Managing the Pious Cadaver

Managing the pious cadaver: Whole body donation and anatomy in Sri Lanka.

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Abstract

From the late 1990s onward there has been an increase in the number bodies donated to medical schools for the benefit of student education. Based on a study of past and current practices of giving bodies to anatomy departments, this article explores this distinctive expression of corporeal charity. It argues for the emergence of a novel beneficence in the form of the pious cadaver. The article explores a confluence of ideas at which about the nature of medical education, the place of doctors in Sri Lankan society and the ways in which popular piety is expressed. Bringing these together, provides a novel perspective on how the residues of death are being reconstituted in contemporary Sri Lankan society.

Managing the pious cadaver: Whole body donation and anatomy in Sri Lanka.[1]

In July 2000 I made my first visit to the Medical Faculty of the University of Colombo for a series of meetings organised by a doctor friend. Afterwards we returned to his car which was parked in front of the building known as the Anatomy Block. Opened in 1913, by Sir Robert Chalmers then Governor of what was formerly the British colony of Ceylon, the Anatomy Block is the oldest building on the Kynsey Road campus. Since it was built it has remained virtually unchanged in appearance on the outside and much remains the same inside. Now, as then, it has a windowless frontage in the centre of which is an imposing neo-classical portico. It was behind these walls that anatomy had been taught for almost 100 years and many of Sri Lanka's leading medical scholars had undergone a significant part of their training there. As we approached the car my friend made a comment on the smell which suddenly hit our nostrils. It was the hottest part of a very hot day. The smell was a sickly mixture of embalming fluids and decay. As we drove away he pointed out that behind the wall where we had parked was the Anatomy Department's dissection hall. He added wryly that the anatomists had more bodies than they knew what to do with. The comment intrigued me. Whereas in many countries there is an ongoing anxiety about the scarcity of bequeathed bodies and repeated efforts to persuade people of the moral and social value of donation, here there seemed to be no such problem. People volunteered their bodies and did so in the absence of high profile campaigns or any financial inducement.

[1] I am extremely grateful to the staff of the Anatomy Department of the University of Colombo Medical Faculty and especially Professor Vajira Dissanayake and Professor Rohan Jayasekera who have given their support and assistance over many years. I would also like to thank colleagues in the Social Anthropology Research Group at Durham who have provided helpful comments on earlier iterations of this paper

The work that I had gone to Sri Lanka to do was focused on the regulation of new reproductive and genetic technologies and one of the key sites for this study was the Human Genetics Unit which was housed institutionally [although not physically] in the Department of Anatomy. Over numerous subsequent visits to the Faculty I came to know the staff of the Anatomy Department well. During that first visit I asked about the reported surfeit of cadavers. Yes, it was true there were a lot of people wishing to donate their bodies at death. Indeed it was something of a problem for the staff in the Anatomy Department that so many people wished to dispose of their bodies in this way. Furthermore, according to the Department's staff, this was now a practice that had become even more popular than when I first expressed my interest in the topic back in 2000 and particularly so in the last decade. The explanation given was that in a predominantly Buddhist country, giving one's body for the benefit of medical students who would thereby learn to be good doctors and go on to relieve the world of mortal suffering was a good thing to do.[2] In Buddhist terms such an act would lead to the accumulation of merit and a more exalted rebirth. However, a less charitable commentator from the Anatomy department suggested that leaving a relative's body at the Anatomy Block was a good way to avoid funeral expenses as these relate to actual physical disposal of the body given that both burial and cremation incur significant costs.[3] The idea of a surfeit of cadavers stuck with me and, throughout subsequent visits, it reappeared as a leitmotif in my research into bioethics and biomedical science in Sri Lanka. This article offers a brief explanation

[2] See Simpson (2011 and 2017) for accounts of generosity in relation to blood and eye donation in Sri Lanka. Regarding giving in the wider sense, Christian Aid Foundation ranks Sri Lanka fifth in World Giving Index after Myanmar, USA, Australia and New Zealand. https://futureworldgiving.org/2016/10/25/2016-world-giving-index-shows-myanmar-is-most-generous-nation/ accessed 29th Oct.

