



Miranda

Revue pluridisciplinaire du monde anglophone /
Multidisciplinary peer-reviewed journal on the English-speaking world

7 | 2012

Ceramics / Submorphemics

Elizabeth T. Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, c. 1834–1929*

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Electronic version

URL: <http://journals.openedition.org/miranda/4586>

DOI: 10.4000/miranda.4586

ISSN: 2108-6559

Publisher

Université Toulouse - Jean Jaurès

Electronic reference

Laurence Talairach-Vielmas, "Elizabeth T. Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, c. 1834–1929*", *Miranda* [Online], 7 | 2012, Online since 09 December 2012, connection on 16 February 2021. URL: <http://journals.openedition.org/miranda/4586> ; DOI: <https://doi.org/10.4000/miranda.4586>

This text was automatically generated on 16 February 2021.



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REFERENCES

Elizabeth T. Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, c. 1834–1929* (Houndmills: Palgrave Macmillan, 2012), 380 p, ISBN 978–0–230–21966–3

- 1 Elizabeth T. Hurren's *Dying for Victorian Medicine* is an attempt at recovering lost stories—the stories of the poor whose bodies were sold for dissection and almost discarded at the end of the anatomy lesson—and to fill a gap in the history of “anatomy burials” in the context of the New Poor Law. Her book traces the journey that led to the commodification of the corpse, and its use by medical students, as medical education increasingly relied upon cadavers throughout the century. As Hurren explains, the development of the medical profession and the rise of the anatomy trade in nineteenth-century Britain was made possible through three pieces of new legislation: the 1832 Anatomy Act, the 1834 Poor Law Amendment Act and the 1858 Medical Act. While the Anatomy Act enabled anatomists to claim the bodies of paupers dying in workhouses and hospitals and who were too poor to pay for their own funeral, the Medical Act, creating a single public register for all legally recognized practitioners, led to an expansion of the medical profession, intensifying thereby the pressure for pauper bodies. Summaries of the Anatomy Act, just like the New Poor Law, were supposed to be available to the poor, pinned on walls in places they might congregate. However, in such pieces of legislation, the word “dissection” itself was often concealed behind that

of “anatomical examination”—an ambiguous concept which remained until the Human Tissue Bill rectified the unclear wording.

- 2 The ambiguous wording may also reveal the extent to which the cutting up of the body into parts remained hidden from public view. For, indeed, as Hurren makes clear, emphasis has often been laid on the dissection of whole bodies—very rarely focussing on the significance of dismembered body parts in the anatomy trade. In fact, body parts were most often what medical students trained on, especially when bodies were in short supply: if trainee doctors had to dissect a whole body for their medical education to fit the licensing qualifications of the medical profession after the 1858 Medical Act, practising on individual body parts proved easier and cheaper, spreading the cost of their medical education. It was also much more profitable for sellers.
- 3 In Chapter 2, Hurren looks at notions of death and dying and how paupers were buried. As the body parts of the poor were traded, the loss of identity of the corpse, sold in pieces, was certainly a great source of anxiety for the poor. In addition, the lack of legal stipulation concerning pauper burial (there was only customary obligation) made it even easier for the anatomy trade. Popular books, such as George Alfred Walker’s *Gatherings from Graveyards* (1839) called attention to the appalling burial conditions in parish graveyards across London, while many paupers wrote letters (or got people to draft them for them), petitioning to be buried in the parish.
- 4 Chapter 3 focusses on the dissection room and how stories of the dissection room published in newspapers helped to promote the cause of the medical profession, whose authority was increasingly dependent upon the corpse, the latter becoming part of—if not the core of—medical education. The stories exemplified the dramatic potential of human anatomy, popularising therefore the “melodrama of anatomy” (74). Such a dramatization explains the high sale figures of popular medical textbooks, such as *Gray’s Anatomy* (1854). As corpses were cut, exhibited and staged, medical knowledge became part of the public imagination: the dissection of the human body espoused a popular culture thirsty for sensationalism. As suggested, this attitude towards the corpse enforced the cultural authority of medical science over the corpse, especially as the different ranks of the profession were being reformed (such as surgeons asking for better professional recognition, breaking free from barbers and issuing their own diplomas). Even if medical students often travelled abroad to study in the great centres of human anatomy teaching, the difference between Britain and other European countries made it crucial to reform legislation so as to secure more dead bodies for medical education. The issue of medical education was also discussed in the popular press in the 1830s and 1840s, and Hurren examines how articles depicted the experience of medical students working in the dissecting room. Although fairly identical (bare rooms, stone floors), dissection rooms were often depicted by writers using Gothic overtones aimed at thrilling readers. Even doctors were sometimes commissioned to write about the dissecting rooms they had known as medical students. The stock pictures of the dissection room haunted the Victorian press and the anatomical images popularised human anatomy. However, Hurren notes two interesting points: first, the theatrical performance soon gave way to public concern related to the exploitation of the poor. Indeed, public opinion more and more directed the gaze towards what was happening in the dissection room, as exemplified by Dickens who denounced attitudes to poverty and the hidden aspects of medical education. This increased in 1871 as the Anatomy Act was extended, leading to an

