
Some untold
'stories.'

X-001

Small amputation saw, c 1730.
UNITED KINGDOM - AUGUST 20: Surgical saw by Braun. The blade and frame are made of steel and the handle of wood. Prior to the invention of antiseptics, amputation was often the treatment of first rather than last resort, to prevent infection spreading through the body from injuries and wounds. (Photo by SSPL/Getty Images)

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Dr Woodsman's Last Order

Ding, dong, clang—the blades all gleam,
The doctor climbs where shadows stream.
"A sugar pouch will soothe your cries,
Then cold steel sings and silence flies."
[illegible]
Thirty breaths. Shush, leg is gone.
"See? A ribbon. Neat. Move on."

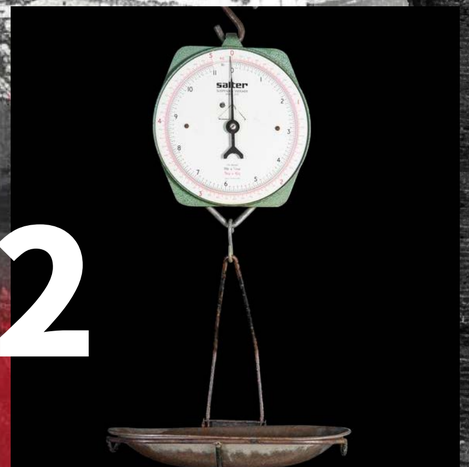
Moonlight seeps [illegible]
His peg-leg [illegible]
The doctor counts his [illegible]
But sweets now [illegible]

'In 1623 Edinburgh records show that a surgeon was prosecuted for using "ornamental ribbons" during an amputation - the patient died from blood loss, but the ribbons were indeed beautiful.'
-Page 217 of A History of Barbaric Medicine in Britain

Mortuary crane scales by Salter, Ca.1950
Science Museum Group Collections
© The Board of Trustees of the Science Museum, London

Mortuary crane scales by Salter, Ca.1950. Typical model of mid-1950s. It was probably acquired second hand from a maternity ward as was common practice. These models are still made today (2017).

Post-mortem scales are used by pathologists during autopsy, the last opportunity to ‘question the dead’ and establish the cause of a death. During a post-mortem, an organ is examined within the body before being removed, weighed and inspected in further detail. An unexpected weight might indicate disease or an abnormality, providing further evidence to explain a body’s cause of death.



X-002

It was a standard ‘hospital cadaver scale’ that was used to measure ‘contributions to science’.

Doctors at the time said, ‘We don't steal, we just “join the science” for the children in advance.’

One by one, they put the dead baby's liver, lungs, and brain tissue on the scales, recorded the data, and wrote ‘scientific use - undeclared.’

When the parents asked why the child's intact remains were so light, the doctors replied, ‘Maybe the love was too heavy, and took the soul with it.’

It wasn't until the truth came out that people realised:

In the footer of those pathological reports and academic papers, there were so many ‘small organs’ that had been weighed, but not ‘respected’.

A reporter went to the hospital to interview the scale. It was rusty, but the pointer was sensitive.
They jokingly asked:

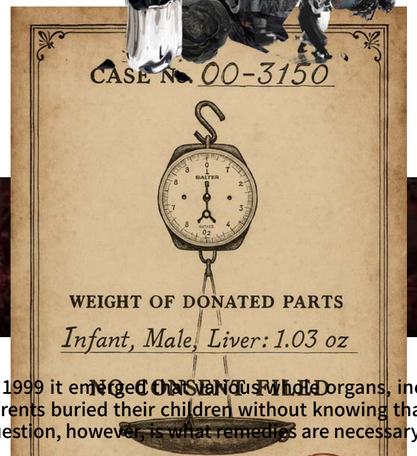
‘Do you know how many ‘regrets without consent’ you have weighed?’

It didn't answer. But it pointed to one ounce -
exactly the weight of a newborn baby's liver.

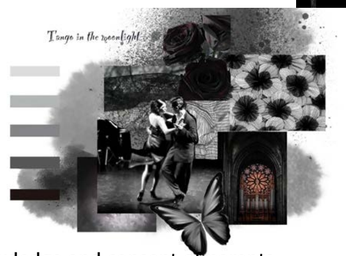
Bauchner H, Vinci R. What have we learnt from the Alder Hey affair? That monitoring physicians' performance is necessary to ensure good practice. BMJ. 2001 Feb 10;322(7282):309-10. doi: 10.1136/bmj.322.7282.309. PMID: 11159638; PMCID: PMC1119560.

