for Consumptives, commonly known as Camp Hygeia, and a free clinic opened in New Orleans.⁵² The Louisiana State Board of Health’s Exhibit Train featured exhibits and representatives from the ATL and the Rockefeller Commission, as both organizations sought to extend their work and influence into rural parishes.



HEALTH CARS OF THE LOUISIANA DEPARTMENT OF HEALTH
Showing the garage end of the laboratory car. Here a Ford is stored ready for use by the inspectors in a quick tour of each town visited.

Figure 7.4. The three specially adapted carriages of the Louisiana Health Exhibit Train [Source: Mary Swain Routzahn, *Traveling Publicity Campaigns: Educational Tours of Railroad Trains and Motor Vehicles*, New York: Russell Sage Foundation, 1920, 20.]

Well before the Health Exhibit Train's first journey in 1911, Souchon and Tulane developed a working relationship with the ATL. In July 1908, the university hosted 600 teachers from the Summer Normal School, in Natchitoches, Louisiana, for an afternoon's instruction in public health education. The teachers' visit included a lecture "on the prevention of tuberculosis" by Dr. James Guthrie, Professor of Clinical Medicine, "given under the auspices" of the ATL. As far as a *Times-Picayune* report was concerned, however, the highlight of the day was the teachers' "inspection of the specimens, which was a forcible lesson in tuberculosis." The report drew attention to the web of connections that contributed to the Louisiana State Board of Health's statewide public health campaign, but has additional value. In the absence of clear visual evidence, this story provided detail on the preparations that would travel with the Health Exhibit Train: "The exhibit for the most part consists of human lungs, showing the different stages of tuberculosis, from the normal lungs of a healthy adult to that of an adult in the last stages of consumption." A rare account of a group tour to Tulane's dissecting-room and anatomical museum, the report betrayed the tone of the visit and exposed the morbid curiosity and lurid behavior of the male trainee teachers:

"The tuberculosis exhibit was shown in the dissecting-room and though all objectionable features had been removed or covered up, there were some of the femininely curious who investigated the grewsome [sic] objects on many of the tables, whose outlines under the white coverings showed all too plainly of what character they were."⁵³

This candid glimpse of the teachers' conduct aligns with the dissecting-room antics of male college students captured in photographs from the same era.⁵⁴ Advertisements for popular anatomical and dime museums, which operated in close proximity to the college collections in New Orleans, also encouraged white male visitors to give way to sexual curiosity. These businesses offered wondrous and sometimes exotic bodily displays, as did the city's red-light district, Storyville, to say nothing of the annual carnival season. Indeed, there is a long tradition of training the white male gaze to observe, examine, and exploit the bodies of others in New Orleans.⁵⁵

The Health Exhibit Train on which the specimens travelled consisted of three coaches (figure 7.4). One a Pullman owned by the Board of Health, known as the 'Education and Inspection Car', was used as a living space for physicians, instructors, and administrators, the chief agents of the state's health surveillance team.⁵⁶ A

second Pullman was designated the “Educational-Hygiene-Exhibit Car”. This coach contained the train’s permanent displays. Newspaper and health journal reports on the campaign’s journey highlighted that a marked feature of the “disease prevention” exhibit in this carriage were the selections from Souchon’s Museum: “anatomical specimens in large jars and pathological tuberculosis specimens.” In fact, Dowling saw Souchon’s contribution as key to the success of the whole campaign, because the specimens could be framed as a spectacular attraction and deployed for their visceral shock value. The third car was filled with models of utilities – a model dairy, slaughter-house ... [and] school” and “miniature “plants” such as are needed in cities for ice, water, and sewage disposal.”⁵⁷ As the tour unfolded, the coaches changed function and multiplied, for example, additional cars were “purchased for living quarters and the inspection car was turned into a laboratory car,” with a “garage end” that held a Ford for use of the inspectors, a further extension of the campaign’s reach and impact.⁵⁸

On a full day visit from the Health Train, the Educational-Hygiene-Exhibit car was open from the early morning hours through to 10pm, or sometimes later.⁵⁹ At the Shreveport State Fair, the start of the train’s tour, between two and three thousand people visited the exhibit cars daily.⁶⁰ Elsewhere, in small towns and on rural stops, the arrival of the Health Train was a notable event that drew crowds of several hundred to see the disease prevention demonstration and attend the lectures.⁶¹ Once inside the exhibit car, in addition to the central feature of Souchon’s specimens, visitors saw another “pathological exhibit of preventable diseases,” a display provided by the Louisiana Anti-Tuberculosis League, a model of Dr. Charles Wardell Stiles’s sanitary privy, model school furniture, microscopes, an “exhibit of bacilli cultures ... showing the effect of fly contamination,” and an oral hygiene exhibit. Free literature, available on leaving the car reinforced the exhibit’s overall health message, called attention to the evil of flies, spitting and provided statistics on various diseases.⁶² In addition to the lectures, exhibits, flyers and inspections, there were motion pictures on various aspects of personal hygiene and the fight against tuberculosis, which proved especially popular with rural audiences.⁶³ In a *New York Times* interview, Dowling reflected on strategies used in the Health Train’s tour, and demonstrated a keen awareness of developments in visual presentation and publicity campaigns: “... the most popular method of presenting instruction is through the eye ... Pictorial presentation of facts leaves a definite and lasting impression. The good to be accomplished through this method in sections remote from centers where amusements are few and life sordid is incalculable.”⁶⁴

