Hurren ET. Dissecting the Criminal Corpse: Staging Post-Execution Punishment in Early Modern England. Basingstoke (UK): Palgrave Macmillan; 2016.

Chapter 4 Delivering Post-Mortem 'Harm': Cutting the Corpse

Introduction

The iconic image of the criminal corpse has been closely associated in historical accounts with one legendary dissection room in early modern England. Section 1 of this fourth chapter revisits that well-known venue by joining the audience looking at the condemned laid out on the celebrated stage of Surgeon's Hall in London. It does so because this central location has been seen by historians of crime and medicine as a standard-bearer for criminal dissections covering all of Georgian society over the course of the long–eighteenth and early–nineteenth centuries. It is undeniable that inside the main anatomical building in the capital an 'old style' of anatomy teaching took place on a regular basis under the Murder Act. This however soon proved to be a medico-legal shortcoming once a 'new style' of anatomy came into vogue during the 1790s. By then leading surgeons that did criminal dissections were being tarnished with a lacklustre reputation, even amongst rank and file members of the London Company. This meant that their medico-legal authority was increasingly dubious. It transpired that their traditions were too conservative at a time when anatomy was blossoming across Europe. As it burst its disciplinary boundaries, embracing morbid pathology with its associated new research thrust, London surgeons started to look lacklustre. A prime location of post-execution 'harm' that has dominated the historical literature does not then on closer inspection merit its long-term reputation for teaching and research excellence. Progressively, Surgeon's Hall was over-shadowed by the rising prominence of provincial theatres in the North, South and Midlands of England too. There, criminal dissections served an expanding medical sector by 1800.

A selection of bodies distributed along this complex supply chain, presented in Section 2, illustrates the sorts of penal surgeons that actually handled the criminal corpse in the provinces. To establish a good business reputation for medical innovation it was important to be seen to receive bodies from the hangman in a local area on a concerted basis. Career-standing was more and more dependent on the publication in the medical press of cutting-edge post-mortem work. As that sector of newsworthy information expanded, the medical establishment started to change its views with regard to the anatomical value of criminal dissections staged outside of London. They were no longer seen as necessarily second-rate. At the same time, a conjunction of socio-economic factors slowly altered the financial calculations of surgeons that worked from provincial business premises. The fiscal situation was that those who had trained in the capital and became officially licensed as surgeons were still obliged to serve at Surgeon's Hall in London. On a rotational basis company members had to take their turn about once every five years to act as either Master of Anatomy, or perform a supporting role, for a dissecting season. Many however elected to pay a substantial annual fine, rather than temporarily relocating their households to the capital. Keeping the loyal custom of wealthier consumers meant that many penal surgeons were reluctant to move far from the vicinity of home in a competitive medical marketplace. Few wished to neglect the local hangman's tree either since they relied on that supply to publish original findings. Those that remained *in situ* avoided the expense of a locum and established their credentials in the neighbourhood. They were in a more positive business position to provide a bespoke service that nurtured the goodwill of their fickle patients. It was then serendipitous that a lot of provincial penal surgeons found themselves advantaged by the fact that by the early nineteenth-century more condemned bodies were being supplied from the local gallows rather than execution sites in the capital: a sentencing trend that justified them making a business decision to stay in the provinces (see, Chapter 5 for timings and supply figures). This complex commercial backdrop complicated the medico-legal duties and official reach of penal surgeons in practical terms. Hence, the historical prism of criminal dissections reveals the changing surgical nature of central-local relations understudied in eighteenth-century histories.

How then to cut the corpse to make maximum use of its research opportunities, is the focus of Section 3's discussion. The career path of Sir William Blizzard, introduced in Chapter 2 and expanded on here, illustrates how a leading figure that worked from Surgeon's Hall was very critical of the criminal code's underlying ethos. He, like many other penal surgeons, started to question the nature of the discretionary justice in their hands, and how exactly to cut up the criminal corpse to dissect and dismember it. This discussion mattered because it symbolised changing attitudes to medicine and society inside and outside the surgical community. The medico-legal purpose of post-mortem 'harm' was redefined in practical terms. It will thus be shown that from the 1760s there were a lot of medical debates about

what 'anatomization' as a legal duty actually entailed and how it should differ from dissection. These private discussions were revealed in the press as a result of one of the most infamous murders of the period committed by Earl Ferrers of Staunton Harrold in Leicestershire. He was tried in a high-profile murder case in London. As a peer of the realm the anatomical fate of his body gave rise to considerable public speculation about how much each criminal corpse should be punished by the lancet. In the course of which, working methods were clarified, particularly in relation to class. Altogether, seven anatomical methods were described under the Murder Act for the first time, and these related to agreed guidelines about cutting up the condemned.

At the heart of all of these material reveries, novel anatomical angles were exposed—outside/inside—dorsal side/ventral side—supine/prone. In terms of public consumption early modern audiences found new ways of seeing the '*dangerous dead'*. It was the promise of engaging with the material demise of the deviant that captured the attention of many diarists of the period too. Their recollections frame this chapter's focus on first-hand and hands-on experiences of dissection. Often commentators admitted in private how much 'public curiosity' they observed. It appears to be what motivated many ordinary people to enter Surgeon's Hall. In time, those with 'natural curiosity' went further afield as well. Elsewhere, new, and sometimes, more intense, emotional experiences were being staged. By 1800, compelling home-grown murders, and the strong reactions they generated, shifted press attention from London reporting to the English regions. These contemporary developments reflected how much, as Fay Bound-Alberti observes: 'as objects of scientific knowledge, emotions were (and are) unstable and transient experiences' that nonetheless are no less deserving of historical attention since all human beings encounter 'emotions as sensory, embodied experiences' especially when confronted by a fresh corpse that reminds them of their mortality.[1]

Under-Door at Surgeon's Hall

> *15th September 1773:* Saw two men hanged for murder. I should not have gone if it had not been reported that they intended to make some resistance. Was afterwards at the College [of Surgeon's Hall] when the bodies were received for dissection. They bled on the jugular being opened, but not at the arm.[2]

Silas Neville in his private diary styled himself a radical. As a medical man of fashion he also followed the anatomical entertainments in the capital. During the London season from 1767 to 1773 his diary entries were all about the new sensation of seeing criminals dissected. Silas obtained his MD at Edinburgh and then he moved down to London, where he walked the wards of St. Thomas's Hospital as a pupil. This was on the recommendation of his friend and mentor, the Scottish professor of medicine, William Cullen (1710–90).[3] His theatrical taste for medical dramas often reflected how his working life blurred with his private tastes. In early September 1767, for instance, he wrote that he suffered from painful toothache, bought a quack remedy from Elizabeth Miller of Whitechapel, and drank at the Chapter Coffee house in Paternoster Row near St. Paul's Cathedral. Here he mixed with penal surgeons that peopled Child's Coffee-House and attended Surgeon's Hall close to the Old Bailey criminal court.[4] An inveterate gossip, Silas gleaned privileged medical news, and was given tickets for the latest criminal dissections like that of Elizabeth Brownrigg found guilty of murder:

> *Wednesday 16 September 1767:* After waiting an hour in the Lobby of Surgeon's Hall, got by with great difficulty (the crowd being great and the screw stairs very narrow) to see the body of Mrs. Brownrigg, which, cut as it is, is a most shocking sight. I wish I had not seen it. How loathsome our vile bodies are, when separated from the soul! It is surprising what crowds of women and girls run to see what usually frightens them so much. The Hall is circular with niches in which are placed skeletons.[5]

Silas was 'curious', pushing up a narrow spiral staircase. He claimed to be shocked by the bloody scene. This private admission is striking, given his medical training in basic human anatomy at Edinburgh. Either he was being disingenuous writing for posterity in his diary or his surprise was genuine. Like many medical students he had studied '*living-anatomy'* which involved looking at the major organs in the body but not '*extensive dissection*'.[6] He was also used to a male-privileged anatomical training, and this explains why it was disturbing for him to see women and girls running to partake of the post-execution spectacle. Helpfully he recorded in some detail the competing 'entertainments' on offer in the vicinity of Surgeon's Hall in 1767. These included a 'collection of curiosities' that he paid to go round at Pimlico featuring 'Birds' that had been dissected. They were part of a travelling exhibition of 'animals preserved in spirits' that he had first seen 'in the Haymarket'. In theatre-land he likewise bought a ticket for the 'Pit' to see Mary Ann Yates (one of the greatest tragic actress of her day) in a 'Pantomime' called 'Harlequin

Skeleton'. She was, he remarked, an expressive actress. Her eyes he thought 'particularly affecting' even if the storyline was in his opinion 'foolish'.[7] We have already seen how Georgian theatrical shows often linked the world of medicine to that of dramatic storytelling on the London stage. The meaning of the word 'theatre', as Andrew Cunningham observes, meant 'literally a *place for seeing*'.[8] Surgeon's Hall was thus conveniently close to the main playhouses of the capital. If audiences were eager to pack out dissection venues, then why not exploit their macabre taste for shocking out of body experiences by featuring the dancing skeletons of infamous criminals on the stage.

Silas Neville said he disapproved of this macabre theatrical consumption: a predictable attitude perhaps for a 'gentleman' expected to act with 'good sense' and 'decorum' in Georgian society. Even so, his private musings are in many respects an historical prism of broader cultural trends. Like many contemporaries, Silas had a 'natural curiosity' and this overrode his personal misgivings. Few missed out on the anatomy theatre's fare that everyone was talking about in the Coffee Houses. The gossips speculated about how best to cut the corpse open and whether penal surgeons could revive the condemned before proceeding to post-mortem punishment. These medical conundrums were likewise debated in the provinces: a perspective often neglected in crime studies. John Baker in 1773, an attorney from Horsham, and like Silas Neville a diarist, noted carefully how the penal surgeons in Sussex generally bled the executed man before a full-scale dissection: 'After Cannon had hung half an hour, he and two others were cut down when Mr Reid, the older, and Dr Smith and three others of the faculty bled him and carried him to Mr Reid's and tried blowing and other means to recover him, but all ineffectual'.[9] The fact that it was standard practice to do this, sets in context that there were medical fashions at criminal dissections adopted everywhere.

The eighteenth–century was seen by many commentators as an era of conspicuous medical consumption. This allowed diarists to justify their theatrical tastes as social commentary. Frequently, they featured the architectural scaffold of punishment venues and to delve inside we need to follow suit in the capital before comparing conditions in the provinces. It happened then that a history of London written in 1790 praised the central location and convenient setting of Surgeon's Hall (see, Figure 4.1):

> On the outside of *Ludgate*, the street called the *Old Bailey* runs parallel with the walls [of London] as far as *Newgate* …The *Sessions House*, in which criminals from the county of *Middlesex* and the whole capital are tried, is a very elegant building, erected within these few years. The entrance into it is narrow so as to prevent a sudden ingress of the mob… By a sort of second sight, the *Surgeon's Hall* was built near this court of conviction and *Newgate*, the concluding stage of the lives forfeited to the justice of their country, several years before the fatal tree was removed from *Tyburn* to its present site. It is a handsome building, ornamental with iconic pilasters; and a double flight of stairs to the first floor. Beneath is a door for admission of the bodies of murderers and other felons; who noxious in their lives make a sort of reparation to their fellow creatures by being useful in death.[10]

Most diarists visiting from the provinces devoted time to seeing the impressive scale of the medical architecture and their theatrical enticements inside. When Richard Hodgkinson steward to the wealthy Hesketh family (major landowners in Hereford and Leicestershire) came to London on business in March 1794, he wrote that taking a medical tour of the capital was very fashionable. His carriage drove past St. Bartholomew's Hospital, the Blue Coat Hospital nearby, and then surveyed the Old Bailey on a morning's outing: 'This [the courthouse] is an immense piece of a Building being as I conjecture about 160 yards in front'. Surgeon's Hall he said was renowned as a major tourist attraction for the *beau monde*; together the courtroom and theatre next door occupied a distinctive urban space. By the 15 March, Hodgkinson had obtained tickets for the most popular lecturers on anatomy: 'Mr Johnson called upon me and took me to the lectures of Dr [George] Fordyce's'. The theme was '*The Death of the Patient*' and Hodgkinson followed the crowd avid for more information about resuscitation methods.[11] Surgeons, he observed in his letters home, had three key sources of supply: they obtained bodies that died within the City of London area and were handed over by customary right. By tradition there were also permitted to acquire corpses retrieved from Execution Dock. These were the bodies of those sailors that murdered which came under the Admiralty court jurisdiction or they were a civilian convicted of homicide having killed someone on the high seas and therefore were dealt with by the Navy. A third source was cadavers sent via the criminal justice courts, hanged either at Tyburn until 1783 (on the site of Marble Arch today) or thereafter at Newgate prison (next to the Old Bailey). This basic geography (refer Figure 4.1) confirms that anatomists favoured a door-step business of supply: a trend under the Murder Act that continues today. It ensured that corpses were fresh on arrival and the close proximity limited bad publicity. For a square mile around Surgeon's Hall shuffling around available criminal corpses was the norm.

