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The Anatomy Lesson of Dr. Nicolaes Tulp was painted by Rembrandt van Rijn in 1632 in Amsterdam. The painting depicts an anatomy lesson over the musculature of the arm given by Dr. Nicolaes Tulp to various other doctors. Interestingly, the other men in the painting were real life doctors who paid a small commission to be included in Rembrandt's masterpiece.

THE ANATOMY ACT OF 1832: THE STORY OF BODYSNATCHING, DISSECTION, AND THE RISE OF ANATOMY

By **Rebecca L. Burrows**

The practice of anatomy, especially concerning its connection with dissection, traces its origins back over a millennium ago in places such as Greece and Egypt, long before even Galen, a famous 2nd century A.C.E. anatomist, published his works. As centuries passed, contributions by many people to the field of anatomy furthered its knowledge immensely. Leonardo da Vinci, working in the late 1400s, combined art with anatomy to provide stunning illustrations of dissected body parts, which he used to explain how the body worked.¹ Andreas Vesalius, working in the mid- to late- 1500s, utilized dissections to explain the inner workings of anatomy and challenged the ideas of Galen, spurring on a new era of anatomy.² These men, among many others, paved the way for a flourishing study of anatomy in the 17th and 18th centuries and ushered in drastic changes in the field of anatomy in the 19th century. While surrounded by controversy, the creation of the Anatomy Act of 1832 fostered the dramatic advancement of anatomy and dissection in 19th century Britain.

In Britain, increasing anatomical knowledge led to an influx in medical school attendance as the profession gained more prestige and importance. As more students entered the field, an increase in the necessity and practices of dissections was evident. Medical schools across the United Kingdom sent demands for more bodies to Parliament. To combat the growing need, Britain passed the Murder Act of 1752 “for

¹ Marie Boas, *The Scientific Renaissance 1450-1630* (New York, NY: Harper & Brothers, 1962), 137-9.

² Cynthia Klestinec, “A History of Anatomy Theaters in Sixteenth-Century Padua,” *Journal of the History of Medicine and Allied Sciences* 59, no. 3 (2004): 377

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better preventing the horrid crime of murder.”³ As a deterrent, the act specified that the bodies of murderers were not to be buried but to either be hung in chains or publicly dissected.⁴ This act allowed Parliament to address two major issues: supplying the increasing numbers of demanding anatomists with bodies and successfully threatening the public with dissection for the crime of murder.⁵ Through this association, “dissection became recognized in law as a punishment, an aggravation to execution, a fate worse than death.”⁶

The fear of dissection haunted every class of people in Victorian England. Popular death culture and strong religious convictions shaped the common perception towards dissection. Beliefs concerning the “Resurrection of the Flesh”, which was whole body resurrection on judgement, and the lingering of a soul after death were shared as a part of the common death culture and affected both death and burial traditions.⁷ These popular ideas made dissection an extremely hated punishment that violated the public view of death.

For an anatomist, dissection was a necessary part of proper medical and surgical learning. Anatomy was revered, as Ruth Richardson, author of *Death, Dissection and the Destitute* wrote, as “the Basis of Surgery,’ ... ‘it informs the Head, guides the hand, and

³ Great Britain, An Act for Better Preventing the horrid crime of Murder, 1752, *Statutes of the Realm*, 25 Geo. 2, c. 37.

⁴ Great Britain, An Act for Better Preventing the horrid crime of Murder, 1752, *Statutes of the Realm*, 25 Geo. 2, c. 37.

⁵Stuart Banner, *The Death Penalty: an American History* (Cambridge, MA: Harvard University Press, 2003), 77.

⁶ Ruth Richardson, *Death, Dissection and the Destitute* (Chicago, IL: University of Chicago Press, 2009), 32.

⁷ John Knott, “Popular Attitudes to Death and Dissection in Early Nineteenth Century Britain: The Anatomy Act and the Poor,” *Labour History*, no. 49 (1985): 14; Richardson, *Death, Dissection and the Destitute*, 7.

familiarizes the heart to a kind of necessary Inhumanity.”⁸ Surgeons in the 19th century were concerned with two things: speed and skill. To achieve the necessary skill and speed to become a successful surgeon, practice in dissection and anatomy within medical education was necessary.⁹ In a race to develop more skillful surgeons, the demand for cadavers increased dramatically. In response to this, in 1821 the first public recommendation for workhouse dead to help meet the increasing demand for bodies in England occurred.¹⁰ The Murder Act, however, specified that hanged murderers were the only legal source of human dissection material. Fiona Hutton, author of *The Study of Anatomy in Britain, 1700-1900*, found that “between 1805 and 1820, 1,150 people were executed throughout Britain, yet there were over 1,000 medical students in London alone.”¹¹ The disparity between bodies and students helped harbor what was known as the bodysnatching trade.