The State Board of Health's *Quarterly Bulletin* noted that one particular specimen of the spinal cord "gained expressions of admiration from all physicians and others," who appreciated "the exquisite care and scientific knowledge required in the preparation of so difficult a subject." The same story noted that the specimens would be of "interest to high school and college classes in hygiene and physiology" and would "serve as a base upon which to build commonsense talks" on the "heart, lungs and tuberculosis."⁶⁵ The *Tensas Gazette*, in an article later recycled by the *Times-Picayune*, also drew readers' attention to the "prevention of disease" exhibit and the specimens: "Arranged on a table in the center of the room are twenty glass jars. In these are sections of the human form, not of wax or composition, but actual specimens. These sections ... show the progress of tuberculosis in various stages of development."⁶⁶ While just a fraction of the Tulane collection, the presentation of the specimens offered a semblance of the college museum experience and allowed lay visitors to view the pathological preparations in close-up and from different perspectives. This suggests that Souchon's pedagogical emphasis on the value of the "real thing" in anatomical education survived the passage from standard professional use in the college museum environment, to some extent, and translated effectively into public health propaganda.

With reference to medical education in late eighteenth and early nineteenth-century Britain, historian Carin Berkowitz highlighted that knowledge of anatomy "was made, embodied and spread" through "a system of visual display, of which ... collections of specimens were only one part." In this earlier, though no less racialized, British historical context, such a system might have consisted of books, cadavers, chalk drawings, preserved specimens and texts, and was intended to train both the hand and the eye, an immersive pedagogical strategy designed to help anatomists, artists and natural philosophers "learn by doing."⁶⁷ On-board the Health Exhibit Train, the "system of display" included models, photographs, pamphlets, flyers, leaflets – and associated performances, such as lectures and demonstrations, in addition to the specimens. Routzahn's pamphlet on *Traveling Publicity Campaigns* revealed that the spatial design of such assemblages was finely calculated "to keep visitors moving in a given direction and ... make it possible for them to grasp quickly the meaning of what they see." This included decisions about specific types of railroad car: a flat style for the display of heavy machinery, for example, or a Pullman coach for smaller, more sophisticated exhibits. There was also the question of the car's overall dimensions and the size and placement of doors and windows. Displays could run along two sides, with a center aisle feature – such as Souchon's preparations – or on one side only, which left visitors space to move through the car

along a single aisle. While models and exhibits, Routzahn advised, should be placed on walls “level with the eye” and on counters, shelves, or tables so that the objects on them are “as nearly as possible on a level with the eye, at the same without cutting off the view of wall exhibits.”⁶⁸ In the Educational-Hygiene-Exhibit car, such visual and spatial strategies worked in combination to draw the visitor’s attention to various representations of the diseased body’s interior, articulated claims to expertise and authority, and generally enhanced the public’s awareness of the biological mechanisms underpinning health.

The Impact of the Specimens

This section examines the mixed nature of the Health Exhibit Train’s reception and impact. While the campaign undoubtedly encompassed some genuine health educational intentions, and ostensibly targeted the whole community, nevertheless it circulated conscious and calculated racist messages that built upon the racialized knowledge and messages embodied in the specimens and utilized racially segregated sites and spaces.

The exhibition’s intensive itinerary took in a “maximum number of stops ... without redoubling over any road,” evidenced by more than forty destinations on the Texas and Pacific railroad system in a published schedule for January 1911.⁶⁹ Taking lessons from travelling shows and circuses, the latest visual strategies offered by advertising were employed on printed schedules circulated ahead of the train’s arrival “to principals of schools, parish superintendents, newspapers, station agents, postmasters and presidents of civic organizations,” and as communities signaled the train’s arrival through handbills and posters.⁷⁰ Typically, a gathering of physicians and other officials welcomed the train at each stop, and would accompany Dowling and Porter for an inspection of public health conditions in the locality.⁷¹ “Health on Wheels”, an editorial in the *Southern Medical Journal*, noted that: “Dairies, markets, slaughter-houses, bakeries, all places where food products are prepared or sold; jails, court-houses, all public buildings; the water supply, drainage, sewage system; in fact, everything pertaining to clean food and sanitary conditions is investigated.”⁷² Dowling claimed to be appalled at the backwardness and poverty he found throughout the state, and blamed Louisiana’s high incidence of sickness and disease on ignorance and apathy.⁷³ In response, his staff offered lectures on personal hygiene to various audiences at each stop. As the train’s archive reveals, schoolchildren would visit the car “under the direction of the teachers,” but there were separate times “for the pupils of the negro schools and colored people generally.”⁷⁴