It has been estimated using the Surgeon's Company financial records that some 80 bodies were sent for criminal dissection in the fifty years after the Murder Act.[12] It is in fact difficult to be precise about the exact numbers because of the surreptitious nature of body deals. The man in charge was the Beadle of Surgeon's Hall. He was pivotal to the criminal corpse's punishment. Being Beadle to the surgeons was an important ceremonial role. The person appointed walked to the Guildhall on feast or religious days or attend St Paul's marking City of London celebrations. Figure 4.1 illustrates the close geographical networks served by the Company Beadle; for it was he who scheduled all dissection work. In the histories of crime and medicine his role has often been understudied. Perhaps the Beadle's most important responsibility was to keep the key and unlock the '*Under-door*' at Surgeon's Hall. This entrance was at the street-level below the main double staircase in front of the building. As Silas Neville wrote, visitors had to climb a spiral staircase up into the anatomical theatre. So bodies had to come in via a trap-door because they were too heavy to lift up the narrow crowded stairwell. Generally a carriage drew up on execution days and a body was carried in by rough-hewn men known as '*black-guards'*. They were said to be of robust stature, 'as tall as they were wide', employed by the Beadle to secure bodies from the gallows. The *Annals of the Barber Surgeons* explains: 'The Beadle has always had his "house" at the Hall.'[13] He lived on the premises to maximise supply opportunities and so call the '*blackguards*' out. In typical petty cash entries in the Company of Surgeons accounts, 'Mr George Search' (an alias to denote his body-finding duties as *blackguard*) was paid '£1 16s 0d' on 21 May 1767, and in January 1768 '£0 5s 6d' for 'bringing the bodies' to 'John Wells the Beadle'. Another important discretionary activity was to distribute a petty cash purse. By tradition the hangman was 'entitled to the dead man's clothes' at executions. But in the scramble this could damage the body and result in the mob carrying it off in the fray. So the Beadle gave out gratuities giving 'him [the executioner] compensation' for clothing and belongings, and he invited the hangman 'to the Hall regularly for his Christmas Box'.[14] The Company recognised that there was no substitute for a personal connection. This ensured that each time a body became available it could potentially be made full use of on the premises.

The first task of the Beadle on hearing about an available body was to call upon 'Mr Bates the Constable' who helped to make the deals with the legal officials.[15] Thus for instance petty cash of '£0 15s 0d' was paid on 9 October 1765 for 'three Murderers' and in the same month, 'Paid Bates for wine for Anatomical Officers £0 3s 10d'. Often the Beadle called at the Coffee Houses inside the precincts of St Paul's Cathedral and settled the bill for entertaining the support staff like that on 13 May 1766 'Paid a Bill at Child's Coffee House on the Anatomical Officers £1 15s 3d'. In hotter weather getting a fresh body was thirsty work. Associated bills reveal that Bates, his fellow constables (usually no more than four at a time) and the *blackguards* on duty wrapped the bodies in a winding sheet to carry them aloft. Thus on 1 May 1762 the Beadle 'Paid for Linen used by the Anatomical Officers £1 10s 11d' covering transportation and swabs. Others in the chain of supply included those that were brought in a 'Shell'—this was an elm coffin, its waterproof wood resistant to leaking bodily fluids. It was usually hinged at one end to be recycled—typically, the Beadle 'Paid Marks the Undertaker on April 27 1765' for supplying a 'Body from Tyburn'. Generally such dissections were advertised in advance in the London press as a public relations exercise. The Beadle then called by Child's Coffee House to collect equipment needed for the dissection twenty-four hours later. On 18 September 1761 he thus paid for food and drink of '4s 6d' and 'Paid Edward Stanton the Cutter his Bill £1 8s'.

Record linkage work reveals that Stanton ran a lucrative business through the Saw and Crown public house on Lombard Street up the road from Surgeon's Hall. A surviving business card publicised his services as 'London Surgeons Instrument Makers' (see, Illustration 4.1).[16] He sharpened the dissection knives made blunt by sawing through bone, ribs and the skull. He also made bespoke lancets and midwifery kit. His exclusive contract with Surgeon's Hall was however renegotiated soon after Easter 1761 because Edward died. In his will he left a lucrative business to his sister Mary and her husband William Sparrow who then traded under the family name from St Paul's Churchyard conveniently next to Child's Coffee-House where the surgeons congregated after anatomical sessions.[17] Thus on 22 September 1756 the Beadle 'Paid for grinding of dissecting knives' some '4s'. He also ordered that the Hall itself had to be kept clean and so on 11 December 1756 'a woman was 'Paid £3 3s' the annual fee for sweeping up and washing the theatre. Another unnamed cleaner of lower status was given '8s for taking away the Dust 2 years to Xmas' in February 1762.[18] In fact the material waste at Surgeon's Hall was extensive, so much so, that it caused a local public health crisis. On 16 July 1766 the Beadle 'Paid a Sewer tax being the Company's proportion for drainage and cleansing the Common Sewer' down which they swilled with cold water, blood, tissue and, associated human waste in a culvert under Surgeon's Hall: we return to this theme later in this chapter when we explore how the body was cut to 'harm' it.

Inside Surgeon's Hall there were also expenses to be covered for the building fabric that made dissections feasible.[19] After the Murder Act on 9 July 1752 'Bowman the Smith' was paid to erect 'Iron Railings in the Theatre' anticipating

the need for greater crowd control at a cost of '£20 12s 6d'. The Beadle also had fixed in position better 'Lighting Lamps' outside and a man called 'Nash' charged '£6 8s at Michaelmas' for keeping the '*Under door*' well lit at night to receive criminal corpses. There are numerous petty cash payments for tallow candles made from beef or mutton fat too. They were cheaper to make and used a lot to light the theatre during long winter sessions. In a pre-refrigeration era it was also helpful that they could be stored for longer than wax candles in sealed containers. Coloured hot wax tended to be used as an anatomical preparation to make models. An ongoing expense from 1755 was glaziers' bills for 'mending and cleaning the windows' to ensure maximum daylight. The repair bill also covered broken glass because the crowd did sometimes stone the building to protest about a controversial criminal dissection. This sets in context a bill by October 1755 of '£2 7s 'for wire work to Iron rails' to better control the crowds determined to press forward inside the theatre. Most were eager to get closer to the body. In winter the room temperature was kept lower to try to counteract the body-heat of the audience and keep corpses fresh. In December 1753 it was so cold however that the Beadle decided to pay 'for Chocolate for Masters and Stewards of Anatomy'. A hot drink must have been welcome because later that month a decision was taken to then pay 'for a Stove for the Theatre' costing '7s'. In the bitter cold of December 1760 tellingly it was deemed necessary to obtain 'a Brazier for the Theatre 6s 6d', and this despite the ambient temperatures audiences generated on public days. The average quarterly 'Bill for Coals' by 15 January 1762 was an expensive '£23 12s 6d'. Additional features found in the petty cash accounts facilitate a reconstruction of the interior circular platform where the criminal corpse was displayed before dissection.

To enhance visibility a 'Horseshoe Table with Black Leather' was placed centre-stage, designed for '£5 5s' in 1767.[20] China and wooden dishes to collect organs and tissue specimens were placed on this main table, as regular bills for 'Turnery Ware' attest of '£3 9s 8d in 1768'. Helpfully, a bill survives for the 'Jack' that the blacksmith made for the Company to hoist up the corpses on 4 August 1752 costing '5s 6d'. The purchase suggests the company expected to be busier once the Murder Act came into force (Illustration 4.2).

Indeed the design-concept of the central table and pulley evidently worked because it was copied elsewhere, notably at Cambridge (see Illustration 4.3 below of the rotund). Likewise the Beadle paid for a large bundle of 'towels and sheets' costing '£3 12s 6d' and he popped along to the 'skeleton maker'. In the case of Thomas Wilford, the first corpse under the new capital legislation, the supply bills were:

Paid Bill for expenses of Thomas Wilford executed for murder	**£1 6s 2d…**
[hangman and constable-in-charge's supply fee]	
Paid Skelton Maker for Making Wilford's Skeleton	**£1 5s 0d**
[cleaning bones, boiling them, returned a month later]	
Paid for mounting Wilford's Skeleton, etc	**£4 14s 0d**
[famous murderers were set in circular niches with nameplates]	
Total cost:	**£7 5s 2d**[21]

On hand, was a sharp razor 'for shaving the body', generally done by the duty Master of Anatomy on arrival of the criminal corpse. Although a pencil sketch of an oval dissection table in use up to the 1760s was drawn by a visitor to the Hall, the horseshoe table design of 1767 soon became *de rigeur.* The Company made the change because most leading anatomy schools were introducing revolving tables to improve visibility, so a horse-shoe-design was seen as a distinctive innovation. The basic equipment at Surgeon's Hall looked a lot like that in the contemporary sketch which survives in the Royal College of Surgeons Museum Collection today.[22] These were arresting details that Hogarth had the foresight to satirise in his famous cartoon *The Reward of Cruelty* (1751) in Chapter 3. He however never knew how bodies in the supply chain arrived because the Company preferred to do its dealings in secret across London and use the Beadle to co-ordinate body trafficking long before the Anatomy Act.

In general, the Company discouraged individual surgeons from making supply deals at Newgate prison next door. It was easy to be tricked. The Beadle was far more worldly-wise in the subterfuge of body-dealing. One anecdote published in 1819 recalled the sort of double-dealing that could catch surgeons out under the Murder Act.[23] A convicted man described as a 'hardened villain was given a capital sentence and 'contrived to send for a surgeon…he offered his body for dissection after his execution for a specified sum'.[24] He wanted the surgeon 'to advance him the money immediately, that he might make himself while he lived, as comfortable as circumstances would allow'. The surgeon fell for the trick. He decided that since 'no person could present a better title to the body than the wretch who

offered to sell it' the proposal was profitable, but as a precaution he made the convict place 'his signature to a written article, which he thought would be legal' in exchange for the money. The surgeon then told a fellow member of the Company that he had made a great deal. But his friend was sceptical: 'He shook his head saying: *I am very apprehensive that he has tricked you, even under sentence of death*'. The criminal in question was so notorious that the judge had sentenced him to be '*hung in chains*'. There would be no body to collect because it was destined for the gibbet. The duped surgeon was furious and confronted the prisoner who 'confessed'. Laughing, he pointed out that since nearly all the money had been spent and he was already 'placed beyond the dominion of the law' by being condemned to die within days, it was hard luck. The Beadle by contrast knew by long experience and close personal ties which bodies to target and which not.