Bodysnatching was not a new concept to 19th century Britain. Bodysnatchers operated extensively within the 1700s and, quite often, the first grave-robbbers were either surgeons, anatomists, or their students.¹² The 19th century anatomists simply continued this trade and expanded it at a much larger scale. Grave-robbing was hired out to people known as “resurrectionists”, who provided anatomists with human corpses for dissection. As the trade expanded to fulfill the needs of the various medical and anatomy schools, the public became increasingly aware of what was occurring in their graveyards. Bodysnatching flourished with little to no legal punishment, especially among schools with little access to the supply of hanged murderers.

⁸ Richardson, *Death, Dissection and the Destitute*, 30-1.

⁹ Fiona Hutton, *The Study of Anatomy in Britain, 1700-1900* (London: Routledge, 2016), 2.

¹⁰ Tim Marshall, “Organs for the Body: The Victorian Anatomy Legacy,” In *We, The “Other Victorians,”* (Digitalia, Inc., 2003), 77.

¹¹ Hutton, *The Study of Anatomy*, 44.

¹² Richardson, *Death, Dissection and the Destitute*, 54.

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In the eyes of the law, the human body was not considered property and thus was unable to be sold or possessed. This distinction created a problem in prosecuting bodysnatchers and, if prosecuted at all, their sentence was quite light. In fact, as William Cobbett, the author of *Two-Penny Trash*, wrote to his readers in 1832 that, “the law, as it now stands, makes it only a *misdemeanor*, that is to say, a crime punishable by *fine* and *imprisonment*”, while theft of “a *sheep*, or *pig*, or *calf*, or *ox*, or *fowl* of any sort, is a *capital felony*, punished with DEATH.”¹³ Since the law did little to stop the overwhelming tide of grave-robbers and medical personnel who were facilitating dissection, the public often took matters into their own hands.

As awareness grew, so did public vigilance. Resurrectionists were often deterred by paid watchmen or armed family members who patrolled graveyards. Elizabeth Hurren, author of *Dying for Victorian Medicine*, explained that the “wake” originated in poor communities at the time because loved ones watched over the recently dead to make sure they were safely interred. If they did not, “then a ‘sack man’ could exhume the fresh corpse for dissection.”¹⁴ As communities banded together to protect their dead from the resurrectionists, the body trade was restricted and prices rose dramatically from one to two Guineas in 1800 to eight to ten, sometimes sixteen Guineas in 1828.¹⁵ This vigilance led to an extensive network of corpse transportation, in which newspapers at the time point to Manchester as a hub for activity.¹⁶

¹³ William Cobbett, *Cobbetts' Two-Penny Trash ; or, Politics for the Poor...* v. 1-2; July 1830 - July 1832 (London: Printed by Author, 1831-2), 170.

¹⁴ Elizabeth T. Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, C.1834-1929* (Basingstoke: Palgrave Macmillan, 2014), 5.

¹⁵ House of Commons, *Report of the Select Committee on Anatomy, Parliamentary Papers*, 1828, Vol. VII, 6.

¹⁶ Hutton, *The Study of Anatomy*, 54.

The public often took matters into their own hands to right violations of death culture done by bodysnatchers, often through increased vigilance or public riots. A riot in 1832 was witnessed by Charles Darwin who wrote about how the crowd almost succeeded in killing two apprehended bodysnatchers.¹⁷ The people's anger focused not just on the bodysnatchers, but also included anatomists and surgeons as targets. In Glasgow alone, troops were called to protect surgeons and anatomists from public outrage and violence over four times from 1803 to 1823 due to their involvement with bodysnatchers.¹⁸ The riots were filled with intense violence towards the resurrectionists and their partners. In Deptford, bodysnatchers faced a crowd of over a thousand people yelling and throwing stones and required a police escort of forty men to remove them safely.¹⁹

Countless stories describe the reaction of the public upon even suspicion of grave violations. In December 1827, George Beck thought his wife's grave appeared disturbed, which set off a mass unearthing of coffins in the graveyard. Over 30 coffins were found empty, the bodies stolen by the resurrectionists.²⁰ Beck's story of graverobbing became common place as resurrectionists stole every newly buried corpse. These stories became eclipsed by a new concern that preoccupied the Anatomy Act era: anatomy-murders.