The railroads enabled, embodied and extended Jim Crow. The network was a key feature of American apartheid's infrastructure and the Pullman car a particularly charged site for everyday interracial encounters. In *Making Whiteness*, historian Grace Elizabeth Hale highlighted how the railroad's racialized spaces made "racial identity visible in a rational and systematic way," through an unequal architecture of separate station entrances, ticket windows, waiting rooms, and toilet facilities for blacks and whites, as well as inferior "Colored" cars and first-class service for whites. This profusion of prohibitive racialized barriers and exclusionary signs sought to impose "a new form of racial order" in response to increased black mobility and the railroad's own blurring of the boundaries between black and white communities.⁷⁵ Louisiana passed the first formally codified Jim Crow transport laws in 1890. These regulations were challenged by activist Homer Plessy, but subsequently upheld in the infamous Supreme Court ruling of 1896 that instituted American apartheid's provision of so-called "separate but equal" facilities for blacks and whites.⁷⁶ As Hale and Leon Litwack both highlighted, African American activists and autobiographers described railroad stations and carriages as troubled sites of Jim Crow humiliations, racial insults, and arenas for tense and sometimes violent confrontations between blacks and whites.⁷⁷

The Health Exhibit Train's accommodation to and reinforcement of the Jim Crow segregation of visitors, audiences, and activities was exposed in Henry Oyen's lively essay, "Cleaning Up A State", published in *The World's Work*, a popular, pro-business, monthly current affairs magazine founded by North Carolinian journalist and diplomat, Walter Hines Page.⁷⁸ Of the essay's fifteen photographs, twelve depicted human subjects, but only one of these half-tones, a scene captioned "Telling All Classes The Story Of Dirt: Five Hundred Negroes Were Reached At This Country Church", featured African Americans. Other images captured whites, mainly males, and ramshackle homes and businesses condemned after failing sanitary inspection. Dr. Dowling is included in four of the images, the first a classic professional portrait of "a grave serious-minded physician." In the other three scenes, Dowling is shown as a robust "big-man" – always in motion – riding a velocipede (or "speeder") and pushing his way into the narrow tributaries of the state's remote and dark interior with his "gospel of health."⁷⁹ White males, presumably farmers, driving wagons ("In Town to See 'The Big Show'"), barefooted white schoolchildren ("Converts to the Gospel of Health"), and a large crowd of white adults, male and female, dressed in their finest, waiting to board the exhibit car (figure 7.4) are featured in the other photos. The omission and marginalization of African American subjects was no journalistic oversight, but rather a clear enactment, reflection

and reinforcement of the everyday racism and exclusion faced by black people in the Deep South.

In common with press depiction of the Health Exhibit Train's black visitors at all levels – local, state, and national – Oyen's report is infested with Jim Crow stereotypes of racialized encounters. One scene featured an "old time caretaker" who remarked "your ideas on cleanliness, suh, differ from mine" after Dowling spotted a public building in a "dirty condition." Oyen also related the conversation of an "old colored mammy in a crowd awaiting the train," who urged her daughter to "go home right quick and clean up that mess in yoh kitchen. Don't let them doctors think you ain't clean as yoh neighbors." Another example featured Cicero, identified as Dowling's "office tender," who, when asked what time the doctor had started work that morning, replied "Dat Ah can't say, suh ... Ah didn't get down till foh thuhty myself."⁸⁰ A *New York Times* account of "The Man Who Cleaned Up a Whole State," similarly stereotyped the response of an elderly African American female visitor to the Health Train, identified as an "old black mammy": "As she alighted from the car, the darkies gathered around her – the settlement arbiter – to be told what they should think. Placing her hands on her hips she said to the group: "Yas, Sir, 'fore God, dat de bes' show I ever see."⁸¹ The reproduction and circulation of such stereotypes, framing black people as loyal, but dirty and uneducated servants, chronically in need of the hygienic enlightenment brought by whites, were typical of the times and a key means of legitimating the Jim Crow system.⁸² These scenes, however, are also mediated evidence of racialized performances in segregated spaces, by actors taking on roles shaped by Jim Crow's rules of etiquette.⁸³

In the first four months of the Health Exhibit Train's tour, the New Orleans *Times-Picayune* offered detailed, extensive, and almost daily coverage of the exhibition's journey and the reception it received in the different localities visited. A standard pattern emerged across the various reports, that articulated the project's mission, mechanism and initial impact: dates and times of arrival, names of local dignitaries, size of crowd in attendance, highlights from the visit (lectures, exhibits, and moving pictures), results of the local inspection, quotes from Dowling (often unfavorable), unusual and humorous incidents, repetition and reinforcement of the exhibition's core messages, and details of the train's next stop. Some of the accounts offer useful – but decidedly mediated – evidence of how various audiences and individuals responded to Souchon's specimens. A report from the train's visit to Simsboro in late November 1910, for example, asserted that, "The people appreciate the great good that is meant by the State Board of Health The fact that all this is

free; that they are allowed at all times to visit the specimens is a source of great astonishment to them."