The Company members had the advantage of fostering corporate ties with the City of London Guilds. These personal connections facilitated the smooth running of body supply, display and disposal. It was the Carpenter's Company that provided the most support staff to Surgeon's Hall: a recent archival finding. John Hopper for instance was a carpenter who resided 'near the George' public house on Drury Lane in 1777 and he came on a regular basis to assist on dissection days.[25] So did Thomas Pacey and Thomas Mansell, fellow carpenters. Since coroner's records survive of these craftsmen serving together as jury-members at inquests into suspicious deaths, it is perhaps not surprising to discover that they were familiar with the 'view' of dead bodies in a dishevelled state.[26] Carpenters had two hands-on encounters with criminal corpses at Surgeon's Hall. They made the recycled coffin shells that were used to take what was left for burial after being '*dissected to the extremities'*. If the corpse could be kept for longer in the coldest winter months sometimes a carpenter's backboard was inserted under the spinal cord to keep the torso intact to protect the integrity of the human material for another dissection day. Once the surgeons had cut down to the bones, a carpenter's wooden cross was occasionally used to pin limbs to. That is, until the skeleton-maker came to collect them to be boiled down, wire them up, and then four weeks later brought them back to be displayed. There has been some historical dispute about how often bodies were dissected at Surgeon's Hall and whether extensive use was made of the potential teaching material, or not. The medical press and newspapers did consider some surgeons to be lack-lustre. Yet, payments to the carpenters for work on the premises, seems to have denoted a busy working-session. When less cutting was done it was because bodies tended to be in a bad shape on arrival at Surgeon's Hall, as we have already seen in Chapter 3. Another factor was how the theatre space at Surgeon's Hall was peopled. It determined expectations about how to dissect; something there had been a lot of ongoing discussion about amongst company members since the 1730s. It is then fortuitous that a major proposal to reform internal procedures has survived in the Halford collection at Leicestershire Record Office. There was it reveals an open-ended policy of continually modifying duties, reflecting the forward-thinking ethos of the Company until the Murder Act was passed. It then became somewhat conservative as a medical institution concerned to be seen as part of a new 'scientific' establishment. This stagnation meant that it lost credibility by the 1790s when it did not embrace 'new anatomy' with gusto. Revisiting therefore the reform proposals dating from the 1730s kept amongst the family records of Henry Halford pinpoints debates that did not abate about how exactly to cut the criminal corpse: this chapter's main focus.

Sir Henry Halford (1766–1844) was an ambitious medical man. In 1795, he made a fortuitous marriage to the Honourable Elizabeth Barbara St. John Bletsoe of Wistow Hall in Leicestershire. This propelled him into aristocratic circles. He used those connections to become medical adviser to the Royal family. Considered handsome, discrete, and talented, he was appointed as Regus Physician to four monarchs from George III to Queen Victoria. The young Henry evidently had innate surgical skills. He also benefitted from having a number of renowned surgeons on his paternal and maternal family-lines. These connections helped him to navigate a competitive medical market-place; training in Edinburgh, moving to London, but keeping his surgical links by marriage, with the Midlands. His grandfather, Henry Vaughan, ran a lucrative medical practice on the corner of New Street and Friar Lane in central Leicester in 1763. From here, he helped to found the Leicester Royal Infirmary in 1766. Strategically, this family background placed Henry at the centre of medical debates in provincial society and the capital. Amongst his collection of surviving family papers it is therefore instructive to rediscover that surgeons in his family had contributed to debates about the role of the Royal College of Physicians and its relationship with Surgeon's Hall. Starting in the 1730s, of particular interest, was how the London Company should be staffed in the decades running up to the Murder Act.

Henry Halford's surgical relatives took an avid interest in proposals to restructure anatomical teaching on criminal corpses in the capital. These have survived in draft form and in a final edited version. Their handwritten testimony permits us to gaze in through the windows of Surgeon's Hall at a pivotal time in the Company's internal restructuring and rebuilding work.[27] It should be stressed that the Halford surgical papers were never intended for public

consumption. They attest instead to the internal debates there had been about the teaching function of the Company and the format for public anatomy over the long eighteenth-century, but especially around the time of the Bloody Code. According then to the draft notes, at criminal dissections the corporate ambition was to reform the working-day as follows: the 'first professor of anatomy' to examine 'the parts' of criminal corpses 'during 2 hours not less every day so long as those Bodyes [sic] can be kept sweet' and 'afterwards' to dissect 'human preparations…[to] show where he could not upon the said Bodyes[sic]'. A second professor of anatomy was meanwhile to:

> Give 2 courses of all ye operating practical upon human Body (Those of the Bones excepted) with your instruments, operations, and dressing properly by belonging to every Respective operation of the Bodyes – [if] they cannot be kept sweet long enough, that he shall shew them in the best manner he can.[28]

A third professor was then to take responsibility for 'the ligaments of the Bones and other parts useful in the case of fractures and dislocations, and during the summer season give 2 courses on the human skeleton'. This together with instruction on 'dressing…& distemper and all ye Bandages observed in practice for your distempers of the human body'. If the Company acquired a female body then a fourth professor 'shall every year complete a course of midwifery viz two of these at Surgeon's Hall and 2 others in different parts of London and for the instruction of Midwives'. A fifth and sixth professor were then given the task of demonstrating 'all the other parts of surgery and compression under the foregoing head viz *Principia Chirurgrie'*. They were to give additional instruction in 'The Doctrine of Tumours, of Ulcers, of Wounds, and the apparatus and method for the cure of Distempers, the *material medica* and all the Chirurgical instruments'. These men were hence in ordered ranks to stand around the dissection table in the theatrical space (see, Figure 4.2). Their career standing and desire to reform working practices were together pivotal in the development of the sort of experiential routine this book has been recovering in the archives.

The draft notes make it clear that there were to be '3 demonstrators of anatomy and surgery and they shall be coequal, but to prevent confusion in the Discharge of their respective duties that Mr John Douglas and Mr Abraham Chovet shall prepare one private and one public Body and shall make the very best use that can be made of such Bodies'. John Douglas was a surgeon attached to the Westminster Infirmary, a Fellow of the Royal Society from 1720, and praised for lithotomy. He was expert at the removal of stones from the kidneys and bladder, a dangerous and highly-skilled surgical procedure in the eighteenth-century. Abraham Chovet meanwhile was a surgeon who lived in the central London parish of St-Martins-in-the-Field.[29] He was renowned in medical circles for displaying in 1733 an *Anatomical Venus*, the wax model of 'a woman…suppos'd open alive' which was used to reveal the circulation of the blood in pregnancy.[30] Their respective expertise explains why Chovet did the public anatomy days and Douglas the private dissection ones: each specialised in different types of post-mortem work. Douglas was tasked with checking on the medical status of the lifeless looking criminal corpse and then doing a dissection on the extremities. Chovet injected with coloured wax at which he was highly skilled and talked at public sessions on the general mechanics of the body. Behind Douglas and Chovet stood 'Peter Macculough [sic] shall in like manner…shew…such ligaments and joints of the Bones'. In several Old Bailey murder trials dated 20 April and 6 September 1737 he was a surgeon working in 'Westminster'.[31] He generally appeared as an expert witness in homicides, serving at coroner's hearings in the vicinity where he had conducted an autopsy into unexplained deaths. He was thus in an ideal position to journey with the criminal through the judicial system into the '*Under-door*' of Surgeon's Hall. And he did not do so alone.

This ritualised set-up depended on the assemblage of a large parade of Company members. They walked into and out of the premises in ranked formation. *The Annals* contain reports of over seventy carriages travelling from the Hall down to St. Paul's Cathedral and its Coffee Houses to celebrate the end of dissection sessions in years when executed bodies were more plentiful.[32] There was an expensive feast, plenty of fine wines, and a public parade of medico-legal officials to convey that this set of ritual punishments was endorsed by the City of London. All this testified to the broader cultural role of the Hall in creating normative standards of natural justice. Yet despite its iconic status more still needs to be known about how exactly the corpse was opened-up to a 'public curiosity' in lots of theatrical settings. Medico-legal procedures everywhere were fluid and this meant that additional reform proposals threatened to cloud what it really meant to attend a criminal dissection by the 1790s. Comparing and contrasting then what happened in the capital with procedures at other prominent venues around the country is instructive about common predicaments. The twin focus in what follows next is the neglected provincial scene and how it came to predominate by the early nineteenth-century because that perspective is omitted in criminal histories that have often overstated the reputation of the London Company. Travelling from the Scottish borders, the next section begins with Newcastle's Surgeon's Hall, before alighting at Exeter in Devon, then going back up to Bedfordshire in the Midlands, and finally heading to Lincoln in East Anglia. The chosen examples are representative of the sorts of surgeons that received

bodies on a regular basis in the provinces taken from the reliable records of the Sheriffs Cravings at the National Archives. These were typical of those surgeons that paid a fee to London Surgeon's Hall to avoid serving there so that they could protect their volatile businesses and benefit from more bodies becoming available from the local gallows by 1800.

North, South, East & West: Sending Bodies to the Surgeons

In 1723 Daniel Defoe toured Newcastle: 'here is a Hall for the Surgeons where they meet, where they have two skeletons of Human Bodies, one a Man the other a Woman, and some other Rarities'.[33] He observed that it was a place dominated by bad weather, dusty coal, and endemic poverty. By the time of the Murder Act, an infirmary for the sick poor had been established. Many prominent anatomists who practiced surgery walked its wards. By nightfall they undertook criminal dissections. Thus on 19 August 1754 it was reported that:

> Dorothy Catinby of Love Lane on the Quay Newcastle was executed on the town moor, there, for the murder of her bastard child. She behaved in a very penitent manner but persisted to the last that she did not murder her child. The body, after hanging the usual time, was taken to Surgeon's Hall where it was dissected, and lectured upon by Mr Hallowell, Mr Stodart, Mr Lambert and Mr Gibbons, surgeons.[34]

Record linkage work reveals that Richard Lambert was Master of the Barber Surgeons at the time of the Murder Act. According to Henry Bourne, a local historian, he oversaw a striking building: 'It is very beautiful and not a little sumptuous; it stands upon a tall Piazza, under which is a very spacious Walk'.[35] There was at the front 'a fine Square, divided into four Areas or Grass-Plates, surrounded with Gravel Walks, each of which is adorned with a Statue' of a leading medical historical figure. There had been a wall at the front to keep out the crowd but it was removed and railings erected instead so people accompanying bodies could see what was happening. Nevertheless Bourne thought the premises where located in 'such a dirty part of the Town'. This explains why Richard Lambert as a leading Newcastle physician had taken the initiative to campaign for the alleviation of abject poverty in the city-centre. He worked alongside leading surgeon-apothecaries to set up Newcastle Infirmary in 1752. Such was the combined anatomical expertise of the penal surgeons who undertook Dorothy Catinby's dissection that three pupils present in the theatre that day later came to national prominence. They represent the diverse and distinctive dissection work for which Newcastle became renowned by 1800.

William Ingham from Whitby was trained by Richard Lambert the physician-surgeon. Ingham became well-known for 'his knowledge of anatomy combined with great manual dexterity' in the North of England and Scotland. His fellow pupil was William Harvey an artist from Newcastle. Harvey had a reputation for doing such remarkable life-drawings of criminal dissections that he was employed by Charles Bell the anatomist in London who trusted him to 'dissect a subject himself and to draw all the muscles as large as life'.[36] It was though William Hexham from Hexham in Northumberland that became one of Newcastle's most famous pupils. In the 1750s Hexham resided with John Hunter and often attended William Hunter's lectures in London. Later he ran well-attended private anatomy lectures at Craven Street in the capital.[37] In this, Hexham took his lead from his mentor, Richard Lambert, who had perfected the art of treating aneurisms in the heart from his anatomical and surgical work, and for this he was much praised everywhere.[38] Newcastle's Surgeon's Hall might have been smaller than its counterpart in London, but its close proximity to Edinburgh meant that it could rival and often outdo its metropolitan ally for medical innovation.