intensification in the body trade, and with the 1885 Medical Act (Extension) which required all doctors to qualify in both medicine and surgery. Second, many of the anatomical images in circulation did not correspond to reality: the sanitized pictures of buxom females being dissected, for instance, bore little resemblance to the sights that medical students faced in the dissection room, in which more male bodies were dissected; their frequent impossible physical positions (like “the woman with the broken back”), and the presentation of anatomy as theatrical performance, with human remains exhibited on shelves, as common examples, sharply contrasted with the material reality of the dissection room. The sexualised imagery in circulation was thus deceitful (as contemporary photographs indicate), and anatomists contributed to misinforming their reading public. Furthermore, Hurren explains how sometimes the identities of dissected individuals were discovered and the bodies handed back to friends to be buried, and gives details about the undertakers employed at St Bartholomew’s Hospital for the burial of dissected bodies. She also describes the dangers of the dissection room, especially the risks of contamination for medical students as dissections were unregulated and unhygienic.

- 5 Part 2 focusses on those who effectively died for Victorian medicine, and Hurren examines four medical centres involved in medical education and thus in the anatomy trade. She looks at cases of several young women, for instance, who became part of the economy of supply at St Bartholomew’s Hospital, and explains how asylums made profits by selling the bodies of the insane poor, explaining how more female bodies entered the anatomy supply chain at St Bartholomew’s. Hurren analyses the rises and falls of the supply figures to understand body-buying activities and how body-buying schemes were also closely related to ethnicity patterns of settlements (such as the proximity of Irish and Italians). She also points out key medical figures: in Cambridge, Alexander Macalister, Chair in Human Anatomy, was a significant anatomist who contributed to expand an anatomy trade as he was strongly involved in the reformation of the medical education in Cambridge in the 1880s. At Oxford University, Prof. Arthur Thomson, who arrived in 1885, just as the Medical Act was extended, also shaped an economy of supply (his body-buying schemes suggesting that the body-part business superseded the trade deals for whole cadavers), just like Edward Law Hussey, city-coroner. Lastly, Hurren explains how in Manchester medical education was located in private anatomy schools (Joseph Jordan, Thomas Turner or Arthur Dunville and George Southam’s 1850 Chatham Street School of Anatomy) with different teaching styles but which competed and increased the competition for corpses. The high mortality rates in Northern England explains why pressure for pauper burials could be felt, public opinion more and more calling attention to medical schools’ responsibility for the interment of corpses and the basic and inadequate burial sites that were reserved for the poor.
- 6 Elizabeth Hurren’s study of “dissection as a lived, rather than simply a death, experienced” (304) is an exploration of the economy of the supply of corpses in the Victorian period and beyond, which highlights the impact of the New Poor Law and offers both national and local perspectives on the treatment of corpses by medical professionals and students. Her archival research is certainly one of many the strengths of the book, as she digs up case studies and resurrects patients’—or victims’—names. Looking at this part of the history of anatomy through the perspective of the corpse, Hurren’s *Dying for Victorian Medicine* follows in the footsteps of Ruth Richardson’s *Death, Dissection and the Destitute* (1987) or M. Sappol’s *A Traffic of Dead*

Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America (2002), claiming that time is now ripe to look at medical science through the looking glass and to examine the implications of its construction of the body as an anatomical object from a new perspective.

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Mots-clés: médecine, anatomie, victorien, pauvreté, corps, dissection

Keywords: medicine, anatomy, Victorian, the poor, the body, dissection

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