¹⁷ Susan Anne Knowles, "A Certain Portion of the Whole. Inspectors, Guardians and Anatomists in East Anglia 1832-1908" (PhD diss., University of East Anglia, Norwich, 2010), 48, The Open University.

¹⁸ Knott, "Popular Attitudes to Death and Dissection", 4.

¹⁹ "Apprehension Of A Gang Of Resurrectionists." *The Times*, April 19, 1832, 4. *The Times Digital Archive*.
<http://tinyurl.gale.com.nexus.harding.edu:2048/tinyurl/CEwoG7>.

²⁰ Knowles, "A Certain Portion of the Whole", 56.; Charles Mackie, *Norfolk Annals: A Chronological Record of Remarkable Events in the Nineteenth Century*, vol. 1 (Norwich: Norfolk Chronicle, 1901), 217.

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Before 1828, dissection fears centered on stopping resurrectionists from stealing one's body after death. After the winter of 1828, these fears changed to include being murdered for anatomy. November 1828 propelled the actions of the infamous William Burke and William Hare into the public sphere. Burke and Hare were middle-class citizens of Edinburgh. Burke worked as a laborer, baker, and shoemaker while Hare made coal sacks and operated a lodge house.²¹ Their murder spree did not actually start with a murder. Instead, the first corpse they sold was a lodger of Hare's that had died, but the payoff encouraged Burke and Hare to target those who could easily disappear from society: the poor, elderly, sick, and very drunk. Over the course of a year, they murdered sixteen people – twelve women, three men, and one child – and sold the bodies to Dr. Knox, a local anatomist, for dissection.²²

Burke and Hare were caught and arrested in November 1828 after murdering their last victim, Margart Docherty (or Campbell as there was confusion with her last name). As the news traveled, the public was gripped with fear over what the people would soon call “burking”.²³ When confronted with a trial and possible execution, Hare quickly turned on Burke when promised immunity. The trial for William Burke and Helen M'Dougal, his wife, was set for December 24th, 1828.²⁴ Burke was

²¹ Lisa Rosner, *The Anatomy Murders: Being the True and Spectacular History of Edinburgh's Notorious Burke and Hare, and the Man of Science Who Abetted Them in the Commission of Their Most Heinous Crimes* (Philadelphia, PA: University of Pennsylvania Press, 2010), 65-67.

²² *Ibid.*, 1, 25.

²³ Rosner, *The Anatomy Murders*, 9, 54.

²⁴ John Macnee, *Trial of William Burke and Helen M'Dougal, before the High Court of Justiciary, at Edinburgh, on Wednesday, December 24. 1828, for the Murder of Margery Campbell, or Docherty* (Edinburgh: Buchanan, 1829), 1.

charged with murder and “*the intent to sell the body for dissection.*”²⁵ The trial consisted of evidence brought by William Hare, neighbors, and even Burke’s family. In one moment, the Lord Advocate addressed the jury with the following: “the belief that such crimes as are here charged have been committed among us, even in a single instance, is calculated to produce terror and dismay.”²⁶ Burke was sentenced to hanging and dissection after death, but as the Lord Advocate predicted, terror and dismay stuck people across the entire United Kingdom.²⁷ Manchester, Edinburgh, and London reported a sweeping hysteria that overtook the people as they wondered if they were to soon fall prey to “burking”.²⁸

The culmination of pressure from respected medical professionals, the fear of widespread rioting and panic, a lessening of responsibility towards the poor, and a desire to advance English medical prestige heavily fostered the creation of the Anatomy Act. In 1828, several months before the Burke and Hare murders were discovered, the legal status of dissections and the study of anatomy were challenged and, for the first consequential time, a court sided against an anatomist.²⁹ Medical professionals began to urgently besiege Parliament to act to protect medical interests, especially concerning the procuring of bodies.³⁰ In the spring of 1828, Parliament’s House of Commons proceeded to create a Select Committee on Anatomy to consider the law and process of obtaining dissection subjects.³¹ Henry Warburton, the MP for Bridport, headed the committee, and he strongly sided with the anatomists.³²

²⁵ Macnee, *Trial*, 31.

²⁶ *Ibid.*, 134.

²⁷ *Ibid.*, 199.

²⁸ Hutton, *The Study of Anatomy*, 78.

²⁹ Richardson, *Death, Dissection and the Destitute*, 107

³⁰ Hutton, *The Study of Anatomy*, 72.