[3] I am grateful to Tom Widger who pointed out that fixed memorials are not such a common feature of Buddhist funerary practice. Moore links this fact to the stability of rural villages – ancestral villages are marked by the living: 'the dead are not needed to mark the spot'. Moore also makes the point that there is much aversion to places of burial or cremation as these are associated with ghosts and evil spirits (1981:588)

for, and elaboration of, the enthusiasm that some sections of the Sri Lankan population appear to have for donating their bodies at death for the benefit of the Country's medical students. It is an explanation that goes far beyond mere avoidance of funeral expenses. Giving bodies to anatomy departments represents an unusual form of beneficence and one that is of relatively recent origin. In what follows, I suggest that through it we might see how several different orders of changing ideas meet. At this confluence are to be found shifts in ideas about the nature of medical education, the place of doctors in Sri Lankan society and the ways in which popular piety is expressed. Bringing these together provides a novel perspective on how the residues of death are being reconstituted in the form of what I refer to as the pious cadaver.

The significance of the cadaver in medical education in Sri Lanka.

The encounter between the medical student and the human cadaver lying on a metal table awaiting systematic and exploratory dissection is a key element in the training of doctors across the world (for example, see Becker *et al*., 1961; Good, 1994; Hafferty, 1991; Sinclair, 1997; Douglas-Jones, 2017; Hallam, 2017; Olejaz, 2017). For teachers and pupils alike the encounter has taken on the character of an essential *rite de passage* in which the student not only acquires technical mastery and understanding of the human body but also undergoes an experiential and existential confrontation with the brute materiality of a corpse and, moreover, one which begins with the surgical violation of that corpse. This idea of cadaveric dissection as both a marker of professional identity and as the means to achieve skilled knowledge and practice is one that has been challenged in recent years from a number of directions.

In many countries with an advanced medical education system there is great difficulty in procuring cadavers and they have acquired a certain scarcity value for medical schools.[4] The problem is exacerbated given that student numbers have risen and there has also been growing competition for space within an increasingly expanded and congested medical curriculum (Older, 2004; Turney, 2007). In the UK for example, the result has been a decline in the significance of hands-on dissection and the switch to alternatives such as the use of videos of dissection procedures, prosections (preserved body parts that have already been dissected); plastinated prosections of the kind pioneered by the anatomist Gunther von Hagens, and living models upon whom students do surface examinations. Technological advances have also opened up new possibilities for 'seeing' beneath the surface of the body using imaging techniques such as radiography, computed tomography (CT) and magnetic resonance imaging (MRI) as well as a new generation of plastic models and anatomy software which gives access to 'virtual cadavers' (Hallam, 2017).

But it is not only shortage that has contributed to the decline of the traditional importance of dissection. McLachlan, a leading UK medical pedagogue, has argued that the utility of anatomical dissection for medical students is overplayed. As he has argued 'the (formalin) preserved cadaver bears much the same relationship to the living body as a prune does to a plum' (McLachlan, 2015:4). He has also argued that there is a fundamental contradiction in contemporary dissection practices in that students are being asked to develop a respectful relationship with the corpse as once-a-person at the same time as they are developing detachment and professional 'hardening' (*cf*. McDonald 2015). Typically, the latter is apt to draw on joking and

[4] See http://www.economist.com/blogs/economist-explains/2014/01/economist-explains-10?fsrc=scn/tw/te/bl/ee/shortageofcadavers accessed 21st November 2016

humour of the very blackest kind when it comes to coping with challenging and potentially distressing encounters. It is worthy of note that McLachlan and others have been involved in various medical education initiatives that explicitly eschew the need for human cadavers to make successful medical doctors (McLachlan *et al*., 2004 & 2015).