Engaging with the rise of the provincial medical scene involves however taking a chronological leap forward to trace what happened in places like Newcastle by the early nineteenth-century. The sources reveal that standards of dissection in the provinces were surpassing those in the capital fifty years after the Murder Act. By way of example Newcastle doctors like Thomas Giordani Wright wrote that they were very keen to now attend local criminal dissections in the North of England, not for their sensational elements but educational endeavours. After for instance the execution of a Newcastle woman for infanticide on 7 March 1829 he recorded in his diary:

> The poor woman was hung this morning at the old place of execution near the barracks. The procession passed along the street and within sight of my window but I had not the curiosity to join the assembled thousands who crowded the last scene of her existence. The body will I suppose be exposed to the public gaze for a few days when she will be anatomized by Mr Fife.[39]

The doors to 'Old Surgeon's Hall' were left open so that the crowds accompanying the body could satisfy themselves that a child killer had reached medical death. Four days later on 11 March 1829, Wright wrote that only then had the surgeon on duty proceeded to dissection of the criminal brain:

> Mr John Fife on Monday noon gave a very good demonstration on the brain of the criminal who suffered on Saturday. There is to be a course of lecture on this subject free to surgeons and so on, but open to the public on payment of a fee.[40]

There were in total forty-five company members that could gain access to the criminal dissection, with their apprentices required to serve five years. In this Newcastle copied their London counterparts. Yet by doing extensive anatomy of the brain they were also outshining their competitors in the capital: this neurological work is a theme developed in Chapter 6. John Fife who conducted the criminal dissection was typical of many provincial medical men keen to return to their family roots. Born in Newcastle-upon-Tyne, he had trained at the London College of Surgeons, but came back home in 1815 to serve at Newcastle Surgeon's Hall because it was an exciting and innovative place to be by the early nineteenth-century. Soon he could boast that he had become a respected specialist in diseases of the eye and his growing credentials enabled him to help found the Newcastle Medical School by 1834. As a registered member of the London Company he was typical of those that paid a fine to avoid the rotating duty of serving as Master of Anatomy or one of the associated support staff in the capital. The fine was expensive, '£21 0s 0d', but it was a financial cost worth paying to stay *in situ*.[41] To do really cutting-edge work in London would have entailed working for anatomical entrepreneurs like the Hunter brothers who paid privately for exhumed bodies from local graveyards to match medical student demand in the capital. Fife seems therefore to have sensibly decided to return to where he had better business connections, could make his mark rather than being overshadowed by another surgeon, and benefit from exclusive access to bodies from Newcastle's gallows. Others across the South of England followed suit: the Patch family of surgeons based in Devon are illustrative of similar provincial considerations.

On 13 March 1758, Thomas Smale was convicted of murder in Exeter. John Patch (1723–87) a leading surgeon based in the city-centre was designated to do the criminal dissection. Richard Stephens the under-sheriff arranged for 'John senior' (as he was known locally) to sign for safe receipt of the body on 20 March 1758.[42] He also supplied bodies to another family member 'Robert Patch surgeon of Exeter' (he was a nephew of John Patch senior).[43] Despite their medical prominence, the Patch family could ill-afford to be absent from home to work at Surgeon's Hall in London. On the death of John Patch senior in 1787, his widow discovered that his book-keeping had been erratic and very bad for business. She informed the local press that 'her husband had made no entry for professional attendance and therefore she trusted in the honour of his patients for payment'.[44] Her nephew Robert had to help his aunt sort out the debt-collecting crisis. This meant that John Patch junior, having trained in anatomy at Edinburgh, was obliged to maintain the unpaid position of honorary surgeon to the Devon and Exeter Infirmary from 1741 which he could ill-afford. At just eighteen years old he had to try to solicit private fee-paying patients across the county to cement his family credentials once more.[45] It was in fact the next generation, John senior's grandsons—James, John, and various Patch cousins—that eventually secured the family practice by providing a hands-on, personal service, to patients in and around Exeter.[46] Meanwhile other surgeons were making in-roads into Exeter's competitive body-supply market. Thus on 6 August 1808 when George Godbear (alias George Tapp) was convicted of murder, Samuel Luscombe, from another renowned surgical family in the locality, was appointed to do criminal dissections. On this occasion the sheriff of Devon, Pitman Jones, timed very carefully the circumstances of his medical death (brain death having now overtaken a heart-lung diagnosis) before the body was handed over:

> He [Godbear] was hanged by the neck for the space of one hour from 22 minutes past twelve till 22 minutes past one in the afternoon on Tuesday the 16th day of August 1808 until he was dead in the presence of myself, Mr county clerk and diverse others & then delivered to Mr Luscombe.[47]

Opportunities to do original research will be explored in greater depth in Chapters 5 and 6. Meantime, the balance of evidence in this new archival material suggests that most provincial surgeons needed for financial reasons to avoid the official London scene at Surgeon's Hall, and increasingly they were not necessarily disadvantaged by doing so. Staying at home there were plenty of opportunities to publish new findings on criminal dissections in a flourishing medical press. Avoiding relocation expenses meant saving on the cost of a locum to stand in for an absent surgeon, essential if a family practice was to continue to better manage consumer medical fashions. If an inattentive surgeon

neglected to manage their casebook for a concerted period then patient loyalty could evaporate: being preoccupied in the capital could undermine years of hard work. Travelling into the Midlands, we encounter an equivalent situation.

The Bolding family of surgeons from Ampthill took a generation to become established at the Bedford Assizes. John Bolding senior treated the sick poor, often free of charge to get started in business. To build his medical reputation and draw in regular fee-paying clients, he agreed to help a local coroner (typically he was legally, rather than medically qualified). In 1723 he likewise became an unpaid local churchwarden to raise his profile in community life. Until his death in 1795, his life's work was to ensure his surgical business was better-networked to cement his family's financial future.[48] His son was thus able by March 1788 to secure bodies from the gallows, like that of: 'The body of convicted murdered John Cooke ordered to be delivered to Edward Jackson of Bedford and John Bolding the younger of Ampthill in Beds for dissection'.[49] The surgeons signed to say that they shared the body: a tradition that kept them on stand-by in the vicinity of local executions. This matches what was happening in East Anglia too. Record-keeping at Lincoln reveals the sorts of young male criminals that became available and for very good reasons kept penal surgeons occupied at home. They sometimes got to dissect without disruption such was the depth of local feeling against a condemned murderer.

On 26 May 1775, *The Gentleman's Magazine* reported that 'William Farmery, of Sleaford, in Lincolnshire' had been arrested for the 'murder of his mother' and incarcerated at 'Lincoln gaol'.[50] The reporter explained why there was such a public appetite to see his body dissected and that surgeons were able to do extensive post-mortem 'harm':

> Having some words with his mother in the morning, he went out and whetted his knife very sharp, and then coming into his room, where his mother was making his bed, he struck her in the throat, as a butcher does a sheep, and then left her weltering in her blood.[51]

At the Lincoln summer Assizes the physical evidence presented in court about the brutality of the killing method and the uncaring attitude of the prisoner regarding his dead mother shocked local people. It was reported that he 'had been determined to murder her for three years', disliked how much 'she corrected him when he was a little boy' and on the morning of the murder resented her 'having words with him'.[52] The case soon attracted widespread publicity and it was this public reaction that local surgeons benefitted from. The *Hibernian Magazine* explained that: 'As this crime was of an extraordinary nature, it drew together great crowds of people' to see justice being done for such cruelty. The reporter took soundings from amongst those assembled and the general gossip was damning. It was written up in an emotive editorial line: 'He was a most stupid, melancholy and gloomy wretch, a great reader of books before and after he was in prison, averse to all manner of labour, prone to taciturnity, disagreeable and unsociable'.[53] Elsewhere it was said that the prisoner was 'twenty-one years of age' and apprenticed to a 'shoe-maker'; this additional information sets in context why his criminal dissection excited so much 'public curiosity'.[54] Farmery was young, fit, and muscular. There was a considerable public appetite for *lex talionis* —the English common law of retaliation authorized by criminal law, in which the punishment corresponds in kind and degree to the injury. Here was an opportunity to do a full-scale dissection; a 'monster' must become 'a demonstration of that monstrosity'.[55]

Available court evidence in many regional parts of England points then to the need to delve deeper under the 'surface anatomy' of everyday life. It is essential to rediscover how exactly penal surgeons worked from 'the outside to inside' on criminal bodies. It is important to keep in mind that regardless of the county location, cutting the corpse could be a complicated legal penalty to carry out and importantly it went on being so under the Murder Act.

Outside-Inside: Cutting the Corpse

Standing over a criminal corpse and making basic decisions about how much to cut the criminal corpse could be a personal challenge for some penal surgeons under the Murder Act. William Hey (1736–1819) of Leeds for instance who conducted most criminals dissections in Yorkshire admitted in a private letter to his son training in medicine that: 'I have often had very solemn reflections in the dissection room; and have when the company was gone, kneeled down in prayer in the midst of these silent preachers of our guilt and misery'.[56] Those that retained a spiritual belief found the work thought-provoking. This understandable human reaction sets in context why there were agreed anatomical methods which many penal surgeons valued. There were a total of four basic ways to go 'outside-inside' a corpse when the Murder Act came into force. These then developed into seven standard methods attached to criminal dissection by the early nineteenth-century: discussed later. Crime histories that therefore give the mistaken impression that post-execution 'harm' can be summarised in a few short sentences in fact misconstrue what was often involved from a medico-legal standpoint. To better appreciate the options available to penal surgeons Table 4.1 (overleaf) sets

out the broad working-definitions that developed and their basic equipment in 1752. Importantly although each penalty was in a surgeon’s personal gift, he also had to act broadly with decorum before the post-execution crowd.

The leading anatomist-surgeon could first opt to do just an autopsy. This generally meant making a small ‘first incision’ to look at the body just inside the chest cavity. Then the skin, tissue and muscle with skilled surgical fingers was teased aside, internally going deeper with either a Y-shaped or T-shaped cut known often as a ‘simple surface’ slice. There then were four general ‘deep-seated’ anatomical ways to cut up the interior of the condemned in a methodical manner. These ranged from just a nick of the lancet to full-scale incision work. If the crime committed had been heinous then it was accepted practice to undertake a full-scale dismemberment of the corpse, as was the case for William Farmery of Lincoln discussed in Section 2. Generally this full-scale option was known as ‘*of the extremities and to the extremities*’ and it meant more than two thirds disintegration of the human material. There would be very little to bury at the end, an outcome that the capital code permitted. Today in a modern dissection room not more than one third is used as a teaching aid to maintain human dignity, but in the case of convicted murderers this was not a consideration in the past.