Exhibits and entertainments were rare outside of the state's major cities, such as New Orleans, and travelling shows with anatomical content would undoubtedly have charged an admission fee for such a rare spectacle. Days later, in neighboring Ruston, the *Times-Picayune* recorded that the town's "negro population was given the opportunity of hearing Dr. Dowling speak on tuberculosis, and Dr. Porter lecture on the hookworm."⁸⁴ While from Rochelle, the newspaper's correspondent noted that, "The principles elucidated are new to many of the citizens of the rural districts. The exhibits give weight to the teaching because the objects are at hand with which to illustrate."⁸⁵ In the college environment, proximity to specimens facilitated close study and rapid review of dissecting-room anatomy, but on the health train the "real thing" was especially valued for its emotional impact.⁸⁶

The *Times-Picayune* New Year report on the exhibition mentioned that, "The negroes get much material for daily gossip out of a visit to the car," while the State Board of Health's subsequent published reflections on the exhibit noted "constant inquiry as to where the exhibits are obtained."⁸⁷ This was a wholly reasonable inquiry, but held the potential to disrupt the preferred meanings of the organizers.⁸⁸ At the start of the Health Exhibit Train's tour, Dr. Victor F. Carey, the pathologist in charge of the exhibit and demonstration car, informed Dr. Edward S. Kelly, the Louisiana State Board of Health secretary, that "The negroes are taking especial interest in the exhibits."⁸⁹ In this deeply racialized context, the significance of questions regarding the anatomical material's origin, as well as the "gossip" and "interest" among African Americans, stimulated by circulating cadaver tales, such as Souchon's story of William Banks, deserves further scrutiny.

As James C. Scott and Luis White have highlighted, "rumour" and "gossip", often totally dismissed as worthless and characterized as unreliable, deeply problematic forms of evidence, are in fact extremely valuable primary sources for historians. Vernacular tales and gossip, if carefully historicized, provide at least a partial view of the hidden thoughts (or "transcripts") and anxieties of subordinated groups, who might otherwise be missing from the documentary record of the past, marking one important means by which powerless people questioned authority and resisted exploitation.⁹⁰ The dark deeds underlying Souchon's professional accolades became a "legend" of southern medical education, repeated to each incoming class at Tulane Medical School, but news of his dissecting-room japes, and, as a result, the circulation of his pathological preparations, would have struck most black Louisianans in a markedly different manner.

For black audiences, the tale of William Banks and the circulation of preserved human remains brought to mind an all too familiar story of white contempt for black health, the abuse of black bodies, and the violation of sacred black funerary rituals.⁹¹ In response, vernacular tales were composed that circulated and cautioned others to be wary of “Black Bottle Men” and “Needle Men” – corpse-hunting “medical students from the medical college and Charity Hospital – who were “tryin” to git your body to work on.” These tales were initially recorded by white and black workers in the Louisiana Federal Writers’ Project between 1935 and 1942, a branch of the Depression era Works Progress Administration, before being published as part of a larger collection, *Gumbo Ya-Ya*, in 1943.⁹² In this captured commercial format, however, black “folk” tales were decontextualized, lost force, and the specific meanings of the stories were blurred or completely vanished. Yet by drawing attention to the racialized cadaver supply chain that linked Charity and Tulane, and provided Souchon’s specimens for the Health Exhibit Train, such stories provided clear expression of the long-running African American appeal for bodily and human rights. There is a cruel irony here too, in that the theft of black body parts, and their re-appropriation as specimens were also interpreted by black audiences in exactly the opposite manner intended by Souchon, Dowling and their professional colleagues. From a black perspective, the preservation and presentation of diseased lungs had layers of meaning, seen as both a grim warning against the use of white professional medicine, and as a morbid reminder to improve personal health behaviors.

By early January 1911, the train had visited twenty-two parishes, fifty-two towns and estimated to have reached out to over 50,000 visitors. In a key stocktaking report, the *Times-Picayune* determined that the Health Exhibit Train was working well in its mission to “eradicate preventable diseases” and make “sound citizens,” and offered sustained commentary on visitors’ impressions of the specimens: “Many people never having seen an anatomical specimen give naïve expression to thoughts unique and often strikingly original.”⁹³ The *Times-Picayune* account drew particular attention to schoolchildren’s responses to Souchon’s pathological preparations; “The children especially do not mind speakin’ their minds.” One said: “There’s heaps of things inside us that don’t look like nothin’.” And another, looking at the lady explaining the exhibits remarked “You don’t look like you eat anything. I wouldn’t either if I saw these old things every day.”⁹⁴ Historian Martin Pernick, in an analysis of the use of early twentieth-century tuberculosis films as public health propaganda and the ethics of preventive medicine, highlighted the way in which reform campaigns targeted and utilized children. Seen as more susceptible to the

campaign message, children were more likely to influence their parents' personal health behaviors than any outsider was.⁹⁵

The children's questions were useful to the campaigners in other ways, as they lacked the fear and prejudice of their elders in response to the practices and productions of anatomical science. Indeed, the *Times-Picayune* report presented their inquiries as innocent, naïve and humorous:

"They ask, 'Are those live folks?' And 'What would you do if the jars broke?'" They say the tapeworm looks like noodles in soup, and that pneumonic sections of lungs remind them of nut cake. One little fellow said he'd "rather see them things than Santa Claus, because they're the real stuff." Sometimes they are disappointed that there is only one car: they expect a show train. A little girl told her mother she liked what show "they got, but it ain't enough." One day a member of the force, on being asked what was in the "other car" answered jokingly, "The living specimens live in there." At the end of the exposition of exhibits one of the audience said, "May we see the living exhibits now?" and the joke had to be explained."⁹⁶

As Alberti and Hallam note: "Medical museums were part of a network of sites for display that included popular commercial anatomy museums and exhibitions of people advertised as "freaks" or "living curiosities". Museums ... developed alongside commercial shows that they often considered suspect or socially damaging."⁹⁷ These latter comments are thus an important reminder that these were the peak years of the circus sideshow in the United States and that circuses also used the rails and anatomical wonders to appeal to the hearts and minds (and wallets) of rural southerners.