Such arguments have also been aired in the Colombo medical school and have been the cause of many debates and disagreements regarding what constitutes a rounded and proper medical curriculum. For staff in the Anatomy Department the defense of whole body dissection has been robust. In 1995 there were radical reconfigurations of the national medical curriculum which were aimed at introducing more problem-based learning, a greater community orientation and the evaluation of practical competences (Karunathilake *et al.,* 2006). Despite these and subsequent adjustments to the curriculum, anatomy in its traditional form of whole body dissection continued to play a prominent part in providing students with an early, and hands-on, introduction to basic anatomy and physiology. As the then professor of anatomy, Rohan Jayasekera explained, Sri Lankan students are prized in many parts of the world for their surgical skills because, unlike their Western counterparts, they have had extensive access to real bodies and the opportunity to get regular practice in the art of cutting and accessing the human interior directly. Yet, whilst hands-on dissection remains the 'gold standard' (McHanwell *et al*., 2007: 4) in Sri Lanka, the status of the cadavers upon which medical students practice has changed in important ways in recent decades.

Rehabilitating the cadaver.

In many respects, the story that unfolds regarding the status of the medical school cadaver in Sri Lanka is not dissimilar to one that occurred in many other places (Richardson, 1989). In the early days of medical education in Sri Lanka, the cadaver was merely a didactic tool for the education of a social and medical elite. The cadavers were nameless men and women, perhaps beggars lifted from the streets where they fell or taken unclaimed from the country's morgues. Consistent with this vast chasm of status, cadavers were treated by those who dissected them with scant respect. Accounts from an earlier generation of doctors given in the brochure commemorating 100 years of the Anatomy Block make frequent references to tomfoolery involving cadavers and body parts in the dissection hall. The first encounter between a student and the Anatomy Block was also the occasion for carnivalesque ritual with new medical students being required to attend in fancy dress as part of the 'ragging' initiation of new students. One doctor recalled his first day in the Anatomy Block in 1962 when he was required to wear 'a white coat with a shoe flower in the button hole, a brinjal round the neck, a canvas shoe on one foot to go with a black leather shoe on the other'. Whilst such attitudes were tolerated and indeed expected in earlier times, such behaviour is now seen as problematic and likely to invite disciplinary sanction. To understand this change requires a consideration of not just how the constituency of medical students has changed, but also how the cadaver has itself undergone a rehabilitation of sorts.

Over the course of the last century, the profile of medical educationalists in Sri Lanka has shifted from being an anglicised elite taught mostly by British colonial sojourners to a much broader social catchment taught entirely by local medics who had

undertaken much of their own training in Sri Lanka (Pieris, 2001:17; Uragoda, 1987). Since 2000, the number of doctors has increased substantially with well over 1,000 doctors graduating per year from public universities (Rannan-Eliya & Sikurajapathy, 2009:20; Da Silva *et al*.,2008). This effort to increase the supply of doctors has resulted in Sri Lanka having an above average doctor to population ratio of 1 to 1,000 (Siribaddana *et al*., 2012).[5] The expansion has been achieved by expanding the social base of the medical profession and achieving a democratisation of sorts as students are drawn from more diverse backgrounds. This widening of access to medical education has also produced tensions between different constituencies around issues of caste, status and language competency which are apt to translate into higher levels of stress for medical students coming from rural and lower social backgrounds (Kuruppuarachchi *et al*., 2014).

The reason for this brief excursion into recent trends in medical education is to make the point that increasingly in recent years, the student body has shifted from being a more or less homogenous class elite to one that is more diverse. Moreover, where anatomical dissection is concerned, they were not dealing simply with an unclaimed body but likely to be cutting up someone who was, in many respects, just like them or their relatives. For the contemporary student then, the cadaver has ceased to be a socially dislocated body but may be recognised as a person with whom a social relation is imaginable and towards whom there might be social and moral responsibilities (see Hallam, 2017; Olejaz 2017). For Sri Lankan medical students who are Buddhists, the donated corpse is therefore not an abject but is likely to be