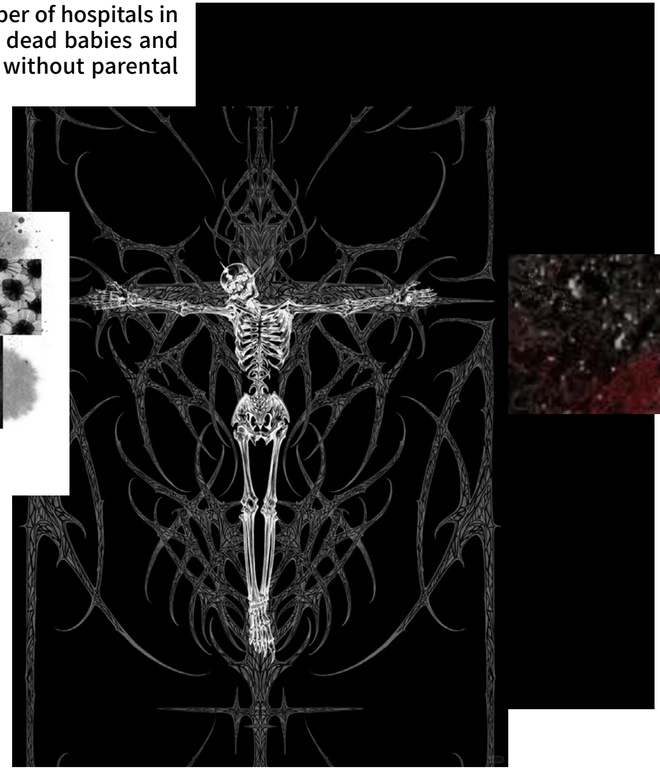
An Ounce of Comfort

Infant, Male, Liver: 1.03 oz – no consent filed.



In the 1970s and 1990s, a number of hospitals in the UK harvested organs from dead babies and children's bodies for research without parental consent. This incident came to light around 2000 (most famously the and sparked a national outcry.



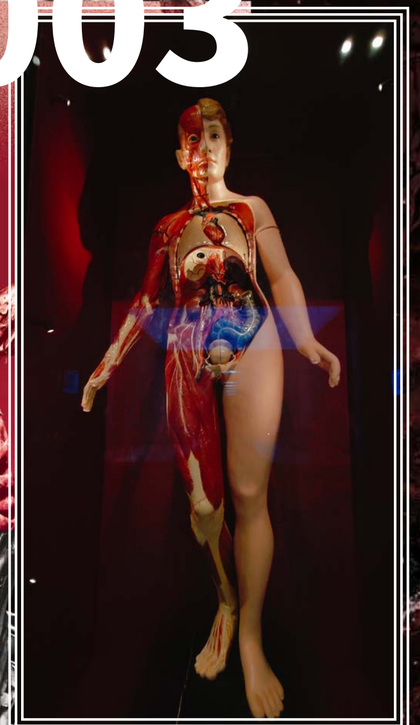


In 1999 it emerged that vast numbers of organs, including hearts and brains, had been removed at necropsy from children at Alder Hey Hospital in Liverpool without the knowledge and consent of parents. Parents buried their children without knowing that many had been "systematically stripped of their organs." 1 As parents and physicians we join in the general condemnation of this activity. The important question, however, is what remedies are necessary to ensure that these events—or others that show a similar disrespect for patients' feelings and wishes—do not occur again.

The report of the Royal Liverpool Children's inquiry, published at the end of January,1 identifies malpractice by one particular pathologist, who removed thousands of organs without consent and stored them unexamined and uncared for. But it also highlights confusion about the coroner's role, management failings in the hospital and university, and, perhaps most pervasive of all, evasive and paternalistic attitudes towards bereaved parents—both during the tenure of the particular pathologist and after the retention of organs came to light.2

Among the report's major conclusions are that there were flagrant violations of the Human Tissue Act 1961 relating to organ or tissue removal, retention, and disposal and that Alder Hey and the University of Liverpool, which manages the hospital's Institute of Child Health, failed to provide adequate oversight of staff and to respond to numerous complaints and audits. The report makes many recommendations, both about the legal provisions and the behaviour of clinicians and hospitals towards bereaved parents and relatives. It recommends that the Human Tissue Act should be amended to eliminate any confusion between "lack of objection" and "informed consent"; that the Department of Health and Royal College of Pathologists should instruct pathologists that written consent is necessary to retain samples and organs beyond those necessary to establish the cause of death; and that consent must include the identity of each organ to be retained. A bereavement advisor should be available to help obtain consent in every hospital. If a coroner orders a post mortem then he or she should also ensure that the next of kin know the reason for and nature of the examination and of the need for samples and possible retention of organs.

X-003



A cross-section model of a woman's body

She was originally a teaching interactive model designed to help children ‘understand themselves better’.

She came with an automated talking programme, built-in lights, and a signature voice-
‘Hello, I'm your body!’

Every day, she displays muscles, demonstrates blood flow, and simulates a heartbeat.
Students watched in awe and parents nodded frequently.

Then the vendor went out of business and the operating system was unmaintained. And she didn't stop.

Her programme was stuck in ‘experiential demo mode’ and played over and over every day:

> ‘This is the heart, for love.’
‘This is the stomach, for anxiety.’
‘This is the liver, for holding your breath.’
‘This is the uterus - oh, sorry, not enough permissions.’
‘This is ..... your epidermis, please take good care of it.’

A staff member tried to switch her off, but found that the power cord had been disconnected long ago.
Instead, she continued to demonstrate, smile, and flash her lights.

They simply sent her to a museum, saying, ‘She's too real for a permanent display.’

Now she faces visitors every day, dissecting herself while saying:

‘Hello, I am your body, please keep learning.’

And all the tourists want to know is:

How long can she move?
Is it true that she has no one left?
When, exactly, did she go from being a teaching model to a person?