Oscar Dowling was comfortable in the use of mass media techniques to turn the Health Exhibit Train into a cultural event, or even a spectacle, but Edmond Souchon required reassurance that the specimens' pedagogical value, enhanced – as hoped – through his unique color preservation technique, was fully appreciated. In mid-November 1910, Dowling wrote to Souchon, again from Ruston, which seems to have been a particularly successful stop on the tour, specifically thanking him for use of the specimens:

"My dear Doctor:-

There is hardly a moment day or night that we do not think of you and the good work you did in preparing the specimens we are showing the people.

This is a wonderful exhibit and I am sure the people are thoroughly appreciative of our efforts.

The Board is deeply indebted to you and we are more and more obligated as time goes on.

With worlds of good wishes, I am,

Faithfully yours,

Oscar Dowling⁹⁸

As one of his biographers noted, Souchon was an "unusual" character, "capable of great emotional outbreaks" and sometimes given to vanity.⁹⁹ Nevertheless, after the specimens' statewide tour and subsequent westward journey professional acclaim was immediate and public. One *Times-Picayune* report included effusive praise from Dr. J.B. Murphy, president of the American Medical Association, and, "one of the most noted surgeons of the United States," Dr. Arthur T. McCormick.¹⁰⁰ Correspondence files in the Souchon Papers also confirm that his preparations received great admiration from teachers, museum curators, and exposition organizers across the United States. In 1915, Souchon sent some dissections to the Panama-Pacific World's Fair in San Francisco, where adjudicators described the preparations as detailed, excellent in execution, and instructive, and awarded him a Bronze Medal for the display. At a meeting of the Kentucky State Medical Association in November 1911, the specimens "made such an impression" that the Association, "in recognition of their scientific and practical value," elected Souchon an Honorary Member. Further, at the New Orleans meeting of the American Medical Association in April 1920, the Committee awarded a Gold Medal to Anatomic Dissections from the Souchon Museum.¹⁰¹ Even in their stillness and an era of economic slowdown, the specimens continued to attract an audience and featured as a visitor attraction in Motor Tour 3 of the New Orleans City Guide in 1938.¹⁰²

As an elite white southern surgeon, anatomist, and museum curator working in the peak years of American apartheid, Edmond Souchon was perfectly placed to achieve his long term and ambitious career goals. His position of power and privilege in the white racial medical hierarchy enabled him to appropriate and transform dead and chronically diseased bodies, disproportionately sourced from vulnerable and easily accessible black subjects, into anatomical and museological resources – through which he produced knowledge, acquired skills, consolidated and advanced

his status, built wealth, and an enduring professional reputation. In unpublished (and undated) “Reflections on the Preservation of Anatomic Dissections,” Souchon pondered this personal journey in a bombastic soliloquy to the value of his work and its likely legacy: “It will revolutionise the teaching of anatomy and pathology, and the building of museums. It shall render obsolete and antiquated the famous museums of the world: Hunterian, Orfila, Dupytren, U.S. Army Museum, Warren, etc.”¹⁰³ Such a grandiose statement was, of course, itself a “hidden transcript,” produced by a powerful white doctor with a reputation for melodrama, an elitist framing of professional practice that sought to mask the structural violence and oppression that underlay his elevation.¹⁰⁴

Conclusion

This essay has followed the travels of diseased human remains in Jim Crow-era Louisiana: from the dead-room at New Orleans’ Charity Hospital, to Tulane University’s medical museum, and then on-board the Health Exhibit Train across the state (and beyond). Edmond Souchon’s preserved pathological specimens, material illustrations of the development of tuberculosis, formed part of a larger modern scientific display, demonstration, and performance of public health and medical expertise. The specimens conveyed a particular knowledge of the body and disease in the service of state, corporate, and professional interests. They attempted to educate and enlighten Louisianans to see the body as a patho-anatomical entity, to understand various risks to their health, and the need to practice better individual health behaviors. In each setting, the social relations of racial segregation, and the power and authority over bodies and disease claimed by white health and medical professionals, shaped the production, display, dissemination and perception of anatomy.

In the clinical and college settings, at Charity and Tulane, anatomy was thoroughly racialized, part of shared white professional medical culture, and only problematic when laypeople of color crossed the boundary into the world of the medical professional. Specimens in Souchon’s museum were markers of race and were used as such by teachers and researchers at Tulane. The museum was in this respect a key component of the white racial frame, part of a larger system of racialized medical theories, practices, and objects that both helped sustain and was itself a product of unequal relationships between blacks and whites. Souchon, Dowling, and the ATL drew on the resources of racialized anatomy to extend the reach of racial science in a new and potent form. They intended that the circulation, presentation and demonstration of the specimens on-board the Health Exhibit Train would drive home, “in

concrete form”, the hygienic message and the dangers of the common drinking cup, the public roller towel, habit-forming medicines, dirty streets, poor drainage, and bad behavior. In the public realm, Jim Crow segregation structured both the presentation and interpretation of the specimens, and the exploitative circumstances that underlay production of the anatomical exhibits and pathological preparations were masked. Yet black vernacular tales collected in the 1930s by the Works Progress Administration, and the stereotyped and muffled visitor voices featured in white newspaper reports, indicate that African Americans viewed elite white southern “progressive” health exhibits and propaganda with stoic and justifiable distrust. Rumor and gossip disguised fundamental ethical questions that circulated alongside and ahead of the Health Exhibit Train’s “torch of progress,” and sought the truth about racist medical research and justice for structural violence toward the dead.