[5] The WHO Global Health Observatory records the rate of doctors per 1000 of population in 2010 as 0.726. By comparison the UK had a ratio of 2.806 in 2015, Iceland 3,791 in 2015 and Germany 4,125 in 2014. http://www.who.int/gho/health_workforce/physicians_density/en/ accessed 29th September 2017.

there because of a particular kind of benevolent intent associated with the meritorious act of giving the body (*dāna upa pāramita*) and providing a service to society [*samāja sēvaya*]. In recognising these important facets of the donor's intent, the student must manage multiple readings of the corpse: it is at once a mere cadaver and an object lesson in the meaning of death whilst also the mortal residue of an exemplary Buddhist. This is not to say, however, that cadavers are therefore automatically granted greater respect in this context than in any other anatomy teaching environment. Here, as elsewhere, the pranks of medical students are an ever present possibility and give staff cause for concern. Should reports of such abuse become more widely circulated the reputation of the Department could be seriously damaged and the flow of bequests channeled elsewhere.[6] In other words, the general public who are committing to whole body donations are not just accidental objects of medical pedagogy. They too are keen to be treated as exalted Buddhists who have exercised intention; they would not take kindly to the idea that they might end up as the object of student fun and games. The point I wish to make here is that woven into efforts to counter the fragmentation and objectification of the human cadaver for the medical student (*cf* Ferber & Wilde, 2011) are culturally distinct residues of who the dead are, why they are there and how they should be treated. In the Sri Lankan context this involves staff, students and, as we shall see, the wider community in a rehabilitation of the cadaver as essentially that of an erstwhile Buddhist. This novel imagining of the cadaver in terms of intention and pious action introduces a more conflicted engagement with the deceased's body and particularly so where the students doing the dissection may be drawn from diverse social backgrounds, hold

[6] During fieldwork I came across one case of a man who had requested that his body be given to the national Ayurvedic teaching hospital. The possibility of making such bequests is very recent and significant in terms of the statements that this kind of disposal allows people to make vis a vis indigenous medical traditions and against western medical knowledge.

different kinds of Buddhist beliefs and, may not even be Buddhist at all. Indeed, the cadaver itself may not be Buddhist although the frequency of non-Buddhist donations is very low. Nonetheless, even in the few cases of donations by Catholics or Hindus, the cadaver involved might be thought of as-if a Buddhist and treated accordingly.

The staff of the anatomy department has sought to manage these changing attitudes and the contradictions they bring for students through a series of modifications which recognise the social and, indeed, the venerable nature of the cadaver. At the outset, it is impressed on students taking the dissection module that respect for the cadaver must be exercised at all times. In ways which echo Douglas-Jones' account of the 'Silent Mentors' programme (Douglas-Jones, 2017), it is made clear that the body has been given to help the students learn. It is a gift that carries a significant moral counter-obligation, in the form of respect and gratitude. After all, the students (usually in mixed groups of 10-12) will encounter the cadaver on a weekly basis over a period of nine months as they are guided by their teachers through its organs and tissues with the aid of an anatomical atlas. Consistent with the emphasis on respect, cadavers must be covered with a green cloth in order to prevent nudity (although the significance of the cloth becomes less important as the dissection progresses and the literal fragmentation of the body diminishes any person-like appearances that it might have had at the outset). Students are encouraged to keep their cadavers clean and moisturised regularly with glycerine. The attitude of respect is further instilled as students are asked to imagine the cadaver as one of their own parents or grandparents. This request is likely to have some powerful resonances for students, as the donors are likely to have been from an older generation. Relational tropes also feature in the constitution of the 'body group'. Team work and peer-group

learning is highly valued and the groups working on a cadaver are from different years within the degree programme. Co-operation within the group is in part shaped by the designation of senior students in each group as the 'body father' and 'body mother' who have special responsibilities for looking after the cadaver. The idea behind this move is to inculcate a relationship which emulates within the 'body group' the authorities that prevail within the family. Having such designated individuals in the group is thought to reduce the likelihood of younger members of the group acting disrespectfully towards the cadaver. The assumption is that the junior students would be reluctant to do shameful things in front a 'body mother' or 'father' in the same way that they would be in front of an actual parent or elder.

