John Hunter and the
‘museum oeconomy’, 1750-1800

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Thesis submitted for the degree of Doctor of Philosophy
of the University of London.

May 2009
Abstract

This thesis considers the role and function of the museum of John Hunter (1728-1793). It examines the connections between dissection and the preserving, collecting and displaying of dissected body parts (‘anatomical preparations’) in London in the second half of the 18th century. It coins the term ‘museum oeconomy’ to describe this system of relationships.

The choice of Hunter reflects the importance attached to his activities as a surgeon, anatomist and collector. By placing his museum in a wider context, the thesis considers whether there are common elements to his work and that of other anatomists in the same period. The study is structured in three parts, addressing in turn the medical and social status of dissection and of its practitioners; how, and by whom, anatomical preparations were used and valued; and the relationship between dissection and display in the context of the private anatomy school. Sources studied include records and reports of public dissections and private post-mortems; auction catalogues and lecture notes; and architectural plans and other records of the physical structure and arrangement of museums. Preparations from the Royal College of Surgeons’ Hunterian Museum are used as a source of material evidence. Emphasis is placed on the work of consumers by defining the composition and responses of different audiences for dissection and its products.

The results suggest that the practice of dissection depended on the ways in which anatomists’ work was revealed to or concealed from the public gaze. Making, owning and displaying anatomical preparations can be understood as an important strategy for cultivating public awareness and appreciation of dissection as a kind of virtuous inquiry. The conclusion suggests how the idea of a ‘museum oeconomy’ can be related to broader themes in the historiography of medicine and collecting.
Acknowledgements

This thesis has developed over the course of eight years, initially in the School of World Art Studies at the University of East Anglia and subsequently in the Department of History at King’s College London. The common link has been Professor Ludmilla Jordanova, an inspirational and endlessly patient supervisor. My research has been combined with my work as Senior Curator and latterly Director of the Hunterian Museum at the Royal College of Surgeons of England. I am grateful for the encouragement and support shown by my colleagues at the College, especially Jane Hughes, Martyn Cooke and Sarah Pearson and others in the Museums and Special Collections Department; and Tina Craig, Beth Astridge and Louise King and colleagues in the RCS Library and Archives. I am particularly indebted to Stella Mason, former Keeper of College Collections, and to the Board of Trustees of the Hunterian Collection, especially Professor Bert Cohen, Sir David Innes Williams, Sir Rodney Sweetnam and Sir Barry Jackson. My research was made possible by a generous grant from the Frances and Augustus Newman Foundation, to whose Trustees I am indebted.

A summary of my investigation of the organisation of Hunter’s house (Chapter 9) has been published in *History Today* (Chaplin 2005). Themes discussed in Chapters 4 and 10 were presented to the conference *Nature Behind Glass* (Manchester Museum, 2007), published in *museum & society* (Chaplin 2008). Parts of Chapters 2-4 were presented at the *Vital Matters* symposium at the Clark Library, UCLA in 2006, and are due to be published in the proceedings of the symposium series in 2010. I am grateful to the reviewers and editors of these pieces for their comments. Other extracts have been presented in lectures, seminars, workshops and talks too numerous to list individually. However I would like to thank all those who have offered comments or suggestions, especially Glenn Adamson, Sam Alberti, Ken Arnold, Peter Black, Tim Boon, Mungo Campbell, Emma Chambers, Jane Darcy, Helen Deutsch, Anne Dulau, Elizabeth Eger, Caroline Grigson, Elizabeth Hallam, Brian Hurwitz, Karen Ingham, Nichola Johnson, Rachel Kennedy, Tim Knox, Helen McCormack, Natasha McEnroe, Iain Milne, Francis Neary, Lisa O’Sullivan, John Pickstone, Ruth Richardson, Sharon Ruston, Aris Sarafianos, Thomas Soderqvist, Claudia Stein, Steve Sturdy, Mary Terrall and Alannah Tomkins. Jacky Ceeney and Bert Cohen proof-read drafts of the thesis and provided many helpful suggestions: any errors that remain are mine. Finally, and most importantly, this thesis would not have been possible with the constant support and encouragement of Natalie: I owe her everything.
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Note on citations

Citations follow the Chicago Manual of Style author-date system, with additional explanatory information given in footnotes. A bibliography is provided at the end of the main text. Frequently-cited works are abbreviated as follows:


**TIL**  Hunter, William. 1784. *Two introductory lectures delivered by Dr. William Hunter, to his last course of anatomical lectures, at his Theatre in Windmill-Street*. London: J. Johnson.


Newspaper citations are given in the text: sources are included in the bibliography.

References to archival sources are given in footnotes, abbreviated as follows:

BL  British Library
CA  Camden Archives, London
GUL  University of Glasgow Library & Special Collections
JRLUM  John Rylands Library, University of Manchester
KCL  King’s College London
LGL  London Guildhall Library
LMA  London Metropolitan Archives
Linn. Soc.  Linnean Society of London
NAS  National Archives of Scotland, Edinburgh
NHMZL  Zoology Library, Natural History Museum, London
RCP  Royal College of Physicians, London
RCPE  Royal College of Physicians of Edinburgh
RCS  The Royal College of Surgeons of England, London
RIBA  Royal Institute of British Architects’ Library, London
SHC  Surrey History Centre, Woking, UK
TNA  The National Archives, London
VHS  Virginia Historical Society, Richmond, Virginia
WA  Westminster Archives, London
Wellcome  Wellcome Library, London
Chapter 1: Introduction

…the Curious museum of the late Mr John Hunter…is indeed a superb collection …It is said that Parliament are to purchase this of his Executors and to present it to the Surgeons, which will make them a most respectable body of usefull Members in Society. Since by possessing such a collection they may institute Lectures, connecting the London School with our two Universities, and rivalling all the world for the study of Natural History and Medicine. *(Hospital Pupil’s Guide 1800, 55)*

This is a thesis about body parts, and about how they are seen.

More specifically, it is about a particular class of object derived from the dissection of humans and animals. The objects that I focus on are pieces of preserved bone and tissue, made specifically to show the internal structures of healthy or morbid bodies. They are now more commonly called ‘specimens’, but in the 18th century they were known as ‘anatomical preparations’, a distinction that I have followed.¹

This thesis traces the emergence of a culture of collecting and displaying anatomical preparations between 1750 and 1800. It moves from a general examination of the practices of dissection and of the preservation, accumulation and use of preparations, to a more specific consideration of the emergence of the anatomical museum as an adjunct to teaching and research in a series of cognate disciplines which included anatomy, surgery and midwifery. It offers a detailed analysis of the museum of the surgeon John Hunter (1728-1793), exploring the relationship between dissecting, collecting and display. Its aim is not only to cast a new light upon Hunter’s museum but also to define the crucial role played by museums in reshaping the individual and corporate identity of surgeons in late 18th-century London – something which I characterise as the ‘museum oeconomy’ of Georgian anatomy.

**John Hunter and his museum**

Like his brother William Hunter (1718-1783), whose collections formed the basis for the Hunterian Museum of the University of Glasgow, John Hunter’s character as a surgeon, anatomist, physiologist, naturalist, natural philosopher and, most

¹ My usage reflects a wider acknowledgement of the ‘baggage’ associated with the vocabulary used by cultural historians and others (Williams 1983). The degree to which the vocabulary used to describe body parts carries implicit assumptions about their nature and use is discussed by, for example, Lindee (1998, 377) and Skene (2002, 102). As well as preferring the term ‘preparation’ to ‘specimen’, my use of ‘anatomical’ as a qualifier is intended to encompass normal and morbid (pathological) anatomy of humans and animals (comparative anatomy): again, this is based on contemporary 18th-century usage.
contentiously, a gentleman, has been inextricably linked with his museum. By the time of his death in 1793 it was estimated to contain over seventeen thousand objects. They included not only preparations of human and animal anatomy and pathology, but also substantial collections of fossils, shells and other objects of natural history, as well as paintings, prints and drawings. The significance of the collection was revealed by and substantiated through its posthumous purchase by Act of Parliament, which resulted in its being placed into the care of the Company (subsequently the Royal College) of Surgeons in London.

Much of the collection survives today in the College’s Hunterian Museum, a physical legacy which has both fostered and privileged John Hunter’s emblematic position within the College as the ‘founder of scientific surgery’ (Paget 1877, 27). This association has lent much of the writing on Hunter and his museum a distinctly hagiographic flavour. For medical practitioners in general, and for surgeons in particular, John Hunter and his museum have been a potent ideological resource, part of a narrative of progress which continues to define both individual and corporate identity by reference to its past (Jacyna 1983). One consequence has been to make problematic those forms of inquiry which are perceived as damaging to Hunter’s personal reputation. Another has been to perpetuate the idea of Hunter’s museum as self-evidently useful: his ‘un-written book’, in the words of one disciple (Jones 1951). Even professional historians of medicine, for whom the doctrine of ‘whiggish’ history has long been an anathema, have been inclined to ‘read’ Hunter’s museum through his written work (e.g. Cross 1981; Jacyna 1992). This tendency reflects not only the general privilege accorded to texts as evidence in historical enquiry, but also a propensity to treat non-textual sources uncritically when they are invoked.

A similar argument can be made in relation to Hunter’s place in the history of collecting. As it took shape at the Royal College of Surgeons in the early 1800s, the Hunterian Museum assumed a regularity and order that owed as much to the efforts of

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2 These appellations were all applied to John Hunter during his lifetime, though the last only rarely. Posthumous designations include ‘scientist’ (Paget 1897), ‘geologist’ (Jones 1953), ‘veterinarian’ (Allen and Cooper 1981), ‘pathologist’ (B. Cohen 1993), ‘dentist’ (Colyer 1919), ‘psychologist’ (Keith 1947) and ‘endocrinologist’ (Jørgensen 1971). With the exception of ‘psychologist’ all have been substantiated by reference to the contents of his museum.

3 For a brief introduction to the Hunterian Museum at the Royal College of Surgeons see G. Turner (1946); Cope (1959, 274-306); Blandy and Lumley (2000, 158-79).

4 An example is the discussion of Hunter’s putative self-inoculation with syphilis (Dempster 1978; R. Carter 1993; Murley 1994).

5 On historians’ (mis)use of visual evidence see for example Haskell (1993); Jordanova (2002) and Tucker (2006).
its subsequent custodians as to those of its founder. William Clift (1775-1849) had begun work as an assistant to Hunter in 1792, and worked with him for only eighteen months, but his dogged devotion to his former master was instrumental in securing the survival of the collection after Hunter’s death. As the first Conservator of the College’s Hunterian Museum, Clift played an important (if sometimes overlooked) role in shaping – or in his eyes, reinstating – the organisation of the collection, using his knowledge of Hunter’s work to apply systems of classification not always evident in the records of the museum as it existed during Hunter’s lifetime. Clift’s efforts, and those of his successors, played an important role in shaping perceptions of Hunter’s contribution to museological science. In Museums: Their History and Their Uses (1904), David Murray wrote:

Sir William Flower thinks, and probably with justice, that John Hunter is to be regarded as the founder of the modern museum, the distinguishing features of which are specialisation and classification. (Murray 1904, 1:231)

As another former Conservator of the Hunterian Museum, William Flower (1831-1899) was, like Clift, an assiduous promoter of both Hunter and his collection, but his views were shaped as much by his view of the (then) current role of the Hunterian Museum as by any critical appraisal of its original form and function in the 18th century. Following the devastation caused by bombing in 1941, the Hunterian Museum has ceased to have such a prominent role in the British museum landscape, but only recently has a new wave of historiographical and sociological research provided a context against which to assess Hunter’s work as a collector and exhibiter.

My thesis is, therefore, a response to these challenges. Drawing upon recent scholarship not only on the history of medicine, but also the histories of science and

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6 Clift began his career as an assistant to Robert Haynes, John Hunter’s dissecting-room attendant, in 1792. He remained as caretaker to the collection after Hunter’s death and Haynes’s dismissal, and was later rewarded by appointment as the first Conservator of the Hunterian Museum at the Royal College of Surgeons. He held this post until his retirement in 1842. For details of Clift’s life see Dobson (1954a); Austin and Jones (1978); Austin (1991); DNB.

7 Arthur MacGregor’s Curiosity and Enlightenment (2007) is both the product of, and a valuable guide to, recent research in the history of collecting and museums. An important spur to this burgeoning discipline was a symposium on 17th and 18th-century collecting held in Oxford in 1983, the results of which were published as TheOrigins of Museums (Impey and MacGregor, 1985), and which also led to the foundation of the Journal of the History of Collections in 1989 (http://jhc.oxfordjournals.org/). Linked to interest in museum history has been the emergence of museum studies as an academic discipline: for an introduction, see S. MacDonald (2006). See also Hooper-Greenhill (1992); Pearce (1992); Knell (1994) and Bennett (1995); and the journal museum and society, established in 2003 (http://www.le.ac.uk/ms/museumsociety.html).
art, and of collecting and display, it emphasises the importance of anatomical preparations as types of visual and material culture.

Overview of the thesis

The main argument of my thesis is structured in three parts. Part 1 (The Moral Oeconomy of Dissection) provides a context to John Hunter’s work as a dissector. By contrasting forms of anatomical practice that were designated as ‘public’ or ‘private’ it explores the ways in which dissection was performed – and seen to be performed – in late 18th-century London. By linking dissection to wider discourse about manners, based loosely on the work of David Hume, it highlights the moral and physical risks attached to dissection and the strategies employed by anatomists to defuse or deflect these threats to their character.

Part 2 (The Political Oeconomy of Preparations) traces a parallel history of preparations as a specific category of collectable objects. It maps the close relationship between making, using and owning preparations, and dissection-based medical teaching. Using a contemporary model of ‘political oeconomy’, derived from the writing of Adam Smith, it shows how measures of worth or value were applied to preparations and the degree to which preparations were endowed with qualities that valorised dissection as a polite or liberal art.

It is against this background that Part 3 (The Domestic Oeconomy of Display) considers John Hunter’s museum. It identifies the museum as a boundary space, which allowed the business of dissection to be accommodated within the physical and social structure of the household. It defines two distinct categories of visitor for the museum: a homo-social medical audience of Hunter’s peers and students, and a heterogeneous group of literary spectators corresponding with those who attended the salon hosted by John Hunter’s wife Anne (1742-1821). By comparing and contrasting their responses, it suggests ways by which a positive model of anatomical identity was developed and projected through the museum.

My conclusion brings these contexts together to develop the idea of the ‘museum oeconomy’ as a distinctive feature of anatomical teaching in Georgian London. Embodying elements of contemporary ‘oeconomic’ discourses, the museum oeconomy serves as an umbrella term for the system of operations by which the collecting and display of preserved body parts allowed the surgeon-anatomist to represent himself as a virtuous and knowledgeable medical practitioner. Using the example of portraiture, I suggest that the visual relationship between anatomists and
their preparation shows how, over time, dissection ceased to be seen as problematic, and instead came to denote an exclusive kind of medical knowledge.

Period and place

Although the implications of my thesis extend beyond this tightly drawn context, it is useful to explain my decision to focus on a relatively narrow period – the second half of the 18th century – and a specific geographical location, namely London. In doing so I am not seeking to suggest that the relationships between anatomy, dissection and the preservation, collection and display of body parts are confined by these boundaries. As Andrew Cunningham (1975), Jonathan Sawday (1995) and Lynda Payne (2007) have shown, anatomy teaching and human dissection have a long history in Britain. Despite being less firmly entrenched in academic tradition than in Italy or France, there is ample evidence for formalised dissection in England and Scotland from the 16th century onwards, particularly in London under the aegis of the College of Physicians and the Company of Barber-Surgeons. Dissections at the College ceased in the 1730s, but continued at the Barber-Surgeons’ Company and its successors, the Company of Surgeons and The Royal College of Surgeons of London, until the passage of the Anatomy Act of 1832 (Wall 1937, 91-109; MacDonald 2003 and 2005). Anatomical lectures also took place in charitable hospitals and ‘extra-mural’ locations in London from at least the early 18th century (Peachey 1924; Rolleston 1939; Guerrini 2004; Hallpike 2004). Extra-mural schools continued to play an important role in anatomical teaching in London until at least the 1830s (Cope 1961; S. Lawrence 1988 and 1996; Richardson 2001). London was not the only centre for anatomical teaching in the second half of the 18th century. The careers of the Monros in Edinburgh, Camper in Amsterdam and Groningen, Albinus and Sandifort in Leiden and Vicq-d’Azyr in Paris all overlapped with those of the Hunters. The fact that the London anatomists of the mid-1740s styled their teaching as being ‘Parisian’ or ‘French’ indicates the degree to which London teaching was perceived – rightly or wrongly – as indebted to pre-existing continental practices (Gelfand 1972; C. Lawrence 1988a).

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8 Here, and throughout my thesis, I use ‘extra-mural’ to denote teaching that took place outside of institutions. Although often called ‘private’ lecturing, the latter term could also be used to refer to lectures given by individuals on their own account within institutions. The mixed meanings of ‘public’ and ‘private’ in relation to anatomy are discussed later in this chapter.

9 On Alexander Monro primus (1697-1767) and secundus (1733-1817) see C. Lawrence (1988a) and Kaufman (1996); on Peter Camper (1722-1789) see Meijer (1999); on Bernhard Siegfried Albinus (1697-1770) and Eduard Sandifort (1742-1814) see Punt (1983) and Luyendijk-Elshout (1989); on Felix Vicq D’Azyr (1748-1794) see Hannaway (1994). Overviews of medical education in Scotland in the 18th century have been provided by Rosner (1991); for Leiden by Beukers (1999) and for Paris by Gelfand (1972) and Brockliss (1998).
Similarly my study does not propose termini ante and post quem for interest in the preservation, collection and display of body parts. Items of ‘humana’ – a term used to describe both parts and products of the human body – were commonplace in wunderkammern and cabinets of curiosities in the 16th and 17th centuries and ownership of such collections was not restricted to medical practitioners (Impey and MacGregor 1985; Daston and Park 1981 and 1998; Arnold 2006; MacGregor 2007). The use of preserved human tissues for anatomical teaching dates back to at least the mid-17th century (F. Cole 1914 and 1921; Cook 2002), and the display of preserved body parts in different public settings also pre- and post-date my period (Pender 2000; McLeary 2001; Burmeister 2002; Bates 2006 and 2008).

Within this longue-durée history there are, however, compelling reasons why the anatomical museums of mid-Georgian London are worthy of close study. In the three decades since Roy Porter lamented the ‘under-interpretation’ of 18th-century medicine, a prodigious quantity of scholarship has emerged to fill this perceived gap, not least from Porter himself.\(^\text{10}\) Much has centred upon the need to place medicine within a wider cultural landscape – in the context of social and economic change, of the redistribution of wealth and political power and the influence of trade and commerce.\(^\text{11}\) Recent research on the role of the market-place in medical treatment and education; on the shifting power relationships between practitioners and patients; and on the interactions between medical theory and wider cultural discourse are products of this historiographic trend.\(^\text{12}\) Although Joan Lane (1990), Mary Fissell (1991) and David Harley (1994b) have reminded historians that medicine existed beyond the metropolis, London has remained a key site for such investigations. By virtue of its size, its population, its wealth and its status as a political and commercial centre, London offered unprecedented opportunity for those pursuing a career in medicine. The city’s principal medical corporations – the College of Physicians, the Company of Surgeons and the Society of Apothecaries – possessed only a tenuous control over medical practice and training. Without a university-centred tradition of academic teaching, medical education took on a distinctive form based upon clinical instruction.

\(^{10}\) Porter (1985a), 285. For a list of Porter’s own contributions see http://www.ucl.ac.uk/histmed/publications/roy-porter-bibliography/index.html.

\(^{11}\) For a wider historical perspective see Porter (1982), Colley (1992), Hay and Rogers (1997); on the historiography of 18th-century Britain see Colley (1986); on international contexts see Porter and Teich (1981); on the history of London see Griffiths and Jenner (2000), Porter (1994).

\(^{12}\) A concise introduction to themes in the historiography of 18th-century medicine is given in C. Lawrence (1994), 7-25. For examples of work exploring these themes see for example essays in Bynum and Porter (1985) and Cunningham and French (1990).
and the conduct of dissections. It centred on two kinds of institution: charitable hospitals, where students walked the wards as pupils to surgeons and physicians, and extra-mural schools, which were the principal sites for anatomical teaching.

Susan Lawrence has provided a detailed and nuanced analysis of London medical education in this period.¹³ She has argued persuasively for the importance of hospitals as centres in and through which medical practitioners constructed their identities. Three themes emerge strongly from her work. First, by presenting a vast cast of actors, she has countered a persistent historical narrative – partly derived from the posthumous valorisation of the Hunters – of a transformation effected primarily by a few ‘great men’. Second, by highlighting the importance of clinical experience, Lawrence exposes the shared expertise which came to define a community of ‘regular’ practitioners, and directed attention away from rigid and hierarchical ‘professional’ identities. Third, by looking at how medical identity was constructed, and by emphasising the rhetoric of medical discourse and that of discourse about medicine and its practitioners, Lawrence explains these changes as the products of a process of social negotiation.

My work is not intended as a return to a model of ‘great men’ and their museums. Rather it picks up a challenge not wholly addressed by Lawrence or by others, namely, how did anatomical dissection came to be so widely practised, and what part was played by anatomical museums in supporting this expansion? Fundamental to my answer is the issue of the social acceptability of medical practice. In this I build on, for example, the work of Lynda Payne, whose recent cultural history of dissection shows how its practitioners positioned themselves not only in relation to their medical peers but also to society at large (Payne 2007). Similarly a consideration of Hunter’s museum and of those of his contemporaries helps to extend our understanding of the place of anatomical collections in relation to a wider ‘typology’ of museums in the late 18th and early 19th century (MacGregor 2007, 159-178). In concentrating on the uses of preparations in this process, I also acknowledge the work of Sam Alberti, whose interest in the shifting status of anatomical and natural history specimens highlights their changeable nature as meaningful objects, and the importance of spectators in constructing these meanings (Alberti 2005a and 2007).

¹³ Susan Lawrence’s Charitable Knowledge (1996) has been a constant companion to me during my research: it develops many of the themes outlined in her earlier papers (S. Lawrence 1988, 1991, 1993 and 1995).
Body parts exposed

My thesis considers anatomical preparations as forms of material and visual culture, that is, as tangible entities which were owned, exchanged and invested with meaning, and as objects through which visual information was conveyed or received by the interaction between creator, object and consumer. This approach has been inspired by my experience as Senior Curator, and more recently Director, of the Hunterian Museum at the Royal College of Surgeons of England. My work has given me the opportunity not only to become familiar with John Hunter’s collection – and with anatomical collections more generally – but has also made me highly conscious of the ability of such collections to engender meaning. Over the last ten years, no-one working in a British museum can have been oblivious to the range of reactions and the intensity of feeling which such collections can inspire. This has been evident in debate surrounding the removal and/or retention of human tissues by medical institutions (for example at Alder Hey Hospital and Bristol Royal Infirmary), as well as the ongoing calls made by and on behalf of indigenous communities in countries such as Australia and New Zealand for the return of ‘ancestral’ human remains. The Hunterian Museum is not peripheral to these debates. Social historians such as Ruth Richardson and Helen MacDonald have asserted direct connections – manifested as a ‘fearful symmetry’ – between historical practice and current issues (Richardson 2001, 409-428; MacDonald 2005, 186-189). Like others, they have seen in Hunter and his contemporaries the origin of a form of medical authority which privileges the interests of a dehumanised ‘medical science’ over the wishes of the individual.

14 On material culture, I have found Kingery and Lubar (1993) and Kingery (1996) useful starting points, together with the essays in Appadurai (1986), Hoskins (1998) and Buchli (2002). On visual culture I have found Walker and Chaplin (1997) a useful introduction, while the essays in edited volumes by Bryson et al. (1994) and Mirzoeff (1998) offer a more expansive view of the potential of ‘visual culture’ as a disciplinary category: on visual display as a subset of visual culture see Cooke and Wollen (1995).

15 The Bristol Royal Infirmary and Alder Hey (Royal Liverpool Children’s Hospital) Inquiries stemmed from concerns over the un-consented post-mortem retention of organs and tissues from the bodies of children (Kennedy 2001, Annex C; Redfern 2001). They prompted a large-scale inquiry into organ retention across the UK National Health Service (NHS Retained Organs Commission 2004), and eventually to the passage of the Human Tissue Act (2004) and the Human Tissue (Scotland) Act (2006). The new legislation was also intended to address some of the issues relating to repatriation of non-western human remains from British museums: on this, see Department of Culture, Media and Sport (2005); for background see for example papers in World Archaeological Bulletin (vol. 6, 1992); Jones and Harris (1998); T. Jenkins (2008).

16 Richardson in particular has related John Hunter’s involvement in the transplantation of teeth and his acquisition of the body of Charles Byrne (d. 1783) to current debates surrounding organ donation (Richardson 2000). See also Sawday (1995), 4-5; and Youngquist (2003), 3-27.
The commentary surrounding the propriety of the public display of human remains has been equally influential. In Britain ‘Bodyworlds’ (based on the work of German anatomist Gunter von Hagens and shown in London in 2002 and 2008) and ‘Bodies the Exhibition’ (produced by an American-based commercial company and staged in London in 2006) have attracted significant numbers of visitors and widespread coverage – some positive, some ambivalent and some overtly hostile (Walter 2004; Barilan 2006; vom Lehn 2006). The debate surrounding these shows has also been echoed – albeit in more muted tones – in relation to exhibitions such as the Hayward Gallery’s ‘Spectacular Bodies’ (Wood 2000), and in discussion about the use of human tissues as materials for contemporary art works (J. Walker 1999). Current interest in displays of bodies or body parts has encouraged historians to draw comparisons with the past (e.g. Nunn 2005; Stern 2006). Again, the Hunterian Museum has been part of this discourse. While researching this thesis I have been actively involved in the redisplay of the museum, a process which culminated with its reopening to the public in February 2005. At the time of writing (February 2009) over one hundred thousand people have visited the refurbished Hunterian Museum, where they have been able to see what survives of John Hunter’s collection as well as exhibits covering the history of the museum, the history and current practice of surgery, and the continuing use of anatomical collections for teaching and research.\(^\text{17}\)

This thesis does not address issues of retention and display of human remains in the early 21st century. Nevertheless I mention them here for two reasons. The first is to illustrate the range of values invested in the body and in body parts by communities and individuals. Observing the varied reactions of visitors to the Hunterian Museum’s new displays has encouraged me to think about preparations as objects that engender and sustain multiple meanings. Current discussions surrounding organ retention, repatriation and the exhibition of preserved bodies reveal varied and often deeply-held feelings about why such material is important (S. Lawrence 1998). Although often characterised as binary disputes – e.g. between ‘scientific’ versus ‘religious’ belief –

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these debates are far wider and more complex. At their heart are issues of ownership and authority, giving them political as well as moral dimensions (Cuno 2008).

Second, they also reveal the importance of physical contexts. A key issue for critics of Alder Hey Hospital was not only that parents had not consented to the retention of children’s organs, but also that organs were housed in conditions that were regarded as inappropriate (Redfern 2001, 30-32). Negative publicity for ‘Bodyworlds’ focused not only on the source of cadavers, but also on the quality of the exhibition design and marketing and on the use of a commercial exhibition space – factors which were perceived as rendering the display less acceptable than might otherwise have been the case (Van Dijck 2001; J. Simon 2002, 64).

One reason why such issues have come to the fore is that for much of the 19th and 20th centuries the collection and preservation of body parts was regarded as an integral but invisible part of medical science. In the introduction to Medical Museum Technology (1959) John Edwards – a hospital museum conservator – noted that:

A medical museum has little appeal to the general public... Its conservator must reconcile himself to an obscure, unpublished existence, for its purpose is to serve as an ancillary to the study and teaching of anatomy and pathology... (Edwards and Edwards 1959, 3)

In contrast, current debates have revealed these collections to public scrutiny and hence to critical inquiry. Questions about the propriety of the retention, use and display of body parts have opened what sociologists of science would describe as a ‘black box’ – a term used to describe a set of practices, theoretical assumptions or technologies whose operation is treated as unproblematic and which therefore become invisible or self-evident (Latour 1999, 304).

Model investigations

The notion of the ‘black box’ is one associated with the social construction of scientific knowledge. This approach seeks to understand the way in which beliefs about the natural world are culturally negotiated or constructed rather than merely established by direct observation of an external reality (Jordanova 1995; Golinski 1998; Eddy 2004a). My work is part of this tradition, and the approach I am taking in this thesis is broadly speaking a constructivist one. One characteristic of this type of

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18 On the mixed and/or changeable meanings of human remains see Hearder (1998); Lindee (1998); P. Walker (2000). An example of an extreme difference in the kind of significance attached to human remains would be the intense debate between Native American campaigners and anthropologists over the cultural and scientific value of the ‘Kennewick Man’ remains, discussed by Thomas (2000).
inquiry has been a willingness to engage with other fields and to consider a wide range of both subjects and sources. The models that have inspired my work include the work of Ludmilla Jordanova (1985) on William Hunter’s obstetric atlas; Mimi Hellman (1999) on furniture and sociability in 18th-century France; Marcia Pointon (2001) on the ownership and display of miniature portraits in Britain in the same period; Michael Baxandall (1980) on German renaissance sculpture and Simon Schaffer and Steven Shapin (1985) on 17th-century natural philosophy. Despite working from different disciplinary perspectives, these studies constitute inquiries into objects which have previously been ‘taken for granted’, either because their significance is regarded as self-evident, or because they have been regarded as insignificant when measured against a canonical standard.

Thus Jordanova exposes issues of gender-politics and the aesthetic assumptions behind the plates commissioned by William Hunter for his obstetric atlas, a work which had hitherto been treated as merely an exemplar of ‘accurate’ anatomical representation. Hellman explores the ‘unproblematic delightfulness’ of 18th-century furniture to reveal how social identity was constructed through the complex interactions between people and objects. Pointon engages with miniature portraits – a genre generally regarded as insignificant by art historians – by considering their status as treasured possessions rather than as straight-forward representations of people. Baxandall also exposes the constraints of conventional art-historical discourse by focusing on a class of object (German renaissance limewood sculpture) for which no contemporary descriptive tradition exists, creating in its absence a critical framework drawn from cognate practices. Finally Shapin and Schaffer expose the role of material, literary and social technologies in the construction of an instrument – the air-pump – which became both tool for, and emblem of, the practice of experimental natural philosophy in the 17th century.

Despite their disparate subject matters, these studies share a number of related methodological assumptions. They treat meanings (including beliefs about the natural world) as socially-constructed entities, the production of which can be analysed by mapping the interactions between people and things through space and over time. Their analysis of these processes emphasises the relationship between acts of manufacture and consumption and the role of objects as mediating agents. They also recognise that these relationships may be revealed through, but not defined by, textual accounts. Understanding them may require investigation of a variety of literary, material or visual sources and identification of parallel discourses through which their significance may be gauged. In addition, they not only serve to illustrate particular
episodes, but also have wider implications for historical understanding beyond these specific contexts.

The idea that meanings are socially constructed, and that this cultural effort has specific spatial and temporal boundaries, is one that I explore in relation to anatomy and the display of body parts in the 18th century. But it also demands attention to the constructed nature of the concepts I use. In particular, there are four ideas whose prevalence and complexity require some preliminary examination: questions of identity; issues of space; the role of objects and, lastly, the concept of ‘oeconomy’.

Identity

Defining individuals or groups by reference to any particular aspect of appearance, interest, activity or situation is a political act, in that it carries with it implicit or explicit assumptions about the valency of such characteristics in relation to society as a whole. In recent years, the concept of ‘identity politics’ has been used to describe the mobilisation of particular groups around specific aspects of their shared experience, especially in relation to race, gender and sexuality, which are perceived as marginalised or disempowered within a wider hegemony (Heyes 2009). Yet issues of identity, of the construction of self and of the perception of self by others are inevitably far more complex and fluid than this simple reductionism implies.

Furthermore, the construction of identity is also a historiographical discourse, and the re-working of selfhood involves the re-fashioning of historical accounts in their support (Friedman 1992). This is as true for the late 18th and early 19th centuries as it is today, making it necessary to treat individuals’ own claims about their relationships with the past with some caution.19

I have characterised a community of ‘anatomists’ with these caveats in mind. By accentuating anatomy – and specifically dissection – as a shared interest which was both medically and socially marginal, I am nevertheless sensitive to the fact that my anatomists saw themselves, and were seen by others, in a variety of other ways. I am also conscious of the way in which their identities were, and continue to be, enrolled in a historical narrative that reflects the hegemonic status of anatomy in medicine since the end of the 18th century. As Andrew Cunningham has argued, defining what is meant by ‘anatomy’ within specific cultural and temporal contexts is, therefore, essential to understanding its relationship not only to medical discourse, but also to

19 One example is the refashioning of ‘British’ history by Scottish writers in the mid-18th century, at a time when Scottish professionals – including the Hunters – were often regarded with a suspicion that bordered on bigotry by their English counterparts (see Sher 2006, 69-72).
society at large (A. Cunningham 1975, 2002 and 2003). Cunningham defines ‘medical’ anatomy in the 18th century as a mode of inquiry based upon the investigation of both living and dead human and animal body parts, using the ‘physical arts’ of dissection, vivisection and the performance of experiments. I extend the designation ‘anatomical’ to the fields of surgery and midwifery, areas in which necessary expertise – as defined by those who taught the subjects – included a solid grounding in anatomy gained through practical experience.  

