

A legendary ‘parotid adenoma’: teaching aid or trophy?

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A wander through the glass cases of the newly refurbished Hunterian Museum at the Royal College of Surgeons in London presents a particularly impressive sight to any ENT surgeon. The salivary adenoma and cross sections of its 4kg mass are positioned next to portraits of John Burley before and after it was successfully excised from his face by John Hunter at St George’s Hospital in 1785.

At first glance, this display doesn’t seem too far removed from a 21st-century case report in a peer-reviewed journal, providing interest and learning points for its readership. But at what point does an exhibit such as this veer into the realms of voyeurism?

Displaying human tissue in museums has become an area of intense debate in the past few years, with curators increasingly recognising the need to balance education with the dehumanising nature of samples obtained prior to modern concepts of consent, often in the context of huge power discrepancies between collector and subject. So what were John Hunter’s intentions when amassing his Hunterian collection?

Hunter was an acclaimed anatomist and surgeon, celebrated for his innovation and teaching. His legacy was most likely enhanced by the timing of his career. British surgeons were rising in society following their official separation from barbers, and an act of parliament in 1752 increased surgeons’ access to bodies of executed criminals, feeding a desire for anatomical expertise. As a result, Hunter became very influential.



Preserved cross section of John Burley’s salivary adenoma at the Hunterian Museum, Royal College of Surgeons in London.

Whilst the drive for innovation and hands-on training were two reasons for Hunter’s collection, he and his peers were increasingly looking to acquire prestigious anatomical curiosities – macabre and deformed specimens to shock and engross their viewers.

An example of this was the skeleton of the 7ft Charles Byrne, known as ‘The Irish Giant’. Hunter beat off stiff competition from his fellow anatomists to obtain Byrne’s stolen bones, despite the giant’s death-bed wishes to be buried at sea.

So what of Burley and his adenoma? As a working-class rigger, it is unlikely he would have had access to a surgeon of Hunter’s eminence without his extreme facial disfigurement; perhaps he felt being exhibited in this way was a small price to pay

for the riddance of his 17-year blight, or was he unaware?

However, Hunter clearly benefitted from the operation. Not only did it provide a teaching tool, it demonstrated his skill. He noted that the procedure was 25 minutes’ duration, and with little distress shown by his patient. It garnished his collection too.

The renovated Hunterian Museum is clearly mindful of revisionist ideas concerning the delicate themes it presents and has taken pains to ‘re-humanise’ the collection by researching names and highlighting personal stories.

We must also acknowledge that this collection was built within a culture that prized medical advancement, no matter what the toll on patients’ bodily autonomy.

However, given the many thousands of human tissue exhibits around the world, many of which might have come about through exploitative practices, we must continue to explore ways of weighing education with respect in the museum setting.

References

1. Meier AC. Human Remains and Museums: A Reading List. *Daily JSTOR*, 28 December 2023. <https://daily.jstor.org/human-remains-and-museums-a-reading-list/>
2. Richardson R. *Death, Dissection and the Destitute*. London, UK; Penguin Group; 1988:37–64.
3. Gaind N. Surgical wonders and dodgy medical ethics: the Hunterian Museum reopens. *Nature* 2023;**618(7963)**:25-6.
4. Boyce N. The heart exposed: the reopening of the Hunterian Museum. *The Lancet* 2023;**401(10391)**:1841-2.

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The stapes: a classical heresy

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Hammer, anvil and stirrup: one hardly needs to be an otologist or an anatomist to be familiar with the three middle ear ossicles, but to the classically minded scholar there arises a slight problem with the Latin word *stapes*. Roman blacksmiths used a hammer (*malleus*) and an anvil (*incus*), but Roman horsemen did not ride with stirrups and consequently the Latin tongue lacks a word for this item of harness: instead of stirrups, the cavalry soldiers used a saddle with leather-covered horns at each corner to help maintain their seat on the horse.

How, then, did the word *stapes* creep into anatomical jargon? At some point in history, an ingenious otologist or anatomist coined a pseudo-Latin word (*stapes*) to describe our stirrup bone. *Stapes* is an invented composite noun derived from the Latin verb *sto-stare* (to stand) upon the noun *pes-pedis* (a foot). To complete the description of this beautiful little bone, we have anterior and posterior *crura* (from *crus-crusis*, leg) standing on the footplate.

Ingenious!