The cadaver that contemporary medical students encounter is not then a person who lived, in Agamben's terms, a 'bare life' (Agamben, 1998), and neither should they now experience a 'bare' death. There is a conscious effort on the part of the anatomy staff to draw on ideas of kinship and connection as the way to shape emotional responses to the dead. The donor was a person who imagined gifting his or her body to help a future doctor and, in recognition, the medical student is asked to reciprocate by personalising the relationship with that person's cadaver as someone who could be a kinsperson and to whom social and moral obligations therefore need to be expressed. However, as already suggested the socialisation of the cadaver engenders a profound ambiguity in that it shifts problematically between being less than the sum of its parts [that is, organs, muscles, bones and tissues laid out to aid pedagogical ends] and, more than the sum of its parts [that is, it is a once-person that is due respect]. The medical student is thus caught between contradictory pulls towards de-sensitisation and sensitisation, and, in a country that has seen more than its

fair share of death in recent years, there is, according to one anatomy lecturer, a more general need to re-sensitise young people in the face of death.[7] In the next section, I describe in more detail the complex choreography enacted when these processes are played out and just what it means in practical terms to manage the donated cadaver (*cf* Thompson, 2005; Mcdonald, 2014).

Managing the pious cadaver

In order to get a cadaver onto the dissection room table for students to begin their practical exploration of the human body, a complex series of transactions must occur between a public, medical technicians, anatomy staff and students. These transactions are at once legal, practical, religious and, for the families of the deceased, profoundly emotional. The journey of the donated cadaver is one which begins with the intentions of the donor as an informed and autonomous decision-maker happy at the thought that they are carrying out a meritorious act of *dāna upa pāramita* whilst doing a service to society [*samāja sēvaya*]. This intention is expressed in writing, followed by – perhaps many years after the wish is recorded – the actual delivery of that person's body to the anatomy department by his or her relatives. This in turn is followed at a later date by Buddhist family ceremonies intended to transfer merit to

[7] Sri Lanka has experienced a very large number of violent and untimely deaths in recent decades. These have come about through a civil war between the Government of Sri Lanka and the Tamil Tigers in the North which ebbed and flowed between the mid 1980s and 2009 when the LTTE were defeated. There have also been a series of populist uprisings in the South of the Island in the 1980s which brought about much violence. There have been a series of natural disasters which have claimed many lives, the worst of which was the 2004 Tsunami,. Together with high rates of road traffic accident and violent crime death and the consequences of violence have been all too visible for many Sri Lankans. .

the dead. For the donor and the donor's family, the transaction which unfolds over time is one which is explained primarily in terms of acts which will accumulate merit and which will translate into a more elevated rebirth. There is not, however, a single transaction but rather the creation of what might be thought of as a 'field' of potential merit in which a network of relationally connected individuals engage in giving and receiving.[8] As Samuels has suggested this is not simply about an intention but, crucially, about the conditions under which this intention unfolds over time (Samuels, 2008:136). I suggest that where this particular field of merit is concerned the unfolding can be usefully divided into three aspects: a pre-mortem proposal, the peri-mortem enactment and the post-mortem validation.

Pre-mortem merit.

The Anatomy Department has, in recent years received a significant increase in letters from members of the public expressing their intention to donate their bodies to the medical school. In the month of October 2013, 320 such letters were received. I was allowed access to these and read many of them. The letters were mostly in Sinhala and sent from all parts of the island. The youngest donor I came across was 39 years old, with the eldest being an 85 year old Justice of the Peace. Many of the letters came from men in their 50s and 60s and were typically addressed to the 'teachers' at the University (*gurumahatmayata*) with donation specified as being for the medical students or to the medical school. Some simply asked the University to 'accept' (*bāra dīma*) the body (variously referred to as *mrta, dēhaya, mrta dēhaya, shariraya, sirura mrdaya*), whereas others had in mind a more elevated form of gift

[8] The term for field of merit is *punnakkhettam* in which different individuals and institutions are identified as being more or less fertile targets of charitable giving (Samuels, 2008:131).