This definition helps to address a problem raised by several historians regarding the fragility of ‘professional’ identities for medical practitioners in the 18th century. Focusing on a shared interest in dissection allows me to bring together individuals who were often at odds in terms of their backgrounds, education, personal relationships, work, theoretical beliefs and occupational denominations – and sometimes all of the above. Just as importantly, a concentration on ‘anatomical’ character emphasises the inadequacy of teleological assumptions about the rise of medical authority. For Roy Porter, what mattered above all, and to all kinds of Georgian medical practitioner, was their social status (Porter 1985c). Yet in the mid-18th century dissection was not obviously consonant with received notions of ‘proper’ behaviour, even within the medical community. From the 1740s until the end of the century most of those who were active as dissectors lacked a strong prior claim to genteel status. Almost to a man they lacked inherited wealth or property, title, or a ‘good’ education (defined in terms of an Oxford or Cambridge degree). Many of them...
nevertheless achieved eminence in their chosen fields. It is, therefore, necessary to understand how anatomists’ work was valued by themselves and by others.

Fundamental to such considerations is the concept of politeness, a term whose attenuation in current usage belies its potency in 18th-century culture. Historians such as Lawrence Klein and Philip Carter have demonstrated that ‘politeness’, as articulated through the work of Anthony Ashley Cooper, Third Earl of Shaftesbury (1671-1713) and his successors, was both a moral and a political philosophical discourse (Klein 1994; P. Carter 2000). Politeness encompassed the qualities of thought and behaviour which denoted a gentleman, and hence defined that class of men possessed – or deserving – of power and responsibility in Georgian society. Models of politeness were subject to constant revision and reinterpretation as commentators sought either to exclude or include different classes of actor or types of activity (Klein 1995). Politeness impinged directly on medical behaviour with the emergence of a discourse of medical manners, but is also more broadly relevant to the perception of anatomy through cognate concepts of curiosity, masculinity, sensibility and aesthetics. A key challenge is therefore to see how anatomy and anatomists were represented in relation to these discourses.

Space

Implicit in this process is an awareness of the importance of issues of location and spatiality. Historians have typically characterised anatomy in the late 18th century as either ‘public’ or ‘private’: the former referring to the formal lectures and displays of dissected bodies which took place at the Company of Surgeons’ Hall, and the latter to the work carried out by lecturers working for personal profit either in hospitals or in extra-mural locations. Like ‘politeness’, the concepts of ‘public’ and ‘private’ are rich in meaning, especially in relation to 18th-century society. Although usually employed as an oppositional pair, their various connotations make this association complex. As used in the 18th century, ‘private’ carried with it beneficial implications of commerce, ownership and domesticity – ‘private enterprise’, ‘private property’, ‘private life’ –

\[\text{23} \text{ On curiosity and politeness see Benedict (2001); on sensibility and the gendering of behavioural norms see especially Barker-Benfield (1992); on aesthetics see Brewer (1997); Townsend (2000). On politeness and medical manners see Fissell (1993); McCullough (1993) and Porter (1993a).}

but also potentially destabilising connotations of secrecy and solitariness. Both registers are evident in relation to extra-mural anatomy in Georgian London, an entrepreneurial business conducted for the benefit of a restricted, paying audience, in commercial or domestic settings, which was variously lauded as an exemplar of personal initiative and condemned for its association with a furtive and illicit trade in dead bodies. Likewise ‘public’ also carried contradictory connotations: of actions visible in and for the benefit of society at large – the ‘public good’, ‘public interest’, ‘public affairs’ – but also more equivocal registers relating to actions by and for the state, rather than the people, and of flagrancy, brazenness and notoriety. The ambiguous nature of ‘public’ is apparent in the ‘public lectures’ read over the bodies of criminals at Surgeons’ Hall: carried out by and in a civic institution under state authority; given free of charge and without personal financial reward before an unrestricted audience; purportedly serving both a public good (the improvement of surgery) and a public duty (the exemplary punishment of malefactors), but also decried as a vulgar spectacle inimical to notions of civil decency and detrimental to public order.25

Describing anatomy as ‘public’ or ‘private’ exposes its complex relationship with a broader physical and social world. It also highlights the way in which dissection was represented in what Jurgen Habermas has termed the ‘public sphere’ – the discursive space in which the views of individual citizens are articulated, and so shape the actions and rules of a democratic state.26 This in turn concentrates attention on the kinds of people who were active within the public sphere, and those excluded from it. I pay particular attention, therefore, to the perceptions of ‘genteel’ spectators, as opposed to the population at large, while also addressing the challenge posed to anatomists from violence against property or person – one of the few methods through which the disenfranchised poor (the ‘London Mob’) were able to make themselves heard.27

25 For examples of work which explores these different registers see for example Gelfand (1985) on hospital teaching as ‘private enterprise’; Guerrini (2004) on ‘public’ audiences for ‘private’ anatomy lectures in the early 18th century and S. Lawrence (1995) on the infinite degrees separating ‘public’ and ‘private’ anatomy as defined by location.

26 On the concept of the public sphere see Habermas (1989); on its deployment see for example Crossley and Roberts (2004).

27 Issues of class are particularly evident in the work of both Peter Linebaugh and Ruth Richardson, both of whom seek to reconstruct the largely unrecorded voices of the poor in relation to the practice of anatomy (Linebaugh 1976; Richardson 2001); on the nature of ‘the mob’ as a social category see for example Shoemaker (2004).
Objects

It is an interest in the ways in which dissection was made visible that drives my interest in preparations. Unlike the corpses from which they were derived, anatomical preparations were treated as property, and thus legitimate objects of moral and political discourse. Their significance must be seen in the context of an age defined by the relationships between people and property, part of what cultural historians have defined as the first ‘consumer society’ (McKendrick et al. 1982; Brewer and Porter 1993; Bermingham and Brewer 1995; Brewer 1997; Berg and Clifford 1999). Much of this work has emphasised not only the important roles played by possessions in shaping identities, but also the intricate and reflexive relationship between practices of production and consumption.  

I apply a similar approach by considering the formal properties of preparations as manufactured objects, and about the values attached to them within different economies of exchange (Appadurai 1986; Carrier 1995; Offer 1997; Osteen 2002). This highlights the problematic relationship between pecuniary and affective values, an issue which has been addressed in recent scholarship on the art market in 18th-century London (e.g. Lippincott 1983 and 1995; Pears 1988; Solkin 1992). It raises questions of utility, and the degree to which possessions may also be useful objects.  

I extend such analyses to consider how the use and ownership of preparations reinforced or undermined anatomists’ claims about the importance of their work. Doing so also demands a close attention to the responses of consumers. My thesis is informed by scholarship in a variety of fields which falls under the loose heading of ‘reception studies’ (Machor and Goldstein 2000). Such work cuts across a variety of disciplines and periods, and includes work on readers’ responses to texts, on viewers’ reactions to images and on museum visitors’ perceptions of exhibited objects.  

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28 The notion that individuals’ personalities or perceptions of self-identity are reflected in and projected through their property is not specific to the 18th century, but the application of such ideas to this period have been particularly fruitful. On personal possessions in the 18th century see Weatherill (1988): on the ways in which 18th-century actors represented themselves and others through possessions see for example Bermingham (1995); Pointon (1997); Jordanova (2003).

29 Here my approach echoes that of Susan Pearce, who has questioned the normative quality of different kinds of collecting activity, rather than that of (for example) Jean Baudrillard, who asserts that ‘possession’ and ‘use’ are mutually exclusive categories (Pearce 1992 and 1995; Baudrillard 1994).

30 The literature in these areas is extensive and varied, but for introductions to and examples of the work in three fields see Rose (1992) and Price (2004) on reading; M. Baker (2000) and Freedberg (1989) on responses to sculpture and images respectively; and Baxandall (1991) and Alberti (2005a) on museum displays.
this approach to characterise the responses of different categories of visitors within
John Hunter’s museum, and to highlight the importance of prior knowledge in visual
cognition or ‘ways of seeing’. 31 I argue that the meanings which spectators identified
in preparations were, in part at least, conditional on their previous experience, and I
consider how ‘virtuosity’ and ‘connoisseurship’, two inter-related contemporary
practices of object-appreciation, were applied to the study of anatomical
preparations. 32

Oeconomy

In developing these interlinked concepts of identity, space and objects, and their
relationship to the production, collection, display and reception of anatomical
preparations, I have used three broad frameworks or – to appropriate an 18th-century
term – ‘oeconomies’. These are the ‘moral oeconomy’, which I use to refer to the
discourse concerning personal behaviour and public character; the ‘political
oeconomy’, which I apply to the circulation of goods and services within systems of
exchange; and of the ‘domestic oeconomy’, referring to the operations used in the
management of a household. Each of these phrases has acquired different meanings
since the 18th century: for example, ‘moral economy’ now defines a specific branch of
economic theory concerned with the use of non-capitalist values in systems of
exchange (Powelson 1998). For this reason I have used ‘oeconomy/economy’ to
distinguish between earlier and more recent senses. My three ‘oeconomies’ are
interdependent: ‘good’ moral behaviour was as much defined by commercial activity
and domestic order as it was itself a defining influence upon them. 33 In this sense all

31 Svetlana Alpers’s study of 17th-century Dutch painting is perhaps the best introduction to
the role of localised systems of belief and their impact on what have been variously termed
‘ways of seeing’ or ‘scopic regimes’ (Alpers 1983).
32 On the application of ‘ways of seeing’ to the exhibition of objects in museum settings see
Karp and Lavine (1991), especially Stephen Greenblatt’s essay, which characterises ‘informed’
or ‘uninformed’ spectatorship through the concepts of ‘resonance’ and ‘wonder’. For an
alternative approach which suggests certain universal characteristics to human visual cognition
see Kemp (2006). On the ways in which the ‘virtuoso’ and the ‘connoisseur’ were
characterised in 18th-century discourse, and on the deployment of such characterisations to
reinforce or subvert social distinctions, see for example Houghton (1942a and b); Levine
(1977); Gibson-Wood (1984); Bermingham (1995); Swann (2001); Cowan (2004); Mount
(2006a).
33 The interdependency of moral, commercial/political and scientific ‘economies’ is a point
developed by Hal Cook in his study of the relationship between trade and science in the Dutch
natural philosophy see Shapin and Schaffer (1985); Shapin (1994); Ben-Chaim (1999 and
2002). The idea of the ‘moral economy’ of science as a more wide-ranging concept is
discussed by Daston (1995), and Shapin (2008). On the relationship between domestic
economy and natural philosophy see Shapin (1988); on political economy and 18th-century
three of my oeconomic models are positive rather than normative. Through them I define what I have termed the ‘museum oeconomy’, itself a positive model describing the system of operations by which preparations were used to legitimate the business of dissection. Though the model I describe is based heavily on the work of John Hunter, it is not intended to be specific to him. For this reason, I have excluded a fourth 18th-century model, that of the animal oeconomy. Although John Hunter’s own concept of the animal oeconomy was fundamental to his work, and certainly informed his work as a collector and maker of preparations, the degree to which it conditioned visitors’ responses to his museum is, at least, open to question. In an essay on the work of the physicians William Cullen (1710-1790) and John Brown (1735-1788), two contemporaries of Hunter who propounded distinctive theoretical models, Chris Lawrence has argued for the ‘poverty’ of exegetical readings of textual accounts. Citing Hunter as an example, he claims:

> Recently historians have begun to turn their attention to these sorts of questions, to study, for example, not the works and influence of some essential John Hunter, but a number of rather different John Hunters made for a specific purpose by subsequent generations, and in turn handed on to us as an apparently uncomplicated object, the father of scientific surgery (C. Lawrence 1998b, 21)

By concentrating on those elements of Hunter’s work as a dissector, preparator, collector and exhibitor that were common to other anatomists, I have tried to avoid casting Hunter as a singular figure. Instead, I have focused on the material practices of production and consumption that shaped meaning within a more wide-ranging museum oeconomy.

**The bigger picture**

The value of the museum oeconomy as a way of understanding the relationship between dissection and display lends it broader historiographic significance beyond a tightly defined period, place or community of practitioners. One way in which it does so is by complementing studies of other kinds of social or scientific practice. In the introduction to *The discovery of painting: the growth of interest in the arts in England, 1680-1768*, the art historian Ian Pears argues that:

> What painting became and equally what became of the people who made the paintings, is an integral, and illustrative, part of the constant flow of tiny alterations that were taking the whole society into new and uncharted directions. How paintings were acquired and valued are matters of importance

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science, especially in relation to ‘physiocratic’ economic theory, see for example Banzhaf (2002) and Packham (2002).
not because the development of such an interest was of immense significance
per se but because it can be used to uncover something of these changes in
attitude. (Pears 1988, 26)

Not all historians agree with Pears’s conclusions, but by thinking about concepts such
as taste, connoisseurship, propriety, patronage, and their role in defining and re-
shaping social boundaries, his work bears on other areas of 18th-century life. The
same is true of an understanding of the nature of anatomical study in the same
period.34

Another way in which my ‘local’ study might be of broader significance is by
characterising a change whose consequences extend well beyond the moment of
transition. An example of this would be the shifts in the practice and teaching of
medicine which the historian Erwin Ackernecht and the philosopher Michel Foucault
locate (albeit in rather different terms) within new institutions created by the French
medical reforms of 1794 (Ackerknecht 1967; Foucault 1989 [1973]). Many of their
conclusions (or in Foucault’s case, suggestions) have been challenged, but they have
nevertheless provided a powerful stimulus for researchers working in the history of
modern medicine, and – in Foucault’s case particularly – in cultural history and the
history of ideas.35

My choice of Foucault as an example is not coincidental. His writing – particularly in
The Birth of the Clinic and The Order of Things – has been a specific prompt to a
number of historians interested in John Hunter’s work.36 My thesis is not intended as a
direct reaction either to Foucault or to these responses, and the approach which I have
taken is antithetical to that employed by Foucault. Nevertheless, my articulation of a
‘museum oeconomy’ embracing objects possessing multiple meanings; my
identification of the medical museum as heterotopic space; and my characterisation of
the transition from individual to institutional ownership as an act which limited this

34 Indeed, one of the analogies drawn by Pears is between the changing status of artists and that
of medical practitioners. It should be noted, however, that Pears’s characterisation of the latter
– who he terms uniformly as physicians – is rather less nuanced than his analysis of artists and
their patrons.

35 On medical historians responses to the idea of the ‘revolution’ in Paris medicine see for
example the essays in the collection edited by Hannaway and La Berge (1998).

36 Naissance de la clinique (1963) appeared in English translation in 1973: Les mots et les
choses (1966) was first published in translation in 1970. The work of Othmar Keel, who
relocates the origin of a discourse of pathological anatomy to the Hunterian schools of late
18th-century London is a response to the former; see Keel (1980; 1981; 1985; 1987). Keel’s
reappraisal has been challenged by Maulitz (1987); for a response, see Keel (1998). Stephen
Cross’s study of Hunter’s physiological theory is a sympathetic response to Foucault’s later
work, arguing that Hunter’s work is suggestive of what Foucault terms the ‘classical episteme’
and is discontinuous with a 19th century discourse of biology (Cross 1981): for a critique of
this conclusion see Duchesneau (1985).
potentiality, links with a broader body of work on the ways in which meaning is negotiated through objects.\textsuperscript{37}

If one function of an introduction is to set out what this thesis is about, and why it might have a wider significance, it is also helpful to spell out what it is not. For example, I have not attempted to create a catalogue raisonné of John Hunter’s museum (although Appendix 6 does provide an overview of his collections and their contents). A more comprehensive analysis of John Hunter’s activities as a collector, particularly in the field of art, would be a worthwhile exercise. However, the loss of so much of what John Hunter owned, either by sale after his death or through the ravages of time and the destruction wrought on the Hunterian Museum during the Blitz, means that such a study would inevitably be biased towards what does remain in material form. By considering Hunter’s museum as a physical entity during his lifetime, and by relating this to a shared culture of collecting and displaying anatomical preparations, I have instead focused attention on how his collections were seen in relation to the business of dissection in late 18th-century London.

Equally, I have avoided the temptation to offer a biographical study of John Hunter.\textsuperscript{38} Although I hope that my study will encourage a more sophisticated understanding of Hunter’s work, biography demands an appreciation of psychological stimuli which I have consciously eschewed. This is not to say that such an approach lacks potential. An examination of John Hunter’s motivations as a collector might take into account his childhood and the early loss of his father; his relationship with his elder brother William, and the concepts of sibling rivalry and emulation; and the ill-health and near-death experiences which lent his love of dissection a kind of fatal attraction. All are landmarks from which a psychoanalytic study might take its bearings.\textsuperscript{39}

\textsuperscript{37} See for example Stephen Bann’s Clothing of Clio (1984), which examines the significatory potential of museum objects using a Foucauldian model of epistemes derived through the work of Hayden White (1978): for a reflection on Bann see Orr (1985). On the notion of ‘heterotopia’ – the coexistence within a single physical space of discrete modes of behaviour, epistemological practices or functional activities – see Foucault (1989 [1970]), xvii-xviii. On the role of specimens as ‘boundary objects’ that effect translation between actor-groups see for example Star and Griesemer (1989) and Secord (1994a).

\textsuperscript{38} John Hunter has been the subject of at least fourteen full-length biographies (Home 1794; Foot 1794; J. Adams 1818; Ottley 1835; Gross 1881; Paget 1897; Mather 1893; Peachey 1924; Gloyne 1950; Gray 1952; Kobler 1960; Dobson 1969; Qvist 1981; Moore 2005b. Of these I refer most frequently to those by Peachey and Moore which, while lacking analytical depth, are at least accurately referenced. For a review of biographies to 1972 in the context of traditions of biographical writing see Fullmer (1972).

\textsuperscript{39} On passion and the irrationality of collecting see for example S. Stewart (1993); on some of the psychoanalytic concepts which might be relevant to studies of collecting see Muensterberger (1994, 1-47).
Such an approach has been used fruitfully in connection with the work of Johann von Goethe (1749-1832) and Charles Willson Peale (1741-1827) as collectors (Hamm 2001; S. Stewart 1995). In particular David Haycock’s and George Rousseau’s study of the Jewish naturalist Emanuel Mendes da Costa (1717-1791) offers a number of parallels with John Hunter. If Hunter never matched da Costa’s mendacity, there remain telling similarities in the quasi-pathological compulsion to acquire and accumulate objects – part of what Haycock and Rousseau suggest was a more widespread culture of ‘collectorial consumption and personal excess’ in Georgian Britain (Haycock and Rousseau 2000, 159). Nevertheless, psychoanalytic historical (or ‘psychohistorical’) studies of collectors and collecting have not always been so successful. One criticism common among historians of science is the degree to which these studies imply a commitment to the universality of psychoanalytic concepts, something that sits uneasily within constructivist historiography. My decision to avoid such an approach is, however, primarily to do with the statement expressed in the first line of this chapter. My concern is less with the personal motives of Hunter or of his contemporaries – subjects which would be amenable to psychoanalytic interpretation – but rather with the potentially damaging nature of the material they collected with such evident zeal, and the way in which these collections of body parts were seen by others.

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40 Da Costa was a contemporary and associate of the Hunters, and is known to have acted as a buyer for John Hunter. See also Cantor (2001); Hayward (2002).

41 See for example Kevin Melchionne’s review of Muensterberger (Melchionne 1996).

42 For an example of (different) psychoanalytic frameworks applied to historical biography see M. Hunter (1999) and the papers in the same volume on the psychohistory of Robert Boyle. Geoffrey Cantor’s review (same volume) articulates some of the areas of concern voiced by historians of science about psychohistorical studies.
Part 1: The Moral Oeconomy of Dissection
Chapter 2: The nature of dissection

The paradox of dissection

In June 1776 the philosopher David Hume, beset by an ailment which had defied the efforts of a host of physicians, reported the following news to his friend John Crawford:

…the true cause of my distemper is now discovered. It lies in my liver, not in my bowels. You ask me how I know this; I answer, John Hunter, the greatest anatomist in Europe, felt it with his fingers, and I myself can now feel it …Even St. Thomas, the infidel apostle, desired no better authority than the testimony of his fingers. (Greig 1932, 2:326-327)

It was a grim prognosis, but one that Hume appears to have greeted with equanimity. With no expectation of cure either by physic or surgery, Hume was nonetheless grateful for John Hunter’s authoritative diagnosis, an ability based not on his skill as an operator but on his qualities as an anatomist. By emphasising the role played by touch Hume was acknowledging and commending the nature of Hunter’s expertise, a combination of tactile and visual skills built up over the course of nearly three decades of dissection, observation and experiment on ‘some thousands’ of bodies of humans and animals, living and dead.

It is Hunter’s reputation as an anatomist – a dissector – that underpinned his career. Although Hunter worked as a surgeon, his career had not followed the normal pattern of apprenticeship. He had begun instead as an assistant in his brother William’s anatomy school in Covent Garden where he had been ‘bred to practical Anatomy’ (TIL, 60). Under William, John had learned the art of dissecting and of ‘putting up’ preserved body parts as preparations. William subsequently encouraged John to train as a surgeon under William Cheselden and Percivall Pott, but throughout the 1750s John’s principal work took place in the dissecting-room. After a spell as an army surgeon in France and Portugal during the Seven Years’ War, John returned to London and attempted to establish himself in private practice. At the same time he continued his work as an anatomist, dissecting both human and animal bodies for his own research and to support the work of others. He gained the Diploma of the Company of Surgeons and was elected surgeon to St George’s Hospital in 1768, but only after being elected a Fellow of the Royal Society in 1767 as ‘a person well skilled in

43 For details of Hume’s final illness see J. Wilkinson (1988).
44 This claim was made by Hunter during his evidence in the trial of John Donellan for the murder of Theodosius Boughton in 1781 (Blanchard 1781, 133).
Natural History and Anatomy’ (Royal Society EC/1766/19). Hunter’s interest in both human and comparative anatomy earned him the patronage of several important and influential figures, including the physician John Pringle (1707-1782), who commissioned Hunter to perform post-mortems on his behalf, and the naturalist Joseph Banks (1743-1820), who encouraged Hunter’s interest in comparative anatomy and supplied him with rare animals to dissect. By the time of his encounter with Hume, John Hunter had a sound reputation as a surgeon, but was also established as a teacher of surgery and anatomy, and his subsequent honours – appointment as Surgeon-Extraordinary to King George III, and as Surgeon-General to the army – were as much the product of his status as an anatomist as his ability as an operator.

On the surface, Hunter’s success suggests that his work found a willing and receptive audience among his peers and his patients. But if the value of anatomical expertise was evident in the patronage of Pringle and Banks, and in Hume’s praise, the same is not necessarily true of the practices upon which it was built. Although dissection assumed an unprecedented importance in the teaching and practice of medicine in the latter half of the 18th century, it remained the object of popular suspicion and polite disdain. It was, as Anita Guerrini has claimed, ‘quintessentially impolite’ (Guerrini 2004, 220). Most non-medical (and many medical) spectators found a close engagement with the dead body both offensive to the senses and disturbing to the emotions, and feared for both the physical and moral health of those who became habituated to it (Payne 2007). And while the Church took a laissez-faire attitude toward dissection, there is no doubt that many individuals still recoiled in alarm at the thought of being ‘opened’ after death, whether from eschatological terror of desecration or from a more deep-seated abhorrence of this ultimate invasion of personal privacy (Richardson 2001, 3-29). Even David Hume – empiricist, atheist, and beneficiary of Hunter’s anatomical expertise – appears not to have been predisposed towards the ‘insult’ of post-mortem. Instead, he left instructions that his body be kept safe from the Edinburgh doctors, and a watch was placed on his grave for eight nights after burial to ensure that his wishes were not circumvented (Pratt 1777, 42-47).

The first part of my thesis addresses this apparent paradox, in an attempt to understand how dissection gained social as well as medical legitimacy in late 18th-century London. As its title suggests, it is an attempt to locate dissection in broader discourse – a ‘moral oeconomy’ of manners – that sought to describe, if not define, what constituted right and wrong in relation to the actions and character of the individual. This chapter begins by offering a brief survey of the nature of dissection as practised in Georgian London and asking how and why it might have been seen as problematic.
The following chapter (Chapter 3: Public and private dissection) contrasts the audiences for, setting of and responses to two specific types of dissection, namely the demonstrations at Surgeons’ Hall and the anatomy lessons given in the extra-mural schools. This comparison reveals the extent to which the toleration of dissection was dependent on the careful representation of its benefits to the public good, while simultaneously removing the physical act from the public gaze. The fourth chapter (Chapter 4: Public good and personal character) examines each of these strategies in turn, showing how dissection was legitimised in the public sphere through consensual post-mortems, and the ways in which anatomists sought to deflect the threat to personal character arising from the conduct of dissection behind closed doors.

The ‘moral oeconomy’ of manners

Before considering the practice of dissection in late 18th-century London, it is helpful to say a little more about the kinds of standards it was being judged against. One useful source is David Hume’s own writing on moral philosophy. Hume’s career had interesting parallels with those of John Hunter and his fellow anatomists. Although Hume is lauded today as a key figure in the western philosophical tradition, and (like the Hunters) as an icon of the Scottish Enlightenment, some aspects of Hume’s work were (also like the Hunters’) regarded as contentious within his own lifetime. His early books A Treatise of Human Nature (published anonymously in 1739-40) and An Enquiry Concerning Human Understanding (first published in 1748 as Philosophical Essays Concerning Human Understanding, but re-titled in 1756) were by Hume’s own admission poorly received. His subsequent career was blighted by the taint of atheism – a charge not diminished by the posthumous publication of his Dialogues Concerning Natural Religion in 1779. Hume was, however, a key influence on others, notably his friend and fellow Scot Adam Smith (1723-1790). Common to both men’s work was an emphasis on the importance of sympathy – a concept which enjoyed widespread use in medical theory in the 18th century (not least John Hunter’s) but which Hume was careful to posit in strictly non-anatomical terms. Hume defined sympathy as a ‘feeling for humanity’, or the ability of the individual ‘to receive by communication’ the ‘inclinations and sentiments’ of others (Hume 1739-40, 2:73). Smith’s model was

45 For a general introduction to Hume’s work I have used Norton and Taylor (2009): additional sources are cited where appropriate. I have cited from the original publications, available as part of Eighteenth Century Collections Online (http://galenet.galegroup.com/servlet/ECCO, accessed 19 April 2009).
47 On the language of sympathy in philosophical and medical discourse see Forget (2003).
not identical to Hume’s, but he too posited sympathy as the basis for human interactions, most notably in his *Theory of Moral Sentiments* (1759). In it he claimed that, through imagination, we can reconstruct the feelings of others (Smith 1759, 2). Both Hume and Smith argued that systems of morals derived from this shared understanding, rather than being derived from any external, singular moral doctrine. As such, they were advocating a form of moral empiricism (though not, it should be added, one based on reductive or mechanical principles).

My use of Hume and Smith is not meant to imply that anatomists such as John Hunter aspired to conform to a specific normative model of ‘moral oeconomy’. I use their work instead to highlight the degree to which all kinds of individuals in Georgian society sought to maintain and (if possible) advance their status by seeking the approbation of their peers. While it would be wrong to suggest that the tenets of Hume’s or Smith’s moral philosophy were universally accepted, by applying empirical methods to moral philosophy they implicitly adopted a model of enquiry akin to that used in anatomy – theorising on the basis of observation. Their writings reflected, to greater or lesser degree, their own perception of actual behaviour, locating morality firmly within the sphere of human experience. Both Hume and Smith rejected pre-existing models of political authority: the traditional idea that the right to govern was derived from the divine authority of the monarch, but also the new liberal social-contract theory of Locke and Rousseau (Haakonssen 1981). They instead posited the idea of individual authority derived from the esteem of peers. This required not only that individuals should be appreciated as expert or adept in their chosen field, but also that the subject of their expertise should itself be regarded as beneficial by the observer (Khalil 2005).

In this sense, making dissection acceptable was not a question of philosophical positioning. Instead it was a practical exercise in disassociating those qualities that might invite repugnance or disdain, and investing dissection with properties which invited the respect of others. One corollary of this approach is to suggest that when measured against the moral oeconomy of Hume or Smith, claims that anatomy revealed elements of divine order in the structure of the human body could be found

48 My approach therefore differs from that taken by, for example, Harro Maas (2003), who has posited a close theoretical allegiance between the moral philosophy of Thomas Reid (1710-1796) and the anti-materialist physiology of Robert Whytt (1714-1766). Catherine Packham (2002) claims that Smith’s work is also based on Whytt’s vitalist physiology, though arguably the same case could be made for John Hunter’s own vitalist model of the animal oeconomy, which suggests that the direct correlation of philosophical and physiological theory is, at least, underdetermined. See also C. Lawrence (1979).
wanting – a weakening of what had previously been seen as one of the principal
defences of dissection, namely its function as ‘sacred ritual’ (Ferrari 1987; A. Cunningham 2001). The rise of a secular and materialist moral oeconomy can be seen as one of the factors contributing to the demise of a model of ‘philosophical’ anatomy, and its eclipse by a discourse that emphasised the ‘medical’ value of anatomy – one defined, in other words, by its ability to reveal knowledge that aided practitioners’ understanding of morbid or vital processes. If anatomists were still able to present their work as a kind of moralising spectacle (Guerrini 2006), it was their own handiwork, rather than God’s, that they sought to privilege (cf. Rowe 1997).

‘Kinds’ of anatomy

It is against this background therefore that we should consider the nature of anatomical practice in Georgian London. The mid-17th century saw the development of a form of anatomical enquiry that was more specifically linked to the study of medicine. William Harvey (1578-1657), drawing on the work of Jean Riolan (1580-1657), outlined a programme of ‘medicinal Anatomie’ based upon elucidation of the physiology of the body through dissection, vivisection (A. Cunningham 1975). The work of Harvey and his successors grew out of and embodied elements of an older tradition of natural philosophical disquisition and anatomical demonstration, but it was this more direct alignment of the study of anatomy with medicine that was to predominate from the late 17th century onwards. Cunningham suggests that dissection-based anatomy ‘increasingly came to be seen as the cynosure of medicine’, but he notes too that its medical relevance was not universally accepted. The physicians Gideon Harvey (1636/7-1702) and Thomas Sydenham (1624-1689) were among those who decried physicians’ fascination with ‘minute’ or speculative anatomical studies, which they saw as irrelevant to the actual business of treating patients.49

In fact, the consolidation of practical anatomy within the medical curriculum in the 18th century was largely due to the emergence of a medical discourse which reconciled the anatomical study with the case histories of individual patients (T. Brown 1982; S. Lawrence 1996, 215-249). It was derived, in part at least, from the teachings of continental practitioners such as Herman Boerhaave (1668-1738) in

49 For Locke and Sydenham and their opposition to dissection see Dewhurst (1958) and Wolfe (1961): on Harvey’s criticism see Payne (2002). While Harvey and Sydenham may have shared an opposition to ‘unnecessary’ anatomy, they were not allies: on Harvey’s criticism of Sydenham, see Cunningham (1989), 187-188.
Leiden and propagated by his British students.\textsuperscript{50} Boerhaave’s system was founded on a specific theoretical framework which borrowed heavily from Newtonian mechanical natural philosophy, but many of those trained at Leiden were more cautious in their reliance on ‘speculative’ systems (Guerrini 1987; Cook 1989; Wear 1989). Instead these practitioners were united by an interest not only in clinical observation as a basis for understanding the nature of disease, but also in the causal relationship between disease and changes within the body.\textsuperscript{51} This synthesis was evident in the emphasis given to post-mortem dissection of patients as individuals, as opposed to the study of the body as a generic object (Maulitz 1993). Such reports became increasingly commonplace from the 1740s onwards, and were given added impetus with the translation of Giambattista Morgagni’s \textit{On the seats and causes of diseases investigated through anatomy} (1769), which had a significant impact in Britain (A. Cunningham 1995). Even influential practitioners such as William Cullen and John Brown, whose medical theories have been characterised as theory-driven rather than empirical, nevertheless acknowledged the value of post-mortem dissection as ‘the surest method of judging of internal diseases’.\textsuperscript{52}

Morbid anatomy helped to turn dissection into a part of medical practice, and not just a component of medical training. Rather than simply applying the anatomical knowledge gained as a student, belief in the value of post-mortem examination required practitioners to continue dissecting throughout their careers. As well as the technical skills necessary to actually dissect a body, practitioners needed to be able to use techniques such as injection to trace the connections between parts, and where necessary to remove and preserve parts as preparations for further study or for demonstration to others. The dependency on ‘artisanal’ and ‘manual’ skills had implications for the kinds of practitioner who were willing and/or able to take on this work, and for the ways in which it was taught. London anatomy of the late 18th

\begin{footnotesize}
\begin{enumerate}
\item On Boerhaave’s teaching in Leiden and his influence on Scottish medical teaching, particularly in Edinburgh, see A. Cunningham (1990); G. Cunningham (1992) and Beukers (1989).
\item The definition of anatomy as a pursuit useful to medical practice parallels a wider interest in utility among experimental natural philosophers in the same period: on this, see for example Stewart (1992). While claims for utility in the early part of the century were rather undermined by the perceived role of speculative philosophical schemes in the South Sea Bubble collapse, assertion of the usefulness of natural philosophy remained a key rhetorical and practical strategy for its proponents throughout the century: see Golinski (1988) and Miller (1999).
\item The quote is from Cullen’s \textit{Clinical lectures}, given in 1765-6 but not published until 1797 (Cullen 1797, 6). Brown cautioned his students against the ‘superfluous’ study of anatomy, but nonetheless recognised the value of dissection (J. Brown 1795, 1:71). On 18th-century practitioners’ shared belief in the importance of the body as the subject of investigation, see Allard (2007), 21-42).
\end{enumerate}
\end{footnotesize}
century was, essentially, the province of surgeons rather than physicians, and their success in promulgating dissection played a significant role in the rise of surgery as a ‘medical’ science.