Illustration 4.4 ©Wellcome Trust Image Collection, Slide Number L0022244, '*A Man Thought to be Dead arising from a table in a laboratory and frightening the proprietor'*, eighteenth–century drawing, published London, 1790s, details unknown; Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0)

To learn how to conduct a criminal dissection it was necessary for surgeons from the provinces to attend a wide cross-section of post-mortems. Often the medical press gave advice about how best to proceed. In 1829, by way of example, a contributor to the *Medico-Surgical Review and Journal of Practical Medicine* reflected on what he termed 'modern medical ethics' and certain 'state maxims in medicine' in the dissection room. The penal surgeon advised new recruits anxious to obtain bodies from the gallows to follow the crowd to the dead houses of newly built infirmaries. There, they ought to however keep in mind:

> Hospital and Infirmaries: There is now discrepancy of opinion respecting the policy of connecting yourself to a public institution [post Murder Act]… You must by all means, make a collection of disease structures by begging all morbid parts your friends may meet with….In short, there is no part of the body in which a fertile imagination and a good modicum of effrontery may not easily make out traces of disease for the purpose in question…If a further dissection is insisted upon, and more morbid anatomy turns up [at a post-mortem or criminal dissection] you are to ridicule the latter as having anything to do with the disease. All other morbid appearances than those which suit your purpose are to be voted occurrences in the agonies of death.[57]

This lengthy quote is written in a cynical tone and therefore should be viewed with caution. Given however that the article was published in a leading medical journal there must have been some medical substance to the general advice to make it into print. The author claims to be experienced in the artful disguise of diagnosis and dissection. He states that conducting successful post-mortems was all about the way a surgeon performed agreed guidelines to match public expectations. If for example someone died of a brain inflammation and the surgeon had given that diagnosis to the patient's family before death, then at a subsequent dissection it was vital for reputational reasons to stick to what originally had been said. It could damage a medical man's standing to contradict his own fatal diagnosis when the body was actually cut open. The surgeon's practical advice was: 'When the skull cap is removed, you are to knead the brain with your fingers, in the same way that a baker kneads dough in a trough—under the pretence that you are feeling for abscesses'. In any case, in practical terms, the advice continued, 'you will find some portion of the brain softened by the above process.' Technically the dissector was not lying by voicing what people expected to see. It was more professional to do so, rather than revealing what he had just handled inside the head. To make sure however that those present believed in this medical reality: 'These [the softened brain tissue] you are to scrape off your scalpel and

triumphantly shew them round as portions of the *suppurated* brain'. The article concluded that although this might seem misleading to your audience, it did not follow that being economical with the material facts was unethical. After all, in traumatic death inflammation of the vessels ceased once circulation of the blood stopped in the head. Only the dissector really knew the finer details when getting down to a deep-seated dissection. Most penal surgeons in this way used their discretion to fuse genuine anatomy with storytelling. To evaluate whether this subterfuge was commonplace and the chosen source material reliable testimony, it is necessary to examine criminal dissections done by penal surgeons who won widespread respect through their virtuosity. Sir William Blizard's work was widely admired everywhere and we therefore return to his record-keeping of criminal dissections which were first introduced in Chapter 2.

Sir William Blizard (1743–1835) was arguably one of the most respected penal surgeons who dissected criminals under the Murder Act.[58] On a regular basis he acquired bodies from Tyburn and Newgate and applied himself to criminal dissections. Blizard started out as an apprentice to a surgeon in Mortlake. He then became a pupil-student of Sir Percival Pott based at St Bartholomew's Hospital across the road from the Old Bailey and Surgeon's Hall. After which, he studied with the famous John Hunter at the London Hospital. There, Blizard was appointed as a qualified surgeon in 1780. Like many he also diversified his business interests. In 1785 he co-founded the McLaurin Medical School. This was a private anatomical venture that he set up at his own expense with a medical partner. To combat his cash-flow problems caused by late-paying, indebted, medical students, he held medical consultations at Batson's Coffee House in Cornhill near the Strand. Here other physicians and surgeon-apothecaries brought their troubling medical histories from difficult fee-paying patients for a second opinion. In 1787 he was elected as a Fellow of the Royal Society, and then appointed as a lecturer of anatomy and surgeon at the Royal College of Surgeons (he was President in 1814 and 1822). For the next twenty years, Blizard won fame and a Royal appointment as surgeon to HRH the Duke and Duchess of Gloucester. He was said to have had a natural gift for teaching, attracting fee-paying students who wanted a hands-on anatomical experience. Small wonder perhaps that he was the founder and first president of the Hunterian Society (1819–22) after being knighted for services to the anatomical sciences in 1803. In short, his anatomical work provides historical insights into the career trajectory of an ambitious man determined to establish his reputation in medical circles by undertaking gallows work so that he could stand centre-stage in the best dissection theatres of London.

The survival of Blizard's case notes and diary detailing dissections of criminal corpses provides therefore an important opportunity to look over his shoulder at the executed body being opened up. Indeed, those who recalled working with him, such as John Abernethy, were fond of quoting his working ethos:

> Let your search after truth be eager and constant. Be wary of admitting propositions as facts before you have submitted them to the strictest examination. If after this you believe them to be true, never disregard or forget one of them. Should you perceive truths to be important; make them the motive of action, let them serve as springs to your conduct.[59]

In May 1815, Blizard took his own advice writing down the details of carefully opening up the body of John Bellingham. He was famously condemned to dissection for the murder of Spencer Percival, the Prime Minister. On this occasion, acting as the leading anatomist-surgeon Blizard checked for medical death at the dissection room of St Bartholomew's Hospital: 'The Right Auricle of the heart moved at irregular intervals, without the application of any Stimulus during the period for nearly four hours from the time of Execution, and did for an hour longer upon being touched with a Scalpel'.[60] These observations were disturbing since the executioner had been very careful to ensure that the prisoner died on the gallows. Blizard thus felt compelled to write down his thoughts based on his accumulated experiences of criminal dissections:

> This Motion is not strictly a contraction, diminishing in any sensible degree in the cavity of the Auricle; it was undulary [sic] and weak, sometimes beginning at the right extremity of the Auricle, and moving to the left; at other times commencing and proceeding in the contrary direction. Not the least motion was observable in the left Auricle; or in either of the Ventricles.[61]

He concluded that these life-signs were in this case organic processes shutting-down, not signs of a life that could be resuscitated or revived. Nonetheless as a precaution he examined the controversial issue of brain death too: 'On the next day the Brain was examined. It was firm and sound throughout. The vessels of the Pia mater were distended with Air. Not a drop of fluid was found in the Ventricles.' The science of the brain being starved of oxygen was known in

broad terms but still it was in the end the lack of blood circulating in and out of the brain that signalled 'absolute Death in mind and body'. Blizard was throughout meticulous and he checked the organs of reproduction too, since they were known to show life-signs sometimes when all other physical indications looked fatal: 'The left testis appeared to be reduced in size and loose in texture. The veins on the spermatick [sic] cord were vicarious. The Penis seemed to be in a state of semi-erection'. It was common to see this in gallows bodies and he concluded Bellingham, lacking a sexual reaction, was '*dead'*. Only then did he proceed to take out the 'Stomach and the left Testis' which 'were sent to the College [of Surgeons] Museum'.

Here then we see how a body was opened by delving beneath the 'surface anatomy'. Throughout all the anatomical options described in Table 4.1 were kept open. Later dissection would involve dismemberment and the removal of specimen tissue and organs. Evidence like this reiterates that there were different sorts of post-mortem rites and whilst their timing was variable in the hands of anatomists, there were also agreed methods of cutting the body. There was a medico-legal choreography that was subject to local autonomy and also grounded in a public performance. Sometimes procedures could start and stop, and then restart, or finish earlier than expected. One reason for this trend was that whilst penal surgeons were unconcerned about punishing notorious murderers and did so by matching punishment to cultural norms, they sometimes also had a great deal of sympathy for those executed under the Bloody Code. Blizard took this stance in 1785 in a pamphlet styled, '*Desultory reflections on Police with an Essay on the means of preventing crimes and Amending Criminals*'.[62] His critical attitude took issue with the misleading picture of unfeeling and ill-informed penal surgeons standing with disdain over criminal corpses. Not everyone was simply eager to cut up a body. Often such men were troubled by the harshness of the Bloody Code and its dehumanising side.[63] Yet, at the same time, a recurring theme in the dissection notes of some prominent penal surgeons is that the former social status of a convicted murderer sometimes had a powerful effect on the dissector on duty. One headline case was to fundamentally change how the criminal corpse was cut up by surgeons across early modern England.

The 4th Earl Ferrers (1720–1760) of Staunton Harrold in Leicestershire was found guilty of murder at Westminster Hall in April 1760. The high-profile prosecution led by the Attorney General Charles Pratt on behalf of his fellow peers established that Ferrers was a drunk with a violent temper. He admitted in a candid court statement that he was not a lunatic, to the despair of his defence counsel. Ferrers boasted that revenge was justified by men of good breeding and he thought himself above the law by virtue of his aristocratic birth. The forensic facts were that Ferrers late one night shot his estate steward. He believed him to be too sympathetic to his divorced wife's claims for child maintenance from a family trust fund. The steward named Johnson had called at the mansion to try to resolve a rent discrepancy with Countess Mary Ferrers on behalf of the trustees. She had feared for her life and obtained a separation from Earl Ferrers for cruelty. On arrival, Ferrers drew a gun on the steward, and shot him, but he did not die. Ferrers came to his senses and sent a message for Dr Thomas Kirkland of nearby Ashby-de-la-Zouche to attend the loyal manservant (Kirkland dissected criminal corpses and made his medical reputation in the Midlands, see Chapter 2). In the interim, the steward fearful for his life escaped and somehow stumbled home. By the time Kirkland found him in a chair he was dying from the fatal gunshot wound. Kirkland gave damning evidence in court that Ferrers was cold-bloodied, had committed pre-meditated murder, and was very dangerous. The jury brought in a unanimous guilty verdict. At the conclusion of the case on 5 May 1760, *The Public Ledger*, a popular London journal, thus reported that: 'On Saturday last a great number of eminent surgeons in London had a meeting at Surgeon's Hall in the Old Bailey, in order to consult on proper means for the reception of the corpse of Earl Ferrers after his execution'.[64] At issue, was whether the Murder Act applied to aristocrats or not. By tradition for treasonable offences peers of the realm were beheaded and disembowelled at the Tower of London. This would be the first time an aristocrat had been hanged for a capital conviction and then punished post-mortem by the medical profession.

The *London Evening Post* of 6 May 1760 reported on the precise handling of Earl Ferrers' medical demise by anatomists. Beforehand considerable dispute arose about the cuts to be made with the lancet and how extensive they must be. Journal editors felt that a full-scale dissection was not warranted. Other popular newspapers argued that it upheld law and order to treat men and women with equal retribution in murder cases. One reporter thus wrote:

> The corpse of the late Earl Ferrers was exposed to Publick View on Tuesday evening to a great Number of Spectators in a Room up one pair of stairs at Surgeon's Hall in the Old Bailey – A large Incision or Wound, is made from the Neck to the bottom of the Thorax or Breast, and another quite across the Throat: The Abdomen or lower part of the Belly, is laid open and the Bowels are taken away.[65]

It was noted that Lord Ferrers had been brought to Surgeon's Hall in his satin-lined coffin. Fully clothed at first his body was laid out to view with his 'hat and halter' placed at his feet. Witnesses remarked that his hands on the gallows had turned 'remarkably black'. He had it seemed been hanged for 'one hour five minutes' as a precaution that he was 'truly dead'.[66] There was though considerable dispute in the press about whether these medical statements about his being cut open with a 'crucial incision' to check medical death were accurate or a cover-up. So much so, that newspaper editors on the 9 May 1760 reported that they had been given special dispensation to once more view the corpse before it was buried in a 'leaden coffin'.

> Yesterday people were again permitted to view the corpse of Lord Ferrers from the hours of nine in the morning till one in the afternoon: about five o'clock his lordship's body was so[l]dered up in a leaden coffin, and afterwards enclosed in another covered with velvet and late in the evening set out in a hearse and six to be conveyed to Staunton Harrold in Leicestershire and there interred in the burial place of the ancient and noble family. Lord Ferrers entrails were remarkably sound, the surgeons who opened him having declared that in the whole of their practice, they never observed in any subject that come under their inspection, so great signs of longevity.[67]

This wording was deliberate and measured. The body was essentially anatomized 'under their inspection', and the bowel entrails were removed by tradition because of his social status, but his corpse was not dissected to its extremities. There was no dismemberment of the limbs or cast taken of his brain; nor were any resuscitation experiments carried out on his remarkable muscular physiology. His flesh was not removed and the bones were not scrapped to be made into a skeleton. No study was made of why his hands were 'peculiarly blackened' by the execution rope. In other words, the historical prism of this criminal corpse exposes that an anatomization took place but it fell-short of a standard criminal dissection. Class had shaped the penal punishment rites because penal surgeons had a high degree of discretionary justice in their gift under the Murder Act. Indeed the *London Chronicle* of 29 April 1760 in again well-chosen words confirmed that: 'the unhappy Earl Ferrers is to be Executed and to be anatomized'. No mention was made of dissection *per se* even though it was legally stipulated on the death warrant issued by the Old Bailey judge.