(as, for example, in, *utum parityāgaya*). All made clear that the instruction was to be followed 'after my death' (*miya giya pasu* or maranayen *pasu*) The letters were mostly short and surprisingly matter of fact. There was no reference to religious motives, conditions laid down, or attempts to justify or explain their actions, just a more or less simple instruction regarding their post-mortem wishes.

There was little by way of social identifiers or markers on the letters. However, the fact that the vast majority were in Sinhala, mostly written in good neat script, laid out in the proper format for a formal correspondence, and expressed without sentimentality, marked the letter writers out as educated, lower middle class and most likely Buddhist. Unlike the submission of consent forms to the Eye Donation Society (Simpson, 2017), these letters did not have any practical status for the medical faculty in that they would not result in any attempt to retrieve a body at death. However, they did trigger a reply in which the formal and legal requirements of body donation to the medical faculty were laid out for the donor, or, more accurately, for his or her family when the time came. The next contact would thus be at the point that the prospective donor died and his or her post-mortem wishes would need to be realised.

The status of the letters is interesting given that many hundreds of letters are received yet there is no attempt to match them up to actual subsequent body donations and, indeed, many donated bodies would not necessarily have begun with such a letter. As a personal statement of intent to a public body the letters simply function as a bureaucratic trigger for information about the technicalities of legally transferring one's body to the Medical Faculty. This is a responsibility that falls to the deceased's

family who are the ones responsible for consenting to hand over the body – whether or not the dead person had lodged a letter of intent. However, for a pious Buddhist the letters may be very significant in that they fix the intention - *cetanā* - to donate. Within Buddhist reckoning this is the point at which happiness (*santōşaya*) might be felt and, crucially, merit accrued. In recent writing on charitable giving (*dāna*) in Sri Lanka, the importance of this affective dimension of the act of giving has been highlighted (Samuels 2008, Widger and Kabir n.d.). *Cētanā,* when genuinely felt, brings happiness to the mind (*hita*).

I would suggest that the class of people who are sending these letters have lived through decades which have been rather short on happiness. For the once-respected teachers, public servants and government bureaucrats that made up the lower middle classes, recent years have brought a loss of social status and the erosion of financial and social securities as savings, incomes and pensions have lost their value. Likewise, those reaching middle age or old age would have spent much of their adult life facing the uncertainties brought by over 30 years of civil unrest both in the South as a result of the JVP uprising in the 1980s and in the war against the Tamil Tigers in the North, a conflict which was only ended in 2009. As good and responsible Buddhist citizens the letter writers may well have been putting their affairs in order in preparation for death. As I have suggested in the context of eye donation, such reflections are thought to increase the likelihood of a good death (also see Hallisey, 2000:17) and to be able to reflect on the fact that one's body might be used for the benefit of others would offer comfort and reassurance regarding future rebirths. I would even go so far as to suggest that the writing of such a letter might be thought of as a kind of proleptic suicide - an agonistic gesture to those around about the

unsatisfactory nature of this life by people anxious to experience better prospects in the next.

Peri-mortem merit.

