

Human skeletal remains in legacy collections used for teaching: what should medical students know?

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Abstract

Medical students are often unaware of the origin, identity, and legacy of skeletal assemblages used in their everyday medical school teaching. These skeletons—stored in boxes, placed on display stands, or artificially bolted together to mimic an upright anatomical position—sit in anatomy museums and teaching labs throughout the year, and yet there is often little acknowledgement of them beyond their utility as teaching aids. In recent years, some researchers have made a conscious effort to reconstitute the identities of these once-lived individuals and to reframe the way these people are considered within biological anthropology, medical education, and museology research. However, these identities remain largely unknown at a (medical) student level. In this paper, I review the literature concerning the historical context of human skeletal remains in legacy collections used for teaching human anatomy in medical school programmes in Aotearoa New Zealand. I also discuss the cultural context within which these remains are used and consider paths forward for working with or disposing them

in ethical ways. Ultimately, I hope to shed light on the identities of these forgotten people who walk alongside medical students, in a spiritual sense, throughout their entire learning journey.

Keywords: Anatomy; Education; Human remains; Legacy collection; Medical student; Skeletons

Glossary

Gaṅgā: Ganges River

Iwi: Tribe

Karakia: Chant, prayer

Kōiwi tangata: Human skeletal remains

Mana: Power, authority

Poroporoaki: Farewell ceremony

Tangihanga: Funeral, death rites

Tapu: Sacred, forbidden, restricted

Tikanga: The right way, process, protocol

Wāhi tapu: Sacred space to house human remains

Waiata: Song

Whakapapa: Genealogy, heritage

Whakawātea: Clearing of the way ceremony

Whānau: Family, relatives

Whenua: Land, placenta

Introduction

Medical students engage with human remains throughout their training to learn fundamental knowledge about human anatomy and biology. This largely comes in two forms. The first engagement is with altruistic body donors who generously provide part of or their whole body for dissection after death. Dissection offers medical students necessary practice of surgical techniques that is useful for their later training and a (usually first) chance to explore the organ systems and structures *in situ*.¹ The process of body donation is tightly regulated in Aotearoa New Zealand under the Human Tissue Act 2008, and teaching institutions, such as the University of Otago and University of Auckland, require dual signed consent from the individual and an immediate family member to accept bodies for bequeathment.^{2,3}

The second engagement is with human skeletal remains, which medical students use to support the study of anatomical structure and function, particularly of the musculoskeletal system. These skeletons are stored in boxes, on display stands, or are artificially bolted together to mimic an upright anatomical position for use in anatomy museums and teaching labs throughout the year. Medical students, as well as other health professional and biomedical science students, can generally access these remains outside of classes for supplemental study. In my experiences as an undergraduate anatomy student and postgraduate medical student at the University of Otago, there has been little to no acknowledgement of their identities beyond their utility as teaching aids.

In recent years, researchers across Aotearoa New Zealand institutions have made a conscious effort to reconstitute the identities of individuals from human skeletal collections⁴⁻⁶ and to

reframe the way these people are considered within biological anthropology and museology research.⁷⁻⁹ However, these identities remain largely unknown amongst medical students. Understanding diverse cultural perspectives and appropriate ethical conduct is central to our identity formation as future healthcare professionals,¹⁰ and yet the provenance and identity of these human remains are generally not taught in medical curricula. It is my opinion that medical students should be aware of the historic contexts surrounding the origin, identity, and legacy of skeletal assemblages used in their everyday medical school teaching to develop their understandings of body ethics, consent, dignity, and the history of medical exploitation.

In this paper, I review the literature concerning the historical context of ancestral human skeletal remains used for teaching human anatomy in the medical school programmes of Aotearoa New Zealand, with a focus on the University of Otago W.D. Trotter Anatomy Museum. I also discuss the cultural context of Aotearoa New Zealand and relevant policies that guide the appropriate use of these Māori human remains, but which do not cover non-Māori or non-archaeological remains. This is a viewpoint piece delivered to provoke critical thinking in medical student readers about their relationship to and engagement with human skeletal remains.