³¹ Richardson, *Death, Dissection and the Destitute*, 101

³² *Ibid.*, 108

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The Select Committee gathered evidence and opinions over a period of several months on topics that preoccupied medical and political minds, including “the overwhelming necessity for anatomical knowledge and enquiry, the difficulties involved in obtaining a regular supply of bodies for dissection, and the ‘distress’ experienced by anatomists in having to deal with resurrectionists.”³³ Anatomists, surgeons, and medical schools wasted no time in sending the Committee their opinions and worries in hopes of prompting a favorable response. An anatomy professor at an Oxford school claimed that a dissection had not occurred in five to six years due to the inability to obtain a subject.³⁴ The extreme shortage of bodies due to public vigilance concerned even Edinburgh, whose schools enjoyed a reputation of medical excellence, that the damage would set back England’s medical advancements and prestige worldwide.³⁵ Months later, Edinburgh’s reputation was be colored by the actions of Burke and Hare and, to avoid such horror again, this prompted a push for acceptance of the Anatomy Act. Using the evidence presented to the Committee, they composed a report on how to address the situation.

The report’s creation drew heavily from the famous utilitarian philosopher Jeremy Bentham’s work.³⁶ The Committee’s focus centered on the need for a new source of dissection material. By providing a new source, they hoped to address both the lack of bodies while also removing the need for resurrectionists. In doing this, they would continue to promote anatomical and medical learning while satisfying all parties involved. Except as the Committee explored where the bodies would come from, apprehensions across England rose dramatically. These apprehensions were mainly held by the poor, who suddenly became the focus as a dissection source.

³³ Richardson, *Death, Dissection and the Destitute*, 120.

³⁴ Hutton, *The Study of Anatomy*, 53.

³⁵ Richardson, *Death, Dissection and the Destitute*, 101.

³⁶ Marshall, “Organs for the Body”, 75.

The Committee was warned that public prejudice against dissection was so strong that violence would likely ensue if they pursued the idea of using pauper bodies. The Committee ultimately chose to ignore this warning, believing that the prejudice was simply due to the association of a murderer's punishment.³⁷ Jeremy Bentham recommended that hospital patients should be required to give consent to dissection after death in order to receive treatment; Sir Astley Cooper, a respectable and prominent medical professional, argued for the use of the corpses of the poor who could not pay for their own funeral; Dr. Thomas Southwood Smith, a physician and sanitary reformer, argued that this would be the very poor's compensation for their cost to society and contribution to medical knowledge, not an uncommon argument at the time.³⁸ In the report produced by the Committee in 1828, the Committee wrote that "[W]hat bodies ought to be selected, but the bodies of those, who have either no known relations whose feelings would be outraged, or such only as, by not claiming the body, would evince indifference on the subject of dissection [?]"³⁹

This report outlined four sections that began by recommending paupers' bodies "should, if not claimed by next of kin within a certain time after death, be given up, under proper regulations, to the Anatomist".⁴⁰ It continued to say how this would provide a better body supply and, therefore, remove the need for the resurrectionists. Preventing the suffering of the community, which bodysnatching and "burking" were doing (although "burking" occurred after the report was published, it affected the community in no small part), and stipulating

³⁷ Knott, "Popular Attitudes to Death and Dissection", 5.

³⁸ Richardson, *Death, Dissection and the Destitute*, 50-1, 110; Sambudha Sen, "From Dispossession to Dissection: The Bare Life of the English Pauper in the Age of the Anatomy Act and the New Poor Law," *Victorian Studies* 59, no. 2 (2017): 235.

³⁹ House of Commons, *Report*, 10.

⁴⁰ House of Commons, *Report*, 9-10.

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that the feelings of relatives would be the basis of selection criteria made up the last parts of the report. The report offered several suggestions, such as repealing the murderer clause, to remove the negative public perception.⁴¹ The Select Committee used this report to shape the Anatomy Bill, also known as the Warburton's Bill due to his hand in its creation. The bill added some of the recommendations, but lawmakers decided against removing the murderer clause. It also maintained an air of ambiguity, especially around the word 'claimed' and how feelings would determine selection, to give the bill more flexibility and, hopefully, support.⁴²

As the bill was introduced to the House of Commons, medical professionals, newspapers, and students sent their praises. One such praise, from a prominent weekly medical journal named the *London Medical Gazette*, advocated for the bill in response to the fear of losing English medical prestige: "The great deficiency in the education of medical students in England is in anatomical instruction...the prejudices of the public...hurt English anatomy when there was a perceived need for dexterity with the knife."⁴³ Still, not all medical and political figures were in support of the Anatomy Bill. Politicians worried about backlash from their constituents, especially riots from the poor, and the exact wording of the bill. Thomas Wakley, a surgeon and editor of *The Lancet*, another prominent weekly medical journal in England, was in favor of anatomy and dissection reforms. However, Wakley adamantly opposed the Anatomy Bill which he considered "the Midnight Bill, or the Murderers' Bill, or the Fools' Bill; for a blacker measure, never received the sanction of the 'Collective Wisdom'."⁴⁴ The poor in workhouses

⁴¹ House of Commons, *Report*, 11.

