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Surgical History

# *Samuel D. Gross, M.D. (1805–1884): An Innovator, Even in Death*

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DR. SAMUEL D. GROSS' contributions to the field of surgery are well known and range from numerous clinical advances to pioneering scholarship and professional activities. Dr. Gross was ceaselessly ambitious and even remarked in his autobiography that his "conviction has always been that is far better for a man to wear out than to rust out."<sup>1</sup> It is through this frame of motivation that Dr. Gross lived his life.

Like the education of medical students today, anatomy at the time of Dr. Gross was learned in the dissecting room. Students then, like now, spent countless hours pouring over the intricacies of the human form. An important distinction, however, between the mid-1800s and today is that cadavers that found their way to the tables of anatomists then were often persons unlucky enough to fall victim to resurrectionists who dealt in the trade of the dead. Dr. Gross, on at least one recorded occasion, has been connected to an attempt to bypass the middleman and directly obtain a cadaver from the grave.

In 1833, while still a young physician in Easton, PA, after hearing news that a local, drunken soldier had hanged himself, Gross is reported to have turned to a friend and said, "I want that fellow." That night, Gross, along with two medical student accomplices, took a wheelbarrow and spade to the local cemetery and began digging. As the story goes, the spade made too much noise and the mission was aborted because Gross thought the risk of getting caught was too high.

Two years after the alleged bodysnatching incident, Gross delivered the first systematic course of lectures on morbid anatomy ever given in the United States as the chair of Pathological Anatomy in the Medical Department of Cincinnati College. Four years afterward, in 1839, he published his second text entitled *Elements of Pathological Anatomy* that went on to produce three editions and is considered by some to be his most original achievement; Rudolph Virchow

even claimed it to be one of the most prized possessions in his library.<sup>2</sup>

Through the years, Dr. Gross grew to acknowledge three problems with the traditional means of obtaining cadavers: first, that cadavers were often unknowing participants in medical education; second, that public opinion was very much against the practice of robbing graves; and third, that medical science was an expanding field drawing more and more students each year making cadavers that much more scarce.

So Gross was part of a committee along with Dr. William S. Forbes of Thomas Jefferson Medical College and Dr. D. Haynes Agnew of the University of Pennsylvania that passed a resolution of the College of Physicians of Philadelphia in 1867 calling for the state to pass the Anatomy Act of Pennsylvania, "For the Promotion of Medical Science and to prevent the Traffic in Human Bodies." The act stipulated that indigent citizens otherwise to be buried at public expense were to be allocated to medical schools for scientific purposes, thereby quelling public fear that any recently deceased person may wind up on the dissecting table while also ensuring adequate specimens for study.<sup>3</sup> Originally ineffective as a result of misconstrued provisions that only exacerbated the problem over the next decade and a half, a lasting solution was achieved in 1883 with an updated Anatomy Act. Although he retired in 1882, Dr. Gross was still able to see the resolution of his earlier enlightened efforts to simultaneously assuage public fears while providing for the advancement of medical science.

Dr. Gross also devoted considerable thought to what he wished to happen with his own remains as well as to the larger issue of how society handles the geographic and hygienic aspects of dealing with the dead. During Dr. Gross's lifetime, cremation was considered taboo, although public discussion and awareness about the topic had been increasing starting in the 1870s. True to his academic nature, Gross cites in his autobiography examples of European discourse on the matter, historical precedents in ancient Greece and Rome, public addresses in Philadelphia, and prejudices

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against the practice.<sup>1</sup> Not surprisingly, his argument is pragmatic and tinged with his own very personal experiences. He cites the “scarcity and expense of suitable cemeteries” in larger cities as well as stating his opinion that cremation is “a thousand times preferable” to underground burial as a hygienic matter. Perhaps most telling, he writes that, “A man who spends much of his time in the dissecting-room, and looks at the horrible features of the putrefying bodies as they



FIG. 1. LeMoyne Crematory in Washington County, Pennsylvania, the first crematory in the United States and site of Dr. Gross' cremation. Reproduced from Wikimedia Commons. Available at: <http://en.wikipedia.org/wiki/File:LeMoyneCrematory.jpg>. Accessed February 24, 2012.