Notes

1. Louisiana has one of the poorest populations in the United States, with high rates of chronic disease – such as cancer, diabetes, heart disease – and obesity. This grim health portrait became more complicated in the wake of Hurricane Katrina, the BP *Deepwater Horizon* oil-spill, and the sustained toxic impact of ‘Cancer Alley’s’ chemical plants and refineries. See Robert D. Bullard, *Dumping in Dixie: Race, Class, and Environmental Quality*, (Boulder, Colorado: Westview Press, 2000); and Jeremy I. Levitt and Matthew C. Whitaker, eds., *Hurricane Katrina: America’s Unnatural Disaster* (Lincoln, Nebraska: University of Nebraska Press, 2009).
2. David Serlin’s edited collection drew attention to a longer visual history of public health, Serlin, ed., *Imagining Illness: Public Health and Visual Culture* (Minneapolis: University of Minnesota Press, 2010), xix; Erin McLeary and Elizabeth Toon, “‘Here Man Learns About Himself’: Visual Education and the Rise and Fall of the American Museum of Health,” *American Journal of Public Health* 102 (2012): 30; Julie K. Brown, *Health and Medicine on Display: International Expositions in the United States, 1876–1904* (Cambridge, Mass.: The MIT Press, 2009).
3. Mary Swain Routzahn, *Traveling Publicity Campaigns: Educational Tours of Railroad Trains and Motor Vehicles* (New York: Russell Sage Foundation, 1920). An earlier work focused on more static displays, Evert G. Routzahn and Mary Swain Routzahn, *The ABC of Exhibit Planning* (New York: Russell Sage Foundation, 1918).
4. Cressida Fforde, *Collecting the Dead: Archaeology and the Reburial Issue* (London: Duckworth Publishing, 2004); Cara Krmpotich, Joost Fontein, and John Harries, “The Substance of Bones: the Emotive Materiality and Affective Presence of Human Remains,” *Journal of Material Culture* 15 (2010): 371–384; and Fin Stepputat, ed., *Governing the Dead: Sovereignty and the Politics of Dead Bodies* (Manchester: Manchester University Press, 2014).
5. Nancy Tomes, *The Gospel of Germs: Men, Women, and the Microbe in American Life* (Cambridge, Mass.: Harvard University Press, 1999), 116.
6. Henry Oyen, “Cleaning Up a State,” *The World’s Work* 23 (1912): 513.
7. On the spectacular in educational and popular anatomical displays, see Elizabeth Stephens, *Anatomy as Spectacle: Public Exhibitions of the Body from 1700 to the Present* (Liverpool: Liverpool University Press, 2011).

8. Ruth Richardson, *Death, Dissection and the Destitute* (London: Penguin, 1988); Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, N.J.: Princeton University Press, 2002), 44–97, 168–211 and 274–309.
9. Samuel J. M. M. Alberti, *Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* (Oxford: Oxford University Press, 2011); Samuel J. M. M. Alberti and Elizabeth Hallam, eds., *Medical Museums: Past, Present and Future* (London: Royal College of Surgeons, 2013); Rina Knoeff and Robert Zwijnenberg, Eds., *The Fate of Anatomical Collections* (London: Ashgate, 2015).
10. Anna Maerker, *Model Experts: Wax Anatomies and Enlightenment in Florence and Vienna, 1775–1815* (Manchester: Manchester University Press, 2011); Ruth Richardson, *The Making of Mr. Gray's Anatomy: Bodies, Books, Fortune, Fame* (Oxford: Oxford University Press, 2008).
11. See Ann Fabian, *The Skull Collectors: Race, Science, and America's Unburied Dead* (Chicago: University of Chicago Press, 2010); Sabine Hildebrandt, *The Anatomy of Murder: Ethical Transgressions and Anatomical Science during the Third Reich* (New York: Berghahn, 2016); and Helen McDonald, *Human Remains: Dissection and Its Histories* (New Haven: Yale University Press, 2005).
12. See, for example, Susan M. Reverby, ed., *Tuskegee's Truths: Rethinking the Tuskegee Syphilis Study* (Chapel Hill: University of North Carolina, 2000); Rebecca Skloot, *The Immortal Life of Henrietta Lacks* (Pan Books, 2010); John Harley Warner and James M. Edmonson, *Dissection: Photographs of a Rite of Passage in American Medicine: 1880–1930* (New York: Blast Books, 2009).
13. See, however, the various challenges to white medical stereotypes from black doctors and ministers at the Louisiana State Board of Health's *Conference for the Betterment of Health Conditions Among Negroes* (New Orleans: The L. Graham Co., 1914), 33–47.
14. "Introductory Statement," *Bulletin of the International Association of Medical Museums*, I (May, 1907). For a more in-depth account of the Association's 'model medical museum,' see H. E. Robertson "The Ideal Museum," *Bulletin of the International Association of Medical Museums* 4 (1913): 12–15.
15. On the popularity and decline of public anatomy museums in the United States, see Michael Sappol, "Morbid Curiosity: The Decline and Fall of the Popular Anatomical Museum," *Common-place* 4, 2 (January, 2004). <http://www.common-place.org/vol-04/no-02/sappol/>; on popular anatomical museums in 19th-century New Orleans, see Greg Lambousy, "Early New Orleans Museums, Menageries and Curiosity Shops," *Louisiana Cultural Vistas* 18 (2008): 63–64.
16. *Bulletin of the International Association of Medical Museums* 2 (1909): 26–29.
17. Carolyn E. DeLatte, "The St. Landry Riot: A Forgotten Incident of Reconstruction Violence," *Louisiana History: The Journal of the Louisiana Historical Association* 17 (1976): 41–49.
18. David Wardlaw Davis, Jr., "Edmond Souchon: Surgeon-Anatomist (1841–1924)," *Bulletin of the Tulane University Medical Faculty* 23 (1964): 273–279; Rudolph Matas, "Dr Edmond Souchon (1841–1924)," *Transactions of the American Surgical Association*, 43 (1925): 967; "Edmond Souchon," in Irving A. Watson, ed., *Physicians and Surgeons of America: A Collection of Biographical Sketches of the Regular Medical Profession* (Concord, N.H.: Republican Press Association, 1896): 208–09.
19. Sims built wealth and an international reputation founded in dangerous surgical experiments on the enslaved. Stephen C. Kenny, "I can do the child no good': Dr Sims and the enslaved infants of Montgomery, Alabama," *Social History of Medicine*, 20 (2007): 223–41.
20. The first comment appears beneath Figure 7.1 in Souchon's photo-essay, "Places Rendered Famous by Doctor J. Marion Sims, in Montgomery, Alabama," *New Orleans Medical and Surgical Journal* 23 (1896): 455–60; the second comment appears in Souchon "Reminiscences of J. Marion Sims in Paris," *New York Medical Record* 46 (1894): 708.