⁴² Richardson, *Death, Dissection and the Destitute*, 123.

⁴³ "Medical Education in England", *London Medical Gazette* 1 (8 December 1827): 10.

⁴⁴ Thomas Wakley, "The Lancet: London, Saturday, May 24, 1828," *The Lancet* 12, no. 299 (May 1829): 241-242.

were horrified by the bill. Those of the St. Ann, Blackfriars workhouse petitioned Parliament in 1829, expressing their disbelief that the bill would be “thereby subjecting the unfortunate and destitute, though not criminal poor to the same public Ignominy after death as the felonious murderer and assassin.”⁴⁵

Despite protests, the bill passed through the House of Commons but was defeated in the House of Lords in June 1829.⁴⁶ In the decision to not remove the murderer clause, the first bill had erroneously classified the poor “alongside the worst criminals, as potential subjects for dissection.”⁴⁷ The bill’s failure was due to the Lords’ shared responsibility towards the poor and, in no small measure, to Thomas Wakley’s vicious opposition in *The Lancet*. This setback did not stop Warburton as he continued to revise the bill and wait for the right time to reintroduce it.

In May of 1832, the first documented case of Asiatic cholera in Liverpool occurred.⁴⁸ Over a thirteen-day period in late May to early June, intense rioting took place as the public feared that physicians were infecting patients to use them for dissection.⁴⁹ The impact of Burke and Hare and the Anatomy Bill’s recommendation to use the hospital dead was fresh in the minds of those facing cholera. Eight major riots, with screams of “bring out the Burkers” and violence towards hospitals and physicians, took place around Toxteth Park Hospital.⁵⁰ The *Liverpool Mercury* reported that “amongst great numbers of the lower classes in

⁴⁵ Great Britain, House of Commons, *Journal of the House of Commons* Vol. 84 (London, 1829), 178.

⁴⁶ Hutton, *The Study of Anatomy*, 77.

⁴⁷ Richardson, *Death, Dissection and the Destitute*, 114.

⁴⁸ Sean Burrell and Geoffrey Gill, “The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection – Medical Mistrust and Civil Unrest,” *Journal of the History of Medicine and Allied Sciences* 60, no. 4, (October 2005): 482.

⁴⁹ *Ibid.*, 485-6.

⁵⁰ Burrell, “The Liverpool Cholera Epidemic of 1832”, 485-6.

this town the idea is prevalent that cholera is a mere invention of the medical men to fill their pockets,” and the sufferers were “victims of experiments while living and subjects for the dissecting knife when dead.”⁵¹ The riots and fear were not contained to just Liverpool; across Britain riots occurred in response to what the people viewed as a ploy by physicians to get dissection material.⁵² The riots in Liverpool ended as quickly as they began as cholera’s prevalence started to decline. Parliament was struck by the violent response of the people, especially considering the Committee’s Report had promised the Anatomy Bill’s passage would fix these fears.⁵³

By 1832, political attitudes towards the poor began to change and the anatomists’ continued argument for governmental action began to shift opinions and ideas in Parliament. Warburton began to navigate Parliament more effectively to further the Anatomy Bill.⁵⁴ He had also adjusted his second bill to read “anatomical examination” in the place of “dissection” to further ambiguity and remove the bill from the association of punishment “dissection” brought forth.⁵⁵ Those in support of the bill also accused opponents of ignorance, discrimination, misinterpretation, insincerity, and of attempting to set back British medical learning.⁵⁶ Only three days before the 2nd Anatomy Bill was accepted by both Houses, Lord John Russell introduced the third Reform Bill which became the focus of the public, which in turn helped pass the bill.⁵⁷ The Anatomy Bill officially passed as law and became the Anatomy Act on August 1st, 1832.⁵⁸

⁵¹ Hutton, *The Study of Anatomy*, 85.

⁵² Burrell, “The Liverpool Cholera Epidemic of 1832”, 491-2.