Unsurprisingly perhaps there was a public outcry in the press about this liberal treatment. On 28 May 1760 for instance it was noted that the corpse in its coffin was still lying in 'St Pancras church' because 'for fear of popular resentment' its transportation had been 'deferr'd until a proper opportunity' to get it undamaged out of London. There was a lot of concern that having not been dissected it would be attacked by the mob in the death coach. It thus remained 'deposited with silence and secrecy, directly under the belfry, immediately after removal from Surgeon's Hall'.[68] Later histories revealed that the 'body was re-buried under the tower of the church, and in 1782 was removed to Staunton Harold'.[69] So strong were public sensibilities that it would take twenty-two years before an application was made by the family to remove the corpse from St Pancras to rebury it in Leicestershire.

Earl Ferrers post-mortem rites soon inspired contemporary debates about the ways in which penal surgeons were interpreting the Murder Act at dissection venues. The problem of legal rhetoric versus medical reality seemed to expose obvious short-comings in the surgical application of the capital legislation. Again, by way of example, coinciding with the trial on 8 May 1760 an informative letter was published in the press from a penal surgeon connected to Surgeon's Hall. It began by saying: 'Sir, As there has been great disputes about *dissection anatomizing*, please to give the following a place in your *Public Ledger*.' The penal surgeon conceded that Lord Ferrers' case had highlighted a lot of confusion about the meaning of *anatomization*, as opposed to *dissection*. In the past, he explained, the term '*anatomize'* came 'from its Greek derivation *ana-temno'* and so it was *'* originally confined to the interior parts of the human body'. This meant that in the ancient world '*dissection* and *anato-mizing* [sic]' were once 'synonymous terms', but no longer. Moreover the correspondent set out that:

> Anatomy, after several periods of time, was divided into seven parts, viz., *osteology, sarcology, myology, splanchnology, angeiology, neurology*, and *adenology*. I am inclined to think if a human subject is ordered to be *dissected* and *anatomized* the surgeons have a liberty of appointing one of these branches of the art; and this is sufficient, since it is impossible for any surgeon to enter into every one of the branches of art on one single subject [criminal corpse]; therefore, now the law [Murder Act, 1752] is fulfilled in all its intentions, by the operations on the body now before them, as to *anatomizing*: for the branch of this art appointed was *splanchnology*; by which the contents of the lower belly have been displayed, and the intestines and viscera examined; nay, they have gone further, by opening the thorax or the chest, and laying open the heart and lungs in

> full view; and many have made remarks of some parts diseased, as the kidnies [sic], which numbers have been admitted to view. – This we hope is sufficient to satisfy the laws wisely consulted for good government.[70]

This source suggests that under the Murder Act there was a conventional way to anatomize and this differed from a complete dissection. The terms were not elided together in the way they have been in the standard historical literature. Anatomization by 1760 was commonly interpreted as *splanchnology* (see, Table 4.2). Exposing the body in this way checked for medical death. It was, the newspaper correspondent explained, seen as satisfying the spirit of the capital code and placated the crowds that came to view the criminal corpse at the dissection venue whether at Surgeon's Hall or elsewhere. If a penal surgeon decided to carry out a full-scale criminal dissection then that would involve *all seven* anatomical methods being done *to completion*. That was a hard task given that putrefaction and decaying flesh could only be preserved for a short time, and the dissector would be exhausted by the three-day process.

This medical correspondent was just one of a number of letter writers to London newspapers who pointed out that the general-public were seldom appraised with how old anatomical methods had changed in Georgian England between 1752 and 1760. Up to the 1750s it had been common to remove the flesh quickly to get down to the bare bones and skeleton; whereas surgeons by 1760 were keen to examine the flesh, viscera, organs, brain, glands and so on, which formerly they would have discarded or worked on superficially because the flesh decayed so fast. Later, by the 1790s the desire to carry out original research meant that usually two to three key anatomical methods might be deployed at what would be termed a general dissection. If it was a *complete dissection* then all seven methods were demonstrated. When therefore the condemned was delivered for post-mortem 'harm' the conduct of each criminal dissection was always determined by the actual surgical cuts of the capital code. These were continually in transition in the intellectual research climate of the Enlightenment.

Conclusion

Surgeon's Hall was a renowned punishment venue creating material after-lives but it was also a medico-legal space in continual transition. From the 1730s there was a great deal of ongoing discussion about standard methods of punishing the body, even amongst medical elites supposed to be unified on the inside of the criminal justice system. In reality they were considerably divided about the future scientific basis of their unpalatable penal role. The Murder Act coincided with a formative time in the history of anatomy when the 'old study of creation' was giving way to the 'new early modern science' of morbid pathology. Criminal dissections staged these complex cultural exchanges. There was intellectual convergence but also biological divergence, especially about philosophical and religious questions of spirituality and vitality. Forensic standards of heart-lung versus brain death exemplified how medico-legal modifications were being remade, and radically so. Everything was fluid—ideas, methods, and corporate identities—so much so, that there a surprising range of discretionary options that the penal surgeon had in his hands when he raised the lancet to cut the criminal corpse.

Eventually controversial high-profile cases like those of Earl Ferrers compelled anatomists to admit to the press what was well-known behind closed doors. Strictly speaking *anatomization* was defined as *splanchnology* when the capital statute was applied in punishment venues. This outcome reflected closely the controversy surrounding medical death before dissection took place. There were altogether seven anatomical methods linked to a better scientific understanding of biological functions, but in an era when preservation techniques were cruder not even the most skilled anatomist could hope to do more than about one third of the anatomical options before putrefaction. To do all seven was a physical endurance test, even for the most dedicated and fast-working. This meant that generally penal surgeons proceeded to 'dissection to the extremities' once medical death was established, unless they took the opportunity to do original anatomical research in ways that will be elaborated later in this book (see Chapters 5 and 6). In which case they adopted a pick and mix approach to suit their personal preferences. The key skill was to dissect the maximum amount as the biological clock ticked. This meant that many aimed to get down to the skeleton of the bare bones that would be sent for cleaning and wiring. Others wanted to pay more attention to the morbid anatomy of skin, flesh, tissue, and so on. The most conservative decided that there was no need to be meticulous or careful about preserving certain body parts in the process of decay, leaving behind at best one-third of an identifiable criminal body.

In all of this autonomous decision-making there remained theatricality; an inherent sense of drama was a powerful subtext by virtue of the organic instability of the criminal corpse. This was essentially what attracted diarists and early modern crowds to criminal dissections. It meant that encountering the executed was about getting a chance to do something illicit, entering the '*Under-door*'. Going into an anatomical space was where normative assumptions about the history of the body were over-turned, seen upside-down, and looked at from the outside-inside: what Lewis Caroll

would later see as an *Alice in Wonderland* perspective of the Natural order of things. The range of emotional intensities this stimulated was influenced by a synaesthesia that smelled foul, looked rotten, felt strange. Audience members like Silas Neville and Richard Hodgkinson joined in a shocking, thrilling, repugnant, blood-stained, enticing experience, even when it became commonplace, routine, and just plain mundane by the 1790s. In Chapter 5 we travel to provincial anatomical scenes to rediscover a body supply network because this was an experience for every-body in Georgian times.

Footnotes

1 Alberti Fay Bound. Bodies, Hearts and Minds: Why Emotions Matter to Historians of Science and Medicine. Isis. 2009 Dec;Vol. 100(Issue, No. 4):798–810. quote at p. 799. [PMC free article: PMC4485998] [PubMed: 20380348].

2 Cozens-Hardy D, editor. The Diary of Silas Neville, 1767–1788. Oxford: Oxford University Press; 1908. p. 205. 15 September 1773 entry..

3 See, Lawrence Susan C. Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London. Cambridge: Cambridge University Press; 1996. p. 145. endnote 108, for a synopsis of his medical career..

4 Refer, notably, Thornbury Walter. Old and New London: Volume 1, (London, Cassell Ltd), chapter XXII, 'St. Paul's Churchyard' 1878:262–274. and Shelley Henry C. Inns and Taverns of Old London, Part II: Coffee-Houses of London. Bremen, Germany: Europaeischer Hochschulverlag GmbH & co; 2010. pp. 1–21..

5 Cozens-Hardy *Diary of Silas Neville*, diary entries for 16 September–17 October 1767, at pp. 24–5.

6 Precise anatomical definitions are elaborated in Sections 2 and 3.

7 Cozens-Hardy *Diary of Silas Neville*, diary entries for 16 September–17 October 1767, at p. 25.

8 Cunningham A. The Anatomical Renaissance: The Resurrection of the Anatomical Projects of the Ancients. Aldershot, Hants: Scolar Press; 1997. p. 67..

9 Refer, Blunt WS. *John Baker's Horsham Diary* edited by Wilfred Scawen Blunt. Sussex Archaeological Collections. 1909;Vol. 52:38–83. quote at p. 60, 31 August 1773..

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11 Dr Fordyce was a member of the Royal Society and Fellow of the Royal College of Physicians. In 1794 his public lectures on brain death attracted the theatre-going crowd to Surgeon's Hall.

12 Figure cited by Chaplin Simon. The divine touch, or touching divines: John Hunter, David Hume and the Bishop of Durham's rectum. In: Terrall Mary, Deutsch Helen, editors. Vital Matters: Eighteenth Century Views of Conception, Life and Death. Toronto, Canada: University of Toronto Press; 2012. pp. 222–246.. (2012), chapter 10, quote at p. 225, endnote 13, and compiled from: *The Account Books of the Company of Surgeons 1745–1800*, Library of the Royal College of Surgeons; South JF. Memorials of the Craft of Surgery in England. London: Cassell & co; 1866. pp. 274–296.; Wall C. The History of the Surgeon's Company 1745–1800. London: Hutchinson; 1937. pp. 91–109..

13 Young Sydney, editor. Annals of the Barber Surgeons of London complied from their records and other sources. London: Blades, East and Blades publishers Ltd; 1890. pp. 299–306. 'The Beadle'..

14 Signed receipts styled 'executioner' in the Royal College of Surgeons Collection.

15 All original entries in this detailed discussion are taken from Royal College of Surgeons [hereafter RCS], COS/3/1, Financial Records, *The Company of Surgeons, 1745–1778, Volume 1* (six volumes in all). They are listed by date.

16 Illustration 4.1 ©Wellcome Trust Image Collection, Slide Number M0015855, '*Edward Stanton at the Saw and Crown in Lombard Street London*' (1754–61): 'lancet-maker: maketh and selleth all sorts of surgeons instruments likewise razors scissors penknives knives & forks… note: lancets and other instruments carefully ground and sett', business card; creative commons license, authorised for academic purposes.

17 The National Archives [hereafter TNA], PCC, Abstract of Wills: Wills Proved at the Prerogative Court of Canterbury, 1 April 1761, Edward Stanton, London's instrument Maker, buried Saint Mary Woolnoth, City of London.

18 Again, all original entries are taken from RCS, COS/3/1, Financial Records, *The Company of Surgeons, 1745–1778, Volume 1* (six volumes in all). They are listed by date.