The legacy behind legacy collections

Legacy anatomical collections are a subset of anatomical collections which contain human tissue, including human skeletons where provenance is unknown, unclear, or the informed consent of the individual is indeterminable. Legacy collections (also referred to as historic anatomical skeletal collections or archival human collections) were usually amassed in different parts of the world over a long period of time, typically through the regular exchange of human skeletons between institutions and research groups.^{11,12} These collections are usually comprised of fully articulated skeletons or discrete bone elements, often of unknown

provenance.^{12,13} In the United States, despite there being a general agreement that historic human skeletal anatomical collection remains were obtained through methods that were ethically questionable,¹¹⁻¹⁷ the majority of historic skeletal collections are still used commonly throughout teaching and academic institutions today. There are likely thousands of legacy collections still curated in the United States such as the George S. Huntington Anatomical Collection, Robert J. Terry Anatomical Collection, Hamann-Todd Osteological Collection, Thomas Dent Mütter Collection, W. Montague Cobb Human Skeletal Collection, and the Warren Anatomical Museum Collection.¹² Although many of these collections have different contexts of acquisition and represent different population groups, they each represent a period of legalised inequality where individuals were sent to medical schools for dissection rather than being afforded a burial as was appropriate in the American cultural context.¹²

Similar curated anatomical collections of human remains exist in Aotearoa New Zealand.¹⁸ At the University of Otago W.D. Trotter Anatomy Museum, there are more than 2,000 ‘specimens’ and models used for teaching medicine, anatomy, and biological anthropology, which includes a subset of skeletal remains.¹⁹ The provenance of the majority of skeletal remains held in the W.D. Trotter Anatomy Museum is unknown, but some are assumed to have been obtained through the Kolkata bone trade (Chris Smith, personal communication, May 2024). These and other historic skeletal collections have advanced the development of osteological standards by providing an empirical foundation for developing, testing, and refining methods used to estimate biological profiles (e.g., age, sex, stature);¹¹ this has been of great value to the fields of biological anthropology and anatomy which, in turn, has benefitted generations of medical and health professional students. However, some researchers have raised concerns that these skeletons continue to be used without attempts to gain consent from descendant communities;^{11,12,16,17} together, they state that the use and presentation of these human skeletal remains without recognition of their identity is a form of continued objectification and

structural violence. There is an implicit suggestion that failure to decommission and repatriate these human remains to descendant communities is a perpetuation of colonial power on brown^{20,21} and black¹⁵ bodies.

In recent years, more attention has turned to look critically at the presentation and use of legacy remains; although, as Agarwal wryly points out, it is ‘only now as their mineralized landmarks fade from repeated use, and crack and crumble with weathering’ that there is ‘discussion of their use and disposition’ (p. 13).¹⁴ Some biological anthropologists have acted by decommissioning historic skeletal anatomical collections or utilising them for non-teaching purposes. A movement at the University of Queensland in Australia has begun converting historic skeletal collections into memorial displays,²² although this has been critiqued for simply redisplaying the remains and reobjectifying them in a different way, which is suggested to be another form of Othering.^{14,20} Other researchers have considered how new human skeletal collections might be established for research and study, pointing to the importance of recording their date and process of acquisition, storage procedure, types of known infectious disease, and other relevant details.²³ However, this approach has similarly been criticised by others in the field; this time, for the limited consultation it suggests, despite current best practice being that a wide range of stakeholders is necessary for engaging with human skeletal remains.²⁴ An emerging theme from these debates on the treatment of historic human skeletal collections is that there is no one ‘right’ way for engaging with skeletal remains. Instead, it depends on the social, cultural, and historical contexts within which these remains reside and from where they were obtained; this presents further challenges for dealing with remains of unknown provenance.

Origins: The Red Market of Kolkata

Many of the skeletons used in teaching human anatomy in Aotearoa New Zealand are believed to have been obtained through 'Red Market' international bone trade from the Indian subcontinent. Human skeletons from India were the primary source of anatomical skeletal collections for almost 200 years with the majority obtained under duress or by theft.^{25,26} The bone trade was founded in Kolkata (previously Calcutta of West Bengal) during British rule to meet the overwhelming demand for quality human skeletons as teaching resources in Britain and its colonies (such as Australia and Aotearoa New Zealand).^{14,25,27,28} The British also utilised the caste system, specifically using Doms (a lower caste) to carry out the procurement of bodies.^{14,21} The commodification and control of these bodies, both living and dead, was part of the corporality of colonialism in India.²¹ The export of anatomical skeletons intensified during World War II and during various famines, particularly the Bengal Famine of 1943–44.²⁹ This famine (located in what is now Bangladesh, West Bengal, and eastern India) claimed the lives of up to 3 million people to starvation and disease.^{30,31} It is known that British and United States anatomical preparator houses capitalising on these and other famine bodies for use in bone trades.^{22,29,32} Evidently, skeletonised bodies were part of the larger disregard and exploitation of Indian bodies during British rule.