⁵³ Burrell, “The Liverpool Cholera Epidemic of 1832”, 498.

⁵⁴ Richardson, *Death, Dissection and the Destitute*, 199.

⁵⁵ *Ibid.*, 204.

⁵⁶ *Ibid.*, 203.

⁵⁷ Richardson, *Death, Dissection and the Destitute*, 194.

⁵⁸ Knowles, “A Certain Portion of the Whole”, 24-5.

The Act allowed the use of “unclaimed” poor from workhouses to be used as dissection materials. Within its nineteen clauses, the Anatomy Act described how this process was to be conducted. After stating the reasons behind the legislation, section two appointed inspectors to regulate the medical schools and anatomists.⁵⁹ Section nine and onward was used to explain how the bodies would be treated once selected. Section nine stated that “the body of any person [shall not] be removed for anatomical examination...until after forty-eight hours” from the time of death.⁶⁰ Section thirteen required that dissected bodies be interred within six weeks of being received by the anatomists.⁶¹ To help remove the stigma surrounding dissection, section sixteen repealed the murderer clause of the Murder Act of 1752.⁶² The Act as a whole remained ambiguous, vague, and focused on post-dissection specifics, like regulation and burial, rather than how the bodies were to be chosen. Individuals were to express their dissent to anatomization, in writing or verbally, to be exempt, but workers were not required to make the very poor aware of this.⁶³ The Act also did not require that family be notified after a death, so their absence could be taken as acceptance for dissection. In addition, the Act did not strictly ban the practice of grave-robbing. In fact, it ignored the practice almost entirely.⁶⁴

Anatomists, surgeons, and medical schools were, by and large, pleased with the Act. One medical professional published his praises to the *Medico-Chirurgical Review and Journal of Practical Medicine* that “the passing of such an Act is a sort of era in medicine, and one

⁵⁹ Great Britain, *The Anatomy Act, 1832 ; the Pharmacy Act, 1852 ; the Pharmacy Act, 1869 ; the Anatomy Act, 1871* (London: H.M.S.O., 1832-71), 903.

⁶⁰ Great Britain, *The Anatomy Act, 1832*, 904.

⁶¹ *Ibid.*, 905.

⁶² *Ibid.*, 906.

⁶³ Hutton, *The Study of Anatomy*, 80.

⁶⁴ Richardson, *Death, Dissection and the Destitute*, 207.

illustration, among many, of the growing intelligence of legislators.” He proceeded to write that “on these accounts we hail the Act as a boon, no, not a boon, but a tribute to the majesty of truth, a concession to the interests of science, a triumph to intellect and civilization.”⁶⁵ While energetic in his wording, the consensus of the medical community was along these lines. Removing the surgeons’ and anatomists’ connection with resurrectionists and the body trade was the first step in elevating the position of medicine to respectable society.⁶⁶ The poor, on the other hand, were appalled by the passing of the Act.

Petitions began to flood Parliament from the poor in workhouses who “regarded the Bill as a ‘gross violation of the feelings of our poorer brethren’, and one which encouraged ‘a heartless system of infidelity, which would have us repudiate the blessed hope of immortality, and place ourselves on a level with the beasts that perish’.”⁶⁷ Cobbett’s *Two-Penny Trash* sent its own petition to the King about the “sacrilegious bill” that brought horror to the poor.⁶⁸ Repeatedly, the very poor attempted to remind Parliament of its responsibility to protect and defend the poor, but their pleas fell on deaf ears and were largely ignored.⁶⁹ All most people knew of the Act was that it allowed workhouse unclaimed to be dissected; the specifics were often unexplained and kept the very poor in the dark. Places, like workhouses and churches, were required to have a summary of the Anatomy Act posted for the poorest to view, but the language of the Act was purposefully confusing and did little to educate the poor about their new state.⁷⁰ While much was left unexplained to the terrorized poor, they innately understood the difference between a

⁶⁵ “LIII. The Anatomy Act,” *Medico-Chirurgical Review and Journal of Practical Medicine* 34, no. 17 (October 1832): 566.

⁶⁶ Marshall, “Organs for the Body”, 79.

⁶⁷ Richardson, *Death, Dissection and the Destitute*, 178-9.

⁶⁸ Cobbett, *Two-Penny Trash*, 287.

⁶⁹ Richardson, *Death, Dissection and the Destitute*, 188.

⁷⁰ Hurren, *Dying for Victorian Medicine*, 21.