**Anatomical knowledge and expert anatomists**

The importance attached to skill in anatomy is evident in the kinds of training offered to, and sought by, young practitioners from the 1740s onwards. When the Lancashire medical student Richard Kay (1716-1751) came to London to train in 1744, he recorded in his diary that he hoped to acquire ‘a good and useful Knowledge in Anatomy’ (Kay 1968, 82). He attended the anatomical and surgical lectures given by Samuel Sharp (1709-1778) and John Girle (d.1761) at the Borough Hospitals, where he saw several human and animal bodies dissected. He availed himself of the public lectures and private demonstrations given by the physician Robert Bankes (1704-1746) at Barber-Surgeons’ Hall (Kay 1968, 79). Had he so chosen, Kay could also have attended the anatomical lectures given privately by the surgeons William Bromfeild, or William Hewitt, or by the physician Thomas Lawrence, all of whom were active at this period.53

What Kay did not do in 1744 was undertake any dissection himself. The lectures at the Borough Hospitals and the Barber-Surgeons’ Hall may have been accompanied by demonstrations on dissected bodies, but opportunities for students to carry out dissections were rare. Although teachers such as William Cheselden and William Hewitt are known to have offered dissection classes to students in the first half of the century, their ability to do so freely appears to have been constrained, if not wholly curtailed, by the regulations of the Company of Barber-Surgeons.54 Following the dissolution of the Barber-Surgeons’ Company in 1745, however, any such restrictions were lifted. The change appears to have both prompted new entrants into the market – notably William Hunter, who began lecturing in 1746 – and to have given both new and established lecturers greater latitude to perform and to advertise dissections for their students. From 1746 onwards the provision of access to cadavers for student dissections became standard for lecturers not only in anatomy, but also in surgery and

53 For details of Bromfeild, Hewitt and Lawrence see Appendix 1. The physician Samuel Wathen (d.1787) and the surgeon John Freeman (fl. 1716-1745) also gave anatomy lectures in 1744 (Daily Advertiser, 12 October and 9 November 1744).

54 In 1740 Hewitt had advertised that his students would ‘have the advantage to dissect’ but this facility was quickly withdrawn (Peachey 1924, 38). The degree to which the Company actively pursued those of its members who offered classes in dissection in London before 1745 is open to question: nevertheless, advertisements for such courses are comparatively rare before 1746.
midwifery. William Hunter presented his students with a different objective to Kay’s. ‘I think it my duty’, he said, ‘to entreat you to dissect as much as you can’. He went on:

…there is here an opportunity of learning Anatomy to the best advantage by attending the dissecting-room. One winter’s attendance there, will certainly make a diligent student a good Anatomist. (TIL, 109)

Others were quick to seize the same opportunity. William Hewitt reinstated lessons in the ‘method of dissecting and making preparations’ in his advertisements for this winter course in September 1746, and William Bromfeild followed suit in 1747.55 As Appendix 1 shows, between 1746 and the end of the century at least 66 others did likewise, offering courses in anatomy, or in subjects such as surgery and midwifery, that depended in greater or lesser degree on hands-on anatomical training. Their courses were one of the main reasons why so many would-be practitioners flocked to London. Over ten thousand young men signed up as hospital pupils in London between 1750 and 1815, and it is likely that many more attended extra-mural lectures without becoming hospital pupils (S. Lawrence 1996, Appendix 2B). A survey of medical practitioners in Lincolnshire and Essex in 1791 shows that at least 40% had trained in London, and again this is likely be a conservative estimate (Kett 1964, 19). What most of them sought was not merely to gain a ‘good and useful knowledge of anatomy’, but to become ‘a good anatomist’.

Anatomical enterprise

The nature of medical education in Georgian London has been well documented by Susan Lawrence. Much of what I say about dissection and its audiences is intended to complement, rather than contradict, her conclusions. Nevertheless it is useful to highlight some of the key features of anatomy teaching in this period. As the subtitle above suggests, anatomical study was essentially a matter of individual enterprise. Lecturing and the associated practical classes were – despite what many teachers claimed in their lectures – conducted for personal profit.56 For their students too, London medical education was essentially about personal advancement. Neither attending lectures nor walking the wards as a hospital pupil brought any formal reward or recognition. What students sought was a mixture of knowledge, skills, experience

55 See for example London Evening Post, 11 September 1746 (Hewitt) and 6 October 1747 (Bromfeild).

56 This applies both to those teaching in hospitals, and extra-mural teachers. It was customary for lecturers to suggest that their courses were not given for personal gain: see for example TIL, 92-93; Works, 1:210. Such claims should be considered as rhetorical as much as factual.
and contacts which would give them an edge in a fiercely competitive market. Becoming a ‘good anatomist’ was one way for the aspiring practitioner to elevate himself above his peers – assuming, of course, that his patients or patrons could recognise this distinction as useful.

Most medical lecturing and particularly anatomy teaching in the latter half of the century was aimed specifically at medical students. This was in contrast to lecturing before the 1740s, which was more widely marketed at a general audience (Guerrini 2004). For example, William Cheselden’s lectures in the 1710s were intended for:

…those who study ANATOMY for their Entertainment, or to qualify Themselves for the Knowledge of PHYSICK or SURGERY, and not for such as wou’d be critically knowing in the most minute Parts… (Cheselden 1713, vii)

In 1732 Abraham Chovet (1704-1790) claimed that his lectures were suitable for ‘young beginners’ before they ‘take up the knife’, and for non-medical audiences who were ‘oftentimes offended at the smell and sight of a dissected body’ (Chovet 1732, 4). In contrast, from the 1740s onwards anatomical lectures were aimed at a more restricted audience. This is not to say that only medical students were admitted: Edward Gibbon and Adam Smith attended William Hunter’s course, for example (Ross 1995, 251). Nevertheless teachers such as the Hunters were careful to make clear that their courses were not offered as general entertainment, and exercised tight control over who was admitted to their dissecting-rooms.

Although some lecturers worked within hospitals, most anatomy teaching from the 1740s to the 1790s was conducted in domestic or commercial settings. From the 1780s onward, anatomical teaching of all kinds became more firmly located within hospital settings, and the status of individual lecturers became synonymous with that of the institutions within which they worked. In contrast, teachers such as the Hunters were effectively operating on their own accounts, often in their own homes, and without any kind of institutional framework to legitimise their work. Only eleven (17%) of those listed in Appendix 1 lectured in hospitals. Of the remainder, it is difficult to ascertain those lecturing in their own homes, and those in rented property, but a significant number of the more high-profile teachers are known to have lived and taught at the same addresses. As well as the Hunters, they include the anatomists Robert Maclaurin, William Hewson and Magnus Falconar, John Sheldon and Joshua Brookes and the man-midwives Thomas Denman, John Leake and Thomas Pole.  

57 Dates for these and other extra-mural teachers are given in Appendix 1.
Appendix 1 also shows that as a group, these teachers were different in status to the proponents of ‘medical’ anatomy in the 17th and early 18th centuries. While high-profile physicians such as Frank Nicholls (1699-1778) and Thomas Lawrence were active and well-regarded anatomy teachers in London before the mid-century, their successors were drawn almost entirely from the ranks of the Company of Surgeons, or were licentiates (a subordinate category of membership) of the College of Physicians, or had no corporate affiliation. Following Lawrence’s retirement from teaching in 1750 it was not until 1790, when Matthew Baillie was elected a Fellow of the College, that a physician of the first rank was listed among the London anatomy teachers. Of those who advertised courses in anatomy per se in London between 1746 and 1800 there were only two other physicians, William Hunter and Robert Maclaurin.58

William Hunter’s career was typical of many other lecturers, particularly midwives, who began their careers as surgeons but later acquired medical degrees and became licentiates of the College of Physicians – evidence of the upward mobility that accompanied their work.

‘Dirty’ dissection

The close connection between anatomy and the ‘touching trades’ of surgery and midwifery in the 18th century hinges upon their shared interest in ‘opening up’ the body. The cultural theorist Julia Kristeva has suggested that the dissected human corpse invites ‘abjection’, a primal (and thus ahistorical) sensation of horror caused by the loss of distinction between self and other (Kristeva 1992). As Katharine Park has noted, the idea that the ‘taboo’ surrounding the opening of the body is an unchanging feature of the human psyche is, at least, open to dispute (Park 1994). Nevertheless, there is substantial evidence to suggest that in 18th-century Britain – a recognisably ‘modern’ society – attitudes towards the body, death and dissection tended towards the ‘abject’. Roy Porter has identified the secularisation and medicalisation of death as key features of this change in perception (Porter 2004, 211-226). In his essay on the decline of ‘carnivalesque’ public anatomy after 1700, Giovanni Ferrari has claimed that the waning belief in dissection as an act of moral instruction was accompanied by a growing view of the cadaver as a physically ‘repugnant’ object, echoing a point raised previously by Philippe Ariès (Ariès 1974; Ferrari 1987). For Lynn Hunt, these changes are indicative of the advent of ‘the self-enclosed individual, whose boundaries had to be respected in social interaction’ (L. Hunt 2004, 42). Dissection – like surgery

58 Samuel Wathen lectured on anatomy in the 1740s as a surgeon, and only later became a licentiate of the College.
and midwifery – involved the deliberate transgression of these boundaries, and was open to criticism not only because of the nature of the act itself, but also because of its potential impact on the character of the operator. For its critics, dissection carried with it disconcerting associations of violence and cruelty, with ‘cutting, slashing and scraping’ which dulled the sensibility of its practitioners (*Gentleman’s Magazine* 1747, 487). It was no surprise therefore that it should be linked, in word and deed, with medical practices that were also thought of as debasing or barbaric. Writing (erroneously) on the exclusion of surgeons from jury service, the physician and philosopher Bernard de Mandeville (1670-1733) suggested that ‘their Practice it self is sufficient to harden and extinguish in them that Tenderness, without which no man is capable of setting a true value upon the Lives of his Fellow-creatures’ (De Mandeville 1714, 149-150). Man-midwives too were subjected to criticism for breaching social and bodily boundaries and for their perceived willingness (again, often exaggerated) to resort to destructive surgical methods in difficult labours (Nicholls 1751; Nihell 1760b; Blunt [Fores] 1793).

The dehumanising effect of dissection was portrayed graphically by William Hogarth in *The Reward of Cruelty* (Fig. 1), the final print in the artist’s *Four Stages of Cruelty* (1751). For contemporary critics such as the clergyman John Trusler, Hogarth’s depiction of the disembowelled corpse of Tom Nero surrounded by a crowd of stony-faced surgeons invited comparison with De Mandeville, emphasising the ‘unfeeling heart of a dissector, which is found to grow so callous by his practice, as to lose entirely its natural sensibility’ (Trusler 1768, 143).

Although there is no record of human vivisection being practised in London in the 18th century, animal vivisection was considered an intrinsic and essential part of anatomical teaching and research, and was also susceptible to criticism. John Hunter was particularly active as a vivisector, carrying out experiments on dogs, asses and pigs in the course of his studies. Indeed, it is generally believed that Hunter was the target of Samuel Johnson’s forthright condemnation, in which he railed against that ‘race of wretches’ whose:

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59 For discussion of the critiques of man-midwives see Porter (1987); McGrath (2002), 32-33; Cody (2005), 180-183. The anonymous *Petition of the Unborn Babes* (1751) was widely attributed to the physician and anatomy teacher Frank Nicholls, reinforcing my earlier point that a common interest in anatomical teaching did not necessarily imply a shared vision of medical practice.

60 For similar comments see for example Nichols (1785), 316; Walpole (1786), 4:150; Ireland (1793), 2:63-65.

61 On 17th and 18th century criticism of vivisection as a cruel and dehumanising practice see also Guerrini (1989a and 1989b) and Maehle (1990).
…favourite amusement is to nail dogs to tables and open them alive; to try how long life may be continued in the various degrees of mutilation, or with excision or laceration of the vital parts… and whether the more lasting agonies are produced by poison forced into the mouth or injected into the veins. (The Idler, 5 August 1758)

Criticism of dissection highlighted similar themes of violence and sexual and moral degradation, often linked not only to the nature of dissection itself, but also to the methods by which bodies were procured. A popular perception of dissection as a punitive act was fostered through the formal lectures read over the bodies of felons at the College of Physicians and Barber-Surgeons’ Hall, a tradition which was continued throughout the second half of the century at the Company of Surgeons under the terms of the 1752 Murder Act. Writing to the Gentleman’s Magazine in 1784 (566), one commentator noted that the association between dissection and the law ‘makes it disgraceful, in the opinion of most people, to be dissected or opened after death’. With no regulated supply of corpses for dissection, London anatomy teachers were dependent on and complicit in the covert traffic of dead bodies procured from graveyards, hospitals and workhouses – a trade which was, in the eyes of the courts, ‘highly indecent’ and ‘contra bonos mores’ and which reduced the bodies of the disenfranchised poor to commodified ‘fresh subjects’ (Richardson 2001, 52-72). A sense of visceral disgust and outrage at the source of bodies is evident in John Hamilton Mortimer’s depiction of John and William Hunter labouring over a partly dissected corpse (Fig. 2). Thomas Rowlandson fostered a visual relationship between bodysnatching, dissection and sexual impropriety in an (unpublished) drawing of a group of debauched anatomists labouring over a cadaver, while in the background two of their fellows wrestle with the naked body of a woman (Fig. 3). In literature too, the character of the anatomist was used to depict moral debasement. In his anti-Jacobin novel The Vagabond (1799) George Walker presented his anti-hero Frederick Fenton as a figure so shorn of sensibility that he felt ‘no difference between a putrid carcase and a bank of violets’, a quality that fitted him perfectly for the task of body-snatcher and dissecting-room attendant to the anatomist Dr Cuticle (G. Walker 1799, 2:75-87).

Apart from Richardson’s thorough and perceptive study, there is an extensive, if not always very rigorous, literature surrounding the trade in dead bodies in the 18th and early 19th centuries. See for example C. Turner (1932); H. Cole (1964); Fido (1988); Bull (1989 [1928]); Bailey (1991). The trade was not restricted to London: on activities elsewhere in England see Ritchie (1994); Bhanji (1995); on Scotland see Mitchell (1949); O. Edwards (1993); Bailey (2002); on Ireland see Fleetwood (1988); on North America see Victor (1940); and Schultz (1992).
At the same time, the ability of anatomists to manage these perceived threats is demonstrated not only by the extent to which anatomical teaching flourished in London, but also the degree to which the knowledge gained through dissection, experiment and observation became the *sine qua non* of late 18th-century medicine. Allied to the rise of surgical anatomy was a gradual shift in the perception of the surgeon as a knowledgeable and learned practitioner, epitomising a robust and masculine model of medical authority (C. Lawrence 1998). The reactions of patients and their families to requests to conduct post-mortems suggests a wide variation in personal attitudes, conditioned as much by individual circumstance as by any deep-seated religious or moral belief (Ariès 1981, 361-369). Although the illicit theft of bodies from grave-yards was clearly considered an indecent and – in the words of one legal writer – an impious act, it was not viewed as a religious offence (Blackstone 1766, 2:429; Addington 1795, 161). Singularly lacking among the published sermons from preachers of all denominations in the latter half of the 18th century (with the exception of the Ordinary of Newgate’s sermons) were injunctions against dissection, which appears to have carried no specific eschatological terrors for Georgian clerics.

Seen in this light, a cartoon of 1782 showing William Hunter in his museum on the day of resurrection, surrounded by those seeking missing organs or limbs (Fig. 4), can be read as a satire on the absurdity of belief in posthumous corporeal integrity as much as an attack on Hunter as an anatomist. Within the secular moral oeconomy of Georgian Britain, the absence of a rigid doctrinal injunction against dissection made its acceptance a matter of negotiation, highly contingent on local contexts. It was dependent on models of authority derived not from the devolved power of the church or state, but on the ability of the practitioner to win over his patients and his peers. It was also conditional on strategies of visibility, emphasising the ways in which both dissection and the benefits of dissection were concealed or revealed to others. For Emily Cohen, surgeons became the archetype of a new kind of ‘dirty philosopher’, whose success depended on their ability to privilege the ‘experience of the hand’, while simultaneously effacing its physicality from the public gaze (E. Cohen 1997). The point was made by David Hume, who used the metaphor of the anatomist to describe his own ‘anatomical’ investigation of human morality:

> The anatomist ought never to emulate the painter; nor in his accurate dissections and portraiture of the smaller parts of the human body, pretend to give his figures any graceful and engaging attitude or expression. There is even something hideous, or at least minute in the views of things, which he presents; and ’tis necessary the objects shou’d be set more at a distance, and be more cover’d up from sight, to make them engaging to the eye and imagination. (Hume 1739-1740, 3:280)
It is, therefore, these local contexts, and the strategies of exposure and concealment deployed to make dissection engaging to the eye, which are addressed in the following two chapters.

Published as Plate 4 of *The Four Stages of Cruelty*. The setting is a fictional composite, loosely based on the theatre of the College of Physicians in London (Brockbank and Dobson 1959).

The figure with wig and glasses is readily identifiable as William Hunter: that his colleague is John is suggested by the rooster on his head which may refer to John Hunter’s transplantation experiments on cockerels, details of which were published in Hunter’s *Natural History of the Human Teeth* (1771). The rooster is also Aesculapius’s attribute and a symbol of medicine.

The original drawing is in the Clements Fry Collection of the Yale University Medical Library, New Haven, Connecticut.

Rowlandson’s drawing is unfinished, and was not engraved. The theme of sexual transgression linked to dissection was one employed by Rowlandson in other works: see for example Fig. 8 below.
Chapter 3: Public and private dissection

Anatomy teaching at Surgeons’ Hall

On 4 October 1759 John Taitt (d. 1765), Master of Anatomy at the Company of Surgeons, commenced a series of three lectures over the body of the murderer Richard Lamb. He was under no illusions as to the nature of his audience:

Curiosity more than improvement has, I am persuaded, drawn the greater part of this audience together; and so such as come from mere curiosity will reap little benefit from the view of the dissected subject, yet that their time here may not wholly be thrown away, I would wish them to consider the crime which has occasioned their presence…Let the Anatomical Table in the Surgeons’ Theatre be a preacher to all this audience… (Taitt 1759, 25-26)

From 1752 – when the newly independent Company was called upon to conduct the dissection of Thomas Wilford – until 1800, when the Company was again reconstituted into the Royal College of Surgeons in London, the bodies of some eighty criminals convicted under the Murder Act of 1752 and executed in the cities of London and Westminster were delivered to the Surgeons’ Hall at the Old Bailey. There they were ‘dissected and anatomized’ and their bodies exposed to the public, a ‘peculiar mark of infamy’ which formed part of the exemplary punishment meted out to those guilty of that ‘most horrid crime’. From 1752 until the mid-1760s the lectures at Surgeons’ Hall were open to visitors without apparent restriction. Moreover even when no lectures were given (which was often the case), the dissected bodies were customarily exposed for viewing. The Company of Surgeons therefore played an important role in shaping popular opinion about anatomy and dissection, though this has been largely overlooked by historians. For example, Jan Rupp is erroneous in stating that there was no culture of public dissection in London in this period (Rupp

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63 Taitt’s introduction to his lectures is bound with Ordinary of Newgate’s Accounts, No. 1, 1759, in Guildhall Library. A partial transcript was published by Thomas Forbes (1981), where it is mistakenly asserted that the lectures were given in Featherstone Buildings, Holborn (the latter was simply Taitt’s address).

64 For a full list of those executed under the Murder Act and dissected at Surgeons’ Hall see Appendix 2. On anatomy teaching at Surgeons’ Hall see South (1886); Young (1890); Rolleston (1939) and Lett (1943).

65 An Act for Better Preventing the Most Horrid Crime of Murder, 15 Geo. II c.37 [1752], published in Cay (1758) 6:111-112. The text of the Act makes no explicit mention of the medical value of the dissections, but followed a tradition by which the bodies of malefactors had been granted to the Company of Barber-Surgeons and the College of Physicians in London (Sawday 1995, 56-57).

66 Some details of the Surgeons’ Hall dissections are recorded in South (1886), 274-296 and Wall (1937), 91-109; see also S. Lawrence (1996), 82-90. Hallpike (2004) has examined dissections at the Barber-Surgeons’ Company before 1745, but not the dissections after 1752.
Peter Linebaugh’s widely cited essay ‘The Tyburn Riot against the Surgeons’ (1976) remains the only significant study on the subject. Although his conclusions regarding popular antipathy to dissection and its relationship to issues of disempowerment remain valid, a revision which takes account of the more mixed reactions to public anatomical demonstrations after 1752 is long overdue.

As Appendix 2 illustrates, only about half of the bodies supplied to the Company were actually used for lectures. Those lectures that were conducted were widely regarded as being of little value as exercises in anatomical teaching. Until the mid 1760s the Company chose lecturers from its own ranks rather than appointing a Professor of Anatomy, as had been the custom at the joint company. Although two experienced lecturers – Percivall Pott and William Hunter – were elected to serve as the inaugural Masters, thereafter no allowance was made for skill (or lack of it) when it came to election. Many of those called to serve preferred to pay a fine to the Company rather than take up office, while others were evidently incapable of performing their duties. In 1759 Robert Pell (d. 1779) asked to be excused, claiming that ‘if he attempted it he should make a ridiculous figure and bring disgrace upon the Company’. His request was refused. In December 1764 the Gazetteer reported that:

Yesterday the Master, Wardens and Members of the Worshipful Company of Surgeons, and a numerous audience, attended at their theatre to hear the lecture which was to be read by the Demonstrator of Anatomy on the body of Francis Storer… but the muscles of the body not being raised, the said lecture was obliged to be postponed… (Gazetteer & New Daily Advertiser 19 December 1764)

The steward, Montague Booth (d. 1792), was subsequently charged with neglect of his office, but the episode did little to improve the reputation of the Company. In September 1765 lectures were cancelled on account of the weather, prompting one newspaper to decry the Company’s excuses as a ‘frivolous pretence’, and ask whether:

…some good geographer would favour the public with an accurate account of the difference of latitude between the surgeons’ theatre in the Old Bailey, and Dr Hunter’s house in Litchfield Street; also between the said theatre and St Thomas’s Hospital… [and] the anatomical lectures of Mr Watson and Mr Bayford (Gazetteer & New Daily Advertiser, 28 September 1765).

Lectures were usually read over three successive days, alternating in topic between the viscera and the muscles. A lecture on osteology was given each summer with the aid of preserved bones (Wall 1937, 92-95). The record of lectures actually given suggests that this pattern was not always adhered to.

A list of the lecturers at the Surgeons’ Company, with the number of lectures they delivered, is provided as Appendix 3.

Between 1753 and 1800 more than half of those appointed chose to pay a fine rather than serve in office: see South (1886), 276. A list of officers is given in Wall (1937), 228-235.
Although critics drew unfavourable comparisons between the lackadaisical attitude of the Company and the industriousness of the extra-mural teachers, the Company itself showed no enthusiasm for adopting a more business-like approach. As early as 1755 the Court of Assistants had considered and rejected a proposal from Isaac Minors (an established anatomy teacher) to set up what would effectively have been a commercial school of anatomy at Surgeons’ Hall, with profits shared by the lecturer and the Company. In 1766 the Company responded to criticisms of its lectures by again considering proposals to allow private anatomy teaching within the Hall. The plans were largely dismissed, but the court did agree to the appointment of a Professor of Anatomy to read the lectures in place of the elected Masters of Anatomy (Wall 1937, 99-100). Those appointed to the post were, for the most part, established lecturers, and the move may have led to some short-lived improvements. Nevertheless by 1782 so few surgeons were present that the Company began paying members of its Court of Assistants to attend its lectures. In 1790 the Master of the Company, John Gunning, presented the Court with a damning indictment of their lethargy:

…you have instituted Lectures neither in Surgery, nor indeed in anatomy of any degree of importance…Even the feeble attempts which you have made, tho’ found in the end to be totally inadequate and ineffectual, yet have been shamefully expensive. (South 1886, 394)

Despite Gunning’s exhortations, there was no change in the frequency or quality of the lectures, and anatomy at Surgeons’ Hall remained largely peripheral to the concerns of surgeons and students.

**Popular attitudes to public dissection**

In contrast to their reception by surgical audiences, the displays of dissected bodies at Surgeons’ Hall proved consistently popular with the public at large. This is not to say that they were without controversy. Shortly after the anatomical lectures were recommenced at Surgeons’ Hall, the Court of the Company ordered the strengthening

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70 The proposals are detailed in South (1886), 378-380 (where the plan is wrongly dated to 1776); see also Wall (1937), 95.

71 While studying medicine in London, James Ware (1756-1815) attended two lectures at the Company in 1773 and 1775, noting in his diary that on the first occasion Joseph Else, who taught at St Thomas’s Hospital, ‘put off his lecture till 3 PM on account of a lecture to be given by Mr Bayford at Surgeons’ Hall’ (SHC 1487/103/1-2, entries for 26 October 1773 and 25 October 1775).

72 In October 1782 Okey Belfour, Clerk to the Company, added a request to the advertisement for the lectures on the body of Francis Gray asking that as ‘Many Members of the Company having this day been disappointed of places at the Lecture, they are desired to come…by One O’Clock at the latest’, suggesting that the payments succeeded in encouraging interest, at least in the short term (Gazetteer and New Daily Advertiser, 22 October 1782).
of doors and windows in anticipation of future disturbances, something which had plagued the old joint Company. In 1758 agents of the Company were beaten off by the crowd when they attempted to procure the body of a criminal executed for a lesser offence from Tyburn.\(^73\) Ten years later in 1768 the Sheriff’s officers were twice called upon to thwart attempts to rescue bodies during their procession from Tyburn to the Hall, and another attempt to secure an additional body in March that year was also prevented by the crowd.\(^74\) Still, in comparison to the riots which commonly attended the removal of bodies from Tyburn before 1745, such incidents were rare. Those which were reported tended to be associated with contributing factors. These included attempts to procure bodies of felons other than murderers; concatenations of class, religious and occupational interests; and general political or social unrest – all of which were evident in 1768, the year of the Wilkite riots and the ‘St George’s Field massacre’.\(^75\)

One factor which reduced the tension surrounding these events was the Murder Act itself, which made dissection a specific punishment for a class of felons who for the most part attracted little public sympathy. Although hanging for comparatively minor offences may have been seen as unjust in the eyes of the crowd at Tyburn, and the forcible removal of the body for dissection as a further iniquity which invited opposition, the popular attitude towards those convicted of murder appears to have been more approving. The crowd cheered when Theodore Gardelle was hanged for killing Ann King in 1761, and correspondents to the press lamented the fact that his body was hung in chains rather than being dissected (\textit{Annual Register} 1761, 54-62; \textit{Yearly Chronicle} 1761, 45-6). The following year the spectators threw stones at the bodies of Sarah Metyard and her daughter as they hung, and the display of their dissected bodies at Surgeons’ Hall attracted widespread interest (\textit{Public Advertiser}, 20 July 1762).

\(^73\) Payments for ‘attempting to procure a body’ are recorded in the Company’s accounts for 15 December 1758 (RCS, ‘Company of Surgeons Account Books’, 1746-1800). See also Owen’s \textit{Weekly Chronicle}, 23 December 1758.

\(^74\) The unrest surrounded the execution and dissection of Daniel Asgood in January 1768, and James Murphy and James Dogan in July that year: see \textit{The Public Advertiser}, 19 January 1768, Linebaugh (1976), 85; \textit{Westminster Journal}, 16 July 1768; \textit{Gazetteer & New Daily Advertiser}, 13 July 1768.

\(^75\) On the civil disorder of 1768 see Rudé (1959), 10-11. Peter Linebaugh’s suggestion that opposition to dissection provided a focus for occupational, religious and ethnic identity is also relevant (Linebaugh 1976): the dissections of Dogan and Murphy – Irish Catholic bargemen – at a time of existing public unrest seem to have been a particularly acute example.
The dissections at Surgeons’ Hall therefore formed part of a public ritual of exemplary punishment for such malefactors, and like the executions which preceded them they attracted significant numbers of spectators. When Elizabeth Brownrigg was executed in 1767 for the torture and murder of a young female servant, the lawyer Silas Neville (1741-1840) waited an hour to see her body because of the throng blocking the stairs (Neville 1950, 25). In 1779 the body of James Hackman attracted ‘so great a crowd…that no genteel person attempted to gain admittance, as it was observed that caps, cardinals, gowns, wigs, hats etc were destroyed, without regard to age, sex or distinction’ (Gazetteer & New Daily Advertiser, 21 April 1779). A ‘vast concourse of people’ attended to see the body of Henrietta Radbourn in 1787 (Morning Chronicle, 18 December 1787), and similar numbers had come to see the corpse of John Hogan the previous year, when it was reported that the ‘crowds of the lower rank of people, who have attended for these three days past at Surgeons-hall …[have] made the Old Bailey almost impassable from eleven o’clock to two’ (The Times, 20 January 1786).

Precise records of attendance are impossible to recover. Advertisements for the lectures and for the viewing of bodies were placed in the daily papers, but it is likely that word of mouth ensured that attendance was not restricted to the literate. Access to dissections was also highlighted in visitors’ guides to London (e.g. Kearsley 1791, 217). Although the Company normally paid for additional staff to supervise these events – and on occasion hired guards to prevent disturbance – it does not appear that any attempt was made to limit spectators other than by the capacity of the Hall. Certainly the audiences were not restricted by age, gender or, apparently, by class. ‘Crowds of women and girls’ viewed Brownrigg’s body, according to Neville, and the ‘numbers of women’ were ‘uncommonly great’ when Hogan’s body was shown. The lecture read over Hogan’s body was attended by many persons ‘of great distinction’, and those present at Hackman’s dissection included ‘several persons of no mean appearance’.

An engraving of ‘The body of a MURDERER exposed in the Theatre of the Surgeons’ Hall’ (Fig. 5) reinforces this perception. It shows the gallery crowded with an audience of men, women and children, some in fine dress – as with the couple in the centre of the gallery – and others more modestly attired. Signally absent from the scene are the officers of the Company: the murder’s hollow abdomen mirrors the vacant chair behind, whose disproportionate scale reinforces its desertion. Above, two men – presumably surgeons – engage in conversation in the otherwise empty lower gallery, reinforcing the sense that this is not primarily a medical occasion, but instead a chance for the public to see justice enacted.
Such displays were, in the words of one commentator, intended ‘to deter the mob from such horrid practices, as in the minds of the vulgar the word dissection carries with it the most terrifying and alarming sentiments’ (Gazetteer & New Daily Advertiser, 17 September 1767). This was certainly the message articulated by John Taitt in his lectures of 1759, and again in 1760 when – amid some controversy – the body of the Earl Ferrers was exhibited to ‘a great number of spectators’. On that occasion the Wardens attending the dissection ‘exhorted the spectators to guard against the direful effects of passion; when even a nobleman of the first rank could not be exempted from the fatal consequences attending it’ (Public Ledger, 7 May 1760). The display of the skeletons of some of those dissected in niches around the theatre was intended to reinforce this grim moral warning (Fig. 6). After Brownrigg’s dissection it was reported that her skeleton would be ‘fixed in the nitch opposite the front door in the Surgeons Theatre… in order to perpetuate the heinousness of her cruelty in the minds of spectators’ (Public Advertiser, 16 September 1767).