After the Independence of India in 1947, the bone trade continued in complex ways, feeding a demand for anatomical bodies that now stretched across the Western world. It is estimated that exporters traded almost 1.5 million dollars' worth of skeletons per year, with some years as high as 5 or 6 million dollars.^{14,22,26} In one year alone, the *Chicago Tribune* estimated that 60,000 individuals were sold to institutions and students abroad.^{25,33} It is believed that some skeletons obtained through the trade may have been sourced from the Gaṅgā (Ganges River), which is a holy location to release cremated remains.²² Cremation, according to Hindu religious beliefs, enabled the individual to be purified and absolved of their impurities.³⁴ However, this ritual was not affordable by all; lower-caste families, unable to afford cremations, were known

to release uncremated bodies into the Gaṅgā.^{20,35,36} Police also disposed unclaimed bodies into the Gaṅgā to offset costs of electrical cremation.³⁷ It is likely these bodies were collected through some coordination between body collectors and families, although there is evidence that remains were also taken directly from Muslim graves.^{14,25,27,28}

The preparatory practices of the Kolkata bone trade further added to the systemic violence faced by these people and their bodies, and those preparing the bodies. While these methods were documented in the bone trade in post-Independence India,²⁵ the techniques were refined for a market that was created by British colonisation and facilitated by colonial legacies of exploitation and poverty.¹⁴ Preparation often involved binding the bodies and submerging them completely into the river so that soft tissues were eaten away by river-dwelling creatures.^{22,25} Large vats of caustic chemicals and boiling water were used to remove any remaining soft tissue, and the bones were bleached in the sun until they became a white colour that was considered more aesthetic for customers in Britain and the United States.^{22,38} Due to these practices, individual bodies became separated and were mixed with the bones of others. As noted by Agarwal,¹⁴ while other human remains collected globally typically retained information on geographic location and/or identity of the dead, in part for scientific studies of racial variation, the bodies of the Red Market dead were specifically stripped of their identity as brown individuals. They were systematically made into uniform anatomical objects.¹⁴ A combination of public protests, activism, and suspected criminal activity (including murder) resulted in the Indian government banning the export of human remains in 1985, around 200 years after its inception.^{25,29}

Human skeletal remains in Aotearoa New Zealand

The use of human skeletons for teaching and research in anatomy and biological anthropology is contentious, especially in countries with a legacy of disenfranchisement or violence towards

Indigenous populations, their bodies, cultural property, and ancestral remains. In Aotearoa New Zealand, human skeletal remains are culturally significant to Māori, the Indigenous people of the land. In Māori culture, kōiwi tangata (human skeletal remains) are physical embodiments of identity and whakapapa (genealogy, heritage), and are a significant part of the present lives of Māori, in a spiritual sense.^{8,39,40} Preparing the dead for burial practices (known as tangihanga) is one of the cornerstones of Māori culture and can last several days to mourn and respect their memory and reaffirm kin connections.^{41,42} These beliefs are shared across many South Pacific cultures, along with the concept of tapu (sacred, forbidden) which restricts certain behaviours of whānau (families) when engaging with the dead to keep them physically and spiritually safe, such as not eating food around the deceased and performing appropriate rituals like karakia (prayer).⁴³ The excavation, curation, and use of kōiwi tangata Māori in Aotearoa New Zealand requires a careful approach given the cultural significance of skeletal remains.^{7,8,43,44}

In recent decades, clear guidelines have been developed regarding the use of archaeological kōiwi tangata in education and research, as well as the Kārama Aotearoa Repatriation Programme which has spearheaded the repatriation of Māori skeletal remains and artefacts internationally.⁴⁵ When kōiwi tangata are uncovered within the archaeological context, iwi (Māori tribes) and hapū (Māori extended families or sub-tribes) decide on the processes for reburial and if they would like any research done with the remains.⁸ This consultation with local iwi is extremely important, because tangata whenua (people of the land; Māori) have ultimate rights and authority over their kōiwi. The New Zealand Archaeological Association supports this authority, stating that archaeologists should ‘obtain the informed consent of representatives ... whose cultural sites are the subject of investigation or management’.⁴⁶ If it is decided that iwi want research into who the remains may belong to, they are stored in designated spaces called wāhi tapu (a place sacred to Māori in the traditional, spiritual,

religious, ritual, or mythological sense) until they can be reinterred to the whenua (land). These areas are determined by iwi and hapū and are not seen as ‘storage’, but as transient resting places for their ancestors.