21. Edmond Souchon, "Reminiscences of Dr. Andrew W. Smyth of Subclavian Aneurism Fame," *New Orleans Medical and Surgical Journal* 73 (1921): 354.
22. Souchon, "Reminiscences": 354–55; see also Cohn, *Rudolph Matas*, 83. On the welfare and caring roles of black benevolent and burial societies in this era, see Claude F. Jacobs, "Benevolent Societies of New Orleans Blacks during the Late Nineteenth and Early Twentieth Centuries," *Louisiana History* 29 (1988): 21–33.
23. Souchon, "Reminiscences": 356. On the making of the Army Medical Museum, see Shauna Devine, *Learning from the Wounded: The Civil War and the Rise of American Medical Science* (Chapel Hill: University of North Carolina Press, 2014).
24. Edmond Souchon, "Reminiscences", 352–58; See also Isidore Cohn, M.D. (with Hermann B. Deutsch), *Rudolph Matas: A Biography of One of the Great Pioneers in Surgery* (New York: Doubleday and Co., 1960), 82–84. John Duffy, ed, *The Rudolph Matas History of Medicine in Louisiana* 2 (Baton Rouge: University of Louisiana Press, 1962), 361–64.
25. For analysis of the varied uses, meanings and circulations of anatomical stories, see Michael Sappol, "The Odd Case of Charles Knowlton: Anatomical Performance, Medical Narrative, and Identity in Antebellum America," *Bulletin of the History of Medicine* 83 (2009): 462, 468–69, 470–71.
26. See, for example, the Louisiana physician Henry Clay Lewis's story "Stealing a Baby," in *Odd Leaves from the Life of a Louisiana Swamp Doctor* (Baton Rouge: Louisiana State University Press, 1997).
27. Alberti and Hallam, *Medical Museums*: 4.
28. Lisa O'Sullivan and Ross L. Jones emphasized that collections of specimens to investigate human differences were global in scope. "Two Australian Fetuses: Frederic Wood Jones and the Work of an Anatomical Specimen," *Bulletin of the History of Medicine* 89 (2015): 244.
29. Josiah Nott, "Medical Schools," *New Orleans Medical and Surgical Journal* 14 (1857): 353–57; *Medical Department of the Tulane University of Louisiana. Catalogue for 1890–91* (New Orleans: L. Graham & Son, 1891): 1–2; *Bulletin of Tulane University of Louisiana* 12 (1911): 17.
30. Hardesty, "Department of Anatomy: Tulane University School of Medicine," *Methods and Problems of Medical Education* (Sixteenth Series) (New York: The Rockefeller Foundation, 1930): 181; John Duffy, *The Tulane University Medical Center: One Hundred and Fifty Years of Medical Education* (Baton Rouge: Louisiana State University Press, 1984), 38. In "Cadaver Procurement by the Tulane School of Medicine, 1834," *The Bulletin of the Tulane University Medical Faculty* 26 (1967): 13–17, Harold Cummins, former Professor of Anatomy, discussed why bodysnatching was unnecessary at Tulane.
31. "Row 1 Jar 39 Thick Skull from a Negro." Catalogue of the Souchon Museum of Anatomy, Medical Department, Tulane University of Louisiana, Richardson Memorial – Tulane Campus: 3. Box 3, Folder 3. Edmond Souchon papers, 1861–1955. Manuscripts Collection 6, Louisiana Research Collection, Howard-Tilton Memorial Library, Tulane University, New Orleans, LA 70118.
32. For detail of this preservation and colouring method and its evolution, see Edmond Souchon, "Embalming of Bodies for Teaching Purposes" and *Resume Preservation of Anatomic Dissections with Permanent Color of Muscles, Vessels and Organs* (Library of Tulane School of Medicine, October 1922).
33. "The Souchon Museum of Anatomy at Tulane University," *New York Journal of Medicine*, 90 (1909): 980.
34. *Bulletin of Tulane University of Louisiana* 12 (1911): 45–49; "The Souchon Museum of Anatomy at Tulane University, New Orleans, LA," Edmond Souchon Papers, 1861–1955. Jones Hall Louisiana Research Collection, Tulane University.
35. "The Souchon Museum of Normal Anatomy at Tulane University, New Orleans." Edmond Souchon Papers.