Surgeons’ Hall and ‘aweful’ authority

For many commentators, the activities at Surgeons’ Hall were dubious because people appeared too keen to witness the ‘vulgar spectacle’ of punitive dissection. Their criticisms echoed those applied to capital punishment by legal campaigners such as Samuel Romilly and Henry Dagge – attacks which, as Randall MacGowen (1987) argues, centred upon the reconceptualisation of the body as an individual, rather than as a symbolic object. To Romilly, Dagge, and others, punishments that relied on the demonstration of ‘aweful’ power were antithetical to the principles of enlightened authority. Such grand rituals also attracted criticism for practical reasons. William Eden, among others, suggested that repeated exposure to sights of horror and suffering dulled the feelings of spectators and engendered ‘despondency, baseness, and stupidity’ (Eden 1775, 57) – a phrase that recalled the moralising

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76 Laurence Shirley, 4th Earl Ferrers (1720-1760) was tried at Westminster and was convicted of the murder of his man-servant. Despite attempts by a number of his friends to persuade the authorities otherwise, his body was nonetheless taken to Surgeons’ Hall where ‘A large incision was then made from the neck to the bottom of the breast, and another across the throat; the lower part of the belly was laid open and the bowels taken away [and] afterwards publicly exposed to view in a room up one pair of stairs at the Hall’ (Newgate Calendar; see also Public Ledger, 6 and 8 May 1760; Read’s Weekly Journal, 10 May 1760).

77 On sympathy, sensibility and the reform movement see also McGowen (1986). The critique of ‘aweful’ authority – that derived from overt and ritualised displays of power, rather than through rational consensus, was one developed by Shaftesbury in relation to the power of the Church (Klein 1994, Ch. 8).
observations on Hogarth’s *Reward of Cruelty*.78 Spectators at Surgeons’ Hall were certainly not unmoved by the sight of dissected bodies. Sylas Neville described the body of Elizabeth Brownrigg as ‘a most shocking sight’, adding that ‘I wish I had not seen it. How loathsome our vile bodies are’ (Neville 1950, 25). In 1765 the horror of viewing a dissection was described as being fatal in the case of Mrs Salkeld, the wife of a mathematical instrument-maker, who visited with her sister to see the bodies of three murderers exposed in the Hall. On her return home, she ‘was so greatly affected by the sight’ that she was ‘seized with convulsive fits’ and died the same evening (*Public Advertiser*, 27 September 1765). The state of nervous terror which attended such viewings was further demonstrated in 1787. As the theatre was crowded with people viewing Henrietta Radbourn’s body:

…one of the skeletons, which was placed in a niche, fell down, and caused a consternation better conceived than described. The women fainted, and the men were frightened; in a short time…the place was soon cleared. (*Morning Chronicle & London Advertiser*, 18 December 1787)

Yet while Neville may have regretted his decision to see Brownrigg’s body, it did not deter him from pursuing (if unsuccessfully) a career in medicine. While the crowds may have been terrified at the Hall, it is evident that they were not deterred from future viewings. It was in fact the public’s fascination with the gruesome scene that concerned some commentators. ‘What a strange curiosity is it that impels the people of England, who are famed for their humanity, to delight in spectacles so shocking to the feelings of the humane’, noted one correspondent (*Gazetteer & New Daily Advertiser*, 13 December 1771). When crowds gathered to see Hogan’s body in 1786, another admitted that:

Exposing the bodies of murderers after their execution… has not appeared to have the salutary effect expected by the Act of Parliament; but, from being frequently repeated, tends to harden the minds of the vulgar and familiarise them with spectacles of horror. (*Morning Chronicle*, 20 January 1786)

The problems caused by popular interest in the dissections became evident in dramatic fashion in the mid 1790s, when the Company attempted to relocate to new premises in Lincoln’s Inn Fields. The new address was more prestigious, and more convenient for the growing number of surgeons based in and around the prosperous western end of the metropolis, but the Company’s prospective neighbours were not amused. On 5 December 1796 Francis Dunn and William Arnold were hanged at Newgate and their bodies carried on a cart ‘through Ludgate Hill, Fleet Street, and Chancery Lane’ to the

78 Similar language is evident in the reports of executions in periodicals aimed at female readers in the 18th century: on this, see Whiting (1991), 165-181.
new Hall (*The Times*, 6 December 1796). Their appearance in Lincoln’s Inn Fields attracted outrage from the ‘reputable community’, and proved highly damaging to the Company, wrecking their attempt to secure a new charter from Parliament (*Telegraph*, 9 December 1796). Among those who sought to amend the Surgeons’ Bill was Thomas de Grey, second Baron Walsingham, whose mother lived at No. 33 Lincoln’s Inn Fields. The *coup de grace* was delivered on 19 July by Lord Thurlow, whose attack on both the Bill (a ‘miserable and wretched performance’) and the Company (‘one of the most extraordinary, useless set of learned men that were ever hung around the neck of learning’) ended its progress (*Woodfall* 1797, 3:612-613). Thurlow declared that his intervention had arisen from his having heard:

…that the Corporation of Surgeons had purchased a large house in Lincoln’s Inn Fields for the purpose of dissection, which was complained of by the very respectable inhabitants of its neighbourhood as a great and most filthy nuisance; and a beastly nuisance it undoubtedly was. (*Woodfall* 1797, 3:611)

The reaction of Thurlow and his fellow peers highlighted the degree to which acceptance of dissection remained contingent on where and how it was performed. For them, this ‘beastly’ business had no place being seen in the upright surroundings of Lincoln’s Inn. Although the Company was performing a public duty in its exposure of the bodies, and acting under the due authority of the state, neither was sufficient to justify the interference it caused to the lives of genteel Londoners. Indeed it was only in 1799, when the Company of Surgeons received the gift of John Hunter’s collection, that their standing improved. Within a few months of the transfer the Company was granted a new charter by the King, conferring the status of a Royal College on that ‘useless set of learned men’. Armed with Hunter’s preparations, the College also assumed a mantle of authority, becoming (in the words of one writer) ‘a most respectable body of usefull Members in Society’ (*Hospital Pupil’s Guide* 1800, 55).

Unlike the dissections at Surgeons’ Hall, Hunter’s work as an independent teacher of anatomy and surgery appears not to have attracted the ire of the public – or at least, not those who used their political and social clout to mobilise against the Company. But John Hunter conducted dissections on a scale that far exceeded the combined efforts of the Company’s lecturers and demonstrators, and was but one of dozens of extra-mural teachers. How, then, did he and his contemporaries avoid the criticism that so nearly destroyed the Company, and turn private dissection into an act of public service?

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79 His amendment ‘required the College to provide a convenient house or building as near as can be to the place of execution for the dissection of persons executed for murder’ (*Wall* 1937, 190).
Dissection in the extra-mural schools

One indication of the value accorded to the lectures at Surgeons’ Hall for teaching is provided by the diary of the Pennsylvanian student William Shippen (1736-1808), who spent the winter of 1759 as a medical student in London. As Taitt lectured, Shippen was busy in his anatomical studies in a rather different setting to the west. On 5 October his diary recorded that he rose at seven in the morning and, apart from breaks for breakfast and dinner, spent his day in the dissecting-room of William Hunter’s anatomy school in Covent Garden under the supervision of William’s assistant, his brother John. The following day, while Taitt still lectured at Surgeons’ Hall, Shippen stuck to his routine:

Saturday October 6th. Rose at 7. Spent the Day in the dissecting room till 5 Dr Hunter’s Lecture till 7½; bed at 10½ talking Anatomy with Mr H[unter] from supper. (Corner 1951b, 25)

Shippen’s experience can be considered typical of the many ‘diligent students’ who came to London to become ‘good anatomists’. In addition to attending Hunter’s lectures – some eighty-six in all at that stage, each two hours long and given every night except Sunday for three months – Shippen spent large parts of each day in the dissecting-room. Here he watched John Hunter prepare cadavers for the next lecture, conducted his own dissections and learnt the arts of injecting and mounting anatomical preparations. He also participated in experiments on animals, recording in his diary that he had injected ‘a Live Dog to see the Lacteals and thoracic duct, etc.’ (Corner 1951b, 28). Although some evenings were spent at the theatre, others were passed in anatomical conversation with John Hunter and Shippen’s fellow pupils. As well as William Hunter’s lectures, Shippen attended the lectures in midwifery given by the ‘industrious dissector’ Colin Mackenzie (Morris 1975, 773). He enrolled as a pupil at Guy’s and St Thomas’s Hospitals, where he watched patients being dressed, attended operations and also conducted some post-mortems (Corner 1951b, 13). In short, Shippen’s time in London provided a thorough introduction to a world in which dissection was not merely a matter of passing interest, but part of the fabric of a medical life.

Although the requirements of entrepreneurial teaching necessitated a degree of openness about the kind of tuition on offer, extra-mural teachers were highly conscious of the dangers of publicity. While Taitt lectured to the ‘merely curious’, presenting the ‘dread table’ to the gaze of his lay spectators, William Hunter kept a

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80 The number of lectures in William Hunter’s course appears to have varied, and increased over the course of his career to as many as 112 lectures in total (Payne 2007, 106-7).
tighter control on his audience. In the published version of his *Introductory Lectures* Hunter outlined the restrictions which he imposed. Casual visitors would, he said, only be admitted at the invitation of a student and would be introduced to the company at the start of the lecture. Unlike the gates of Surgeons’ Hall, Hunter’s doors were shut ‘against strangers, or such people, as might chuse to visit us, from an idle or even malevolent curiosity’ (TIL, 113). In blunt terms, Hunter outlined the problems he – and by extension his pupils – faced:

In a country where liberty disposes the people to licentiousness and outrage, and where Anatomists are not legally supplied with dead bodies, particular care should be taken to avoid giving offence to the populace, or to the prejudices of our neighbours. Therefore it is to be hoped, that you will be on your guard; and, out of doors, speak with caution of what may be passing here, especially with respect to dead bodies. (TIL, 113)

For extra-mural anatomists access to dead bodies was a matter of commercial necessity. A list of the items used by William Hunter in his lectures on anatomy reveals that in a course of sixty-five lectures over twenty ‘fresh subjects’ were required (see Appendix 5). Many more were needed to satisfy the demands of students wishing to follow William Hunter’s injunction to ‘attend diligently’ to dissection. Vagaries in the supply of cadavers forced lecturers to rearrange or even cancel their courses, threatening not only their reputation among students but also their income. The anatomist Magnus Falconar made a point of warning his pupils that:

…although he will endeavour to pursue the Order laid down as closely as possible, yet he may sometimes be under the necessity of deviating a little from procuring sooner than he expected, a Subject which will show to Advantage, some parts to which he may not be arrived agreeable to the order of the course; and at other times from being disappointed of a proper subject at the Time he expected one. (Falconar 1777a)

For external observers there was no doubt as to how this supply was maintained. In 1746 a correspondent to the *Westminster Journal* commented:

I observe (by the publick Papers) that there are at least five or six Lectures in Anatomy read every Night…I am informed that it is absolutely necessary for every Lecturer to be furnished with at least one fresh Body once a Week; and that it would be much more to the Advantage of the Pupils who attend, to have Two or Three bodies at the same Time under Dissection. We are sure they have not all these bodies from Tyburn, and we do not know that they are allow’d any from the Hospitals: Therefore we may reasonably conclude, that by far the greatest Part must be procur’d by a good Understanding with those who have custody of the Dead. (*Westminster Journal*, 20 December 1746)

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81 Students’ notes reveal that on at least one occasion William Hunter was also forced to rearrange his lecture schedule because of a shortage of bodies (‘Notes of William Hewson and Hunter’s lectures’ (RCS Lib. MS0204/2/3)).
It was a perceptive comment. In the late 1740s and early 1750s some bodies were still procured from public executions. Nevertheless this was problematic, since it often necessitated a struggle to secure the body in the face of a large and generally hostile crowd. A few bodies were probably obtained from hospitals, but in general governors appear to have been reluctant to allow dissection to be taught using patients’ corpses (S. Lawrence 1996, 194-198). Instead the majority of the bodies used for practical anatomy teaching from the 1740s until the Anatomy Act of 1832 were secured through what was known at the time as ‘resurrectionism’. In practice, burial grounds – mostly the paupers’ grounds on the outskirts of London and, by the latter part of the century, church-yards outside the city – were only one source of bodies. Other corpses were sold by or stolen from workhouse superintendents, undertakers, asylum-keepers and hospital porters. Sometimes students were directly involved in procuring bodies for their own use. More often it was the responsibility of servants or assistants employed in the dissecting-rooms, as with John Howison, a rather shadowy figure who worked for both William and John Hunter. In his letters home William Hamilton, a student of the Hunters in 1777-1778, described Howison as ‘a very necessary man to be great with’. He added that ‘Bodies are vastly scarce at present [as] some of the men have been taken up and tried’.

**Dissection and the law**

Although there were real dangers posed by the association with the body trade, it is important to note that in comparison with, for example, the acquisition of bodies from

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82 For reports of surgeons procuring bodies see for example the *Ordinary of Newgate’s Accounts* for 16 May and 31 December 1750 and 23 March 1752, available from Old Bailey Online, Ordinary’s Accounts (OBP OA 17500516; 17501231; 17520323). John Hunter noted that in the spring of 1751 or 1752 he and his brother had ‘eight men at once from Tyburn’, one of which was used to make an écorché for the artists at the St Martin’s Lane Academy (Simmons and Hunter 1983, 9), and Hunter’s published works reveal further dissections of bodies from Tyburn in 1753 (*Works*, 2:158).

83 The first use of ‘resurrectionism’ as a euphemism for the illicit procurement of bodies was apparently in the *Scots Magazine* for 1742 (H. Cole 1964). ‘Resurrection men’, referring to ‘persons employed by the students in anatomy, to steal dead bodies out of church-yards’, was among the ‘cant’ or ‘vulgar’ terms included by Francis Grose in his *Classical dictionary of the vulgar tongue* (Grose 1796). The term ‘body-snatcher’ was apparently not used until the second or third decade of the 19th century (*OED*).

84 Howison is alleged to have been responsible for John Hunter’s procurement of the body of Charles Byrne in 1783 (Moore 2005b, 416-7). In 1788 Howison was named in the press for his part in an alleged assault on a candidate in the Westminster election, prompting a correspondent to note that he had been ‘for some time past, employed by an anatomist to procure dead bodies for dissection, and to clean his dissecting apartments’ (*The Times*, 29 and 30 July 1788).

85 William Hamilton to Thomas Hamilton, 25 December 1777 (RCS Lib. MS0190/4/6).
the gallows, this was a more discrete method of procurement. The transfer of bodies normally took place under cover of darkness, and the use of assistants, students or servants as proxies in the transactions enabled anatomists to distance themselves from the resurrectionists. Most of the bodies they acquired were those of paupers and many of them came from sites outside the city, placing further barriers of class and geography between those who suffered and those who benefited from the trade. The relative success of anatomists in managing the trade in dead bodies is evidence in the legal discourse surrounding ‘resurrectionism’. In 1772 two men were convicted at the Guildhall of removing bodies from Bloomsbury Burying-Ground. They were sentenced to six months’ imprisonment, at the beginning and end of which they were to be ‘publicly whipped from the end of Kingsgate Street, Holborn, to the end of Dyot Street, St Giles’ (Public Advertiser, 9 December 1772). Similar cases involving successful prosecution for the theft of bodies from church-yards, or their removal or sale from workhouses and hospitals were reported throughout the latter part of the century. Despite this, the attitude of the authorities towards medical practitioners was ambivalent. In 1749, during his second winter as assistant to his brother William, John Hunter was apprehended by the watchmen in the Broad Way Chapel burying ground and was subsequently charged with ‘Digging up taking & carrying away a Dead female Body unknown in Breach of the peace’. Despite the apparent strength of the evidence, the case against Hunter – described as a ‘surgeon’ in the charge sheet, despite his lack of qualifications – was dismissed. The implication that dissection served a general good was, while not wholly accepted by the courts, certainly sufficient to encourage leniency. In 1785, for example, the surgeon and anatomy teacher Thomas Young was tried and convicted of collaborating with the Master of Shoreditch Workhouse to procure a body for dissection. In his defence, Young pleaded ‘the necessity his profession laid him under, and enlarged on the benefits which might accrue to society from the accurate knowledge of anatomy’. Noting these ‘extenuating circumstances’, the Judge chose only to fine Young, while the Workhouse Master was sentenced to three months’ imprisonment. Commenting on the case, The Times noted that:

86 See for example London Penny Post 21 March 1748; The Times 20 April 1785; 1 January 1787; 22 January 1788; 14 November 1788; 23 December 1796; 9 March 1797; 10 March 1798.

87 This incident is not noted by any of Hunter’s biographers. The charge sheet is preserved at LMA Middlesex Sessions Rolls SR 2932 #139 X 71/29.
All unprejudiced people are extremely anxious about the fate of the surgeons whose zeal in their profession has subjected them to the lash of the law, for employing persons in the search for dead bodies. To punish men for an action that injures no living person, but tends to the safety and health of the public, can scarcely be called justice. (22 February 1785)

A similar defence was invoked in 1788 when the surgeon and anatomist William Lynn (1753-1837) was indicted at Surrey Assizes for ‘taking up a dead female body at St Saviours in the Borough, with a view to dissect it’ (The Times, 25 November 1788). Like Young, Lynn offered the defence that dissection served the public good. Although the Judges refused to accept his argument, the fine they levied – five marks or about three guineas – was modest. Moreover, the judges themselves appeared ignorant of the precedent established in previous cases. Again, press commentary on the case was mixed, with one newspaper, noting that surgery would not have reached ‘its present perfection’ if dissection were limited to the bodies of murderers (The Times, 12 December 1788). In general, neither the courts nor Parliament seemed particularly keen to make any attempt to legislate against dissection.

One reason why the courts may have adopted a laissez-faire attitude towards the activities of anatomists was the extent to which the judiciary was itself reliant on their expertise. As Thomas Forbes has noted, surgeons played an important role both as deponents – notably in the case of Coroner’s inquests – and also as expert witnesses in court. As Catherine Crawford shows, this authority was always accepted, and in comparison with continental Roman-canon law, the English system was less accommodating of medical knowledge (Crawford 1994). Nevertheless, by the latter part of the 18th century a clear distinction had emerged between the authority of the medical practitioner – particularly those possessing anatomical expertise – and non-

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88 The case of Rex v. Lynn established that taking up bodies for the purpose of dissection was a misdemeanour rather than a felony, indictable as an offence ‘highly indecent’ and ‘contrary to good morals’ (see R. Taylor 2002). Even this precedent in common-law was not universally applied in the decades that followed: see for example the case of Andrew Marshal (1742-1813), who was charged with the possession of two bodies in 1792 but who was discharged by the Guildhall magistrates (The Times, 31 December 1792).

89 On at least two occasions proposals were made for Bills to extend the punishment of dissection to other categories of crime, notably burglary, but at no stage do such plans seem to have gathered wide support. See for example The Times, 7 February 1785, 17 May 1786 and 12 March 1796.

90 For a general discussion of the role of surgeons in conducting judicial post-mortems in London see Forbes (1985); see also Crawford (2000). Other examples of Hunter’s legal work are described by Forbes (1973; 1977 and 1980). Anatomical expertise was particularly widely used in cases of suspected infanticide: on this, see Jackson (1994 and 1996); Rabin (2002).
medical witnesses. Whether their evidence was accepted or not, appearing in court as witness or deponent, rather than as the accused, provided another ‘public’ forum in which the ‘private’ practice of dissection could be acknowledged. When asked as to his credentials when giving evidence in the trial of John Donellan in 1781, John Hunter stated that his expertise was based on the dissections of ‘some thousands’ of bodies over the course of his career, as well as experiments on animals to determine the effects of poison on the constitution (Works 1:194). Although Hunter’s evidence (which was, controversially, given in defence of the accused) was outweighed by that of four other medical witnesses, the source of his expertise was not questioned, and he remained (in the words of the judge) ‘a very able man’ (Works 1:198).

**Body-snatching and public disorder**

In fact, the greatest danger attending the trade in dead bodies appears not to have been legal sanction but the summary justice meted out by the public, who were less likely to look upon the discovery of stolen bodies with equanimity. The dangers to person and property arising from popular anger at the trade in dead bodies were real enough. The anatomist Henry Watson is reported – perhaps apocryphally – to have had his anatomy school burned out by a mob protesting against his involvement in the ‘resurrection’ trade. William Clift, John Hunter’s assistant in Leicester Square in 1792-1793, noted that on one occasion a cartload of body parts waiting for transport to Hunter’s country estate at Earl’s Court was discovered by boys from the neighbouring parish school, and that Hunter’s pupils were called from the dissecting-room to break up the angry crowd that gathered as a result of this grisly find.

Again the attitude of the press and the local authorities to such discoveries seems to have been geared towards the protection of property rather than the prosecution of the anatomists. In March 1773 a cart loaded with human limbs was found entering a stable

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91 For a discussion of the emergence of the medical practitioner as a particularly credible category of witness see for example Brock and Crawford (1994) and McMahon (2006). Carol Jones has argued that the surgeons were among a wider group of ‘scientific’ men whose expertise was valued in both the criminal courts and in other legal settings, and suggests that informal contact made through institutions such as the Royal Society – which included a number of legal practitioners within its ranks – may have predisposed judges towards their testimony: see Jones (1994), esp. 57-72.

92 This reference comes from the editor’s notes to Peter Camper’s diary of his visits to England between 1748 and 1785 (Camper 1934, 254): I have not been able to verify it by reference to other sources.

93 The episode is recorded by William Clift in a note appended to a manuscript catalogue of Hunter’s paintings (RCS Lib. MS0007/1/4/4/1). Hunter’s use of his country residence at Earl’s court to dispose of body parts was confirmed in the 1890s when builders uncovered burial pits containing human bones (Kensington Express, 20 February 1886).
off Tottenham Court Road. It was reported that neighbours had previously complained about a smell from the premises, and that the discovery of bodies prompted an attempt to ‘storm’ the yard. It was subsequently claimed that an ‘eminent surgeon in Tottenham Court Road’ had been ‘obliged to have his house guarded by a number of civil officers, to prevent any violence from the populace’ (Morning Post, 30 March and 1 April 1773). The response of the press and the magistrates was, however, ambivalent: more emphasis was placed on the threat to health caused by the smell and the danger of violence than on prosecuting the supplier or intended recipient of the bodies.

The general view seems to have been one of tacit toleration: anatomists were expected to demonstrate the kind of caution counselled by William Hunter in his address to students, and in return a blind eye was turned to the trade upon which they depended. When the Gentleman’s Magazine reported that the bodies of ‘a woman and eight children, cut and mangled in a shocking manner’ had been found on a dunghill in St George’s Fields, it expressed outrage not at the nature of the crime but at the ‘carelessness and indiscretion’ of the anatomists responsible for leaving the bodies in open view (GM 1747, 487). Pleading his case in 1783 Thomas Young claimed that he had done all within his power to ensure that ‘every possible attention was paid to decorum and decency that the eye and ear of the public, or even of any individual, might not be offended’, while in 1788 William Lynn argued that, though he had been caught in receipt of a stolen body, he had not been ‘carrying [it] about the streets for shew’ nor any other purpose ‘contrary to good morals’ (The Times, 7 May 1785 and 25 November 1788).

These twin strategies – the assertion that dissection served a general public good, while keeping the noisome reality away from non-medical eyes – provided a foundation for success. But simply declaring the importance of anatomical expertise was not the same as demonstrating it, and keeping dissection secret carried with it a separate register of risks to the personal propriety of its practitioners. It is these themes that will be explored in the following chapter, to demonstrate how one particular kind of dissection was seen as being useful to a genteel audience, and to show how the experience of dissection was made consonant with a positive model of personal propriety.
Chapter 4: Public good and personal character

The utility of dissection

Overcoming the stigma attached to dissection required care on the part of anatomists. On the one hand, this consisted of keeping the act of dissection away from prying eyes, so as not to offend ‘decorum or decency’ – something that could be done by conducting it behind the closed doors of the extra-mural school. But secrecy was not, in itself, sufficient to alleviate the concerns associated with dissection. To justify their work, anatomists needed not only to advance the claims that their work served a public good, but also to deflect suggestions that it was a threat to personal propriety. To do so required a variety of tactics. First, anatomists demonstrated the value of dissection to those most likely to recognise – and eulogise – its benefits, namely wealthy private patients. Second, they sought to recast their work using contemporary models of heroic and virtuous masculinity, and of male sociability, making it compatible with established practices of natural philosophical enquiry. Third, the model of ‘practical’ anatomy as a genteel science was extended through its application to a variety of other disciplines. Each is considered below.

In the absence of systematic data regarding outcomes, a clear measure of the impact of anatomical training on medical practice relies on evidence that is essentially anecdotal. Matters are further complicated because of the polemical nature of practitioners’ descriptions of their work. After all, it is hardly to be expected that those teaching anatomy would advise their students that it was of little use, and equally unsurprising that they exaggerated the importance of their work. Predictably, anatomists were forthright in their assertions that dissection would make their students more knowledgeable, and give them the skills necessary for safe practice. Percivall Pott, lecturing at St Bartholomew’s Hospital, informed his pupils that the ideal surgeon should:

…be well skilled in Anatomy, physiology, pathology and the materia medica. He should dissect with his own hands, see with his own eyes, natural as well as morbid appearances. For dissection will procure him dexterity in the management of the knife, better than any lecture.94

In his lectures in 1778 William Hunter similarly lauded the practical expertise which ‘teaches where to cut with safety and dispatch’.95 He offered a further justification:

94 ‘Notes of Percivall Pott’s lectures on surgery’ (Wellcome MS.6922).
95 ‘Notes of William Hunter’s lectures on anatomy and surgery’ (RCS Lib. MS0204/1/17).
only through dissection would practitioners gain the experience necessary ‘to form a just prognostic of the disease’. It was this prognostic, as much as diagnostic, ability that characterised anatomically-based medicine. As the case of David Hume in Chapter 2 indicated, for many patients a statement of the likely course of a complaint and the potential efficacy of either remedial or palliative treatment was of greater value than the prospect of a surgical ‘cure’.

Given the difficulty of substantiating claims about the utility of anatomical expertise, my aim here is to show how an acceptance of dissection as a practical act was fostered among a genteel audience through the conduct of private post-mortems. Like the lectures at Surgeons’ Hall, these have also received scant attention from historians. It is useful to be clear about the kind of dissection to which I refer. I use the term ‘post-mortem’ to mean dissections carried out with a view to establishing either a cause of death, or to correlate the external symptoms of disease with internal changes (such operations were commonly referred to in the 18th century merely as ‘opening the body’). By ‘private’ I refer to those post-mortems conducted outside of the control of any kind of state or corporate authority. They are thus distinct from hospital autopsies (S. Lawrence 1996, 195-197); from dissections carried out on behalf of coroners or the courts (Forbes 1985; Harley 1994b); and from the ‘political’ post-mortems carried at the behest of the state (Harley 1994a). This differentiation is important. Historians such as Russell Maulitz (1987) and Othmar Keel (1998) have placed the rise in dissection in Georgian London in the context of an emerging discourse of pathological anatomy. This discourse carries with it assumptions about the authority that doctors or surgeons enjoyed over their patients, but as David Harley has argued, pace Foucault, the records of private post-mortems in the period before 1800 reveal more multivalent relationships of authority between patients and practitioners (Harley 1994a, 1-3). Such investigations were conducted within what the sociologist Norman Jewson termed the ‘patronal’ model of patient-practitioner interaction (Jewson 1974). They therefore offer valuable evidence about how the utility of dissection was demonstrated to and accepted by individuals – in particular, the kinds of people upon whose tacit toleration anatomy teachers depended.

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96 For example, ‘private’ post-mortems are barely discussed by Roy and Dorothy Porter in their otherwise thorough study of Georgian patients’ relationships with their practitioners (Porter and Porter 1989), nor in Roy Porter’s study of the role of the doctor at the death-bed (Porter 1989b). Similarly Irvine Loudon’s study of the 18th-century ‘general practitioner’ makes no reference to post-mortems (Loudon 1986).
Case histories as evidence

An important source of information about post-mortems is contained within the reports published in the principal medical journals in London between 1757 and the end of the century. A summary of these papers is provided in Appendix 4. An analysis of them is revealing on several counts. Of 187 cases which included one or more patient deaths, 159 (85%) included details from at least one post-mortem investigation. Of the latter only twenty-one (12%) are obviously based on hospital cases. These figures should be treated as indicative: many reports included more than one case history, and the identity of the patient is not always made clear. Nevertheless the figures suggest a greater prevalence of post-mortems than has previously been noted, and suggest that a significant number of these investigations were conducted outside of hospitals or other medical institutions.

Published reports also give a clearer picture as to the kinds of practitioners willing to condone dissection in print. Ninety-four post-mortem reports were presented by surgeons or surgeon-apothecaries, and only sixty-five were provided by physicians. Almost all of the latter were graduates of either the Scottish universities or Leiden, and many were among the licentiates who were active lobbyists for reform of the College of Physicians in the 1760s and 1770s. They included individuals such as John Coakley Lettsom (1744-1815), Maxwell Garthshore (1732-1812) and John Fothergill (1712-1780), as well as William Hunter (who had disenfranchised himself from the Company of Surgeons to become a licentiate). That they should feature prominently among the authors in London medical journals is not surprising, since they were themselves the product of groups like the Society of Collegiate Physicians which provided alternative forums for those excluded from fellowship. Nonetheless, the degree to which they were involved with post-mortems supports the suggestion made earlier that dissection was aligned with ‘aspirational’ practitioners.

It is also clear from the reports that condoning dissection was distinct from actually performing it. Many physicians appear not to have conducted post-mortems themselves, but to have commissioned surgeons to do so on their behalf. Lettsom recorded that dissections were carried out for him by George Vaux and William Norris in some cases of hydrocephalus read to the Medical Society of London in 1787, and both Garthshore and Fothergill also used surgeons to dissect for them (Lettsom 1787; 97

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97 On journals, and the medical societies which published them, see Dukes (1960), Porter (1992); S. Lawrence (1996), 261.
Garthshore 1771; Fothergill 1776b). John Hunter appears to have been particularly prominent as a ‘contracted’ dissector, as is demonstrated by the unpublished case histories kept by the physician John Pringle. Like Lettsom, Garthshore and Fothergill, Pringle was not an Oxbridge physician, having studied under Monro in Edinburgh and Albrecht von Haller (1707-1778) in Leiden, both of whom probably predisposed him towards anatomical investigation. He was also a well-connected and highly influential patron. In his letters to Haller, Pringle noted that ‘I have the weakness not to be able to see a friend dissected’. Instead, he called upon John Hunter – ‘a curious and most experienced anatomist’ who had ‘an excellent hand for the business’ – to perform post-mortems on his behalf (Sonntag 1999, 72, 119, 133).

Hunter’s work for Pringle and other physicians illustrates the complex and changing nature of the power relationships between different kinds of practitioners. Although initially dissection may have been classed as a ‘practical’ act to be done by a surgeon under the direction of a physician, by the end of the century it was becoming more apparent that it was the dissector’s expertise that was of greater importance. This is reflected in the number of published post-mortem reports authored by surgeons.

Perhaps most importantly, published case histories performed an important polemical function by placing the post-mortem within established narratives of medical and scientific practice, and constructing what Thomas Laqueur has termed a ‘moral imperative’ for dissection (Laqueur 1989). Case reports followed a broader model of factual reporting, characteristic of experimental natural philosophy. In the case of post-mortem reports, this meant that the account of the illness, its treatment and the correlation of symptoms with the morbid appearances of the body after death were presented as a natural sequence, lending sanction to the act of dissection by connecting it to an established pattern of reportage. In addition, however, Laqueur suggests that the detailed portrayal of the experiences of the individual patient performed an important ancillary role, making case histories part of a discursive genre of ‘humanitarian narratives’, which were consonant with wider models of sympathetic feeling developed in, for example, the work of David Hume (Laqueur 1989, 179). By recounting the sufferings of individual patients, practitioners invoked compassion in

98 For other examples of dissections by surgeons for physicians see W. Johnstone (1762); W. Watson (1771); Farquharson (1789); Ferriar (1791).
99 Pringle was physician-general to the army in the 1740s, and in 1761 he was appointed physician to the Queen, as a result of which he was also elected a Fellow of the College of Physicians by special grant. He was created Baronet in 1766 and from 1772 to 1778 he was President of the Royal Society (DNB; Singer 1949; Selwyn 1966).
100 Details of some of the dissections are included in John Hunter’s case-books (e.g. Cases, 316, 342, 359); others are noted in Pringle’s own case-notes (RCPE Pringle).
the reader, which in turn provided a post-hoc justification for practices which might otherwise appear inhumane.

**Post-mortems and patient consent**

For medical practitioners educated through the Scottish or continental universities, or ‘bred-up’ to anatomy in the London schools, the idea that dissection might serve to inform an understanding of the cause of death appears to have been taken for granted. Still, there remained the issue of convincing patients – or their next of kin – that dissection was justified. Case histories show that patients of all classes and backgrounds were open to such persuasion.