Whatever a person might wish to happen to their body after death, it is inevitable that someone else has the job of realising that intention. At a time of significant grief and distress, the donor's family must make arrangements to deliver his or her body to the Anatomy Block. The instructions for donors' families issued by the Medical Faculty are crisp and to the point. The family are the executors and it is their responsibility to deliver the body along with the original death certificate issued by a medical registrar, an affidavit declaring that the person handing over the body is the legal custodian and a copy of that person's National Identity Card. Any irregularities in the documentation and the body will not be accepted. The body will normally have been brought from the home or the funeral directors where any religious ceremonies will have been completed. Relatives are asked to remove the casket in which the body was delivered from the Anatomy Block within 24 hours. The delivery of the body is quick and without ceremony. Relatives say their final goodbyes in the main corridor of the Anatomy Block and then depart quickly. The manner of this parting might well be a painful one for the family. Whereas the retrieval of cornea from deceased donors in Sri Lanka entails inserting the work of the technician into established mortuary rites, the act of whole body donation involves a significant modification of funerary procedures which would normally culminate in a burial or cremation. Indeed, it is made clear in the instructions to donor families that there is no long-term preservation of the cadaver and no body parts can be returned.

The transaction at this point is an entirely legal one in which the body is irreversibly given over to the medical faculty. Anatomy technicians said that there were occasional requests from families to see the body again or to receive a lock of hair but these have to be turned down, often bringing distress to the families involved. Such requests are symptomatic of the tension that often arises when family members – who may themselves hold a wide range of attitudes and beliefs - try to realise another's pre-mortem wishes. There is a powerful expectation that these wishes will be honoured, and particularly by the children of a dead parent. Yet, the legal transfer of the cadaver must take place at a time when they may have their own very deep needs to acknowledge their loss in other ways.[9] Facilitation of the dead person's merit making is in itself a good and meritorious thing for the family to do but, failure to observe funerary practices can also leave the family with concerns and anxieties that their actions have inadvertently prevented the dead person being properly released into the next rebirth. For a staunchly rationalistic Buddhist such issues are likely to be of little concern but it would be wrong to assume that such views are shared by the family of the deceased and particularly not when they are in a state of grief and mourning. Failure to manage disposal appropriately might even cause some to think that the dead will come back as ghosts or spirits (*prētayō* or *bhūtayō*). At the point of delivery the body is thus dangerously multiple: it is a once-pious Buddhist, a beloved relative and a potential cadaver for use by medical students. The transition of the pious cadaver from a family's custody to that of a medical school might also bring other entanglements. In popular belief, the dead are not only potential ghosts but they are also thought to be polluting in that they carry *killa,* a term used to convey ritual

[9] For an exploration these issues in the context of eye donation practices in Sri Lanka, see https://warunic.wordpress.com/2014/08/31/gifts-and-visions/ accessed 29th May 2017

impurity. These beliefs must be expunged by medical staff if the corpse is to become singular, that is, the respected medical cadaver. Nonetheless, such beliefs are occasionally brought into the dissection hall by students who are troubled by the polluting nature of the cadaver. Students steeped in the lore of malevolent ghosts and spirits might seek to remedy this by taking a purificatory bath when they return home at the end of each day in the Anatomy Block, in the same way that they would do if they had visited a funeral house or *mala gedara*. Anatomy staff are alert to such beliefs and keen to displace these in favour of more rational and scientific attitudes more befitting for a doctor.

It is unlikely that the families of donors will know anything of what actually happens under the rubric: 'donation of a body to the medical faculty for medical research'. In the case of whole body donation the cadaver, once received, is stripped and shaved and emptied of fluids ready for storage in a formalin bath for several months. When the dissection eventually takes place the bones, and viscera once navigated and excised are discarded and collected up for incineration. The total fragmentation and dispersal of the body is consistent with rationalist Buddhist beliefs that after death the body is merely a sloughed off outer layer or empty shell. One Buddhist scholar I spoke with compared the process of body donation to a Tibetan sky burial in which the body of the deceased is left on a mountain top to be pecked and pulled to pieces by birds of prey. This approach differs markedly from the efforts to reconstitute something of the materiality of the corpse in post-dissection burial services and cremations described by Douglas-Jones (2017 , Hallam (2017) and Olejaz (2017).

Post- mortem merit.

