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Abstract

Since the medieval period, anatomical dissection has been performed to examine the normal structures of a body for educational purposes, while autopsy was undertaken to determine cause of death. Although different in their objectives, significant overlap is seen in the archaeological record. The tool marks found on the skeleton including evidence of a craniotomy or thoracotomy, and the archaeological context of a hospital burial ground, may be associated with both dissection and autopsy. Due to the difficulty of differentiation, the aim of this study is to identify new criteria for detecting and differentiating human dissection and autopsy in archaeological assemblages. To achieve this, historical dissection and autopsy manuals were consulted and the crania of 140 individuals, dated between 1849 and c. 1913, were analysed from the retained dissected material from the University of Cambridge. The results show that tool marks are present

on over 80% of individuals, but only 55% of the crania had been sawn open. This finding is inconsistent with the historical dissection manuals, which suggest that in student dissections the internal structures in the skull are always examined. Interestingly, 59% of the unopened crania had evidence of superficial knife marks on their external surface, suggesting that the presence of knife marks on an unopened cranial vault is an important diagnostic criterion for identifying human dissection across all age groups. It is believed that these skulls were intentionally unopened and retained as teaching material. This criterion complements other signs of dissection including the division of the corpse into sections, bisection of the cranium, presence of coloured dyes, dissected animal remains in the grave, and coloured wax injections of hollow organs. In contrast, a skeleton with circumferential craniotomy alone or with a thoracotomy is most likely to indicate autopsy.



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Keywords

Medical education; Post-mortem examination; Anatomical teaching specimen; Craniotomy; Sharp-force trauma; Tool marks; Cambridge

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