One argument was that post-mortems could determine the efficacy of the medical treatment given during the course of the fatal illness. When the surgeon Joseph Hooper (d. 1789) reported the case of ‘an eminent tradesman’, he stated that the post-mortem was carried out ‘pursuant to his [the patient’s] own request’, and was prompted by dissatisfaction with the care given by ‘two eminent physicians’ (Hooper 1787).\(^{101}\) Post-mortems were also justified by their potential to help in future treatment of similar cases. Describing a case of malformation of the heart in a young infant, William Hunter said:

> Permission was easily obtained to examine the dead body the next day, that, if possible, we might know the nature of the complaint with more certainty, and be enabled, perhaps, to be of more service, if any thing similar should happen again in the family. (W. Hunter 1784a, 294)

Although the danger of a hereditary condition appealed to familial interest, permission was also sought on the basis that the findings would benefit a wider audience. The case was made forcefully by John Fothergill in 1771, again in relation to a condition (hydrocephalus) for which no effective remedies were available:

> I need scarcely mention, that every opportunity of inspecting the body should be fought for by the faculty. Dangerous and incurable as it seems to be, its seat only known, and its fatal issue, we ought not to despair of tracing its beginning a little higher, ascertaining the causes, and fix its character with more precision. (Fothergill 1771, 54)

Fothergill’s injunction that such opportunities should be ‘fought for’ indicates that access was not taken for granted. For the most part we can only guess at the kinds of pressures applied by practitioners to secure permission. Lynda Payne has claimed that,

\[101\] Other examples include Stephen Lowdell’s account of ‘Elizabeth F’, who suffered with a bladder complaint for which ‘she was searched several different times, and by different surgeons, for satisfaction’. After death Lowdell was ‘permitted to open the dead body, in order to search for the disease’ (Lowdell 1787).
at the bedside, doctors ‘used any means to maintain control’, including ‘lying to the patient and developing selective hearing when in his presence’ (Payne 1998, 64).

Several accounts show that it was not always straightforward to persuade patients or next of kin to agree to a post-mortem. ‘With some difficulty we had leave to inspect the body’ was the comment in the case of Mary Burton, who died in St Bartholomew’s Hospital in September 1778 – though whether the cause of the difficulty was the patient’s family or the hospital authorities is unclear. Practitioners were not averse to using free medical treatment as a way of persuading poor patients or their families to assent to post-mortem. Describing the case of Isaac Bradwell, who died in 1752 of an aortic aneurysm, William Hunter stated that he had provided treatment to the patient at no cost for several years (Hunter 1757). In return, Bradwell was shown to the pupils at Hunter’s lectures, and Bradwell’s wife permitted Hunter to carry out a post-mortem.

The implication that recipients of charitable care were powerless to resist dissection is, however, contradicted by several examples. In 1765 Peter Dunmory discharged himself from the Westminster Infirmary because ‘he was certain they could do him no good, and only wanted [to] peep at his inside’. ‘Her friends would not suffer me to inspect the body’ a physician at St Bartholomew’s Hospital recorded in the case notes for Elizabeth Henson in 1778. Medical practitioners were at pains to characterize opposition to dissection as irrational or superstitious, or based on selfish interest rather than the public good. ‘Hasty examinations are never satisfactory’ recorded Henry Watson in his notes of the case of a pump-maker, John Parker, adding that the ‘gratification of private feelings proves often a public loss’. Describing the case of Jean Paton, the Kelso surgeon James Bell noted that he used ‘every exertion’ to get

102 The case was described in a set of anonymous case-notes taken at St Bartholomew’s Hospital between 1777 and 1781 (Wellcome MS.4337). Similar cases include Kelly (1767); Goodwin (1787); G. Wilkinson (1792); P. Williams (1794).

103 In his lectures, Joseph Else drew his students’ attention to a similar case, showing mollities ossium in a fifty-year old woman ‘who has been confined to her bed in St Thomas’s Hospital for several Years …with an intent to be dissected after death’ (RCS Lib. MS0117/2, 13).

104 The case was recorded by Henry Watson, who eventually succeeded in persuading Dunmory’s widow to allow a post-mortem. The history is preserved among the papers relating to John Heaviside’s museum (RCS Lib. MS0244/2).

105 ‘Case-notes taken at St Bartholomew’s Hospital’, 1777-1781 (Wellcome MS.4337). Other cases in which permission was withheld or given conditionally in ‘charity’ cases include Garthshore (1787); R. Simmons (1794) and Waldon (1799).

106 ‘Case-histories relating to John Heaviside’s museum’ (RCS Lib. MS0244/2). Initially a patient at the Middlesex Hospital, Parker had been discharged and was at home by the time of his death.
permission to open the body, and eventually ‘succeeded in getting the better of the prejudices of the relatives’ (J. Bell 1800, 43). Conversely when the surgeon William Turnbull was permitted to dissect the body of ‘Mrs Calvert, a 37 year-old woman’ it was, he asserted, because her husband ‘possessed a mind superior to common prejudice’ (W. Turnbull 1792, 198). These cases indicate that acceptance of post-mortem was by no means universal. Underpinning patients’ opposition may have been personal beliefs – religious or otherwise – about the importance of post-mortem bodily integrity. Yet just as commonly they may simply have been issues of authority, and a suspicion of self-interest on the part of the would-be dissector – issues that were central in the case of David Hume. As noted in Chapter 2, Hume left instructions for his body to be guarded to prevent the ‘insult’ of dissection. In the Supplement to the life of David Hume (1777) Samuel Pratt spelled out the cause of this potential affront:

As the physicians of London and Edinburgh were divided about the seat of his disorder, those of the city where he died [i.e. Edinburgh] proposed that his body should be opened (Pratt 1777, 43)

It was not dissection per se, but rather the prospect of having his body opened to satisfy a squabble that Hume objected to. Having been diagnosed, having confirmed the diagnosis by his own hand, Hume saw dissection as a posthumous challenge to his own authority as a patient.

Respecting – or at least, appearing to respect – the patient was a significant factor in persuading them to accept arguments about the utility of dissection. The Bristol surgeon Abraham Ludlow described how ‘R.D., a considerable distiller of this city’ had been afflicted with an obstruction in the pharynx for some time before his death, and had requested that so as to be ‘as useful to the world after death as possible, he desired that he might be opened, and, if any thing extraordinary occurred, that it might be published’ (Ludlow 1767, 98). Ludlow noted that additional permission for the post-mortem was sought and obtained from Dinham’s son, who also permitted Ludlow to retain preparations from the case. Patients’ own sense of self-importance (doubtless encouraged by their practitioners) was also a strong motivating factor. Describing the case of a ‘young woman’ who ‘died of fat’ John Fothergill (1776b, 250) reported that ‘she left permission with her sister, to be opened, if it was desired’, while Henry Watson recorded that his post-mortem on ‘Mrs Stafford of 1 Berkeley Street, Portman Square’ was conducted ‘as it was her dying request’. 107

107 ‘Case-histories relating to John Heaviside’s museum’ (RCS Lib. MS0244/2).
Exemplary patients

Just as published case histories could be used to present a rhetorical argument for dissection, so the naming of wealthy patients lent a social sanction to the act of post-mortem. In a 1795 tract on ‘The Absolute Necessity of Encouraging, instead of Preventing or Embarrassing the Study of Anatomy’ the man-midwife and former lecturer William Rowley (1742-1806) acknowledged the value of dissections of ‘persons of rank’ in persuading others (Rowley 1795, 12-13). Rowley’s statement is substantiated by records of the post-mortems conducted by John Hunter. His published case-books include details of over two hundred dissections. While many were anonymous ‘subjects’ from hospitals or workhouses, a significant number were named individuals whom Hunter had treated privately. They included General Thomas Desaguliers (1725-1780), a military engineer and FRS, and Charles Watson-Wentworth (1730-1782), the 2nd Marquess of Rockingham (Cases, 393 and 405).

Another volume of reports compiled by Everard Home and dating from John Hunter’s lifetime includes the autopsies of ‘Lady Wake, about 20 years old’, ‘Lady Ross, aged about 30’, ‘Lady Macdonald, about 45 years of age’, ‘the son and daughter of Lord Lewisham’ and ‘the Countess of Berkeley’. Other high-profile individuals on whom Hunter is known to have carried out post-mortems include the generals Robert Armiger (1710-1770) and Thomas Gage (1721-1787) and the admirals Augustus Hervey, 3rd Earl of Bristol (1728-1793) and John Campbell (1720-1790), parts of whom were kept and displayed in Hunter’s collection of ‘morbid anatomy’. Perhaps the best evidence of the compatibility of dissection with religious belief (or at least with laissez-faire establishment Anglicanism) was the presence in John Hunter’s museum of the bladder of his parish vicar, John Vivian (d.1771); the cancerous rectum of the Bishop of Durham, Thomas Thurlow (1737-1791); and the diseased hip of the Archbishop of Canterbury, Frederick Cornwallis (1713-1783), all of whom were subject to consensual post-mortem.108

108 The volume (RCS Lib. MS0007/1/7/2/8) was not included in the published edition of Hunter’s casebooks.

109 Preparations are Royal College of Surgeons Hunterian Collection (hereafter RCSHC) P 1175 (Armiger); P 193 (Gage); P 97 (Hervey) and P 1135 (Campbell).

110 See Cases, 382 (Vivian) and 589 (Thurlow). A case history for Cornwallis is mentioned, but has not survived (RCS Special Collections HDB/4/1/362/1). The preparations are preserved as RCSHC/P 205 (Vivian), P 192 (Thurlow) and P 378-379 (Cornwallis). In Hunter’s museum the preparations were identified with the patients through names painted on the tops of jars or written on to labels attached to them, so it is highly unlikely that these particular body parts were removed covertly. Thomas Thurlow was the brother of Lord Thurlow, who oversaw the downfall of the Surgeons’ Bill in 1797 (see Chapter 3).
Nor were practitioners reluctant to set an example through their own conduct. Of the one thousand or so sets of skeletal remains excavated from the crypt of Christ Church in Spitalfields in the early 1990s, seven showed obvious signs of post-mortem, including the ten-month-old son of the local surgeon (M. Cox 1996, 97). In 1777 Henry Watson and William Hunter carried out a post-mortem on the physician and librarian Matthew Maty, in response to Maty’s own instructions. The results were published in the *Philosophical Transactions* of the Royal Society, of which Watson, Hunter and Maty were Fellows (Hunter and Watson 1777). John Hunter – who was himself subjected to a post-mortem after his death – is known to have carried out dissections of several fellow practitioners, including the physician William Stark in 1770.\textsuperscript{111} Medical practitioners who refused to allow the examination of their own bodies were singled out for particular criticism. In 1785 George Baker reported the case of the recently-deceased physician Richard Huck Saunders, noting that ‘it is to be lamented, that an examination of the dead body was not allowed; for, it is probable, that the seat of this disease would thus have been fully ascertained’ (Baker 1785, 451).

The value of case histories in promoting the acceptance of dissection was dependent on their being more widely known. Although the majority of the cases I have described were recorded in personal casebooks, or were published in medical journals for a select and relatively exclusive readership, there is evidence that post-mortem reports were more widely disseminated. One way in which this took place was through personal correspondence between patients, family and friends which, as Joan Lane has shown, often involved detailed discussion of the health of correspondents and their acquaintances (Lane 1985). Writing to her sister after the death of her young son in 1791 Georgiana, Lady Spencer, reported that ‘The poor little fellow has been opened and the disorder found to be exactly such as Kerr had described’ – William Kerr being the local surgeon in charge of the case (Bessborough 1940, 59).

A fascination with the morbidity and mortality of others – and particularly of figures in public life – was evident in the reports of post-mortems carried in the press. Samuel Johnson’s post-mortem was discussed in graphic detail in the *London Chronicle* on 18 December 1784, and that of the actor John Henderson was reported the following year (*The Times*, 10 December 1785). Such accounts could tend towards voyeurism. When

\textsuperscript{111} Hunter’s own post-mortem was recorded in the biographical introduction to his *Treatise on the Blood...* (Home 1794, lxii-lxiv). Stark’s post-mortem was published in the biographical introduction to Stark’s collected *Works* (Stark 1788, 183-190). See also Abraham Ludlow’s report of a post-mortem on ‘Mr Yeatman, an eminent apothecary of this city’, carried out in the company of the deceased’s son, the surgeon Morgan Yeatman (Ludlow 1792, 143).
John Hunter carried out the post-mortem on Sir John Reade in 1789 *The Times* noted that his ‘premature death… [was] entirely owing to the pernicious use of Acids, which he took with an intention of reducing his corpulency’ (30 November 1789).\(^\text{112}\) Despite this, they reinforced a message about the utility of post-mortems. In 1772 William Heberden published a paper in the *Medical Transactions* of the College of Physicians describing a condition which he termed ‘angina pectoris’, the aetiology of which was, he said, unknown.\(^\text{113}\) In it, Heberden expressed the hope that through post-mortem the nature of the disease might become better understood. The paper was reprinted in abstracted form in the *Critical Review*, a wide ranging literary and philosophical journal, prompting a London broker called Mr Miller to write to Heberden describing his own symptoms and offering his body for dissection in the event of his death (Heberden 1785). In reporting the latter, Heberden wrote that he was ‘indebted to the manly sense and benevolent spirit of this worthy man’, thus further reinforcing the perception of voluntary assent to post-mortem as a public good. In 1789 *The Times* reported on the illness of the Marquis of Buckingham, linking his case to another in which a post-mortem had been conducted:

> The Marquis of Buckingham’s complaint is in his head and is said to be similar to what carried off the late Mr Grenville. After his decease, by the desire of the family, it was opened, and the opinion of the faculty has been lately transmitted to his Lordship by a Gentleman who was well acquainted with the circumstance. (*The Times*, 11 December 1789)

‘Mr Grenville’ was the former Prime Minister George Grenville (1712-1770), who was dissected by John Hunter (Spigelman et al. 2008). Here a short statement managed to capture everything that anatomists wanted to celebrate in their work: a post-mortem carried out on a leading public figure, not merely with the consent but at the instigation of the family, which had succeeded in establishing a cause of death, and which was now being used to assist with the treatment of a second eminent patient. This was dissection as it should be presented in the public sphere: self-evidently useful, and the object of approbation, but conducted away from public view.

**Private dissection and personal propriety**

Creating a ‘moral imperative’ for dissection through the conduct and reporting of post-mortems was one way of establishing its public utility, and thus a mechanism to deflect the risk of external sanction. But what of the perceived threat to personal

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\(^\text{112}\) After Sir Joshua Reynolds’s post-mortem (also by John Hunter) it was noted that ‘his liver, which ought to have weighed five pounds, had grown to such a size as to weigh eleven pounds’ (*The Times*, 29 February 1792).

\(^\text{113}\) On angina pectoris as a ‘new’ disease in the 18th century see Michaels (2001).
character arising from engagement with such practices? As noted earlier, criticisms of human dissection and vivisection of animals suggested that merely witnessing sights of horror hardened the heart, and performance of such acts offered yet greater potential for degradation of sensibility. Several strategies were used to counter such claims. For some kinds of practitioners, one response was simply to leave dissection to others. Even those physicians who recognised the value of autopsy preferred to leave the conduct of the post-mortem to a surgeon. Writing on anatomy at the end of the 17th century, David Harley has argued that the perception of dissection as a squalid and repulsive act reinforced the boundary between what was considered appropriate for a polite physician and what was more suitably the work of subordinate categories of practitioners. Implicit in this demarcation was an understanding of what might or might not be suitable for a gentleman (Harley 1994a, 21-22). Contemporary conceptions of gentility and masculine virtue nevertheless provided opportunities for the representation of anatomical study in a more positive light (Payne 2002 and 2007). In the late 17th and early 18th centuries practitioners of dissection sought to deflect criticism by depicting their own work as a form of manly endeavour, against which their opponents were presented as ‘timourous’ or ‘effeminate’. The surgeon William Cowper (c.1666-1710) suggested that those ‘industrious in disparaging the Attempts of others in their Enquiries into Humane Bodies’ were driven by ‘a Laziness of their Tempers, or an unaptness to Anatomical Disquisition’ (Cowper 1695, 301).

Cowper’s riposte had two elements: that knowledge of anatomy was only to be procured through the expenditure of considerable effort, and that this close engagement with a subject offensive to the physical and moral senses was an improving, rather than a debasing, experience. The hard work required to become a ‘good anatomist’ was, as we have seen, a point emphasised by William Hunter and is more than substantiated by the letters and diaries of William Shippen and others. In January 1761 Shippen’s compatriot and fellow student John Morgan (1735-1789) was reported to be ‘as industrious as a bee’ in William Hunter’s dissecting-room (W. Bell 1965, 48). Similarly the diary of James Ware (1756-1815) reveals long days spent dissecting while he was a pupil under Joseph Else at St Thomas’s Hospital in 1775-6. The degree to which this labour might change a man for the better is made apparent in the letters of Severn Eyre, a Virginian student in London whose self-

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114 These particular charges were levelled against Thomas Clayton (1612-1693), Professor of Anatomy at Oxford: see Gunther (1925), 88-89.
115 ‘Diary of James Ware’ (SHC 1487/103/1).
confessed appetite for gambling and whoring makes the term ‘dissolute’ appear inadequate.\textsuperscript{116} But by the end of his winter’s studies – during which he laboured hard in the hospital, lecture theatre and dissecting-room – Eyre was able to write:

This is certainly a wonderful change from my former manner of living. In Virginia, the card table, gallantry, a pair of good horses with a servant & ye luxuries of a table engrossed my whole attention. Behold me now!\textsuperscript{117}

For Eyre, the intensity of this regime was justified by the vision of a successful practice on his return to Virginia, one which would serve both a personal and a public good. He went on:

Grant me capacity & perseverance to effect this undertaking...that on my return, my much loved friends may, with propriety, exert their interests to afford me an opportunity of rendering my country a service & alleviate ye sufferings of my fellow brethren, & by way of appendix, that I may be enabled to procure a good wife indulge in a chariot & partake of ye pleasures which such a delightful country affords.

This notion of dissection as a character-forming rite of passage was memorialised in a commemorative medal of William Hunter designed by Edward Burch in 1774 (Fig. 7). On the obverse is a profile bust of Hunter inscribed ‘GUL. HUNTER ANATOMICUS’ – ‘William Hunter, Anatomist’ – while on the reverse is a vase decorated with a scene of an anatomical dissection and the inscription ‘OLIM MEMINISSE IUVA\textit{B}IT’ (‘in future we will remember with joy’). The latter is abbreviated from a line from Virgil’s \textit{Aeneid}, part of Aeneas’s speech to his shattered crew after their shipwreck on the shores of Carthage:

Think, how you saw the dire Cyclopean shore  
Heard SCYLLIA’S Rocks, and all her Monsters, roar.  
Dismiss your Fears, on these Misfortunes past  
Your Minds with Pleasure may reflect at last.\textsuperscript{118}

\textsuperscript{116} Eyre’s letters were written while a student in London in 1785-1786, and are preserved in the Virginia Historical Society (Mss5.1 Ey 644:1). In his early letters he recorded a liaison with a 12 year-old prostitute in Covent Garden and losing the money intended to pay for his courses on games of chance. He was, however, finally able to raise sufficient funds to enrol as a student at the Borough Hospitals and to attend John Hunter’s lectures.

\textsuperscript{117} Severn Eyre to Dr Littleton, 11 March 1786 (VHS Mss5.1 Ey 644:1)

\textsuperscript{118} The words are from Christopher Pitt’s 1743 translation, which lends greater emphasis than Dryden’s 1697 version to the sense of ordeal, a quality that reflected contemporary interest in ‘Stoic’ virtues (M. Edwards 1960; Thackeray 1992). A copy of Pitt’s translation was the only classical text listed as part of John Hunter’s library when it was sold in 1794 (Christie 1794c).
It is not clear whether the medal was commissioned to mark his anatomical lectures to his medical students, by his pupils at the Royal Academy or was a personal tribute from Burch himself. Either way, the medal indicates the manner in which dissection was portrayed in the context of a mid-18th century reinvention of Stoic ideals, part of the ‘arduous and rocky way of Virtue’. William Rowley spelt out the nature of this difficult path as applied to anatomy:

…the student who would wish to discharge his duties with a conscientious rectitude, must repeatedly, with his own hands, dissect dead human bodies; must breathe for many months in the unpleasant, and frequently destructive air of a dissecting room; he must risk his own life to be serviceable to others…

(Rowley 1795, 6)

The physical dangers of this ordeal were real enough. Rowley noted that ‘some of the brightest ornaments of the profession’ had been lost to ‘these necessary, though horridly disagreeable pursuits’, and cited the examples of William Hewson and Magnus Falconar as victims of the dissecting-room. Among those who suffered ill-health attributed to their work as anatomists was John Hunter, whose departure from his brother William’s school in 1759 was ascribed to his ‘excessive attention to his pursuits’ (Home 1794, xviii).

**Dissection and ‘necessary inhumanity’**

Recasting dissection as a perilous form of masculine endeavour turned its noisome nature into a badge of distinction for its practitioners. It connected with a broader discourse of ‘heroic’ male identity, one which – as art historian Martin Myrone suggests – was particularly prominent during the decades following the Seven Years’ War (Myrone 2005, 201-226). It provided a potent means through which the perceived

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119 Edward Burch (1730-1814) probably witnessed the dissections conducted by William Hunter for the Royal Academy in 1770, and he is known to have assisted Hunter with the making of écorché casts. Burch later paid tribute to Hunter as the person who had encouraged him to study ‘all my figures anatomically’ (Darlington 1991, 604-5). The design was also used in 1760 for a silver cup presented to William Hunter by his medical students (Brock 1998).

120 The phrase comes from Anthony Ashley Cooper, the Earl of Shaftesbury’s *Characteristicks of Men* (1714), 3:365. On stoicism and its deployment in opposition to effeminacy by Shaftesbury and his followers see Barker-Benfield (1992), 109-119. Used in the mid-18th century, ‘stoicism’ has a broader and more modern sense of ‘patient endurance’ as a morally-improving quality, rather than the specific association with Christian (Neo-)Stoicism: on the latter and its application to anatomy in the late 17th century see Payne (2007), 59-78.

121 Hewson died from a cut sustained in dissection, while Falconar’s death was attributed to the ‘putrid atmosphere’ of the dissecting-room. The death of the Oxford anatomist John Parsons (1742-1785) was attributed to studies which ‘necessarily exposed him to fatigue and danger’, while the fatal dissecting-room injury sustained by Philip Pitt Walsh in 1787 prompted widespread coverage, with *The Times* noting that ‘there are five or six pupils at this time in the same alarming predicament’ (*Short Account* 1786; *The Times* 7 January 1788). See also Payne (2007), 141-2.
threat to personal moral character could be deflected. The model of civic humanism developed by David Hume and Adam Smith, for example, was based upon rational self-interest tempered by sensibility, a quality expressed through sympathy towards the feelings of others (Wand 1955; Broadie 2005). In his *Theory of Moral Sentiments* (1759) Smith articulated a concept of humane civilisation underpinned by such sensibility, which he contrasted with ‘savage’ societies such as that of the Spartan, whose ‘circumstances not only habituate him to every sort of distress, but teach him to give way to none of the passions which that distress is apt to excite’ (Smith 1759, 398). While sensibility united individual actors in the service of society, it was also potentially destabilising: excessive emotion eroded the ability of actors to behave dispassionately and thus undermined their claims to moral and political authority.

Smith argued that:

> The compassion of the spectator must arise altogether from the consideration of what he himself would feel if he was reduced to the same unhappy situation, and, what perhaps is impossible, was at the same time able to regard it with his present reason and judgment. (Smith 1759, 10)

The ‘sensible’ man was therefore one who could balance sympathy with reason. For their part, anatomists were careful to spell out the way in which dissection served not to reduce medical men to brutes, but rather equipped the compassionate practitioner for unpleasant but essential duties. In language which evoked Smith’s, John Hunter argued that anatomical knowledge enabled the surgeon to avoid inflicting unnecessary pain. Operations were, he said in his lectures:

> …a tacit acknowledgement of the insufficiency of surgery. It is like an armed savage who attempts to get that by force which a civilized man would get by stratagem. No surgeon should approach the victim of an operation without a sacred dread and reluctance… (Works 1:210)

Henry Cline warned his students of the ‘considerable emotions’ that they would experience when called upon to operate, a consequence of a natural ‘repugnance of inflicting pain’. For the humane surgeon, a temporary suspension of sympathy rather than its total suppression was the desired outcome. This could be achieved through dissection which, claimed William Hunter, ‘informs the head, guides the hand and familiarises the heart with a kind of necessary inhumanity in the use of cutting instruments’ (*TIL*, 67). Hunter was also adamant that the effect of dissection was not to predispose the practitioner towards needless cruelty. In a paper on malformations of the heart, a topic which he had investigated through the dissection of several infants, Hunter was careful to allay fears that he had undertaken such inquiries out of idle

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122 ‘Notes of Henry Cline’s lectures’ (RCS Lib. MS0224/1).
curiosity, particularly in relation to a condition which was currently beyond the scope of medical care:

Some of your readers may look upon this communication as rather philosophical and curious, than practical and useful. But though the cure of diseases be the first object of our profession, the knowledge of incurable complaints is of much importance to humanity; particularly in restraining us from bleeding, blistering, vomiting, purging, cutting, issues, applying caustics: in a word, torturing a miserable and incurable human creature. (W. Hunter 1784a, 309)

Depicted thus, dissection was, it was argued, a route through which a more humane and sympathetic model of medical practice could be developed.\(^{123}\)

**Dissection as sociable act**

If the characterisation of dissection as a specifically masculine act could be used to align anatomy with positive models of male identity, its gendering was problematic in other ways. Thomas Rowlandson’s satirical drawing of the ‘persevering surgeon’ (Fig. 8), locked in solitary dissection of the body of a young woman, highlights the way in which dissection was equated with sexual depravity.\(^{124}\) Though caricatured, Rowlandson’s drawing is not satirical, but has a rather darker and erotic tone. Rendering the dissected body as female was a device used in a variety of literary and graphic genres to accentuate the moral dangers attached to dissection.\(^{125}\) One attack on grave-robbing, published in 1754 in the form of a posthumous letter from a young female victim, portrayed dissection as an act of sexual violation:

Me he carried, while it was yet night, tumbled into a basket, to another house...I was laid once more in a cold corner, naked and unregarded...I was, at early day-light, removed into an upper room, and stretch’d indecently upon a bloody table... They quickly began the horrible work; the shining knife was plunged into my breast, and my whole body was laid open... *(Admonitions* 1754, 33-48)

\(^{123}\) Although tangential to my interest in the application of dissection to personal or medical improvement, the contemporary rise of the Humane Society (of which John Hunter was a supporter) is worthy of note: on this, see Laqueur (1989), 188-191; see also A. Baker (1971); Moore (2005a).

\(^{124}\) On the characterisation of the theft of cadavers as an erotic act see Ariès (1981), 366-381; on the eroticisation of death see Gittings (1982), 190-213.

\(^{125}\) This tradition was one which continued well into the 19th century: see for example Sappol (1998). On the subjugative and gendered relationship between anatomist and dissected subject see Jordanova (1985, 402-412 and 1989, 43-65); see also Deutsch and Nussbaum (2000), 1-28.
8. Thomas Rowlandson, *The Persevering Surgeon*, undated, probably c.1780, ink and wash on paper, 24 by 22.5cm (RCS Hunt. Mus. RCSSC/P 379).

Rowlandson was no stranger to the use of erotic or obscene imagery for titillation rather than satire or caricature. This drawing was not engraved or otherwise reproduced in Rowlandson’s lifetime, and like many of his works it may have been produced for a private collector (Haslam 1996, 282-283; Mudge 2001).
A similar, if more light-hearted, connection between licentiousness and bodysnatching was made in a poem published in *The Ladies Magazine* in 1749, ‘On stealing the body of a young woman to be anatomised, from St Peter’s Church-yard, Oxford’:

> For Shame! For Shame! Oxonians all
> And blush to find it said;
> Not pleas’d to steal the Girls alive.
> But must ye steal them dead?

> Insatiate Nature thus directs.
> Nor is it strange I own.
> That those who love to taste the Flesh.
> Should like to pick the Bone. (quoted in Whiting 1991, 96)

The theme was repeated, albeit in rather more staid fashion, in William Austin’s more obviously satirical engraving of an anatomist surprised by the watchmen, leaving a basket containing a young woman on the ground (Fig. 9). The *New London Spy* (1800), written as a fictional 24-hour journey through London high- and low-life, also includes an encounter with two ‘Resurrection Men’ from whose bundle tumbles the ‘naked CORPSE OF A BEAUTIFUL WOMAN’ which the ‘fugitives had taken up from her grave in order to serve their own private purposes’ (*New London Spy* 1800, 56-57). Such language added to the indecency of dissection an implicit association with the ‘solitary vice’ of masturbation, itself the object of renewed moral and medical disquisition following the publication of Samuel Tissot’s *Essay on Onanism*.126

The negative connotations attached to ‘private’ dissection as a solitary act were not only sexual. Steven Shapin, discussing the rise of experimental natural philosophy in the early modern period, has suggested that an over-interest in solitary study could be seen as unhealthy, and undermine the status of its practitioners because it left men ill-equipped to engage in social discourse (Shapin 1991a and 1991b). Joseph Wright of Derby, a painter whose interest in the settings for different kind of knowledge production forms a powerful theme in his work, used the device of a solitary man engaged in anatomical study in his *Philosopher by Lamplight* (1769, Fig. 10). Here the central figure, dressed as a hermit, is engrossed with a set of partially articulated human bones, while two nervous figures dressed as pilgrims approach with evident trepidation.

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126 Tissot’s work was published in French in 1760, and offered in a variety of English translations from 1766 onwards. For a discussion of the discourse surrounding masturbation in the 18th century see Porter (1995); Jordanova (1999, 103-117); Stolberg (2000); Laqueur (2003).

Austin’s print was published as part of a set entitled *Nature display’d both serious & comic in 12 designs, dedicated to S. Foot Esqr*. The identification of William Hunter as the fleeing anatomist is revealed by the dropped notes, which are headed ‘Hunter’s lectu[res].’

Wright’s painting was first exhibited at the Society of Artists in 1769, and was engraved as a mezzotint by William Pether in 1770.
Like many of Wright’s works, the painting uses candlelight and strong chiaroscuro to create a sense of drama, which in this case takes the form of the trespass of the approaching figures into a secluded and eerie private world (Myrone 2006a, 102).

One way in which this particular threat was countered was through the conduct of dissection as a group activity. Thomas Rowlandson’s watercolour commonly titled ‘The Dissecting Room’ (Fig. 11) provides a neat counterpoint to his ‘Persevering Surgeon’. It shows a group of students engaged in dissection under William Hunter’s direction, while to the right of the scene another dissection is being undertaken by a single anatomist under the eye of a visitor. The scene is not a pleasant one: in the left foreground an older figure in protective sleeves delves into a box holding a body whose intestines spill over the sides of the container – a motif which recalls William Hogarth’s depiction of the dissection of Tom Nero. But like the ‘Persevering Surgeon’ there is no satire evident, and relatively little caricature – the skeletons to left are realized with a degree of accuracy eschewed by Rowlandson in his other works, and the headings on the wall posters (‘Prices for Bodies’ and ‘Rules to be observed by those Gentlemen who dissect’) show no evidence of the puns or jokes favoured in Rowlandson’s comic works. More importantly, there is no attempt to eroticize the scene. If the ‘Persevering Surgeon’ shows how dissection could be seen to pose a particular kind of moral danger, the ‘Dissecting Room’ shows how such threats could be negated through its conduct as a social act.

More prosaically, the pursuit of dissection as a social, but not public, act reinforced its claims to being a legitimate branch of experimental natural philosophy. Although the kinds of dissections carried out by students were primarily didactic rather than investigatory, they did provide an opportunity for serendipitous discovery. As with reports of other kinds of natural phenomena or experimental results, the presence of reliable witnesses was considered essential. In the dissecting-room, these were both fellow students and, more importantly, the demonstrators, whose experience could be called upon to validate unusual findings.

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127 My argument parallels one made by Karen Harvey, who has suggested that male readers of erotica appropriated a ‘civil and sociable model of reading’ which deflected the moral danger attached to ‘solitary, sensual reading’ (Harvey 2004). On the importance of sociability as a mechanism for cultivating an appropriate level of sensibility, see also Dwyer (1990).


129 An example is Matthew Baillie’s report of a case of transposition of the viscera in a body brought into the Great Windmill Street dissecting-room ‘in the common way’ (M. Baillie 1788).
11. Thomas Rowlandson, *The Dissecting Room*, undated, probably c.1780, pen with brown ink and coloured wash on paper, 25.5cm by 35.5cm (RCS Hunt. Mus. RCSSC/P 297).