19 Ibid., again, cited entries are by date.

20 All original entries are once more taken from RCS, COS/3/1, Financial Records, *The Company of Surgeons, 1745–1778, Volume 1* (six volumes in all). They are listed by date. The horse-shoe design of the central table is referred to in RCS Library, White, after [Daniel?] Dodd, "The Body of a Murderer exposed in the Theatre of the Surgeon's Hall, Old Bailey", c.1779, published in "Malefactors Register, or, a Tyburn and Newgate Calendar" (London: printed for Alexander Hogg. [1779]), vol. 4, facing p. 168, is an engraving. The image can be viewed online at: Bridgeman Art Library Collection, Reference XJF140216: The Body of a Murderer Exposed in the Theatre of Old Surgeons' Hall London dated 1760–90. The costs of licensing a reproduction for use in this open-access, not-for-profit book, have been prohibitive and so it cannot be illustrated here.

21 Ibid., cited by date and in this case also referenced, as p. 72.

22 Chaplin S. unpublished PhD. King's College London; 2009. John Hunter and the Museum Oeconomy, 1750– 1800., image of the dissection table, p. 52.

23 Medical correspondent. Consummate Depravity—Disinterestedness—Anecdotes. The Imperial Magazine. 1819 March;Vol. 3(Issue 1):266..

24 The deal on offer suggests he had not been convicted for homicide since post-mortem punishment for murder was generally automatic. It is likely he was a notorious housebreaker or highwayman but no substantive details were reported.

25 *London Lives online, Fire Insurance Registers: 1777–86*, policy number 380040, John Hopper the carpenter, near the George Drury Lane London.

26 *London Lives online, Middlesex Coroners Court Records*, CO/IC, 1747–1803, lists Thomas Pacey, John Mansell and John Hooper or Hopper acting as jury men on 'the View of a Body of a Boy unknown then and there lying dead' who was discovered floating downstream in the River Thames. Bruised and battered as he passed each bridge until fished out with a hook, his flesh much bashed: verdict 'found drowned'—This was one of the most common ways to account for an unexplained death that was probably homicide but unprovable in court.

27 This source has been cited recently in Andrew Cunningham (2010), *Anatomy Anatomis'd: an Experimental Discipline in Enlightenment Europe* (Farnham, Surrey: Ashgate), and dated to 1734 but it exists in several earlier draft forms written for private consumption at Leicestershire Record Office, Henry Halford MS and medical papers, DE107/261/1-10 1734.

28 Ibid.

29 *London Lives online, Middlesex Sessions, Justices Working Papers,* LMSMPS502480076, 23 November 1727 a signed deposition by Abraham Chovet the surgeon about a dangerous assault he witnessed on his doorstep.

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32 See, RCS, COS/3/1, Company of Surgeons, 1745–1778, Volume 1, Financial Accounts, for payments in date order.

33 Defoe Daniel. Curious and Diverting Journeys through the whole Island of Great Britain. London: G. Parker; 1723. p. 106. 1723..

34 Richardson Moses Aaron. The Local Historian's Table Book of Remarkable Occurrences Connected with the Counties of Newcastle-Upon-Tyne, Northumberland and Durham, Historical Division, Volume 1. Newcastle Upon Tyne: Richardson Booksellers; 1841–6. p. 56..

35 Bourne Henry. The History of Newcastle upon Tyne or the Ancient and Present State of that Town by the Curate of All-Hallows in Newcastle. Newcastle: John White Publishers; 1736. p. 138..

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37 Chalmers Alexander. The General Biographical Dictionary Containing An Historical and Critical Account of Imminent Persons Volume XVII. London: J. Nichols and Sons; 1814. p. 436..

38 See for example his work on the vitality of the heart praised by Glasgow surgeons in, The Critical Review or Annals of Literature. 1783;Vol. 55:183..

39 Johnson Alastair, editor. The Diary of Thomas Giordani Wright Newcastle Doctor 1826–1829. Woodbridge, Suffolk: Boydell; 2001. pp. 292–293., entries 5 March 1828, 7 March 1829 and 11 March 1829.

40 Ibid.

41 See, fines paid by 5 company members totalling £105 between 14 July 1762 and November 3 1762, RCS, COS/3/1, Company of Surgeons 1745–1778, Volume 1, Financial Accounts.

42 TNA, Sheriff Cravings for Devon, E389/242/227 (Assize Calendar), 20 March 1758.

43 See for instance, Devon Record Office, Mortgage Bond, John Patch, Surgeon of Exeter, 59/7/4/10/1 13 March, 1740/41 and transfer of mortgage, 1142 B/T22/118-119, 1769; TNA, Prerogative Court of Canterbury, Will of Robert Patch, Surgeon of Exeter, PROB/11/1599, 17 December 1817.

44 *Trewman's Flying Post*, 4 January 1787, death notice for John Patch senior, surgeon, Exeter.

45 See, http://www.exetercivicsociety.org.uk/plaques/485/.

46 See Watson FGB. 'Thomas Patch (1725–1782): Notes on his Life, Together with a Catalogue of His Known Works. The Volume of the Walpole Society. 1939–40;Vol. 28:15–50.. Thomas was the middle son of John Patch junior and he became an artist.

47 TNA, Sheriff Cravings for Devon, E389/252/217, Assize Calendar, 6 Aug 1808.

48 TNA, Prerogative Court of Canterbury, PROB11/1265, Will of John Bolding, Surgeon of Amphthill, Bedfordshire, 3 September 1795.

49 TNA, Sheriff's Cravings, 389/248/196, Assize calendar, Bedfordshire, body of John Cooke, dated March 1788.

50 Gentleman's Magazine and Historical Chronicle. 1775 May 26;Vol. 45:299..

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52 Anon. The Annual Register or a View of the History, Politics, and Literature for the Year 1775. 2nd edition. London: J. Dodley of Pall Mall; 1775. 'Summer Assizes report, Lincoln 1775', reported in; pp. 154–155..

53 The Hibernian Magazine, Or, Compendium of Entertaining Knowledge. 1775 September;Vol. 5, report of 'hanging of William Farmery at Lincoln on 4 August 1775', p. 562.

54 Referred to in a report of the facts attending the case, in Burke Edmund. Dodsley's Annual Register. September issue. London: Printed for R and J Dodsley in Pall Mall; 1775. p. 155..

55 Lambeth Palace Library, Medical Licences issued by the Archbishop of Canterbury for Lincoln, 1535–1775, 4.19, pp. 36–7, lists the medical men in the vicinity as 'CRITCHLOE (Thomas), of Grantham, EVERITT (Richard), of Horncastle, FIELDHOUSE (Geoffrey), of Lincoln, FLEMING (John), of Billingborough, HATFELD (E) (John), fellow of the College of Bonhommes, Ashridge, MORLEY (Henry), of Lincoln, ROGERS (John), of Stamford, TAYLOR (Nicholas), of Gainsborough, VINCENT (Brian), B.D., of Stamford, Lincs., WILDREN (Thomas), clerk, of Horncastle, WRAY (John), of Brant Broughton; the material fact of being sent for dissection was recorded at Lincoln Record Office, Summer Assizes, 4/8/1775, and reported in *Leicester and Nottingham Journal*, 12/8/1775 with no pardon given the brutal nature of the murder.

56 Leeds University Special Collections, MS 504/1/3, Manuscript of Mr. William Hey, Senior Surgeon to the Leeds General Infirmary.

57 Medical Correspondent. Modern Medical Ethics; or State Maxims in Medicine by Philoethicus & C. The Medico-Chirurgical Review and Journal of Practical Medicine. 1829;(October issue):145–149. [PMC free article: PMC5106119] [PubMed: 29919483].

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59 Ibid., p. 347.

60 RCS, William Clift Collection MS007/1/6/1/1, 'Record of the Bodies of Murderers delivered to the College for Dissection', circa 1800–1814.

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62 Cooke William. A Brief Memoir of Sir William Blizard, read before the Hunterian Society October 7th 1835, with additional

particulars of his Life and Writings. London: Longman, Rees, Orme, Brown and Co; 1835. p. 36..

63 Auden, ‘Sir William Blizard’, p. 349. Although Blizard’s remarks were cited in his medical biography written by a former colleague, and could be dismissed as hagiography, his philanthropic work, particularly as a leading member of the Samaritan Society, points to a charitable character with some considerable human feeling. He abhorred what he called ‘evil persons’ but he equally thought that ‘outright sin’ was rare in society: there was more good than bad in people was his attitude of mind.

64 *The Public Ledger or The Daily Register of Commerce and Intelligence* (London), Monday 5 May 1760, Issue 98, page 2, column 1.

65 *The London Evening Post*, 6–8 May 1760, Issue 5072, Page 1, column 2.

66 *The Public Ledger or The Daily Register of Commerce and Intelligence* (London), Tuesday 6 May 1760, Issue 99, page 1, column 2.

67 *The Public Ledger or The Daily Register of Commerce and Intelligence* (London), 9 May 1760, Issue 102, page 1, column 3.

68 *The Public Ledger or The Daily Register of Commerce and Intelligence* (London), 28 May 1760, Issue 118, page 2, column 2; *The London Evening Post*, 8 May 1760, Issue, 5073, page 1, column 2, reporter followed the coffin coach from Surgeon’s Hall but wrote that he could not trace its destination because everything was being conducted with such ‘great secrecy’; whereas the *London Chronicle* 8 May 1760, Issue 526, page 1, column 2, claimed that the body was ‘privately carried from Surgeon’s Hall and interred at St. Pancras’.

69 British History Online, http://www.british-history.ac.uk/report.aspx?compid=65576, *Survey of London, volume 24, The parish of St Pancras, part 4, Kings Cross neighbourhood*, (London, 1952), pp. 147–51.

70 *The Public Ledger or the Daily Register of Commerce and Intelligence* (London, England), Thursday 8 May 1760, Issue 101, page 1, column 4.