‘pauper funeral’ and an ‘anatomical burial’.⁷¹ Dissection, in the eyes of many of the paupers, would deprive them of their personhood and reduce them to body parts without a whole.⁷²

For the middlemen, often the city politicians and workhouse masters, the issue was fiercely debated, especially due to the close proximity they held to the very poor. Some welcomed the Act as a way to end bodysnatching and took steps to ensure its implementation in the workhouses.⁷³ Countless others refused to send the unclaimed poor to the anatomists, choosing instead to bury the bodies.⁷⁴ The resistance to sending bodies for anatomization resulted in an unexpected shortage that continued to further bodysnatching through the first decade of the Act’s establishment.⁷⁵ In fact, only when the poor were kept unaware of their ability to refuse dissection and the workhouse leaders supported the Act was a sufficient number of bodies available for the schools.⁷⁶ This in its inability to force compliance or dictate where the bodies would go in order to prevent a monopoly remained one major problem with the Act.⁷⁷

Anti-dissection riots continued to break out across the United Kingdom after the introduction of the Anatomy Act.⁷⁸ The workhouse fate so terrified the poor that they turned to starvation, prostitution, and suicide to avoid “the House”.⁷⁹ The common understanding was that entering the workhouse required giving up personal belongings, which was a form of social embarrassment, but that a ‘pauper burial’ would still be given.⁸⁰ The Anatomy Act deprived paupers access to popular death

⁷¹ Hurren, *Dying for Victorian Medicine*, 57.

⁷² Sen, “From Dispossession to Dissection”, 248

⁷³ Richardson, *Death, Dissection and the Destitute*, 230.

⁷⁴ Hutton, *The Study of Anatomy*, 91, 99-100.

⁷⁵ Richardson, *Death, Dissection and the Destitute*, 245.

⁷⁶ Hutton, *The Study of Anatomy*, 91.

⁷⁷ Richardson, *Death, Dissection and the Destitute*, 240.

⁷⁸ Knott, “Popular Attitudes to Death and Dissection”, 10.

⁷⁹ Richardson, *Death, Dissection and the Destitute*, 279.

⁸⁰ Sen, “From Dispossession to Dissection”, 236,

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culture traditions by removing their assumed right to a burial and disregarded their long-sought desire for closure.⁸¹ The Act's lack of specificity on key clauses, such as the meaning of "unclaimed", ignited further resistance. In the years after the Act's passage, "claiming" was taken to solely mean close relatives who would pay the cost of the burial, not friends nor distant relations merely accompanying the workhouse funeral.⁸² This excluded many of the pauper's only resources and destined them to dissection.

The vehement hatred towards what the poor viewed as a class bias in the Act was not displaced. Out of 57,000 bodies dissected within the first hundred years of the Act's implementation, "less than *half a percent* came from anywhere other than institutions which housed the poor."⁸³ The violence surrounding the Act's acceptance came as a shock to many in Parliament and the medical community and the resistance to dissection by parish leaders led to a shortage few expected. Through these, the Act failed, both in its promise to remove the need for resurrectionists and its claim that it would provide a more stable source of bodies. However, the Act did succeed in one of its goals: furthering the medical and anatomical knowledge to heighten English prestige.

The rapid advancements of 19th century medical education were brought on largely by surgeons who were seeking to better their trade.⁸⁴ Surgery, as mentioned before, was concerned with speed and skill, which were viewed as the crux of surgical learning. Operative surgery was sickening, filled with painful screams, and, for the public, something never to be endured.⁸⁵ Most people saw surgery simply as live butchery

⁸¹ Sen, "From Dispossession to Dissection", 245.

⁸² Richardson, *Death, Dissection and the Destitute*, 123-4.

⁸³ *Ibid.*, 271.

⁸⁴ Hurren, *Dying for Victorian Medicine*, 81.

⁸⁵ Lindsey Fitzharris, *The Butchering Art: Joseph Lister's Quest to Transform the Grisly World of Victorian Medicine* (New York, NY: Scientific America, 2018), 5.

and associated it with experimentation and high mortality.⁸⁶ In 1824, Dr. Thomas Southwood Smith remarked that if corpses from the body trade were not used, then a surgeon's skill would be proved on living experimentation, something many already assumed was occurring.⁸⁷ Despite this, the public saw the necessity of dexterity in surgery and agreed that dead bodies, rather than the living, should be used to achieve this.⁸⁸ In part, the body trade was fostered due to a surgical desire to practice and learn. This surgical dependence later transferred to the Anatomy Act. Edinburgh, which became the global headquarters for cutting edge surgery, owed its reputation to the multitude of corpses brought there by bodysnatchers.⁸⁹ Its reputation continued to grow and expand as the Anatomy Act took over providing a legal avenue to dissection material.