William Hunter is standing leaning over at the rear of the central group. A number of identifications of other figures in the scene have been offered, though there is little evidence to support these. Like *The Persevering Surgeon*, this dissecting-room scene was not engraved in Rowlandson’s lifetime, though it was issued as a lithograph in the 1840s.
A similar situation of shared witnessing provided a defence against impropriety and a validation of discoveries at post-mortems, the audiences for which would normally include the various medical practitioners involved in the case – physician, apothecary and surgeon – and which would quite commonly be conducted in the presence of family or friends of the deceased.\textsuperscript{130} The importance of reliable witnesses is shown by Henry Thomson’s report of the case of William Robinson, who died in the London Hospital on 24 December 1760. The post-mortem was begun in the presence of the surgeons Richard Grindall, Gabriel Risoliere and George Neale and the physicians John Andree and Colin Mackenzie, together with ‘many other gentlemen of the profession’, but when a point of particular interest emerged it was halted until William Hunter was also able to attend (Thomson 1762).

\textbf{Applied anatomy}

The idea that anatomy conformed with a more general model of natural philosophical enquiry was reinforced by its application to a variety of pursuits more acceptable to polite audiences. In his vitriolic biography of John Hunter, his fellow surgeon Jessé Foot (1744-1826) poked fun at his rival’s eclectic interests:

\begin{quote}
If a body was to be embalmed, John Hunter was sent for; if a virtuoso solicited a dissection or preparation to him he applied; if anything strange in nature occurred, the explanation of it came from him. (Foot 1794, 247)
\end{quote}

To Foot, all were evidence of Hunter’s dilettantism, but his criticism highlighted – if unintentionally – one of the strengths of Hunter’s work, namely his ability to make his skills useful in a variety of disciplines and to a wide range of patrons. These included studies in both antiquarianism and natural history, both areas of interest dominated by ‘amateur’ gentleman-practitioners.\textsuperscript{131} In the following chapters I will discuss the activities of anatomists as collectors in these and other areas, and the display of natural history objects in John Hunter’s museum, but my point here is to focus on some specific areas in which anatomical expertise was applied.

For example, dissection played an important role in the antiquarian study of mummies, a class of object which had long been considered as being of both medical and

\textsuperscript{130} For example the post-mortem of John Heman (d. 1789), a Deputy of the City of London, was carried out by the surgeon James Ware in the presence of Heman’s physician, John Coakley Lettsom as well as some ‘friends of the family’ and several other ‘respectable professional men’ (Ware 1789, 339).

\textsuperscript{131} I use the term ‘amateur’ here to make the point that while the study of anatomy had a close association with a specific occupational identity, interest in natural history – and specifically zoology – and antiquities was less obviously aligned with particular vocational interests.
historical interest, and which in the 18th century became both greatly prized as collectable items. The widespread interest in mummies prompted unscrupulous dealers to capitalise on the credulity of wealthy collectors by offering ‘fakes’ of varying degrees of authenticity (Quirke 1997, 253-262; Benedict 2001, 88-89). Anatomists such as the Hunters were called upon to offer an expert opinion. In 1763 the physician John Hadley reported to the *Philosophical Transactions* an account of the dissection of a mummy from the Royal Society’s own cabinet, carried out by William and John Hunter in the presence of a number of Hadley’s friends and eminent Fellows of the Society. The case was reported as if it were a post-mortem, with a detailed description of the anatomists’ findings and a description of the mummy’s known history (Hadley 1764). In 1788 John Hunter undertook a similar investigation for the antiquary John Symmons, and in 1792 the German anatomist, Johann Friedrich Blumenbach (1752-1840) carried out dissections of several mummies while visiting London (Granville 1825, 288; Blumenbach 1794).132

Such studies were useful at a practical level – the anatomist acting in the service of the gentleman collector, and hence reinforcing existing relationships of patronage – but also possessed ideological significance. In denoting mummies as subjects of practical anatomical interest (as opposed to objects valued for medicinal or antiquarian reasons), an implicit connection was made between the art of anatomy in Georgian London with the embalming skills of the ancient Egyptians. In his lectures, William Hunter developed this point, using the connection not only to suggest a longer history to the practice of ‘opening the body’, but also to valorise modern improvements in the art of embalming and preserving bodies.133 In doing so he was following the lead of 17th century Dutch anatomists such as Louis de Bils (born c. 1624) and Frederick Ruysch (1638-1731), who had used anatomical techniques for funerary embalming (Cook 2002; Hansen 1996). John Hunter was called upon to embalm the bodies of several public figures including the Princess Amelia and the Earl of Moira (Doratt 1871; Wheatley 1891, 1:342). More notorious, but also more impressive, was William Hunter’s embalming of the wife of the empiric Martin van Butchell (1735-1814) – a path subsequently followed by the surgeon-anatomists John Sheldon and Charles White (1728-1813), both of whom preserved the bodies of their mistresses (Dobson 1953; Litten 1991, 32-56).

132 The opening of Symmons’s mummy was widely reported: see e.g. *The Times*, 4 April 1788.
133 Embalming is not mentioned in William Hunter’s published *Introductory Lectures*, but was mentioned in students’ notes from his course (e.g. RCS Lib. MS0204/1/5).
Opening mummies and embalming bodies may have been an intriguing but occasional sideline, but the application of anatomical expertise to the study of natural history was an area of greater importance. The study of comparative anatomy – the investigation and identification of animals according to their internal structures – was not new to the late 18th century. Dissections of animals formed an important part of the work of Nehemiah Grew (1641-1712), William Cowper (1666-1709) and Edward Tyson (1650-1708) in the late 17th and early 18th centuries (F. Cole 1949; Larner 2000). Nevertheless the rise of a growing class of practical anatomists was accompanied by a more widespread interest in the use of dissection to aid the study of animals. In his description of the Nyl-ghau (nilgai), published in 1771, William Hunter asserted the particular value of dissection to this process:

> When a new animal is presented to us, it will often be difficult, and sometimes impossible, to determine its species, by the external characters alone. But when such an animal is dissected by an anatomist, who is a master in comparative anatomy, the question is commonly to be decided with certainty (W. Hunter 1771, 177-178).

Just like human dissection, comparative anatomy demanded both experience (of a variety of animal forms) and technical proficiency (in order to expose and identify the structure of a particular animal). Moreover, like its human equivalent, animal dissection could also be seen as an unpleasant activity unfitting for a gentleman (Stemerding 1993, 216). Anatomists such as John Hunter were often called upon to carry out dissections on behalf of naturalists, much in the manner of the post-mortem dissections carried out on behalf of physicians. Both John Hunter and his fellow anatomist Henry Watson undertook dissections of the gillaroo trout at the request of the judge, antiquary and naturalist Daines Barrington (H. Watson 1774; *Works*, 4:126-130). A leading member of the Royal Society, Barrington called upon Hunter to perform several other dissections of animals, details of which were included in his various publications (e.g. Barrington 1773 and 1781). Hunter performed similar investigations for two other prominent Fellows of the Society, the naturalist John Ellis (1705-1776) and the natural philosopher John Walsh (1726-1795), for whom he dissected examples of the *Siren lacertina* and the *Torpedo* respectively (*Works*, 4:394-396).

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134 In addition to the paper on the Nilgai, William Hunter published papers on fossils remains from Gilbraltar and the Ohio River, and prepared an unpublished paper on the Irish ‘elk’ and moose: see Rolfe (1985), 297.

135 The reliance of gentleman-naturalists on anatomists could raise issues of authority. Famously, the French naturalist Georges Louis Leclerc, comte de Buffon (1707-1788), chose to exclude the extensive anatomical notes prepared by Louis-Jean-Marie Daubenton (1716-1800) from later editions of his *Histoire Naturelle*: see Farber (1975) and Loveland (2006).

As with his work as a ‘contracted’ dissector for the physician John Pringle, the Royal Society appears to have been a vital forum for Hunter’s contacts with naturalists. Most of John Hunter’s observations appeared in the *Philosophical Transactions*. Indeed when John Hunter was elected a Fellow of the Society in 1767, partly on the basis of his researches for Ellis, he was proposed as ‘a person well skilled in Natural History & Anatomy’. Through the Society Hunter became acquainted with the naturalist Joseph Banks, who subsequently became an important friend and patron, supplying Hunter with numerous specimens for study. John Hunter, together with fellow anatomists Joshua Brookes, William Cruikshank and Everard Home, was also an active member of the Society for Promoting Natural History, which was founded in 1782 and to which he contributed several drafts of instructions for preserving zoological specimens. Other anatomy teachers with an active interest in comparative anatomy included Joshua Brookes – who amassed a particularly large collection of animal skeletons, partly through his father and brother’s work as menagerie keepers – and Anthony Carlisle, who published a paper on the comparative anatomy of the *Lemur tardigardis* in the *Philosophical Transactions*. Several former pupils of the Hunters also used their anatomical expertise to further their interests in natural history. Among them were John Latham (1740-1837), a physician with interests in comparative anatomy and ornithology, and the Gloucestershire surgeon Edward Jenner (1749-1823), who was elected FRS in 1789 largely on the basis of his researches on cuckoos, dissections of which he sent to John Hunter.

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136 Both investigations were originally reported in the Society’s *Philosophical Transactions*. On Hunter’s connection with Walsh see Piccolino and Bresadola (2002).
137 Hunter’s papers to the Society were published with some additions as his *Observations on Certain Parts of the Animal Oeconomy* in 1786 (reprinted in *Works*, vol. 4). For details of Hunter’s research in natural history see for example Jardine (1854), 18-83; Guthrie (1942); Dobson (1962); Qvist (1981), 138-145.
138 Hunter acknowledged his debt to Banks by naming his first son John Banks Hunter, and by dedicating his *Observations on Certain Parts of the Animal Oeconomy* (1786) to him. In 1792 Banks presented part of his own zoological collection to John Hunter.
139 Drafts of Hunter’s instructions are among the papers of the Society in the library of the Linnean Society of London (Linn. Soc. Mss SPNH).
140 Both Brookes and Carlisle were former pupils of the Hunters. On Brookes, see Dobson (1952); Knox (1997); *DNB*. For Carlisle, see R. Cole (1952); *DNB*.
141 Jenner and Latham had both studied with the Hunters. Jenner carried out a number of investigations at Hunter’s behest: for details, see Cornelius and Rains (1976). On Latham see...
A third area in which anatomical expertise was applied was the teaching of anatomy to artists, something carried out in London since the late 17th century, when the anatomist and surgeon William Cowper was among the founding members of the ‘Virtuosi of St Luke’. In the 1710s William Cheselden taught anatomy to artists in the first St Martin’s Lane academy. The association was reinforced through William Hunter’s work with the second St Martin’s Lane academy in the early 1750s, and later through his appointment as the first Professor of Anatomy at the Royal Academy in 1769. William Hunter is known to have dissected at least three bodies for the Royal Academicians: the first in 1770, when he gave his inaugural series of lectures at the Academy; again in 1771, when Hunter requested and received permission from the Company of Surgeons to dissect one of the bodies of the four murderers executed at Tyburn on 9 December; and once more in 1776 when Hunter prepared an écorché cast in the pose of the Dying Gladiator from one of four smugglers executed at Tyburn. John Hunter may have assisted William in one or more of these dissections, and was himself called upon to ‘dissect a human figure and also to read lectures thereon’ for the Incorporated Society of Artists in 1770 (Whitley 1928, 1:236; Vincent-Kemp 1983, 8).

William Hunter was succeeded as Professor at the Royal Academy by John Sheldon, a former pupil and fellow anatomy teacher, who gained election in the face of strong competition from William Hunter’s partner at the Great Windmill Street School, William Cruikshank. Sheldon was plagued by ill-health, and was at best only able to deliver his lectures to the Academy intermittently. Nevertheless he is known to have permitted artists to attend dissections in his school on Great Queen Street, where Samuel Woodforde saw a horse dissected in 1785, and Anne Darlington has suggested that private arrangements for artists to attend dissections given by anatomy teachers...

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Farber (1982). James Edward Smith (1759-1828), founder of the Linnean Society of London, was also a former pupil of the Hunters (Walker 1988).

142 DNB. According to Martin Postle, at least one of the anatomical plaster casts prepared by Cowper and illustrated in his *Anatomy of humane bodies* (1698) was later reused by Hogarth in his *Analysis of Beauty* (1753): see Postle (2004), 56.

143 William Hunter dissected at least one body for the St Martin’s Lane artists in the early 1750s (Simmons and Hunter 1983, 9; Postle 2004, 58). On William Hunter and anatomy at the Royal Academy see Kemp (1975 and 1992); Darlington (1986 and 1991) and Postle (2004).

144 For details of Hunter’s dissections at the Academy see Kemp (1975), 18 and Postle (2005), 58. ‘Smugglerius’ was one of the four smugglers executed at Tyburn in 1776 (not 1775, as is often stated).
may have been more common than has been acknowledged (Woodforde 1932, 95; Darlington 1991, Ch. 3).\textsuperscript{145}

Cautious exposure

I began this part of my thesis with a paradox: on the one hand, David Hume’s praise for the diagnostic skill acquired through dissection, and on the other Hume’s own reluctance to submit to post-mortem. But as I have shown, what underpinned this was not, in all probability, any moral or philosophical objection to the idea of posthumous mutilation, but rather a question of authority and of the perceived value of such an exercise. For Hume, the insult of autopsy was not dismemberment, but the squabbling of physicians and surgeons over a point on which the patient was already satisfied. It is for this reason that the importance of the contexts – physical and discursive – in which anatomy and anatomists were presented in Georgian society should not be under-estimated. Taken together, the evidence of the public dissections at Surgeons’ Hall, the conduct of private post-mortems and the commercial teaching of anatomy in the extra-mural schools and hospitals suggest that the successful pursuit of anatomical study in late 18th-century London was contingent on strategies of concealment and exposure. Although the exhibition of bodies at Surgeons’ Hall was sanctioned by law, neither the devolved authority of the state nor the institutional authority of the surgeons as a corporate body were sufficient to prevent the Company being brought into disrepute when the ‘beastly nuisance’ dissection interfered with the day-to-day lives of genteel Londoners. Similarly while private teachers’ reliance on illicitly procured bodies was tacitly acknowledged by both civic and state authorities, careless or indiscreet exposure created a threat to property which required at least an appearance of action on the part of the judiciary.

The safe management of their work therefore required anatomists to adopt a threefold strategy: to promote anatomy as a service in the public good; to conceal the actual operation of dissection from the public gaze; and to present the pursuit of dissection as an exercise in personal improvement. By incorporating post-mortems within a patient-centred model of medical practice, anatomists sought to present dissection as an act which served both the interests of the individual and the public, rather than a self-serving exercise in medical authority. Doing so enabled the business of anatomical

\textsuperscript{145} Much of Darlington’s evidence about informal teaching relates to the early 19th century, and it appears that artists’ interest in observing dissections waned between the 1780s and about 1800, perhaps as a consequence of the differences between William Hunter and Joshua Reynolds about the value of detailed anatomical study (on this, see Kemp 1992).
teaching, which was dependent on a constant supply of un-consented bodies, to be pursued with a degree of tacit toleration, provided it was not seen to impact overtly on either public order or personal propriety. Against the potentially damaging insinuations of personal impropriety arising from ‘private’ dissection, anatomists promoted their work in a variety of ways which borrowed their legitimacy from other fields, by being industrious individuals, diligent practitioners, figures of masculine virtue, and learned gentlemen. It is against this context of the need for judicious exposure that anatomists’ work as collectors should be seen. It is this aspect that I address next, to consider the relationship between anatomy and collecting, and to look at how the products of dissection – anatomical preparations – were invested with virtuous properties as a specific category of collectable artefact.
Part 2: The Political Oeconomy of Preparations
Chapter 5: Collecting anatomy

Worthy collections

In 1796, three years after John Hunter’s death, several eminent medical men and naturalists were called before a Parliamentary Committee to testify to the importance of Hunter’s ‘Anatomical Collection’. Each was asked to estimate its financial value. In response Sir George Baker (1722-1809), President of the College of Physicians, answered with a rhetorical query of his own:

…the Question is not what it cost, but what it is? It is the Produce of great Ingenuity, unexampled Labour, and Perseverance for Forty Years, or nearly, of a Man’s Life; and if it can tend to the Improvement of Medicine, by that Consideration it acquires an intrinsic Value… (Journal of the House of Commons 1796, 515)

Although the collection was ‘very expensive’, Baker averred that ‘Mr Hunter never regarded Money when in Pursuit of his favourite Object’. The collection was a physical embodiment of Hunter’s ‘Ingenuity’ and ‘Labour’, but this work was also unquantifiable in purely monetary terms. Instead the collection was the product of a kind of virtuous industry – a vocation – undertaken for the good of the nation and not for personal gain. Through his collection, Hunter was heralded as a model figure: the private dissector as public servant.

It is the nature of anatomical collections, and of the kinds of value that were attached to them, which forms the subject of the second part of my thesis. If the late 18th century was the heyday of the London anatomists, it was also a period of unprecedented interest in anatomical collecting. Allied to the flourishing market for teaching in anatomy, surgery and midwifery was a thriving culture of preserving, collecting and displaying preserved human and animal body parts. As William Hunter noted, a ‘complete course of Anatomy’ required not only a number of ‘fresh subjects’, but also a ‘competent stock of anatomical preparations’ (TIL, 87, original emphasis). Theodore Brown (1987) has suggested that the interest in preparations, especially those made using injection, was initially correlated with the hydraulic iatromechanical theories espoused by Archibald Pitcairne (1652-1713) and James Keill (1673-1719). By the mid-century, however, preparations were more widely employed by those who espoused the value of ‘practical’ anatomy. They were used to preserve the physical evidence of dissections and experiments. Brought out for show in lectures or meetings, or displayed in purpose-built cabinets or museums, preparations augmented the oratory of the formal lecture and the practical demonstration of the dissecting-room. Still, the suggestion that anatomists’ collections were only of value because of their
practical utility is one which deserves closer examination. As I will show, anatomical preparations certainly were necessary tools of the trade, but their utility was not reflected in their price. Instead they were ascribed a range of values which were both financial and affective, and enjoyed a hybrid status as both manufactured objects and natural bodies. \(^{146}\) As such, preparations became a potent medium for projecting a beneficial model of anatomical industry.

This and the subsequent chapters address these issues of value and work. In this chapter I consider the nature of preparations in the context of pre-existing collecting practices, and their specific relationship to the new culture of dissection-based teaching. Next (Chapter 6: The value of preparations) I look at how preparations were made useful to anatomists, and how this utility was contingent upon a set of cognitive skills acquired through attendance in the dissecting-room – an ‘anatomical eye’, commensurate with contemporary models of connoisseurship. In Chapter 7 (Preparations as economic objects) I develop this idea of anatomical connoisseurship in relation to the circulation of preparations within economies of exchange. I reflect on the ways in which the financial valuation assigned to preparations and collections provided a mechanism through which the work of the anatomist could be assigned an honourable and immaterial worth. It is this notion of virtuous value which makes the anatomical museum in general and John Hunter’s museum in particular worthy subjects for more detailed investigation.

**Measuring value**

As with the ‘moral oeconomy’ considered in the first part of this thesis, my consideration of the kinds of values assigned to preparations is informed by a contemporary economic model, derived from the writings of Adam Smith. Like David Hume, there are interesting connections between Smith and John Hunter. In addition to attending William Hunter’s lectures in 1773, Smith was part of a circle of Royal Society Fellows that included Joseph Banks, Daines Barrington and John Hunter (Ross 1995, 251). Smith became both a friend to and a patient of John Hunter, who treated Smith for a bladder infection and operated on him for haemorrhoids in 1787 (Ross 1995, 374). John Hunter owned both of Smith’s major treatises: his *Theory of Moral Sentiments* (1759) and *The Wealth of Nations* (1776). Indeed, the latter was presented to Hunter by Smith’s publisher at the author’s own request (Mossner and

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\(^{146}\) For a similar approach to the varied registers of ‘value’, considered specifically in relation to the construction of the canon in art history, see Walker and Chaplin (1997), 165-179; on the varied construction of ‘value’ in relation to a 17th century collection, see Gibson-Wood (1997).
Smith’s books were the only works on moral or political philosophy listed in Hunter’s library when it was sold after his death in 1794 (Qvist 1981, 35). Smith’s knowledge and appreciation of the Hunters and of their fellow extra-mural lecturers was demonstrated by a letter written to his friend, the Edinburgh physician William Cullen (1710-1790), in 1774. Smith cautioned against Cullen’s suggestion that a two-year medical degree should be made compulsory – a rule that would, Smith claimed, be ‘oppressive upon all private teachers, such as the Hunters, Hewson [and] Fordyce’. Smith added:

The monopoly of medical education which this regulation would establish in favour of Universities would, I apprehend, be hurtful to the lasting prosperity of such bodies-corporate. Monopolists very seldom make good work, and a lecture which a certain number of students must attend, whether they profit by it or no, is certainly not very likely to be a good one. (Mossner and Ross 1987, 174)

At the time of writing Smith was in the final stages of writing what has come to be seen as his magnum opus. *An Inquiry into the Nature and Causes of the Wealth of Nations* (1776) has exerted a profound influence on modern economic and political thought. As a result, it has become hard to untangle its 18th-century relevance from its subsequent reinterpretations, most particularly in relation to the pursuit of free trade as an economic ideal. Although Smith’s letter to Cullen suggests that the extra-mural lecturers of Georgian London were model entrepreneurs in such a system, this is not the angle I wish to pursue here. Instead, the value of Smith’s theory to the business of making, collecting and using anatomical preparations lies in the emphasis it places on issues of work and value. The latter, Smith observed:

…has two different meanings, and sometimes expresses the utility of some particular object, and sometimes the power of purchasing other goods which the possession of that object conveys. The one may be called ‘value in use;’ the other, ‘value in exchange’. The things which have the greatest value in use have frequently little or no value in exchange; and, on the contrary, those which have the greatest value in exchange have frequently little or no value in use. (Smith 1776, 1:34)

Labour, Smith went on, was the ‘real measure’ of value in exchange. Although prices of goods may fluctuate (for reasons which he described in detail), the exchange-value of goods was nonetheless fundamentally tied to work:

The real price of every thing, what every thing really costs to the man who wants to acquire it, is the toil and trouble of acquiring it. What every thing is really worth to the man who has acquired it, and who wants to dispose of it or exchange it for something else, is the toil and trouble which it can save to himself, and which it can impose upon other people. (Smith 1776, 1:36)

This concept, which has become known as the labour theory of value, and which was developed extensively by David Ricardo and Karl Marx, has been largely supplanted
in modern economic theory. Nevertheless Smith’s work is useful because of the way it exposes the problematic relationship between wealth and labour in 18th-century society. Smith’s *Wealth of Nations* was, as Emma Rothschild and Amartya Sen have shown, a work of moral philosophy (Rothschild and Sen 2006). It drew heavily on the ideas expressed in the *Theory of Moral Sentiments* and the work of Hume to show how work, trade and the accumulation of wealth was consonant with models of ‘good’ behaviour – in other words, to the kinds of intangible worth that Baker saw in Hunter’s ‘Anatomical Collection’. It is in this light that we can start to understand the different kinds of labour that went into making and using such collections, and the way collections ‘worked’ in turn to make this labour valuable.

‘Anatomical’ collecting

What was the relationship between the wealth and work of anatomists and their collections? One model is that advanced by Roy Porter in relation to William Hunter. He inherited the nucleus of his anatomical collection from the physician and man-midwife James Douglas (1675-1742), who was reputed to have one of the finest such collections in London. Douglas was also a collector of rare books, and his early influence on William’s collecting habits appears to have been profound.

During the 1740s and early 1750s William expanded the collection he inherited from Douglas. By the mid-1750s William was well established as a teacher and accoucheur and was growing in status and wealth. In 1754 and 1755 he bought several important pieces from the collection of the physician Richard Mead (1673-1754). After a plan to establish a national school of anatomy was quashed in 1763, William Hunter appears to have devoted even greater effort to building up his collection, buying coins, books and paintings as well as anatomical and natural history objects.

Put simply, Porter suggests that Hunter used the income from his work to buy collectable things (paintings, coins, antiquities, books), through which he presented himself as a gentleman – a ‘symbolic act of assimilation into the values of high society, literally acquiring culture’ that deflected criticism of the source of his income (Porter 1985, 30). Such an analysis can be extended to other surgeon-anatomists such as Henry Watson, of whom it was said that:

His accomplishments made him esteemed among the classically refined. He was fond of ancient literature, of poetry and music; he performed very well on

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147 Details of William Hunter’s collecting are taken from Laskey (1813); Brock (1979 and 1985); Simmons and Hunter (1983), Keppie (2007), Black (2007b). Douglas’s influence on William is just one aspect of William’s life that demands closer study.
the harpsichord, and had occasioned select concerts at his house, but they were confined to the Handel school, as he held modern compositions in great contempt. He had considerable taste for painting, and collected some very good second rate pictures of the best masters. (Hutchinson 1799, 2:480)

In William Hunter’s case, a more sophisticated argument is that the presence of these other kinds of collectable objects conferred status on his anatomical collection by association – an idea that Peter Black has extended to consider how objects other than preparations in Hunter’s collections can be seen as ‘anatomical’ (Black 2007a). But the claim that anatomists used their collections to distract attention from their work as disectors underplays their interest in the ownership and display of preserved body parts. Understanding how these collections became seen as valuable requires a closer attention to the kinds of objects they contained. As with my earlier discussion of the shifting ‘kinds’ of anatomy, so too an analysis of the objects designated as ‘anatomical’ reveals important changes over the course of the 18th century.

For example, when the clergyman and antiquary John Pointer (1668-1754) made a manuscript list of his collection of natural and artificial curiosities in 1740, those listed under the sub-heading ‘Anatomical Rarities’ included ‘Part of the Body of the famous Glastonbury Thorn-tree that is said to blossom on Christmas Day’ (Gunther 1925, 3:454-530). Similarly the collection of the Anatomy School at the University of Oxford, again from the early 1700s, included a ‘dry’d cat found in Hart Hall Butterly’ and ‘the teat of a witch’ (Gunther 1925, 3:252-279). An alternative contemporary designation for such material was ‘humane rarities’, a term used by the antiquary Ralph Thoresby (1658-1725) in the catalogue of his collection (Thoresby 1715, 429-431). Under this heading Thoresby grouped some twenty or so items, including fragments of an Egyptian mummy and parts of a preserved human body found near Chester; several human calculi; the bones of a fetus; and charred remains from a funerary urn discovered near Peckham in Surrey. In his ‘History of the Anatomical Museum’ (1914) the comparative anatomist F. J. Cole used the term ‘anatomical’ interchangeably with ‘biological’ to define a museum lineage dating back to the early 16th-century. Yet a more considered analysis suggests that neither the word ‘anatomical’, nor the presence of preserved body parts, indicates continuities of medical or collecting practices (MacGregor 2007, 159-178). Instead, the designation used by Thoresby reflects the manner in which the accumulation of body parts formed part of a wider culture of collection in early modern Europe. Valued for their symbolic moral status, for their perceived medicinal utility, or simply for their rarity, these corporeal fragments were displayed within mixed collections of natural and artificial...
‘curiosities’. Although medical practitioners were well-represented among the owners of such objects, collecting and displaying anatomical rarities was not an exclusively medical preserve. Instead, their owners were part of a more general category of ‘curious’ men or ‘virtuosi’: gentleman-collectors whose interests were wide-ranging, and not defined merely by practical or occupational interests.

The culture of curiosity has been the subject of extensive study, much of which has emphasized the highly contingent and fluid nature of many of its key features. Nevertheless it remains broadly true that between the beginning and end of the 18th century both the idea of curiosity as a philosophical imperative, and that of virtuosic collecting as a means of pursuing it, gave way to more narrowly-drawn models of inquiry and to more specific kinds of collecting practice. This transition is particularly evident in the case of the physician Hans Sloane (1660-1753), whose collection – derived in part by the wholesale acquisition of the cabinets of others – contained some seventy thousand objects by his death in 1753. In the early 1700s, Sloane’s apparently indiscriminate taste led his collection to be labelled as a typical product of virtuosic excess by some contemporary critics (Benedict 2001, 181). But as Arthur MacGregor has shown, Sloane was a punctilious compiler (or commissioner) of catalogues, and his collection was organised into discrete sections according to object type (MacGregor 1994, 26). The incorporation of Sloane’s cabinet into the founding collections of the British Museum – the prototypical enlightenment museum – exemplified this process of transformation, turning his personal collection (along with those of several other prominent individual collectors) into a public institution (K. Sloan 2003a).

The records of the Royal Society also expose this shift, particularly as it applied to the collecting of ‘anatomical’ objects. In his catalogue of the Society’s ‘Musaeum’ or repository, published in 1681, Nehemiah Grew listed twenty-two ‘humane rarities’ acquired since the Society’s foundation in 1660. These included a mummy presented

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148 On early modern collections see Impey and MacGregor (1985); Daston and Park (1998); MacGregor (2007).
150 On work which seeks to challenge established preconceptions about early modern collecting and the principles which underpinned it see for example Arnold (2006) and Benedict (2001). For a more specific example applied to a ‘human rarity’ see Geraldine Barnes’s study of the reception of the ‘painted prince’ Jeoly in the 1690s (Barnes 2006).
151 See for example Pomian (1990); Bennett (1995); Daston (1998); Yanni (1999), 1-14. On 18th-century collecting see for example Anderson (2003).
by the Duke of Norfolk, a ‘humane scull covered all over with moss’, and ‘the tanned skin of a moor’. Between 1681 and the mid-18th century the Society continued to add to this collection. Despite the intentions of Grew and several of his successors to pursue an active policy of acquisition, most additions were the consequence of a passive reliance on gifts from Fellows and other supporters. The records of these gifts provide a useful insight into the changing nature of ‘anatomical’ collecting, both in terms of the nature of the objects and the types of individual associated with them. They reveal that, in parallel with the decline in ‘philosophical’ anatomy and the rise of dissection-based surgical anatomy, there was a move away from ‘virtuosic’ collecting of ‘anatomical rarities’ and towards the accumulation of ‘anatomical preparations’, many presented by men who were practising anatomists and surgeons (P. Wilson 1995). The changes within the Society mirrored those outside. From the 1740s onwards the preservation and collecting of body parts gradually became seen as an exclusively medical (and particularly surgical) practice. Although collectors remained interested in rare or unusual objects, their definitions of rarity shifted, and became more closely aligned with the internal structure of the normal or morbid human or animal body. Fundamental to this new kind of collecting was a new category of anatomical object, the ‘preparation’.

**Preparations as objects**

The *OED*’s earliest example of the term ‘preparation’ being used to describe preserved body parts is dated 1753. However William Cowper’s *Myotomia reformata* (1694) and *The Anatomy of Humane Bodies* (1698) used the term to describe artificially preserved or fixed pieces of tissue made for anatomical study, and the term was almost certainly in use well before this point. Used in this way, ‘preparation’ denoted a thing made or manufactured, but also conveyed a sense of the act of making as a precursor to use. Its adoption reflects accurately the degree to which the art of preserving tissues – and particularly soft tissues – evolved in the mid-17th century around methods of intervention or manipulation which aimed to arrest the processes of putrefaction and to expose the structural elements of the body for future examination or study. By the early 1700s the term ‘preparation’, either by itself or with the qualifier ‘anatomical’, was commonly used to describe preserved and dissected tissues by medical authors.\(^{152}\) In contrast, the term ‘specimen’ was rarely employed in this context although it was

\(^{152}\) This was one of two medical uses for the term, the other being to denote a compounded drug: both imply an act of manufacture performed on natural materials to make them useful in medicine.
applied more generally to un-dissected preserved animal bodies, plants, fossils and other objects of natural history.\textsuperscript{153}

The differentiation between the use of ‘preparation’ and ‘specimen’ highlighted an important distinction. Although there were some areas of overlap between the methods used to make ‘preparations’ and ‘specimens’, in other respects there were important differences, even when the objects to be preserved were ostensibly the same.\textsuperscript{154} These are revealed by a comparison of texts such as the physician-cum-naturalist John Coakley Lettsom’s \textit{The naturalist’s, and traveller’s companion, containing instructions for collecting & preserving objects of natural history} (1774) and John Hunter’s \textit{Directions for preserving animals, or the parts of animals} ([1785]). For the former, the principal object was to preserve (and where necessary reconstruct) the outward appearance of animals. Like his contemporaries Johann Rheinhold Forster (1771) and Edward Donovan (1794), Lettsom dealt almost exclusively with the preservation and stuffing or mounting of the skin, for which the removal (and discarding) of all soft tissue was regarded as an essential preliminary step. In contrast, Hunter’s instructions were primarily concerned with the preservation of internal structure. Hunter dealt only fleetingly with the preservation of skins, but dwelt at length on the methods of conserving internal organs and soft tissues. His instructions assumed a range of technical skills that were available only to those who were well-versed in practical anatomy – in dissection, and the use of a syringe to inject preserving spirits, for example (Hunter [1785], 26). They also demanded a tacit acceptance of the principle that the true nature of living things could only be revealed through anatomical study: large animals were, for example, to ‘be divided into such parts as characterise them’ before preservation (Hunter [1785], 6).