Institutions and museums can contain wāhi tapu, such as the University of Otago which has a dedicated space to temporarily house kōiwi tangata. However, the use of these remains are strictly regulated by iwi protocols, such as those outlined under the Ngāi Tahu Kōiwi Tangata Policy which outlines the authority of Ngāi Tahu (the principal iwi of southern Aotearoa New Zealand) in managing the excavation, repatriation, and research of Māori human remains in their iwi.⁴⁷ The National Repatriation Policy for Kōiwi Tangata and Associated Burial Taonga within Aotearoa is a recent example reifying the same expectations of best practice for museum curators and has a strong focus on consultation and collaboration with local iwi.⁴⁸ Other documents include the Heritage New Zealand Pouhere Taonga Act 2014⁴⁹, the Burial and Cremation Act 1964⁵⁰, and the Human Tissues Act 2008⁵¹ (for a comprehensive review of relevant legislation, see Ruckstuhl et al. 2016⁸). Importantly, all these documents support the reality for Māori archaeological human remains not to be used in science teaching, even those remaining in wāhi tapu.

Cultural perspectives: what is appropriate?

The cultural realities of relationality with the dead are widely accepted within an Aotearoa New Zealand context of working with cadaveric human remains. The aforementioned policy documents were constructed to reflect and explain tikanga (the ‘right’ way of doing things, protocols) so that archaeologists and museum curators could engage appropriately and respectfully with Māori bodies. Teaching institutions like the University of Otago have also adopted practices that respond to this cultural context, such as the annual whakawātea (‘clearing of the way’ ceremony) in which students honour the people who donated their bodies

through the university's body bequest programme with karakia, waiata (song), and other meaningful cultural rituals.⁵² There is also an annual poroporoaki (farewell ceremony) and public thanksgiving service that enables staff and students to share their gratitude to the families of those who donated their bodies to science, and these similarly have strong elements of tikanga Māori.⁵² Although these ceremonies were initially designed to aid Māori students in reconciling their cultural beliefs around working with the dead (i.e., dissecting bodies), they are now widely attended by non-Māori students and are a compulsory part of the Otago medical programme. Non-Māori students who participate benefit from reduced stress and feeling more prepared for dissecting human remains, and some feel these cultural rites confer a sense of 'permission' to engage with the bodies.⁵³ These practices together emphasise the importance of engaging with appropriate tikanga Māori when working with human remains and are evidence of (cultural) change at an institutional level.

Although it is clear in most cases what curation practices should be employed when dealing with kōiwi tangata Māori, how we deal with non-Māori and non-archaeological historic anatomical human skeletal collections in Aotearoa New Zealand has not been seriously considered. A recent article by Cornwall and colleagues identified this gap at an international level and constructed a set of recommendations regarding the management of legacy anatomical collections.⁵⁴ Firstly, they emphasised the need to adhere to context-specific local and national laws, and then acknowledged that cultural awareness is an important principle underpinning the management of historic remains. In Aotearoa New Zealand, tikanga is generally accepted as being the first (precolonial) law and is increasingly being recognised in the national judiciary system,⁵⁵ such as through shared decision-making for land settlements.⁵⁵ Some places with cultural significance are now recognised as legal entities, with 'all the rights, powers, duties and liabilities of legal person';⁵⁵ Whanganui River is now called Te Awa Tupua, and Te Urewera National Park (as named by the Crown) is called Te Urewera. Many of these

legal advances came about through the inclusion of iwi by Māori scholars and lawyers, as they were able to speak to the heart of the issue.⁵⁶

Many Pacific cultures similarly believe that the human body is a taonga (treasure, gift) and a physical embodiment of ancestors.⁴ However, non-Māori kōiwi tangata from historic human skeletal collections, including Pacific bodies, are generally not afforded the same respect as kōiwi tangata from archaeological sites. While kōiwi tangata found in Aotearoa New Zealand are held in wāhi tapu (whether known to be Māori or not) and protected with karakia, archival human skeletal remains are often on display and used in teaching without the same cultural or spiritual rituals. The use of these skeletal remains is greatly beneficial for learning human anatomy, but where should the line be drawn between using them as teaching resources and respecting their mana as once-lived individuals? This question needs to be discussed more widely in Aotearoa New Zealand, especially since many historic human skeletal collections were likely obtained through unethical means and illegal international bone trades, since modern national policies protect archaeological remains from such fates. If tertiary institutions intend to be the critic and conscience of society, as mandated by the Education and Training Act 2020,⁵⁷ we must first critique our own practices of curating historical anatomical human skeletal remains.