lie before him upon the tables, is not likely to hesitate between burial and cremation.”<sup>4</sup>

Samuel Gross died on May 6, 1884, at nearly 79 years of age. His will was found to specify exactly how his wishes were to be executed from his autopsy, to his funeral party, to the specifics of his cremation, and, finally, to where his ashes were to be laid to rest. After a small, private ceremony, Dr. Gross' remains were transported to Washington, Pennsylvania, where his body was cremated at the crematory of Dr. F. Julius LeMoyne, a fellow Jefferson Medical College graduate, who had opened the crematory in 1876, the first in America (Fig. 1). On returning to Philadelphia, Dr. Gross' remains were laid to rest in the family vault at Woodlands Cemetery, next to his late wife, Louissa Ann.

The impact of Dr. Gross' decision to be cremated, however, was that he was a high-profile early adopter of the practice. Numerous newspaper articles of the day reported and commented on his decision to be cremated (Fig. 2). Although his influence on cremation is unable to be quantified, it should nonetheless be recognized and appreciated.

Samuel D. Gross was not afraid to identify and lead change in many aspects of medical and surgical care. It is his dealings with the treatment of the dead that are particularly humanizing. Whether it was a renunciation of the status quo of the procurement

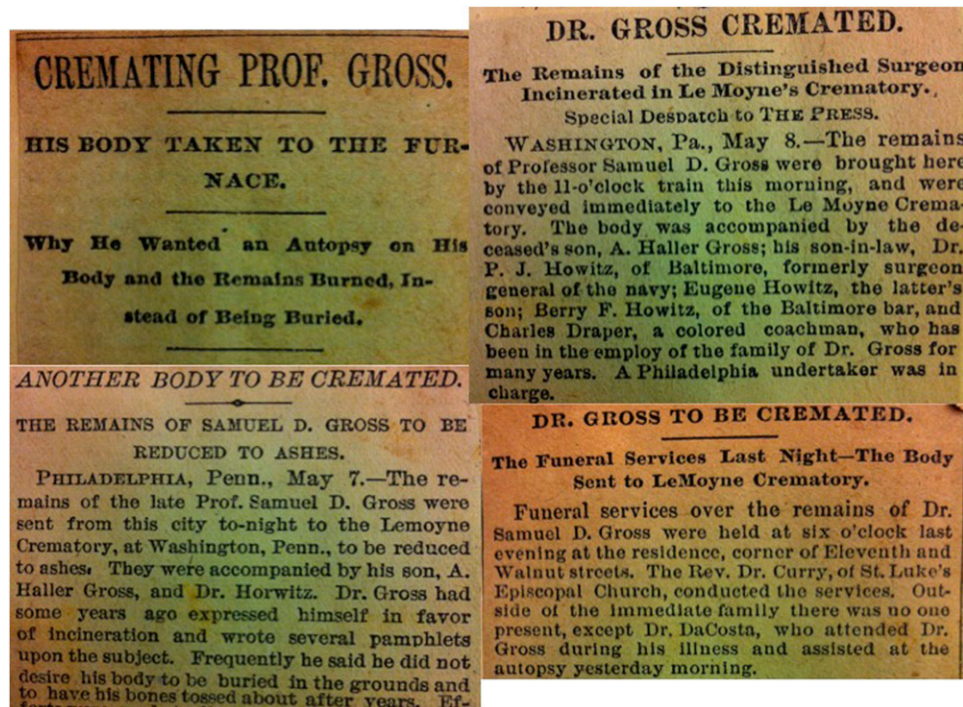


FIG. 2. Collage of newspaper clippings from Dr. Gross' era in the wake of his cremation. Reproduced from collage of newspaper clippings from Dr. Gross' era in the wake of his cremation; photographed and arranged by Peter Bucciarelli, June 2011. Collection of Thomas Jefferson University Archives and Special Collections. Courtesy of F. Michael Angelo, M.A., University Archivist/Special Collections Librarian.

of cadavers for medical research or by serving as a powerful example of cremation, Dr. Gross never stopped observing and reflecting on the world in which he lived. True to his notion of applying oneself to the fullest, Dr. Gross showed us that it is possible to continually find ways to innovate. Even in death.

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