Through their manufacture preparations were, therefore, closely aligned with the kind of practical anatomy that flourished in Georgian London. Preparations could be made from human, animal or even plant tissue, and from diseased bodies or healthy ones. What linked them was the art of dissection, the cutting away of extraneous matter to reveal the inner structure. As well as the expertise needed to dissect the body,

\textsuperscript{153} Unlike ‘preparation’ – defined in Samuel Johnson’s \textit{Dictionary} as ‘any thing made by process of operation’ – the term ‘specimen’ carried a sense of exemplarity, as ‘a sample [or] a part of any thing exhibited that the rest may be known’.

\textsuperscript{154} It is relevant to add that although the making and mounting of natural history specimens was pursued as a trade in the 18th century, there is no evidence of commercial dealers specialising in anatomical preparations, other than the articulators of skeletons mentioned earlier. The earliest reference to this kind of trade is an advert for R. Heslop, a dealer in ‘curios’, who advertised ‘a variety of anatomical preparations’ at his shop in Finsbury Square in 1800 (\textit{Morning Chronicle}, 18 April 1800).
preparations required a further repertoire of technical skills to fix, preserve and mount the dissected part for display. Bodily structures were exposed through injection with coloured waxes, fats and resins made to one of dozens of recipes, or with liquid metals such as mercury or mercury-bismuth compounds, enabling the pathways of vessels or the connections between spaces within the body to be traced.\textsuperscript{155} Injections using hard-setting wax/resin mixes could be combined with corrosion in strong acids or alkalis to create delicate casts of internal structures.\textsuperscript{156} Bones could be demineralised by steeping them in acid, revealing the collagen or ‘animal’ fibres within. Plaster was used to distend larger cavities, eliminating flaccidity, while boiling or putrefaction in cold water was used to free bones from the surrounding soft tissue. Depending on the degree of maceration, they could either be left with their natural cartilages intact or wholly disarticulated and reconstructed using wire, leather, cork and glazier’s putty.\textsuperscript{157}

Once prepared, tissues were fixed in alcohol or oil of turpentine and mounted as wet preparations, or dried and varnished to be ‘put up’ as dry preparations. In wet preparations, tissue was suspended on silk or cotton threads from the rims of jars, or from supporting rods of whalebone, while sheets of ivory, mica or glass provided a backing for delicate structures. Both wet and dry preparations could be preserved in glass jars sealed with layers of animal-bladder, tin, lead and pitch, while dry or corroded preparations could also be mounted on boards or pedestals under glass domes.\textsuperscript{158} More broadly, the production of wax, lead or plaster casts from bodies, body parts or bones also constituted part of the canon of techniques involved in making preparations (although, as we shall see, wax sculpting, drawing and other representational methods did not). Appendix 6, which provides a summary of John

\textsuperscript{155} The use of solidifying masses to provide a permanent record of injections appears to have been used by Lorenzo Bellini (1643-1704) as early as 1662, and was described by Robert Boyle the following year, though whether Boyle actually used such techniques in practice is open to doubt. Jan Swammerdam (1637-1680) is generally regarded as the first to have used wax injections regularly, and the French physician and chemist Guillaume Homburg (1652-1715) as the originator of metallic injections (F. Cole 1921; Dobson 1956).

\textsuperscript{156} Frank Nicholls (1699-1778) was generally claimed by English-speaking anatomists as the pioneer of corroded preparations, though Cole notes that the process was certainly in use by Homburg and others at the end of the 17th century (Morgan 1786; F. Cole 1921, 316).

\textsuperscript{157} Instructions for the cleaning and mounting of bones were published by Robert Baker in 1697. By the latter part of the 18th century the cleaning and articulation of bones appears to have been carried on as a business in London: see for example ‘Will of Nathaniel Longbottom, Articulator of Saint Mary Magdalen Bermondsey, proved 2 April 1787’ (TNA PROB 11/1152). A detailed account of the mode of articulating a human skeleton was given by Thomas Pole (1790, 180-201).

\textsuperscript{158} For an exhaustive contemporary inventory of the techniques used in the manufacture of preparations in the 18th century see Pole (1790). For details of conservation studies on 18th-century preparations see Harris (1979) and Kaufman (1996).
Hunter’s collection, highlights the range of techniques commonly found in 18th-century collections of anatomical preparations.

The basic techniques used by London anatomists were not in themselves novel.\textsuperscript{159} As early as 1651 the Dutch anatomist Lodewijk de Bils (1624-1669) presented a series of preparations to Leiden University in which the soft tissues were preserved using a recipe of his own invention (Cook 2007, 271-6). Although de Bils was famously secretive about his methods, his success prompted others to develop their own techniques. Both Jan Swammerdam in Leiden (and later Amsterdam) and Robert Boyle in London experimented with spirits of wine and oil of turpentine as preservatives for soft tissue, the two principal preserving media used for wet preparations throughout the century (Cook 2007, 276-288). They also experimented with solidifying injection masses, the use of which was well established by the start of the 18th century (F. Cole 1914). The methods used for injecting, fixing and mounting preparations were, however, greatly refined over the next hundred years. New materials played a significant role in encouraging these developments. An important innovation was the use of clear flint-glass jars, the product of a burgeoning glass industry in London (Berg 2005, 117-153). Although subject to taxation which made them a relatively expensive commodity, these jars were available in quantities that made the mass-production of preparations a feasible proposition. More importantly, the robustness and optical clarity of the glass made preparations more suitable for repeated handling and viewing. This was a very significant change: William Clift noted with dismay the motley assortment of coloured jars and bottles used for preserving the 17th-century preparations in the Royal Society’s cabinet, which rendered them largely useless for showing.\textsuperscript{160} Clear alcohol, in the form of grain or grape spirits, was more widely available in London in the mid-18th century than before, along with hydrometers which allowed the strength of spirit to be measured accurately (F. Cole 1949, 448-449; Morrison-Low 1998). The production of pigments for artists and for industrial manufacture also benefited anatomists, who had a greater range of colours to choose from when mixing their injection masses (Lowengard 1999).

\textsuperscript{159} For more general discussion of the development of techniques used to make anatomical preparations in the 17th and early 18th century see Gannal (1840); Keen (1874); F. Cole (1914 and 1921); Dobson (1956).

\textsuperscript{160} William Clift, ‘Memoranda concerning the old and duplicate specimens of Natural History’, c.1835 (RCS Lib. MS0007/1/2/11). The Royal Society’s preparations were among those transferred to the College from the British Museum in 1809.
Interest in making preparations appears to have become increasingly popular in London from the 1730s onwards, partly as a result of the increasing number of practitioners who had trained at Leiden or Paris and observed collections of preparations there. In contrast to their predecessors, the London anatomists appear to have been remarkably open about the techniques and materials they used. Instructions on how to make preparations were published by the man-midwife and anatomy lecturer Charles Nicholas Jenty in 1757, and others followed suit (Jenty 1757; Monro 1781; Sheldon 1784; Morgan 1786). By far the fullest account was that given by the anatomist and man-midwife Thomas Pole, whose *Anatomical Instructor* (1790) ran to over four hundred pages, and contained detailed instructions on making every conceivable kind of preparation.

The texts of Pole and others made it clear that success required the cultivation of a range of practical skills. These could only be acquired by repeated practice. In his essay on corroded preparations, John Morgan claimed that:

> Operators seldom are at the trouble of weighing the ingredients; they generally judge of the respective weights and proportions of each by the eye. This method of determining them will answer well for persons who have acquired experience, for the different season of the year...and the different consistence or purity of the wax and rosin...occasion some little variation.

(Morgan 1786, 374)

Speaking of the ‘Address of the Operator’, Morgan asserted the need for a ‘steady hand’ and the importance of judging the correct volume of injection by responding to the subtle resistance on the injecting syringe (Morgan 1786, 377-379). Given this emphasis, it is not surprising that teaching the art of making preparations became part of the curriculum offered to students in the dissecting-rooms of the private schools. William Hewitt and William Bromfeild included such lessons in their advertisements in the mid-1740s (*London Evening Post*, 6 October 1747 and 4 October 1748). Similar classes were advertised by Henry Watson in the 1750s, Robert Maclaurin in 1760, John Andree in 1775 and Thomas Pole in 1793 (*Public Advertiser*, 19 September 1755 and 16 September 1760; *Gazetteer & New Daily Advertiser*, 30 September 1775, *The Times*, 17 September 1793). William Hunter, John Sheldon, Joseph Else and Henry Cline all included lectures or demonstrations devoted solely to the techniques of injecting and mounting preparations, while John Hunter’s papers suggest that he did likewise, probably after his move to Leicester Square in the 1780s. See for example Wellcome MS.5599 (notes of Joseph Else’s lectures); Sheldon (1778); Wellcome MS.1673-1674 (notes of Henry Cline’s lectures) and RCS Lib. MS0201 (notes of man-midwives...
also participated in this business. In 1767 John Leake advertised that for an additional 10 guineas on top of the lecture fees students would be not only be admitted as pupils at the Westminster Lying-In Hospital but would be taught ‘the Art of Injecting and the method of making such anatomical preparations as tend to illustrate the art of midwifery’ (Leake 1767, [i]).

Anatomists as collectors

John Hunter’s collection reflects the importance attached by anatomists to preparations. Appendix 6 contains a summary of the contents of his museum and the types of material it contained. While the lack of any complete catalogue from before 1793 makes it difficult to determine exactly what Hunter owned, it is nevertheless evident that the bulk of the collection comprised preparations of various sorts. They included almost four thousand preparations of human and animal normal anatomy (or ‘physiology’) in spirit, over six hundred in dry form and about one thousand preparations of normal human or animal bones. Preparations of morbid anatomy and ‘monsters’ accounted for a further three thousand or so items. Only a few parts of the collection, such as the series illustrating ‘propagation of the species’, included whole (mostly fetal) human or animal bodies. Even the series of ‘Natural History in Spirit’, which consisted principally of ‘entire or undissected animals’, was not quite what it seemed. William Clift later noted that most had been ‘transmitted to Mr Hunter for the purposes of dissection’ and only want of time on Hunter’s part had left them whole (Catalogue of Natural History 1830, i).

This is not to suggest that other kinds of collectable object held no interest for John Hunter. He owned large collections of fossils and shells, as well as a significant quantity of paintings and prints. He also possessed a collection of minerals which, like much of his art collection, was sold off after his death in 1793. Although John Hunter never enjoyed the financial success of his brother, his annual income passed the thousand pound mark in the mid-1770s. By 1783, boosted by pupils’ fees and private practice, it was closer to five thousand pounds per year (Paget 1897, 153).

Nevertheless it is clear that the bulk of this income was spent on adding to his museum, and that the majority of this expense related to preparations rather than to art objects, antiquities or other items of virtu. On his arrival in London in 1785, the Dutch anatomist Peter Camper (1722-1789) wrote to his son ‘it is incredible how vast [Hunter’s] museum is’ and lamented that ‘there is nothing to be got for money…John William Hunter’s lectures). John Hunter’s notes on anatomical preparations were published in E&O 1:385-398.
Hunter takes in everything’ (Camper 2001, 107 and 118). Although it is difficult to generalise about the holdings of other anatomists, the surviving evidence from sale catalogues and other sources suggest that the museums of fellow anatomists such as William Hewson and Magnus Falconar, John Sheldon and Joshua Brookes were also heavily weighted towards preparations. In fact, it appears that in many ways William Hunter was the exception rather than the rule in having an anatomical museum in which, numerically at least, preparations were in the minority.

Alongside the rise of practical anatomists as collectors of preparations, there appears to have been a parallel decline in the ownership of anatomical objects by non-medical collectors. Again, this is hard to establish definitively, but it is certainly true of collections which were on show to the public. Anatomical preparations – or human remains of any kind – were absent from the collection of the naturalist and antiquary Ashton Lever (1729-1788), both before and after its move to London in 1773, and they did not feature in the lists of ‘desirable objects’ he published (Lever 1771; Leverian Museum 1790; King 1996; Haynes 2001). At the British Museum the collection of ‘humana’ acquired from Hans Sloane, which included injected preparations made by William Cowper (1666-1709), was removed from public show and placed in a ‘Museum Clausam’, viewable only by special request (Sweet 1963, 115). There they were joined by Boyle’s and Swammerdam’s preparations from the Royal Society’s Repository when this was transferred in 1781 (Miller 1973, 113). Even Rackstrow’s Museum in Fleet Street, a commercial show that included a salacious display of wax models and various preparations of (mostly) human reproductive organs, was given a degree of medical credibility after the death of its original proprietor, the statuary and showman Benjamin Rackstrow (1707-1772). Advertisements and catalogues for the collection emphasised it was run by a midwife, Catherine Clark (d. 1788), with the aid of her son Benjamin, a self-proclaimed surgeon who had trained with John Hunter, and who briefly advertised classes in anatomy in the 1770s.\footnote{See for example the \textit{Morning Chronicle and London Advertiser}, 15 May 1775. For details of Benjamin Clark see Appendix 1. Catherine Clark was on good terms with John Hunter, for he was listed as an executor in her will: see ‘Will of Catherine Clark…. Widow of Fleet Street, London 26 January 1788’, TNA PROB 11/1161.}

**Anatomists and connoisseurs**

The emphasis placed on preparations as a distinctive category of collectable object played an important role in defining a community of anatomists. Their appreciation
also provided a mechanism for linking anatomists with a more wide-ranging model of object-based expertise which itself drew heavily on the concept of dissection, namely connoisseurship. Barbara Stafford has argued that the metaphorical association between criticism and dissection was a specific product of 18th-century discourse, and the trope of the connoisseur as dispassionate cultural anatomist was expressed in a variety of contexts (Stafford 1992a, 47-129). In his *Elements of Criticism* (1762) the judge and writer Henry Home, Lord Kames (1696-1782) delineated a ‘regular science’ of criticism, contrasting the mental stimulation derived from the rigorous application of rational judgement with the ‘mere pastime’ afforded by superficial sensory indulgence. A friend of Hume (to whom he was related) and Smith, Kames’s work was similarly founded on an empirical approach to human nature which was itself analogous to dissection. In literature Samuel Johnson advocated the importance of a discriminating intellect that revelled less in rarity and wonder than in the collection and comprehension of general truths (his *Dictionary* – itself a dissection of the English language – defined the connoisseur as a ‘perfect judge or critic’). The same ideal was expressed in the visual arts by, for example, the painter and writer Jonathan Richardson (1665-1745), for whom connoisseurship privileged the disciplined application of expert knowledge, and was contrasted with the character of the virtuoso as an indiscriminate surveyor, suffused with wonder and, by implication, undermined by credulity.163

Crucial to the concept of connoisseurship was the privileged status accorded to expert knowledge, and the rather more complicated status of practical expertise.164 The circulation and appreciation of specific types of object provided a means for individuals to participate in social networks that would otherwise be closed to them for reasons of class, gender or nationality.165 Connoisseurial collecting was therefore a

163 Richardson’s model was propounded in his *Discourse on the Dignity, Certainty, Pleasure and Advantage, of the Science of a Connoisseur* (1719). For discussion of Richardson’s contribution to the nascent discourse of connoisseurship see Gibson-Wood (1984); on connoisseurship as a reaction to virtuosity see Brewer (1997), 252-287. Richardson was well-connected with anatomical practice: he was a founder of the first St Martin’s Lane Academy, for which William Cheselden conducted dissections; he painted portraits of several well-known medical men, including Cheselden and the physician Richard Mead; and spoke of the value of anatomy to artists in his *Essay on the Theory of Painting* (1715).

164 See for example Ian Pears on the difficulty experienced by artists seeking to promulgate a model of connoisseurship dependent on technical expertise in painting (Pears 1988, 186-205). On the fluid and contradictory articulations of connoisseurship, especially in relation to the arts see also Mount (2006a). Ann Bermingham’s studies of feminine ‘accomplishment’ in drawing or painting are also indicative of the manner in which technical ability was not a precondition of connoisseurship (Bermingham 1993 and 1995).

165 This is a feature highlighted by Anne Secord’s studies on artisan and gentleman botanists in the early 19th century (Secord 1994a and 1994b), and Bettina Dietz on networks of
powerful mechanism for social advancement, and one which represented an important shift away from the model of natural-philosophical authority dominant in the preceding century, in which rank and position played an important role in validating knowledge claims. The exchange of objects and the development of a common language of connoisseurship about them provided a mechanism for consolidating communities of practitioners, features which are pertinent to anatomists as collectors. Although the accumulation of anatomical preparations became a more exclusively medical practice during the later 18th century, this was not simply a question of consolidation within a pre-existing category of practitioner. Instead, preparations helped to turn an otherwise heterogeneous group of medical men into a definable community of practical anatomists.

**Useful collections**

Allied to, but distinct from, the discourse of connoisseurship was an emphasis on the practical utility of collections. Collections of natural history were commonly portrayed as being pertinent to specific areas of practical study – medical botany or mineralogy, for example – and were closely connected with more explicitly utilitarian functions, such as schemes for improvement in medicine, agriculture or mining. Claims about the utility of collections need to be considered cautiously. In the 18th century, usefulness was very much in the eye of the beholder, and the standards against which utility was judged were both fluid and contradictory (Arnold 2006, 21-23). To those who subscribed to a belief in objects as a means of representing, and conchologists in 18th-century France (Dietz 2006). For a similar studies which examine the role of natural objects in connecting 'professional' and 'amateur' interests see Star and Griesemer (1989); Pacey (2003). On the use of gifts to museums as a mechanism for crossing social boundaries see also Kell (2004).

166 This point has been developed extensively by Steven Shapin in his work on 17th-century natural philosophers (Shapin 1994). On facilitative, rather than normative, models of civility in the 18th century see Klein (1995). Perhaps the best example of connoisseurial expertise compensating for both social marginality and personal failings is that of the naturalist Emanuel Mendes da Costa (1717-1791), who retained the support of friends and patrons despite his calamitous financial difficulties and duplicity in his dealing with fellow collectors (Hayward 2002).

167 On the emphasis on utility in relation to the practice of natural philosophy in the 18th century see for example Golinski (1988 and 1992); L. Stewart (1992) and D. Miller (1999). The importance attached to utility in the late 18th century was at odds with what Marjorie Swann has described as the 'manly defiance of utility' espoused by virtuosic collectors in the late 17th century (Swann 2001, 79).

168 This emphasis does not imply that there was no interest in natural objects as aesthetic objects, or that utility and aesthetics were necessarily opposed: shells, for example, were a category of object that were valued in both regards: see Dance (1966 and 1976). On the 'mixed economies' of collecting in the 18th century see also Dietz and Nutz (2005). The tension between pleasure and practical utility in the pursuit of knowledge is discussed by Fox (2003).
hence ‘knowing’, the natural world, collections could possess a self-evident usefulness for philosophical study, as well as a range of more narrowly defined practical functions.\textsuperscript{169} John Pointer was certain in his own mind that his cabinet of natural rarities was intended not for ‘the Ignorant & Illiterate Part of Mankind...that only look upon the Out-sides of Things without examining their real & intrinsic Value’, but was instead manifestly useful both as a potential source of medicinal compounds and as a microcosm of divine creation (preface to \textit{Museum Pointerianum}, quoted in Barnes 2006, 32). A preoccupation with rarity and curiosity did not preclude ‘virtuosi’ from using their collections as practical resources for teaching or research (Gibson-Wood 1997; M. Hunter 1989, 123-155). In contrast, the same collections were equally obviously useless in the eyes of those who did not subscribe to Baconian ideals, or who saw the commerce in objects as ‘mere trade’ and hence an unworthy pursuit for gentlemen (Levine 1977, 114-129).

In considering claims about the usefulness or otherwise of collections it is necessary, therefore, to be sensitive to the rhetorical and political contexts in which such claims were made. For example, when the entrepreneur and jeweller James Cox (d.1800) found himself with a consignment of unsold stock, he chose to display it as a ‘museum’ of mechanical novelties and other artificial curiosities (Pointon 2000). In marketing this short-lived attraction Cox depicted it as a tribute to British industry and invention, seeking to offer economic utility as a justification for its value.\textsuperscript{170} Similarly when the land-agent James Parkinson (d.1813) attempted to puff the public usefulness of the Leverian Museum (which he had acquired in a lottery which ruined its original owner, Ashton Lever), both he and his collection were castigated on the London stage and in the press as ‘useless articles’ from which ‘not one solid benefit can arise to the public’ (\textit{The Times}, 13 and 18 October 1788). It is in this context that the utility – or ‘value-in-use’ – of anatomical collections must be considered. Anatomists worked hard to present their work as useful, both as a form of scientific inquiry, and more specifically in relation to the treatment of patients. This general ‘public good’, and the more narrowly defined benefit to individuals, played an important role as justifications for dissection. Anatomical preparations were presented as useful objects for their

\begin{footnotesize}
\begin{enumerate}
\item The ‘microcosmic’ nature of early modern cabinets is discussed by Shelton (1994), esp. 185-6; and MacGregor (2007), 56-7. On natural objects (including human remains) as ‘useful’ sources of materia medica see Cook (1986) and Arnold (2003).
\item In contrast Fanny Burney, through the character of Captain Mirvan in \textit{Evelina}, decried it as a collection of ‘jemcracks’ that was ‘remote from all aim at instruction or utility’ (Burney 1778, 85, 129).
\end{enumerate}
\end{footnotesize}
ability to support this practice, but understanding the nature of this value demands a close attention to how, and by whom, such objects were made and used.
Chapter 6: The value of preparations

Mobilised bodies

This course of lectures is illustrated by a collection of diseases, and of Comparative Anatomy, which in point of curiosity, accuracy and comprehension, is equal to any collection in the world. It has been made by Mr Hunter himself ... with a fidelity that now renders his collection a most instructive school for the Student. (European Magazine 1782, 246)

A syllabus of John Hunter’s lectures on the principles of surgery, published in the European Magazine in 1782, presented a clear view of his anatomical collection as a didactic tool. From the mid-17th century onwards, preparations played a specific role as evidence of anatomical inquiry. As such, preparations can be seen as examples of a more general class of representational technologies which – in the words of Bruno Latour – ‘mobilise’ natural phenomena (Latour 1986, 7). In order to be useful as evidence, he suggests, such phenomena needed to be preserved and made visible in other contexts. For Latour, ‘mobilised’ phenomena are those transmuted into a different form, rendered not only mobile (portable over time and/or space), but also immutable (resilient to change during these transits), presentable (of a form which is fit to be seen by others), readable (cognizable to those by whom they are seen) and combinable (with other kinds of evidence). Implicit in the model of mobilisation are, therefore, themes of appropriation and accumulation. Crucially, this process is not simply a translocation from peripheries to centres. Once mobilised and brought together, phenomena are then capable of dissemination, a process which Latour sees as being dominated by inscription, or the production of replicable textual or graphic representations (Latour 1986, 14-20).

Latour’s interest in the mobilisation of natural phenomena has been more widely echoed in the recent historiography of natural history. Examples include Dirk Stemerding’s explicitly Latourian account of 18th-century models of classification, as well as the more broadly-based analyses offered by Nick Jardine, Emma Spary and others (e.g. Jardine et al. 1996; Spary 2000). While these studies have been generally sympathetic to the idea that preserved specimens – zoological, botanical or mineral – were themselves a mechanism for mobilisation, significant emphasis has still been placed on the processes of graphic or textual inscription as the end-product. In relation to anatomy, Roberta McGrath has argued that it was only the ‘anatomical atlas [that] succeeded in dissolving human flesh into a legible, two-dimensional, transportable field’ (McGrath 2002, 29).
There is no doubt that the circulation of texts and images reporting morbid appearances or showing dissected bodies was essential to the promulgation of anatomical knowledge. It is also true, however, that a significant part of 18th-century medical discourse was conducted without recourse to print. Most extra-mural lectures were never published, not least because to have done so would have ‘risked economic suicide’ (Porter 1985a, 25). Self-interest aside, there were other reasons why medical training, and anatomical expertise in particular, could not be conveyed adequately by text or images alone. London’s great advantage was the access it gave to practical experience, and being a ‘good anatomist’ required the cultivation of sensory and tactile skills. ‘Hands-on’ experience was therefore paramount. At the same time, as Susan Lawrence has argued, there remained a need for objects that ‘bridged the gap’ between words and bodies (S. Lawrence 1993, 165). The latter were essentially ephemeral. Corpses decomposed, and patients or experimental subjects died or recovered: all were subject to irresistible organic change. In contrast, preparations captured momentary appearances and allowed them to be preserved and collected in a (relatively) static form. Unlike live patients or cadavers, these objects were able to circulate more widely. They could move – like students and their teachers – from bedside to dissecting room to theatre, and to be shown in a variety of contexts. Preparations formed the basis for published reports and were inscribed and reproduced as illustrations. Importantly, they were also used as evidence in their own right. They were presented at meetings of medical societies as evidence of research, or shown in the dissecting-room or lecture theatre as aids to teaching. In considering this use, attention needs to be paid not only to processes of inscription, but also to the ways in which preparations were themselves ‘presentable’, ‘readable’ and ‘combinable’.

**Preparations and research**

One of the most important features of preparations was that they offered an opportunity to extend the field of potential witnesses – a key feature of the dissemination of natural knowledge in the 18th century. For example, when the man-midwife George Macaulay (d. 1766) read a paper on ‘a child, whose Abdominal Viscera were chiefly found within the cavity of the Thorax’ to the Society of Hospital Physicians, he reported that he had ‘preserved the heart and lungs, to shew the disproportioned sizes of the lobes’ and that ‘these preparations were at the same time shewn to the Society’ (Macaulay 1757, 29). In 1792 the surgeon Henry Gore Clough (d.1824) described a case of traumatic amputation in a child. His report was furnished with an illustration of the limb, but he noted also that the arm was available for inspection in the house of ‘Mr Wyatt, surgeon, Essex Street’ (Clough 1792). The
surgeon Henry Fearon (d.1808) was another who offered up access to preparations of morbid anatomy as evidence. In his ‘Observations on Cancers’ published in the *Memoirs of the Medical Society of London* Fearon noted that:

…as it is the duty of practitioners to avail themselves of the every opportunity of determining the precise nature of disorders by dissection, and of communicating them to the public, this case, and four other cancerous affections of the stomach, in my collection of diseases, any gentleman of the Society, who will do me the honour of calling at my house, may examine...

(Fearon 1789, 481)

Sending preparations with reports for publication appears to have been particularly useful for anatomists working outside the metropolis. In 1787 William Goodwin (fl. 1780s), a surgeon at Earl Soham in Suffolk, reported a case of mollities ossium in a local woman, Mary Bradcock. The paper was communicated via Samuel Foart Simmons to the *London Medical Journal*, while the preparation from the case was sent to John Hunter (Goodwin 1785 and 1787). In the same year the physician Maxwell Garthshore (1749-1812) communicated a paper to the Royal Society’s *Philosophical Transactions* describing a case of still-born quintuplets delivered to Mary Waddington in Blackburn, Lancashire. The fetuses were deposited in Hunter’s collection ‘for the inspection of the Society’ (Garthshore 1787).

The cases of Bradcock and Waddington suggest that anatomists still prized rarity when choosing to preserve or present preparations. Their definitions of rarity, however, shifted away from the simply ‘marvellous’ and towards a more tightly defined notion of uncommonness rooted in an understanding of the structure of the body in health or disease. They also recognised that preparations could serve as useful evidence of universal truths, and not just exceptional individual instances of disease or abnormality. In the introduction to *The Anatomy of the Absorbing Vessels of the Human Body* (1786) William Cruikshank noted that he had chosen to represent the absorbents as complete systems in the engraved plates, but that the images were composites of numerous small dissections. He acknowledged that this practice was regarded unfavourably by anatomists such as Albrecht von Haller (1708-1777).

171 The preparations were described by John Hunter (Hunter 1787) and are still preserved in the Hunterian Museum as RCSHC/P 380 and P 381.
172 The preparations are extant as RCSHC/3681.
174 Haller’s objections were a reaction against the ‘idealised’ anatomical engravings favoured by the Dutch anatomist Bernhard Siegfried Albinus (1697-1770). Haller, like William Hunter and their Dutch contemporary Peter Camper (1722-1789) preferred a ‘naturalistic’ form of presentation in which illustrations were intended to depict specific subjects (Punt 1983).
his defence, Sheldon asserted that ‘almost all the injections, from which the drawings were made, are still preserved in Windmill Street’ (Cruikshank 1786, 7). In a paper on emphysema, read to the Society of Extra-Collegiate Physicians in 1757, William Hunter concluded a set of more general disquisitions on the nature of the sweat glands not only by stating that he had demonstrated their existence in his lectures using preparations ‘for many years’, but also by showing one such preparation to the assembled audience (Hunter 1762b).

Cases of this kind reveal not only the practical use of preparations, but also the rhetorical advantage gained from mentioning their availability, an act that reinforced the veracity of textual or graphic representations. William Hunter’s paper on emphysema also pointed to preparations’ use as evidence of priority. The point was developed by Hunter in his Medical Commentaries (1762), in which he attacked Percivall Pott and Alexander Monro secundus over their claims regarding the nature of congenital hernia and the absorbent role of the lymphatic system respectively. In both cases, Hunter asserted priority not only because he had made dissections first, but also because he had demonstrated the preparations in his lectures. In relation to the successful injection of the tubuli testis (the vas deferens, epididymis and seminiferous tubules), Hunter stated that:

About the beginning of November 1752, in presence of Mr Galhie and some others, I injected the vas deferens in the human body with mercury, and by that method filled the whole epididymis, and the tubes that come out of the body of the testis to form it... I shewed this preparation next night at my public lecture, said that I believed we should find the internal tubuli likewise filled, but that I would not venture to open it, till I had got another.

...a week or fortnight after this first public demonstration, my brother made the trial and succeeded. This preparation, which I still preserve, I shewed at my public lecture that very evening, with marks of being pleased with the discovery. ...in every course since that time, I have shewn the same.

Dr Alexander Monro jun. printed the same discovery first in the Edinburgh essays... in 1754... Upon inquiry I found that he had injected the internal tubuli in the latter end of January, or February, 1752; that is, two or three months after I had published it at my lectures...

Here you will observe it admits of no dispute that I, or my brother, was the first who injected, and published the injection, of the tubuli testis, and that Dr Alexander Monro jun. was the first who printed it. (W. Hunter 1777, 99-100)

175 A second edition, published in 1777, contained further correspondence, and the quotations I use are taken from the latter. The dispute with Monro was carried out initially through the pages of the Critical Review. For details, including references to the original publications, see Beekman (1946) on Hunter-Pott and Eales (1974) on Hunter-Monro respectively.

176 Italics are original, underlined emphasis is mine.
Hunter appended numerous letters from former pupils and other medical practitioners testifying to his statement. Monro (or one of his supporters) suggested that Hunter’s claims would be better established through formal publication, a point which Hunter refuted by suggesting that he was ‘loth to follow those writers on anatomy, who from an eager desire of seeing themselves in print, have rashly ushered into the world productions that were imperfect and erroneous’ (W. Hunter 1777, 99). Instead Hunter offered up a nice twist on conventional practice: showing preparations before a ‘public’ audience was equivalent to publishing, and distinct from mere printing. William Hunter offered a virtually identical account in respect of the hernia congenita:

In my autumn course of lectures, 1756, (and indeed in every course which I have read since that time) I demonstrated the principal things found in my brother’s account… and I particularly explained that species of rupture in which the intestine is found in contact with the testis. This circumstance… which had puzzled Mr Cheselden and Mr Pott as well as myself … was now rendered perfectly intelligible. The discovery was become the novelty of the time among students in London, and other inquirers after anatomical improvements, and many gentlemen of my acquaintance desired to see the preparations which my brother had made… (W. Hunter 1777, 89)

Again, the account emphasises the degree to which preparations were seen as ‘mobilised’ phenomena in their own right and not merely as adjuncts to graphic or textual representations. Of course, this kind of use carried assumptions about who might see the preparations in order to establish their authenticity. Although Fearon claimed that dissection served a general public good, it was the ‘gentlemen of the [Medical] Society’ who were invited to view the preparations. Similarly when William Hunter asserted his priority by reference to his ‘public’ lectures, he was not implying that they were viewed by a lay audience, but rather by a community of reliable medical witnesses. Implicit in the practice showing preparations was the assumption that those seeing them would possess the right expertise to evaluate their status as evidence.