Surgery's educational path dynamically evolved as new requirements and better methods were introduced. Students often assisted and learned in teaching hospitals where they were exposed to a multitude of procedures and opportunities to dissect. Through the Anatomy Act, the unclaimed of the hospital dead were sent to dissection rooms to further teach the students surgical precision and anatomical features.⁹⁰ As the status of the surgeon rose, so did the heightened preoccupation with increasing the knowledge and usefulness of surgery. Students, like the famous Joseph Lister who later created the valuable technique of antiseptic surgery, were expected to practice and contribute to a field that was beginning to expand at a rapid rate.

Surgery was a deadly event, both for the practitioner and patient, due to the lack of antiseptic precautions and the surgeon's limited

⁸⁶ Richardson, *Death, Dissection and the Destitute*, 44.

⁸⁷ Marshall, "Organs for the Body", 76.

⁸⁸ Richardson, *Death, Dissection and the Destitute*, 120.

⁸⁹ Fitzharris, *The Butchering Art*, 96.

⁹⁰ *Ibid.*, 56.

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knowledge of practical anatomy.⁹¹ The risk associated with dissecting was compounded by the lack of hygienic practices. Professors were quick to warn their students of the very real possibility of death connected to dissections.⁹² Despite this, students continued to attend medical school and sought to understand more of the human body. The Anatomy Act's influence provided the questioning surgeons with the raw material to expand their knowledge and their trade.

The new access to material was met with a problem of waste as students were used to carelessly hacking away at corpses with little care for what they were doing and how they were doing it.⁹³ In 1834, many of the medical schools reported that there was still an inadequate number of corpses to meet the demand of their students.⁹⁴ Combining the inadequate supplies with the typical haphazard method of dissection done by the students, a major problem concerning waste was evident. Even more concerning, however, was what little the surgeons learned through such careless dissection. The inadequate supply could not support such wasteful actions that contributed little to surgical knowledge and gain. Combating this problem became a primary focus of senior surgeons and professors. This resulted in better teaching, stricter rules about dissections, and illustrated guidebooks, like the famous *Gray's Anatomy*.

Gray's Anatomy, published in London in 1858, was created as a guidebook for students to use during anatomical dissections.⁹⁵ Through detailed illustrations, the book explored human anatomy and instructed students on what they should be observing as they dissected. *Gray's*

⁹¹ Fitzharris, *The Butchering Art*, 5.

⁹² *Ibid.*, 41.

⁹³ *Ibid.*, 36.

⁹⁴ Knowles, "A Certain Part of the Whole", 166.

⁹⁵ Ruth Richardson, *The Making of Mr. Gray's Anatomy: Bodies, Books, Fortune, Fame* (Oxford: Oxford University Press, 2008), 5.

Anatomy was not the first of its kind, but it was one of the most successful, with editions continuing to present time. Over the course of two years – 1856-1857 – Dr. Henry Gray and Dr. Henry Vandyke Carter developed over 360 diagrams from dissections of the unclaimed provided by the Anatomy Act.⁹⁶ These illustrations were combined with text to explain the function, structure, and features of each specific part. The publication of books such as *Gray's Anatomy* was an additional source of learning and understanding and a hopeful prevention against the customary dissection waste.⁹⁷

English medical prestige and knowledge continued to grow rapidly after the introduction of the Anatomy Act. New inventions in the field of surgery and medical care often stemmed from practice in dissection and exploratory anatomical examination. Public perception of the Act wavered and split, with the upper- and middleclass growing weary of the poor's pleas and the poor resisting workhouse entrance and continuing their urging for action. Unfortunately, few records are available regarding what the very poor felt as time progressed from the implementation of the Anatomy Act, but by their continual riots and pleas it is assumed that paupers never accepted the terms of the Act.

The Anatomy Act did not fulfill all it had promised, but the rapid explosion in medical knowledge and practice was achieved as surgery flourished under the legalization of a cadaver source. The violent beginnings of the Act and its controversial nature further changed society and medicine, especially through the ramifications of the Act. The very poor were separated and designated to the dissection table, a fate once seen as punishment, while the medical community explored revolutionary findings and methods. The gap within societal status widened while the medical profession reached levels of respectability and knowledge it had not acquired before.

⁹⁶ Richardson, *The Making of Mr. Gray's Anatomy*, 138.

⁹⁷ Richardson, *Death, Dissection and the Destitute*, 179.