The right path forward?

The violence against legacy collections must be addressed, but how this can be done without perpetuating further violence is unclear. Ordinarily, the elements of society used for such guidance would include law—for which none exists to regulate or protect the use of human remains already existing in legacy collection—and then soft (grey) law, such as professional guidelines. To my best knowledge, these are only two published guidelines regarding the management and curation of legacy collections. Firstly, the American Association for Anatomy

(AAA) Recommendations for the Management of Legacy Anatomical Collections⁵⁴ state that legacy remains may be considered for use in education ‘where there are no readily accessible, appropriately consented resources that meet the stated educational objectives, or where the aim is education about historical issues’ (p. 2802). However, their use for non-educational purposes—morbid curiosity or entertainment, for example—is not endorsed nor ethically supported. AAA also suggests that disposition of legacy remains is an option, as long as ‘efforts [have been] made to gain more knowledge about provenance, and all reasonable means of the institution [have been] exhausted’ (p. 2804). They emphasise the need for consultation with other institutions facing similar dilemmas, and with bioethicists to determine how best to proceed with their ethical use. All efforts should be made to contact descendant communities to contribute to the decision of disposition. Secondly, and more recently, the American Association for Biological Anthropology (AABA) released a Proposal for the Management and Oversight of Community Partnership and Ethical Stewardship of Human Remains⁵⁸ which builds upon the AAA guidelines but with a particular focus on African American remains. Importantly, the guidelines state that ‘no research need occur without the explicit consent of relevant descendant communities or communities of care’ (p. 5), although they recommend that collection managers should ‘thoroughly investigate provenance’ rather than ‘rushing to identify descendant communities’ (p. 24). A major limitation of these guidelines are that they are both American-based; there is a need for local, Aotearoa New Zealand-based guidelines concerning the legacy collections that reflect our unique cultural, social, and historical context.

Notwithstanding these guidelines, researchers have proposed solutions for the ethical use of legacy collections. Some researchers have called for legacy remains to be removed entirely from anatomical education because their use directly conflicts with medical ethics around informed consent, respect, dignity, and justice.⁵⁹ Alternative learning resources have been proposed for use in medical and anatomical teaching, such as digital resources (e.g., Ackland’s

Video Atlas of Human Anatomy) and 3D printed skeletal models.^{60–62} However, these present further ethical dilemmas around data ownership and informed consent;⁶⁰ arguably, digitalisation of legacy remains is just another form of commodification because it reduces the skeletons of their personal identity—in this instance, online—and does not address their legacy of acquisition without consent. Others have called for the medical community to relinquish their private possession of historic skeletal remains for similar ethical concerns,⁶³ presenting academic institutions as a better housing alternative because of the public good that arises from students using these resources to obtain quality education.⁶² However, as discussed earlier, institutions rarely have policies concerning the storage and curation of legacy collections with unknown provenance which means these remains are vulnerable to misuse and disuse. Others recommend for museums and universities to ‘relinquish their control entirely, however benevolent they may believe themselves to be’ (p. 131) and take responsibility of the violence that they have participated in or enabled by acquiescence.⁶⁴

Another option is to dispose of legacy collections, whether through destruction or reinterment, but again there are several paths and each with their limitations. For example, a Māori-led approach to repatriating the remains might look like burying these remains in the land of their assumed ancestors. This would rely upon considerable time, money, and connections in India who may need to be willing to participate in Māori cultural traditions upon receiving the remains as has been done in previous repatriation works.^{5,44,48} Moreover, this approach gives precedence to the cultural context of Aotearoa New Zealand which is inappropriate given that the intention behind this approach is to return mana (authority, power) back to descendant communities, and it assumes that descendant communities apply the same spiritual significance to human bones as many cultures do in Aotearoa New Zealand. Another example approach is that remains could be disposed of in Aotearoa New Zealand in a way that is appropriate to Indian mortuary practices. However, this assumes that Indians have a homogenous mortuary

practice which is neither true nor reflective of the diversity of religions in India, which we know is likely represented amongst the individuals in these legacy collections.³⁶ Furthermore, some Indian mortuary practices such as cremation may raise concerns in an Aotearoa New Zealand context, because disposing of ashes in local waterways^{34,37} directly conflicts with Māori tikanga as it contaminates the land and may restrict the normal activities of Māori until the area is considered clean again,⁴⁰ not to mention the public health risk it presents.