36. Edmond Souchon, M.D., "The Souchon Museum of Normal Anatomy," *Bulletin of the International Association of Medical Museums* 7 (1918): 42–43.
37. Abraham Flexner, *Medical Education in the United States and Canada* (New York: The Carnegie Foundation, 1910), 232; Irving Hardesty, 'Department of Anatomy: Tulane University School of Medicine,' 178–79.
38. See, for example, Rudolph Matas, "Memoir of Dr. Edmond Souchon (1841–1924)," *Transactions of the American Surgical Association* 43 (1925): 967.
39. *New Orleans Times-Picayune* (Jan 5, 1911): 4; and Henry Oyen, "Cleaning Up a State," *The World's Work* 23 (March, 1912): 513.
40. Joe R. Feagin, *The White Racial Frame: Centuries of Racial Framing and Counter-Framing* (London: Routledge, 2010), 10–11.
41. Douglas A. Blackmon, *Slavery by Another Name: The Re-Enslavement of Black Americans from the Civil War to World War II* (New York: Anchor Books, 2009); Jim Downs, *Sick from Freedom: African-American Illness and Suffering During the Civil War and Reconstruction* (Oxford: Oxford University Press, 2012); Margaret Humphreys *Malaria: Poverty, Race, and Public Health in the United States* (Baltimore: The Johns Hopkins University Press, 2001).
42. Bennett H. Wall and John C. Rodrigue, *Louisiana: A History* (Hoboken: Wiley, 2013), 306.
43. Laura Hanggi-Myers, 'The Origins and History of the First Public Health/Community Health Nurses in Louisiana, 1835–1927,' (PhD, Louisiana State University Medical Center School of Nursing, 1996): 202–03.
44. C. Vann Woodward was among the first American historians to comment on the discriminatory dimensions of 'Progressive' reform in the South in *Origins of the New South, 1877–1913* (Baton Rouge: Louisiana State University Press, 1951), chapter XIV, "Progressivism – For Whites Only".
45. William A. Link, "Privies, Progressivism, and Public Schools: Health Reform and Education in the Rural South, 1909–1920," *The Journal of Southern History* 44 (1988): 624.
46. John Ettling, *The Germ of Laziness: Rockefeller Philanthropy and Public Health in the New South* (Cambridge, Mass.: Harvard University Press, 1981); Tomes, *The Gospel of Germs*.
47. Greg Mitman, "The Color of Money: Campaigning for Health in Black and White America," in Serlin, ed., *Imagining Illness*: 40–61.
48. Katherine Ott examined how racialized anatomical and anthropometric studies informed early twentieth-century U.S. tuberculosis research and Progressive reform in *Fevered Lives: Tuberculosis in American Culture since 1870* (Cambridge, Mass.: Harvard University Press, 1996), 100–10.
49. Jo Ann Carrigan, *The Saffron Scourge: A History of Yellow Fever in Louisiana, 1796–1905* (1994); and Margaret Humphreys, *Yellow Fever and the South* (Baltimore: The Johns Hopkins University Press, 1992).
50. E. Richard Brown, *Rockefeller Medicine Men: Medicine and Capitalism in America* (Berkeley: University of California Press, 1979); and Ettling, *The Germ of Laziness*.
51. Chief statistician for the Prudential Life Insurance Company, Frederick Ludwig Hoffman estimated that tuberculosis was the leading cause of mortality in the American South, and argued that black mortality from consumption was the result of the comparative weakness of black people's lungs, a white racist notion that had circulated since the days of slavery. Frederick L. Hoffman, *Mortality of the Western Hemisphere* (Newark, New Jersey: Prudential Press, 1915): 28. For Hoffman's racist ideas, see his *Race Traits and Tendencies of the American Negro* (New York: Macmillan, 1896); see also Ott, *Fevered Lives*: 104–106.
52. Laura Hanggi-Myers, 'The Origins ...': 176.
53. *Times-Picayune*, July 16, 1908.

54. On the morbid and lurid appeal of anatomical museums, see Sappol, *Traffic*, 274–309; on medical museum visiting, see Alberti, *Morbid Curiosities*, 163–195; on dissecting-room behavior, including boundary crossings and dark humor, see Warner and Edmondson, *Dissection*, 21–26 and 141–61.
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57. "Health on Wheels," *Southern Medical Journal* 4 (1911): 311–12.
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