In recent years there has been a growing trend in many medical anatomy teaching settings towards the memorialisation of those who have given their bodies for the benefit of medical education in Europe and North America (see Fountain 2014, Hallam 2007, Prentice 2013), but also in Taiwan (Lin *et al*., 2009; Douglas-Jones, 2017), Thailand (Winkelmann & Güldner, 2004), and South Africa (Labuschagne & Mathey, 2000). Sri Lanka is no exception in this regard and most medical schools now have ceremonies which collectively honour donors (Subasinghe and Jones 2015). In a predominantly Theravāda Buddhist country, the form these ceremonies now typically take is that of an alms-giving in which there is a ritual transfer of merit to the dead. In such a ceremony monks preach sermons [*bana*] and in return receive offerings from the assembled congregation [*dāna*] and specifically a white cloth which brings to mind the one that is placed over the body at a funeral. Such ceremonies known as *mataka vāstra* and have the aim of commemorating and transferring merit to the dead. In her account of such ceremonies in the aftermath of the 2004 Tsunami, Harris describes these ceremonies as bringing 'ritual closure' (Harris 2013:8).

In 2012, a large *bana* with preaching and almsgiving was held in the dissection hall to transfer merit to over 100 donors. Such an act makes for a logical and collective endpoint to the process of managing the pious cadaver. Consistent with the anonymised dispersal of mortal remains following dissection, the ceremony is not an individualised memorialisation as is typically aspired to in other places (see, for example, Douglas-Jones, 2017). Here, the ceremony operates at the level of an anonymous collective and one which cannot guarantee the post-mortem fate of individual persons. At the level of the individual there is always the possibility that

the transition to the next life might not be easy or straightforward. The cadaver may not prove to be a mere empty shell but signal the dead and the living caught up in unhealthy and perhaps malevolent attachments to one another. Thus, whilst the presence of priests and relics in the dissection hall was in general a good indicator of healthy respect towards the dead it was also for some reassuringly purificatory and exorcistic. If there were concerns about ghosts and spirits in a place through which so many corpses had passed, the ceremony could counter the possible vengefulness of the dead. But it should be remembered that these views were not held by everybody. Whilst the ceremony would appeal to both the superstitious and the pious, Buddhists of a more rationalist persuasion might well have been there just for the ride, as would those who were Christian, Hindu or Muslim. Indeed, one agnostic and deeply sceptical medical acquaintance bemoaned the frequency with which *bana* preachings were now held in public buildings and institutions. This, in his view, was problematic in a plural society in which such spaces should be secular and outwith the religious world view of any one community.

Coda

I returned to the Anatomy Block to visit friends and associates in 2014. The imposing entrance door was padlocked shut which struck me as odd. It later turned out that the building had been declared structurally unsound and had been forced to close. A new office block was being built immediately to the rear of the Anatomy Block and its deep and extensive foundations had left the older building in danger of tumbling in its entirety into the hole. After just over 100 years, the anatomy staff had beat a hasty retreat into other parts of the university leaving their beloved Anatomy

Block with Acro- props holding up ceilings and piles of rubble on its once polished floors. As the dissection hall had been rendered unsafe, the annual memorial ceremony for donors had been suspended.

The state of the building was unexpected and disturbing. It seemed hard to imagine that just one year before I had joined the large extended family of medics who had trained in the Anatomy Block and returned, 100 years to the day, to a grand celebration of the anniversary of the building's opening. The sad state of the building as I found it in 2014 prompted reflection on the way that materials and the spaces they inscribe are vessels of history. The history I have been interested to convey in this piece is that of the medical cadaver and its journey from abjection to piety within the dissection halls of the Anatomy Block. In this journey we see refracted different orders of ideas which come together and change over time. The nature of medical education, the place of doctors in Sri Lankan society and the ways in which popular piety is expressed through meritorious giving of the body at death, all feature in this kaleidoscope. Moreover, this is a kaleidoscope that gives critical insights into changing technologies, practices and beliefs concerning death and disposal in contemporary Sri Lankan society.

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