Moreover, disposing of materials by no means guarantees its absolute disappearance, as the ideas or material traces of what once had been can linger on.⁶⁵ In the case of legacy collections obtained through the Kolkata bone trade, which occurred during an era of colonial imperialism and racial violence, remembering the legacy behind these collections is crucial for acknowledging the past and ensuring that it does not occur again. Performing osteobiographical and historical research on the remains before their disposal could be viewed as a necessary step to restore individuality and personhood.^{5,6} However, some methods of osteobiographical identification are destructive, requiring fragments of the bone or enamel for analyses, and non-destructive methods such as craniometry are controversial because of their roots in eugenics and racism.⁶⁶

Perhaps the right path forward can be something subtle, such as evolving the use of terminology and language regarding these remains. As Cornwall and colleagues⁵⁴ point out, ‘legacy anatomical collections’ is a common term used by academics from the anatomical sciences to describe these collections of curated human remains—but whose legacy are these collections upholding? Certainly, not the legacy of the people whose bones have been exploited and used without consent for the better part of the past century. In fact, many of these ‘legacy’ collections are named after the scientists or academics who curated the human remains (e.g., W.D. Trotter, W. Montague Cobb, Robert J. Terry, Carl Hamann, and Thomas Wingate Todd). In doing so,

(white) scientists claim sovereignty over these exploited remains, further dispossessing the individuals in these collections of their identity.

I could also argue that medical educators, biological anthropologists, and museum curators are in the best position to protect the people within these collections against perpetual structural violence and reobjectification, given their immediate proximity to these remains. As biological anthropologists Muller and colleagues¹² point out, ‘our training within anthropology positions us as interpreters of the embodiments of inequality imprinted on human bones and teeth’ (p. 199). This position is also true for medical educators given that teachings of equity-based practices, consideration of cultural beliefs, and commitment to justice are foundational components of medical curricula. Regardless of who the champion is, we have an obligation to develop best practice and engagement guidelines for these historically acquired human skeletal remains—not just for those of Māori whakapapa, but for all skeletal remains of unknown provenance or remains for whom no clear descendants can be identified. When we look abroad to Australia and Hawai’i where there are ongoing efforts to construct ethically-sourced, ‘known-identity’ osteological collections,^{22,67} we can see that this is possible. Aotearoa New Zealand has been at the forefront of ethical debates on repatriation and curation of Indigenous remains,^{7-9,43,44,68} and this conversation needs to be furthered.

Finally, what role do we have, as medical students, in perpetuating historic systemic and colonial violence against these once-lived peoples? What actions could we take within our daily learning environments that would offer respect and dignity to these peoples? When using these skeletons for study and revision, how might we be cognisant of their assumed identities and does this change the way we engage them? How might our behaviours change if these people could talk, or if they had faces and histories visible to us? As future medical doctors, we will engage countless patients who have had violence perpetrated upon them by systems and by

legalised inequality, just like the individuals in these skeletal collections. It is up to us whether our professional identity of care and respect begins at graduation, or whether we decide to practice it now.

Conclusions

Human skeletal remains are used daily by medical students in Aotearoa New Zealand, and yet their identities and legacy of unethical acquisition are largely unknown. In this viewpoint, I have summarised the history of legalised inequality within which many of the human remains comprising legacy collections were obtained, and considered potential ways to deal with legacy collections in ethical and culturally informed ways. By shedding light on the histories of these once-lived peoples, I hope that medical students might be prompted to consider how the teaching ‘tools’ we take for granted have a legacy, origin, and identity of their own. I close with words from Robin Wall Kimmerer⁶⁹ which I believe could reflect our aspirations for historic human skeletal collections and, broadly, the fields of medical and anthropological sciences:

I envision a time when the intellectual monoculture of science will be replaced with a polyculture of complementary knowledges. And so, all may be fed. (p. 139)

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