Figures

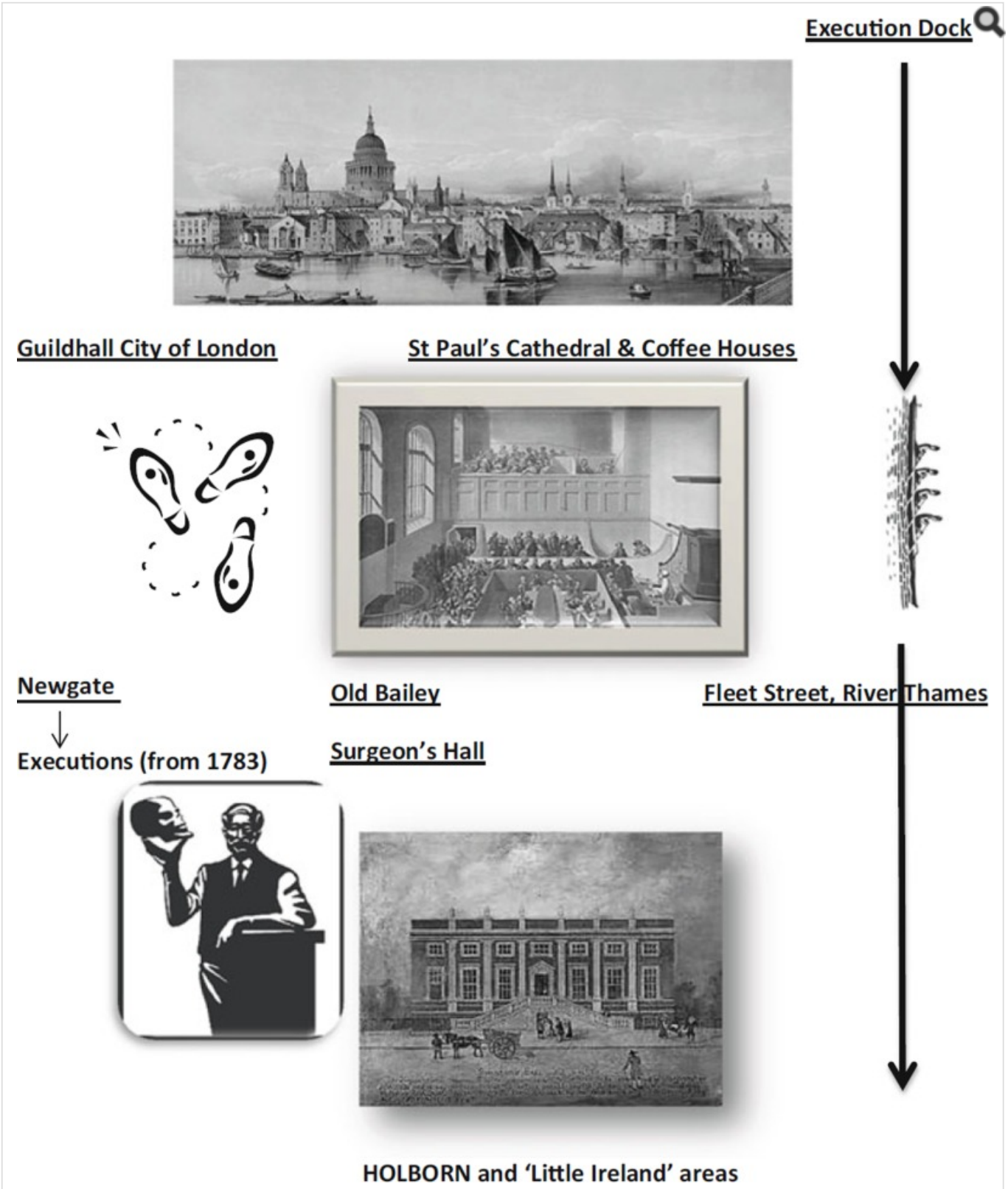

Figure 4.1 Geography of buildings and places associated with capital punishment in the City of London after the Murder Act 1752

Illustration 4.1 ©Wellcome Trust Image Collection, Slide Number M0015855, ‘*Edward Stanton at the Saw and Crown in Lombard Street London*’ (1754–61): ‘lancet-maker: maketh and selleth all sorts of surgeons instruments likewise razors scissors penknives knives & forks… note: lancets and other instruments carefully ground and sett’, business card; Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0)

Illustration 4.2 ©Science Museum, Science and Society Picture Library, Image Number 10572107 , *‘Set of dissecting chain hooks, steel, by Savigny and Co. of London, 1810–1850’*; Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0)

Illustration 4.3 ©Wellcome Trust Image Collection, Slide Number M0010176, J. C. Stadler (1815), ‘*The Anatomical Theatre at Cambridge’*, (Cambridge: R. Ackermann’s History of Cambridge), original sketch; Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License (CC BY-NC-SA 4.0)

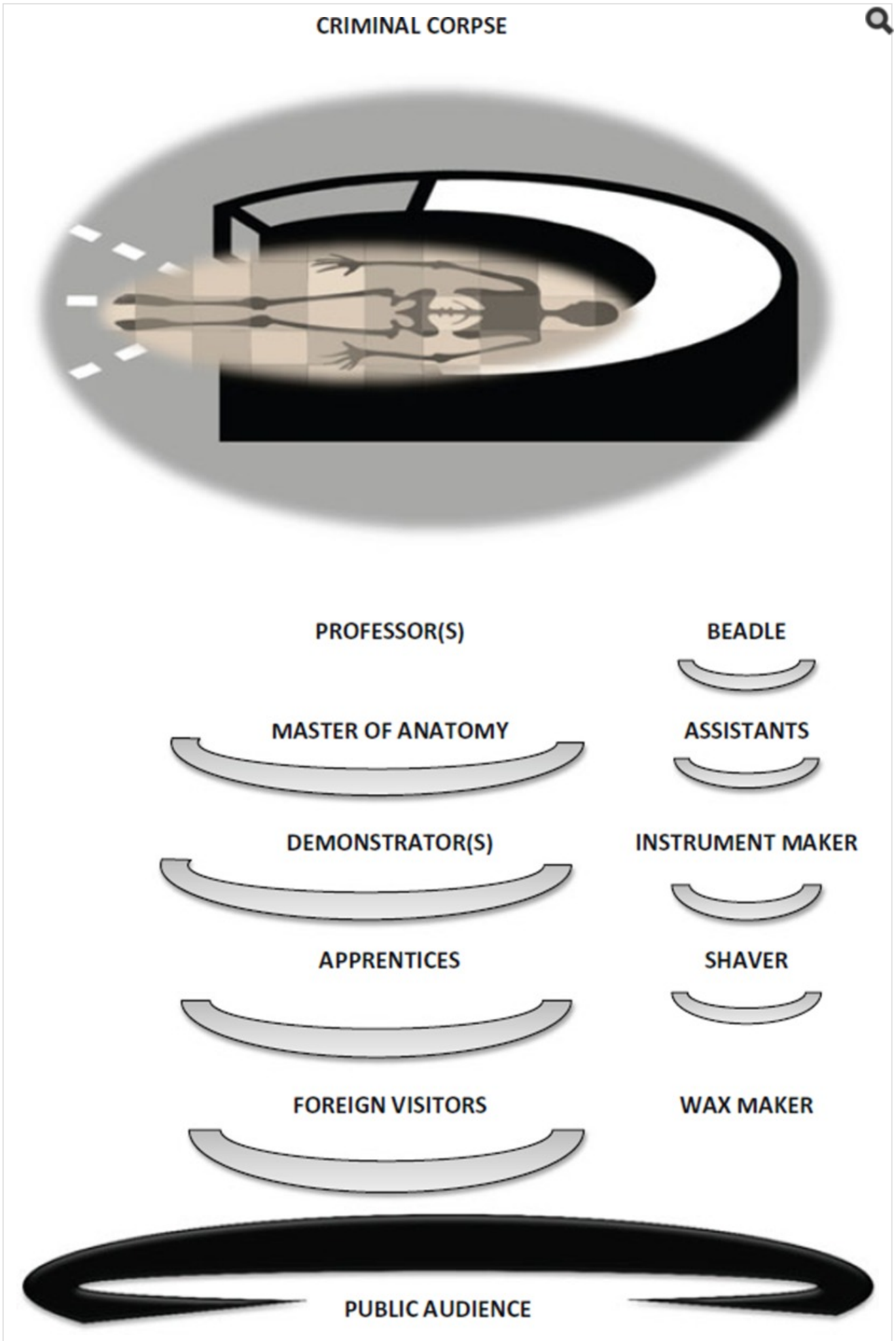
CRIMINAL CORPSE
PROFESSOR(S)
BEADLE
MASTER OF ANATOMY
ASSISTANTS
DEMONSTRATOR(S)
INSTRUMENT MAKER
APPRENTICES
SHAVER
FOREIGN VISITORS
WAX MAKER
PUBLIC AUDIENCE

Figure 4.2 Ranking of the Company staff and visitors at Surgeon’s Hall, London, circa 1734

Tables

Table 4.1 Basic ways to cut the criminal corpse in England under the Murder Act, circa 1752

Medical Term	Practical Definition/Method	Cuts to the Body
Autopsy	**From the Ancient Greek term '*to see for one's self*'**—it meant opening the body with the razor or lancet to *observe the cause of death* in the *major organs* of the body—opened in two incisions—one vertical, the other horizontal—to look inside the body for the purposes of general observation of the living state of the human being.	**First Incision**: Cut down the length of the torso & extend to the pubic bone (a deviation to the left side of the navel). **Second Incision**: 1 of 3 options: **(1) a large and deep Y-shaped** starting at the top of each shoulder & running down the front of the chest, meeting at the lower point of the sternum **(2) a T-shaped** made from the tips of both shoulder, in a horizontal line, across the collar bone region, to meet at the sternum (breastbone) in the middle **(3) a single cut** is made from the middle of the neck (at the 'Adam's apple') on males in the torso by transverse section
Anatomy	**From the Ancient Greek term '*cut open—I cut on, or upon*'** **3 basic branches:** ***Animal anatomy*** (zootomy) ***Plant anatomy*** (phytotomy) ***Human anatomy, branch of morphology*** (developed by Johan W. van Goethe (1790) & Karl F. Burdach (1800)— ***Morphology* comes from the Ancient Greek term '*to study form—to research*'** In *anatomy* it is the study of the form and structure of the *internal* features of an organism—gives rise to '*the new science of the body*'	**5 types of *Human Anatomy***: **(1) *Superficial anatomy***—looks at the contours or surface of the body; no cuts **(2) *Creationist anatomy***—at an autopsy examines the body's major organs in microcosm, reflects God's sacred creation **(3) *Higher or Transcendental anatomy***—opens the body at an autopsy to look at a chain of being and form, to reveal the operation of Natural Laws **(4) *Speculative anatomy***—postulates about the physiology and philosophical disposition of living beings, in functioning heart, lungs and brain **(5) *Morbid anatomy***—comparative morphology and pathology of diseased organs and tissues, crucially at the anatomical stage seen just with the naked eye, without a microscope

Medical Term	Practical Definition/Method	Cuts to the Body
Dissection	First requires an anatomical examination and cannot begin until putrefaction of the flesh is visibly observed, ensuring the person is **'*truly dead*'**. Then disassembles & dismembers a human being or animal form over 3–4 days after medical death is declared, provided a qualified surgeon has confirmed the corpse is in a physical state of **'*absolute death*'**; normally done on those hanged.	**2 Basic Options:** **(1)** cuts quickly & somewhat crudely down to the bones with a razor; severs head, limbs and torso; studies muscles & tissue hanging loose by microscope **(2)** takes an incision (see anatomical options) more carefully and with dexterity using a lancet, extracts flesh, muscles, and tissue, before cutting off limbs, severing head, and quartering the torso; bones are boiled & sent off to make a skeleton for display; body parts put in preservation jars for comparative study of morbid anatomy & pathology
Dismember	***Cuts to the extremities*** a dissected body of a criminal corpse or person whose body has been resurrected and/or stolen from a graveyard in the 18th century for the purposes of medical education and/or research. Little will be left for burial, less than one third of the original corpse. Remaining flesh and bones sewn together with a large surgical needle then wrapped in a woollen shroud used as a winding-sheet and buried in a common grave, normally no less than six deep. Lime thrown on each body to accelerate decomposition. No visible sign of burial above ground-level; social death.	**Basic equipment includes**: **Scalpel** or Lancet (sharpened) **Scissors** (**dissecting scissors**) Thumb **forceps** or fine point splinter **Mall probe and seeker** Surgical **spatula** **Magnifying glass** Needle to test eye reaction in pupils **Surgical chain and hooks** **Razor** (used in crude dissections) Rope or cord Surgical blow pipe **Surgical prong** Syringe of hot water to test heartbeat & brain function **Teasing needles** Trumpet to blow in ear, auditory test **Pipette** or medicine dropper **Ruler** or **calliper** T-**pins** Dissecting pan/basin/bucket Brush to sweep up fleshy material

Table 4.2 The seven anatomical methods of a *complete dissection* of the criminal corpse, circa 1760 to 1832

Seven Anatomical Methods	Actual Method on the Criminal Body
Osteology (priority up to 1750s)	study of bones
Sarcology (priority after 1760s)	study of the soft or fleshy parts of the body
Myology (priority after 1760s)	study of the muscular system structure, functions and diseases of muscles
Splanchnology (interpreted as legal method of *anatomization* under the Murder Act 1752)	study of viscera and its vital organs situated in the thoracic, abdominal and pelvic cavities of the body, primarily heart and lungs, but also intestines and kidneys
Angeiology [sic] (original research priority by 1800)	study of the circulatory system and the lymphatic system, including arteries, veins and lymphatic vases
Neurology (original research priority by 1800)	study of the brain and nervous system
Adenology (original research priority by 1800)	study of the glands and hormonal system

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