Preparations and teaching

A survey of those individuals involved with anatomical lecturing in London between 1750 and 1800 provides a clear indication of the importance of preparations for teaching (see Appendix 1). Of the sixty-nine individuals listed, forty-nine are known to have owned, or at least had access to, a collection of preparations. This includes eighteen (or 62%) of those active in midwifery lecturing and thirty-seven (86%) of those teaching anatomy or surgery. The list includes not only lecturers operating extra-murally but also those working within hospitals, such as William Blizard (The London
Hospital), Joseph Else and Henry Cline (St Thomas’s) and William Lowder (Guy’s).
Only one hospital – St Bartholomew’s – had an institutional museum before the middle of the 18th century, and it is questionable whether this was of great significance to the teaching conducted there (Medvei and Thornton 1974, 355). More typical was St Thomas’s Hospital, which allowed its lecturers to retain ownership of preparations even after the construction of its museum in the early 19th century (Parsons 1932, 3:58-59).

Although ownership of preparations cannot be said to have been universal among these lecturers, the partial nature of the surviving records suggests that figures in Appendix 1 represent an under-estimate. Of the twenty-two lecturers for which there is no evidence of ownership of preparations, fifteen enjoyed brief careers of two years or less. Furthermore, it is likely that some lecturers shared access to collections, particularly when working from the same location. This was certainly the case earlier in the century. When the physician James Parsons (1705-1770), a former assistant to James Douglas, lectured on midwifery in 1741, he advertised that his course would be ‘explain’d by proper anatomical and morbid preparations from Dr Douglas’s collection’ (London Evening Post, 17 March 1741).

One reason for using preparations, particularly in the early 18th century, was to compensate for the difficulties in acquiring fresh cadavers. When the physician William Stukeley (1687-1765) was called upon to give the Gulstonian Lecture at the College of Physicians in 1722 he noted that it was ‘read with no other solemnity than some preparations of spleens before us, and of the abdominal vessels injected with wax; because the executed bodies could not be procur’d’ (Stukeley 1724, [6]). Similarly when Robert Nesbitt (d. 1761) lectured on ‘Human Osteogeny’ at Barber-Surgeons’ Hall in 1731 and declared that he would ‘advance little or nothing but what may be demonstrated by preparations’, the truth is that he may have had little alternative (Nesbitt 1736, 3). Frank Nicholls, who was probably the pre-eminent anatomical lecturer in London from the late 1720s until the early 1740s, relied heavily on an extensive collection of preparations, including many made using the corrosion technique which he was generally credited with inventing (Peachey 1924, 60). After Nicholls retired, his course was continued by Thomas Lawrence, who advertised that the lectures would be conducted using only ‘a collection of preparations contriv’d to clear up the several circumstances of the animal structure and oeconomy’ (Daily Advertiser, 24 October 1743).

In contrast, the anatomical lecturers who flourished after the mid-century articulated a different role for preparations in their courses. Joseph Else at St Thomas’s Hospital
stressed that, unlike his predecessors, for whom ‘the viscera was never shown but by Preparations’, his lectures would combine both cadaveric dissection and preparations. Else argued that preparations had a specific role for ‘there are many Parts which are better described by them, as the Lymphatics, which have fine transparent coats, and it is impossible to see them, unless enlarged’. In his lectures in the 1770s, Else elucidated this distinction in more detail:

The use of preparations is evident to every one as there are many parts of Anatomy that can be shown on preparations that would take several days in dissecting and then not give so clear an idea. When this first came into England it met with several obstacles from those who taught Anatomy. They said that it gave false ideas. This may be true if we were to describe anatomy wholly on preparations, but as an auxiliary it is extremely useful...

Else’s differentiation of the role of dissections and preparations was echoed by William Hunter. ‘Preparations should not be used as substitutes for a body, but supplementally, to demonstrate such circumstances clearly as are intricate, confused or invisible in the fresh subject’ he argued. Of preparations, he added, ‘anatomists err, either in discarding them entirely or, on the contrary, depending entirely on them, purely for showing their Judgement in preparing them’ (TIL, 91). Notes of his lectures show that William Hunter assured his pupils that he would instead ‘shew every thing on the fresh subject, that can be to advantage, and to produce preparations to shew the minute Distribution of the Vessels as well as to preserve parts uncommonly form’d’. Like Else, Hunter declared that preparations were of use to preserve things ‘as required considerable labour to anatomize’, but added that they were of also of value for keeping ‘uncommon things…such as the pregnant uterus, parts of singular conformation &c.’ and to preserve structures which would not otherwise be demonstrated ‘except now and then by accident’ (TIL, 89, 92).

Lecturers in midwifery also made extensive use of preparations as didactic tools. During his visit to London in 1749 Peter Camper attended the lectures in midwifery given by William Smellie. He noted that Smellie explained the normal and morbid anatomy of the pelvis:

177 ‘Notes of Joseph Else’s lectures’ (Wellcome MS.2292), 13-14. Such statements formed part of a historical introduction to the course which was also intended to privilege the status of the lecturer in relation to his predecessors, and hence these assertions of differences in practice must be read with a degree of caution. Nevertheless there is adequate evidence from other accounts to give credence to such assertions.
178 ‘Notes of Joseph Else’s lectures’ (Wellcome MS.6918), 203.
179 ‘Notes of William Hunter’s lectures’ (RCS Lib. MS0204/1/1).
…by using the dead bodies of women, but much more clearly in other exhibits specially prepared for the purpose. He also shows his listeners an almost complete series of foetuses. (Camper 1934, 9)

Smellie’s collection was subsequently owned and used by John Harvie, and the sale catalogue produced after Harvie’s death revealed an extensive series of wet and dry preparations (Paterson 1770). Among the purchasers may have been John Leake, who advertised that his course would be illustrated by ‘such preparations as are applicable to each lecture’, as well as having the opportunity to observe post-mortem dissections (European Magazine 1782, 167). Some midwifery lecturers were more explicit about the range of preparations used in their courses. Colin Mackenzie told his students that they would learn ‘the Anatomy & Functions of all the Parts concerned in Parturition, & expulsion of the Foetus in Labour’ using:

…a great variety of Preparations, such as skeletons of different makes, Pelvis’s of diff’t diameters & depths, some narrow, others quite distorted &c. Foetal skulls and skeletons with remarks on them & the structure of the pelvis. A curious preparation of a woman to show the viscera, abdominal uterus &c in situ… Many preparations of the gravid uterus consisting of a number of ovaries & ova with the involucra & Foetus’s… Misconformations & monsters, various & numerous, some with two heads and one body, others twins joined with one head… Many with the bodies wonderfully shaped. [A] variety of tumours generated in utero, with some pieces of the regio umbilicalis, the intestine remaining within to show the hernia umbilicalis. Various preparations of the os tincae of different women who died of hysteria, to show their state, with many others too numerous to insert. Injected uteri to show the veins and arteries of the uterus & their insertions into the placenta extremely curious.180

Such statements were part of the marketing rhetoric of commercial teaching. In the advertisements for their lectures anatomists stressed both the quality and the quantity of the preparations to which their students would gain access. William Hunter’s museum was described in a syllabus for his lectures as an ‘inestimable treasure of preparations, and especially of diseases… such as no teacher was ever possessed of before’ (European Magazine 1782, 167). In the same vein, Thomas Pole proclaimed to potential pupils that his lectures would be illustrated by ‘about a thousand articles’ of preparations and models (Pole 1797, ix).

Just as the existence of a collection was something to promote, so a threat to it was something which could have a negative impact on a lecturer’s business. When it was reported that part of John Sheldon’s anatomy school had been damaged by fire in 1786, he responded promptly by announcing that the damage had not affected his ‘Museum, Library...Theatre and necessary Offices’, and that teaching would continue

180 ‘Notes of Colin Mackenzie’s lectures on midwifery’, c.1770 (Wellcome MS.6922).
without disruption (*The Times*, 6 and 21 January 1786). The potentially devastating effect that the loss of a collection might have was made evident by Matthew Baillie, William Hunter’s successor at Great Windmill Street. In his will, Hunter bequeathed his collection to the University of Glasgow with a proviso that it be retained by Baillie for thirty years, to enable him to continue teaching. An attempt by the University to secure immediate ownership met with a vigorous rebuttal, with Baillie arguing that ‘the anatomical preparations cannot be given up, because I cannot live without lectures’ (Matthew Baillie, quoted in Teacher 1900, 1:ixii). In a further letter he stated even more forcefully his dependence on the preparations, whose surrender implied ‘giving up two-thirds of my present income, one-third of Mr Cruikshank’s income, and likewise all the probable chance of my success in life’ (Teacher 1900, 1:ixiv).  

**The role of preparations in lectures**

In the light of this dependence it is worth considering both the quantity and types of preparations actually used in teaching. According to William Hunter, an anatomy teacher should possess a ‘competent stock’ of preparations. What constituted a ‘competent stock’ is, however, less easy to gauge. The descriptions given by lecturers themselves in their introductory lectures or syllabuses were statements made with a view to attracting students, and their reliability as records of practice must be judged with this in mind. Students’ notes of lectures provide an alternative, if imprecise, record of the extent to which preparations were introduced into courses. One student’s notes of Joseph Else’s lectures on surgery reveal that he introduced preparations to illustrate particular cases:

> Mr Else shewed a remarkable instance of a Luxuriancy of the Bony Matter, where the Tibia and Fibula were perfectly joined by it... We saw another Instance of this Luxuriancy which was very singular in the os Humeri which Mr Girle amputated at the shoulder in St Thomas’s Hospital 25 Years ago at the time Mr Else was his apprentice...  

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181 The importance of preparations for teaching is also shown by the dispute between William Hunter and William Hewson over the ownership of preparations made during their partnership. When Hewson left to lecture separately, his attempt to secure a ‘fair share’ of the collection met with an outraged response from Hunter. The matter was eventually resolved through Benjamin Franklin’s delicate negotiations. See Stevenson (1953) and Wilford (1993), 142-143.

182 For cautions on the reliability of students’ notes as a source, see S. Lawrence (1993), 159-160.

183 ‘Notes of Joseph Else’s lectures’, n.d. (RCS Lib. MS0117/2, 7). Records of Henry Cline’s lectures suggest a similar pattern – see for example Wellcome MS.1675-1676.
Although it is impossible to judge whether the notes are accurate, there appear to have been fewer than fifty such cases demonstrated over the duration of Else’s course, suggesting that the number of preparations required for teaching was rather modest.

This finding is supported by records of the Hunters’ lectures (Appendix 5). A set of notes of the anatomy lectures given by William Hunter and William Hewson in about 1770 records in unusual detail the preparations deployed over the duration of a course (the full list is included as Appendix 5A). The notes show that over a course of seventy-seven lectures, Hunter and Hewson actually employed about 140 different types of preparation, sometimes with several examples of each type and at other times with a single item. Preparations were often used alongside dissections of ‘fresh subjects’, or with demonstrations on bodies or body parts which had been previously dissected. The range of material listed is wide, including many animal preparations as well those illustrating both normal and morbid human anatomy. Another set of notes from the same period indicates that the number of preparations used in the latter part of the lectures, on the gravid uterus and midwifery, was greater in number than is suggested by the notes used for Appendix 5A.\footnote{Notes of William Hunter’s lectures’, c. 1771 (RCS Lib. MS0204/1/7-8).} Even taking this into account, however, the total number of preparations required is unlikely to have greatly exceeded a few hundred items.

A similar picture emerges from the notes taken by John Clarke of John Hunter’s course in 1781.\footnote{The notes are part of the Plymouth Medical Society collection, housed in the library of the Derriford Hospital, Plymouth. Scans and a transcript of the notes are available online at http://www.plymouthmedicalhistory.org.uk/digital.htm (accessed 4 April 2009).} This records about one hundred individual preparations shown over a course of seventy-nine lectures (a list is included in Appendix 5B). Again, they included human and animal preparations, some of them derived from experimental research as well as from dissections or post-mortems. After his move to Leicester Square in 1783 a significant number of preparations of morbid anatomy were displayed or stored in Hunter’s theatre, making them readily accessible for demonstration in lectures. Nevertheless comparison with other sets of notes, including those published in Hunter’s \textit{Works} (1:207-632), does not suggest that the number of preparations used increased significantly. It is reasonable to assume that even at the height of his career John Hunter did not refer to more than three hundred preparations during his course of lectures. It is difficult to believe, therefore, that any other teacher actually needed a ‘competent stock’ in excess of a few hundred preparations.

\footnote{Notes of William Hunter’s lectures’, c. 1771 (RCS Lib. MS0204/1/7-8).}
Further evidence for the limited number of preparations that were essential for teaching comes from sale catalogues of lecturers’ collections, details of which are included in Appendix 4. The collection of the surgeon John Douglas contained only forty-six lots of preparations, while those of David Bayford and John Hall numbered in the low hundreds (J. Douglas 1758; Paterson 1769; Hutchins 1790). All three had relatively short-lived teaching careers. Their collections comprised preparations of both human and animal anatomy, the latter often consisting of parts difficult to expose during human dissection, such as injections of the testicle, kidneys or lymphatics. They also included preparations illustrating common injuries and diseases – fractures, aneurysms, venereal diseases and the like – and those parts of the body of particular interest in surgical or midwifery practice. Their comparatively small collections nevertheless covered all of the main areas demonstrated through preparations in William Hunter’s lectures.

In contrast, the anatomy teacher Magnus Falconar’s collection (which included preparations inherited by him from William Hewson) was sold in more than one thousand lots over the course of ten evenings in 1778, and the sale of John Sheldon’s collection in 1787 took two days longer than this (Paterson 1778b; Hutchins 1787b). Both Falconar’s and Sheldon’s collections were much larger than was needed just to support their teaching work, a characteristic that would apply equally to the collections of William and John Hunter and to several others from the period. The scale of these collections is therefore a matter of particular interest. What were they for? What value did they possess to their owners above and beyond their practical utility for the business of teaching? One answer is that collecting on a grand scale was just one facet of a wider preoccupation with conspicuous consumption, and on the deployment of wealth in a material and visible form as a means of self-advertisement and the fashioning of self-identity (Swann 2001, 8-10). But for anatomists such as the Hunters, John Sheldon, Henry Watson and Joshua Brookes it was preparations – body parts – that defined their museums, and hence their character as ‘anatomical’ collectors. Given the care which anatomists took to shield the actual practice of dissection from the public eye, why was it that the display of preparations should take such an exaggerated form? The challenge therefore is to develop different models for assessing the worth of these collections. Crucial to this is developing an understanding of the way in which preparations were imbued with specific kinds of value.

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186 For example Bayford’s collection included ‘The testicle of a horse injected, and part of the epididymis fill’d with quicksilver’ and ‘An injected kidney, from a rabbit’ (Paterson 1769, 2, 7).
Constructing value

To be useful, anatomical preparations had to be seen as reliable representations of organic structures. At the same time, they had to make these structures visible in a form which was (relatively) impervious to decay and which would withstand repeated examination. Their utility was therefore dependent on a combination of both ‘natural’ and ‘artificial’ properties. The manufacture of preparations can, therefore, be understood as part of a broader interest in ‘naturalistic’ aesthetic practices in the mid to late 18th century, a movement which was particularly (but not only) important in relation to the depiction of medical or ‘scientific’ subjects. The general rise of representational styles that carried implicit or explicit claims about adherence to ‘natural’ or ‘real’ appearance can be correlated with the growing interest in empirical or observation-based natural philosophy, especially from the early 17th century onwards (Smith and Findlen 2002). It is important to note this relationship was not straightforward. ‘Naturalistic’ images – those which appear to privilege the value of un-mediated observation – can also be seen as polemical statements in support of the idea of observation as the basis for knowledge – something which William Hunter was active in promoting through his lectures to the Royal Academy (Kemp 1992). As an artistic practice, ‘naturalism’ was of course also the manifestation of a specific kind of expertise, so that the apparently ‘un-mediated’ presentation of subjects should be seen as an exposition of a particular kind of skill (Jordanova 1993).

These qualifications bear upon the consideration of preparations as ‘naturalistic’ objects. A number of comparisons help to highlight the specific aesthetic properties that helped to make them a reliable form of evidence. For a start, the preparations made in London in the late 18th century were presented in a relatively unadorned style, in contrast to (for example) those made in Holland in the early 1700s. In her study of the preparations and tableaux made by the anatomist Frederick Ruysch (1638-1731), Julie Hansen has argued that by deliberately echoing the motifs of Dutch vanitas painting, Ruysch made his preparations less objectionable to spectators (Hansen 1996). In particular, both Ruysch and his successor, Bernhard Siegfried Albinus (1697-1770) frequently used fabric covers, cuffs or caps to disguise the cut surfaces of their preparations. In contrast, the preparations made by the Hunters not only exposed dissected edges, but were conspicuously pared down to remove any extraneous tissue – a form of physical isolation that verges on the brutal, as Ludmilla Jordanova has pointed out in relation to William Hunter’s plates for the Gravid Uterus (Jordanova 1985, 388-390). At the same time, the exclusion of ‘extraneous’ detail could be seen as conferring upon preparations a kind of aesthetic purity. Albrecht von
Haller extolled the plates in Hunter’s atlas as being ‘more natural’ than those of Albinus (Hintzsche 1977, L.69/188). Such practices were not restricted to anatomical preparations or images. The fossil collector John Neilson (d.1785) was praised by Emanuel da Costa for his skill:

…in cleaning and freeing all extraneous fossils from their loads...in a most surprizing and excellent natural and scientific manner...insomuch that any fossils cleaned by him are elegant and natural, beyond expression. (Nichols 1812, 9:812)

By presenting body parts as detached objects, stripped of context, the Hunters and their contemporaries therefore echoed a graphic convention used by artists and engravers to illustrate objects of scientific or antiquarian interest, as with Jan van Rymsdyk’s Museum Britannicum (1778), or the official accounts of Cook’s voyages (Mount 2006a; N. Thomas 1994). One function of such images was, claims Nicholas Thomas, to assert the status of the objects as the proper focus of expert or connoisseurial study, and to dissociate them from ‘hazardous connotations of curiosity’ (N. Thomas 1994, 123). The degree to which ‘anatomical’ imagery was more widely employed as a visual motif or discursive trope, and the way in which anatomists borrowed back from these wider discourses in their work as preparators, reveals a highly reflexive relationship.187

An example from John Hunter’s collection which demonstrates the effect of this style of presentation is shown in Fig. 12. It is part of the head of a young child, sectioned to expose a nasal polyp (RCSHC/P 1205). Not only has one side of the head been removed to reveal the nasal cavity, but the top and rear of the cranium have been cut away, along with the lower jaw. At the same time, the skin of the face (normally hidden from view) has retained an astonishedly vivid tone, the result of the injection used to expose the vascularity of the interior tissues. The colouration is particularly prominent on the lip, cheek and around the eye. Combined with the dark hair and the closed eyelid, the preparation is still – after two hundred years – profoundly disconcerting, being both life-like and self-evidently dissected.

187 Thus for example it is worth noting that Jan van Rymsdyk had previously worked with William and John Hunter, notably on William Hunter’s Anatomy of the Gravid Uterus (1774) – see Thornton (1982).
12. Vertical section of a boy’s face showing the site of a nasal polyp removed by surgery, made by or for John Hunter, before 1793, 16 by 16 by 10 cm (RCS Hunt. Mus. RCSHC/P 1205).

The container is not original.
The use of injection to recreate the appearance of vascularised tissue was a particularly prized technique, and played an important role in making preparations reliable as evidence of living bodies. Another example from John Hunter’s collection illustrates the point. In a set of student’s notes, probably given in the mid-1770s, Hunter was recorded as making an unexpected announcement at the start of a lecture on the bones. He told his students:

By way of news I have to inform you Gentlemen that I have within these few days got into my possession a preparation which must convince the greatest unbeliever in my Doctrine that the blood is alive.\(^\text{188}\)

The preparation he showed to them is reproduced as Fig. 13. It was from a patient treated at St George’s Hospital for hydrocele – the accumulation of fluid inside the testicle. The patient had been ‘tapped’ to drain the fluid, causing an injury. The testicle was subsequently removed, and John Hunter dissected it. He noticed that there were blood vessels forming inside the coagulated lymph – evidence, he claimed, that the blood contained an active principle from which arose the organisation of living matter – a subject of great interest to him, but one which, by definition, was difficult to demonstrate in either cadavers or preparations. In later lectures Hunter recorded how he had preserved this vital appearance:

All over the tunica vaginalis there were a great many vessels full of blood, and in many parts coagula of blood like extravasation… By being put into water all these vessels and dots disappeared, and the parts became white. I then injected the testicle by the spermatic artery… The coagulum on the tunica vaginalis now appeared vascular: the surface of the adhesion, for about one twentieth of an inch, was injected and extremely full of distinct vessels. (\textit{Works}, 1:236-237)

The ability of the preparation to represent a vital process was therefore conditional on John Hunter’s facility with the artificial art of injection. Nor was this the only technique available to anatomists wishing to convey a sense of verisimilitude between their preparations and living bodies. As Appendix 6 shows, John Hunter used a variety of methods of making, mounting or arranging preparations to counter the static quality of preserved tissue, such as the construction of serial preparations to create an illusion of change occurring over time. Even within a single pot, the physical arrangement of the body or body part could be used to generate an impression of movement, as with his preparation of a young crocodile emerging from its egg (Fig. 14), in which the animal’s posture contributes to a sense of drama that belies its dead state.

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\(^{188}\) ‘Notes of John Hunter’s lectures’, n.d. (RCS Lib. MS0199, f.191)
13. Human testicle, injected to show angiogenesis in a coagulum, late 1770s, 21cm by 10cm (RCS Hunt. Mus. RCSHC/P 25).
14. Young crocodile emerging from its egg, probably 1792 or 3, 26cm by 13.5cm (RCS Hunt. Mus. RCSHC/3365).
‘Lifeliness’ was not, however, a quality to be pursued at any cost. This was particularly evident in discussions about two kinds of anatomical representation often associated with preparations, namely wax models and plaster casts. They shared a common quality, in that neither contained any actual human or animal tissue. In this sense they can be considered as wholly synthetic representational forms. Despite this, their relative values as aids for anatomical teaching were diametrically opposed. In his *Introductory Lectures* William Hunter was at pains to single out wax models as a particularly inadequate means of showing anatomical structures:

[M]any of the waxworks I have seen are so tawdry… and so very incorrect in the circumstances of figure, situation, and the like, that, though they strike a vulgar eye with admiration, they must appear ridiculous to the anatomist. (*TIL*, 90)

Wax models had enjoyed a short-lived vogue in the 1720s and 1730s as the basis for anatomical lectures by the surgeons John Sargeant (d. 1736) and Peter Macculloch (d. 1744), but their fall from favour appears to have been coincident with the rise of dissection-based teaching in the 1740s. In 1749 Peter Camper commented disparagingly on the anatomical waxes owned by ‘Dr Eaton’ (possibly the physician John Eaton, d.1770) who, he said, was ‘not an anatomist’ (*Camper* 1934, 95-97). By the middle of the century wax models were more likely to be found in popular anatomical shows such as Rackstrow’s museum on Fleet Street. This included a full-sized model in wax of a naked pregnant woman ‘gone Eight Months with Child, chained down upon a Table, supposed to be opened alive’– a description for which Hunter’s epithets of tawdry and vulgar might not have been amiss (*Rackstrow* 1747, 3-4). William Hunter was apparently better disposed to the anatomical models of the French sculptor Marie Marguerite Biheron (1719-1795), which were exhibited in London in the 1770s, but neither he nor any of his contemporaries made much use of wax models for teaching.

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189 There is an extensive secondary literature on wax anatomical models: see for example Alberti (2009), 9-12 and references therein, esp. note 7. Rather less has been written on anatomical casts, with the exception of artist’s écorché (e.g. *Postle* 2004).

190 Benjamin Rackstrow (1707-1772) was a statue-maker turned showman who had built a thriving business based on a combination of performances of electrical phenomena and an exhibition of anatomical waxworks purchased from the French surgeon Guillaume Desnoues (1650-1735) and his English counterpart Abraham Chovet (1704-1790). For details of Rackstrow’s collecting and his electrical demonstrations see *Rackstrow* (1747 and 1748); Rackstrow’s Museum (1785 and 1790); During (2002). For a general introduction to anatomical waxworks in London see *Altick* (1978), 55-56; *Burmeister* (2002), Ch.1.

191 In contrast to Britain, there was a flourishing tradition of anatomical wax model-making in Italy and, to a lesser extent, France in the 18th century, and wax models were used extensively...
In contrast, William Hunter was enthusiastic about the use of another form of wholly artificial representation, namely the cast. The value of casts as teaching aids was established by stressing its direct physical connection with the body from which it was taken. William Hunter used coloured plaster casts of the fetus *in utero* in his lectures on midwifery, where he noted to his students his reasons for employing them:

…as a real gravid Uterus is not always to be got when required for Demonstration we should undoubtedly take all the advantages that can be had from such Preparations of the Parts as will best shew their natural make & situation. The Parts may be preserved separate either dry or in spirits according to their Texture, but it would be impossible to preserve intire so large a Body as the gravid uterus now before us. My method therefore has been when a good subject of this kind has offered to take a Cast of this & some other large Parts in Plaster of Paris; the Method of doing which is to prepare the Part of the form intended, then throw a mold of Plaster of Paris over it & when dry take it off. In this mold cast the Preparation & when dry, colour the Parts. 192

Such casts were, he stated on another occasion, ‘exactly Nature herself & almost as good as the fresh subject’. 193 In general Hunter approved of figures ‘cast in wax, plaister, or lead, from the real subject’ as being ‘very correct in all the principal parts’ and thus ‘no insignificant acquisition to Modern Anatomy’ (*TIL*, 56). Even John Hunter acknowledged that his brother ‘was probably the first that made molds of parts of the human body’ that were ‘as like in nature as possible’ (Simmons and Hunter 1983, 20). William Hunter’s antipathy to wax models can be seen as a consequence of a commitment to ‘veridical representation’, something that he espoused in his lectures to artists at the Royal Academy (Kemp 1992, 20). But he was not simply making an aesthetic judgement between two forms of potential epistemic equivalence, but rather an assertion of the primacy of dissection. Casts were possessed of greater legitimacy than models not only because of their physical contiguity with a dissected body, but also because their manufacture demanded skills that were an extension of those needed by the dissector. In contrast, the making of wax models was a distinct and specialist trade, and not one that was easily acquired by anatomists. 194 Moreover, the ‘superficial appeal’ of wax models, especially as objects made available for public exhibition, could be seen as detrimental – a point made by Anna Maerker in her study for teaching elsewhere in Europe: see for example Maerker (2005). On Biheron, see Boulinier (2001).

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192 ‘Notes of William Hunter’s lectures’ (RCS Lib. MS0204/1/16).
193 ‘Notes of William Hunter’s lectures’ (RCS Lib. MS0056/8/1).
194 While dissectors were not naturally good wax modellers, this does not imply that all wax modellers necessarily lacked anatomical expertise, a point made by Lucia Dacome in relation to the 18th-century Italian modeller Anna Morandi (Dacome 2008).
of the mixed reception to the wax models acquired by the Josephinum in Vienna, which were denounced as ‘voluptuous luxury’ by those who regarded access to real bodies for dissection as a prerequisite for medical education (Maerker 2005, 94).

**Contexts of viewing**

Despite the emphasis placed by William Hunter on the importance of physical contiguity with the dissected body, neither he nor his contemporaries sought to argue that preparations were interchangeable with the bodies from which they were derived. Anatomists were careful to define preparations as a complement to, and not a substitute for, the dissected cadaver in their classes. Hunter in particular was at pains to point out the changes wrought by preservation:

> [The] defect of all preparations [is] that they lose almost all of the natural appearance. The wet lose their colour and transparency, and even suffer a change in their texture, from the restringency of the spirits… The dry lose their complexion and consistence… and retain little of their natural size and shape. (TIL, 90)

Although preparations were epistemically valuable because they were made from real tissue, they were emphatically not identical in appearance to tissues of the ‘fresh subject’. This difference was not an insurmountable barrier to their ability to function as effective representations. By seeing preparations alongside dissected cadavers, and through their own familiarity with the techniques of manufacture, students were encouraged to develop an expert eye which would enable them to recognise and hence disregard the artificial changes wrought in preserved tissue.

The physical elision of the boundaries between body and preparation reflects a wider blurring of the categorical distinctions between the ‘real’ and the ‘artificial’ in the context of anatomical teaching. A variety of terms were used in lecturers’ advertisements and syllabuses (and echoed by students in their notes) to present live patients or dead cadavers as objects. Unlike the named patients in published case-histories, the bodies used for students’ dissections were customarily referred to as ‘subjects’, and rarely described in terms which reflected their individual identities. This was particularly true for midwifery teaching, where the use of ‘machines’ or ‘phantoms’ for practising deliveries was commonplace.195 For example, the published

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195 The use of phantoms or other apparatus in midwifery teaching has been described as one facet of the ‘medicalisation’ of childbirth, making the bodies of mother and child the objects of scientific study and the subjects of medical authority (Oakley 1984). Alongside obstetric instruments (Oakley 2007) and the visual depiction of the anatomy of the gravid female body (Jordanova 1985; McGrath 2002), gender-historians have also fixed upon the models used in
synopsis for the lectures by the man-midwife Christopher Kelly (d. 1791) declared that as well as being able to see live patients, dead bodies and preparations, his students would also be able to practise upon ‘machines made in imitation of real women and children’ (Kelly 1757). The midwifery lecturer John Leake promoted the same mix to his students, stating that:

Operative Midwifery...[will be] shown, by an artificial representation of each difficult case, upon machines for that purpose; constructed upon new principles, and made to the most exact imitation of real women and children... [with] such anatomical preparations as are applicable to each lecture, together with various practical observations, extraordinary cases, and necessary cautions, but particularly, by real labours. (Leake 1767)

Leake thus created a kind of rhetorical progression from machines to patients via preparations, and in doing so altered the status of each, claiming his machines as more lifelike while reducing living women to the status of ‘real labours’. Objectifying the patient was therefore a means by which students could learn to see preparations as more life-like. For William Hunter’s pupils, preparations were shown alongside both whole bodies and body parts. The former were placed centrally, allowing all to see, while the latter were moved around the theatre to give successive portions of the audience the opportunity to examine them. Preparations were passed from student to student, so that ‘each may examine them in his own hand’, paying exclusive attention to ‘that part or circumstance which is then to be examined’ (TIL, 112). Each pupil, urged Hunter, was ‘to confine his examination to that part only’ and not ‘to speculate upon other things in the preparation’. What was being taught here was not just anatomy, but how to look as an anatomist. One consequence of this kind of habituation was to define a group of not only like-thinking but also like-seeing experts.  

Once acquired, such expertise allowed the expert spectator to recognise in a preparation both a natural phenomenon and an artisan skill, and the decision to bring one or other to the fore became a matter of choice. The pride which anatomists took in their skilful labour is evident in the pleasure they showed in the production of preparations. In the early catalogue of the Royal Society’s repository, the delicate injections presented by the Dutch anatomist Jan Swammerdam were described as being ‘performed’, rather than merely presented or made (Grew 1681, 1-9). As a student in Cambridge in the early 1700s the physician William Stukeley devoted a midwifery training as further evidence of these discourses of objectification and subjugation (e.g. Baxter and McKay 2007, 57).

196 For a discussion of the role of visual habituation in constructing a discourse of scientific objectivity, see for example Daston and Galison (1992), esp. 85-6.
considerable amount of time to practising the art of making injections, and reported making a lead cast of the lungs which he distributed piecemeal among his friends to demonstrate his ingenuity (Gunther 1937, 303-304). Thomas Pole included designs for suitable frames and turned bases for showing off elaborate preparations, while John Morgan referred to their ‘extraordinary beauty and neatness’ which rendered ‘a knowledge of this art so much the more desirable’ (Pole 1790; Morgan 1786, 369). It was this quality Morgan capitalised on when touring Europe in 1763. Having recently trained with the Hunters and William Hewson, Morgan used the skills he had acquired to introduce himself to a succession of continental practitioners. He demonstrated the art of injecting and corroding preparations to Jean-Joseph Sue (1710-1792) in Paris and presented preparations to both Anna Morandi Manzolini (1716-1774) in Bologna and Giovanni Battista Morgagni (1682-1771) in Padua (W. Bell 1965, 88-89). Of the latter Morgan recorded – with characteristic immodesty – that:

I found that he was unacquainted with anatomical preparations made by corrosion. I shew’d him a piece of kidney wh[ich] I had injected at Paris & wh[ich] was finely corroded. Broken as it was he was highly pleased & saw at once the utility of such preparations... He acknowledg’d he had never seen a prep’n before in wh[ich] the vessels were so minutely filled.\footnote{Morgan (1907), 104. Morgan’s hubris was not appreciated: although he presented a paper on the techniques of injecting and corroding preparations to the Royal Academy of Surgery in Paris he was not successful in gaining the membership he coveted, while his self-aggrandisement earned the ire of both William Hunter and Hewson, who resented his failure to acknowledge their own efforts and the priority of Frank Nicholls in the art of corrosion (W. Bell 1965, 79-82).}

What created the possibility for Morgan’s anatomical passport was not only a mutual appreciation of the preparation as artifact, but also its portability. It was this quality that allowed the preparation to be exposed to view in settings in which it would be inappropriate or impractical to show a body. It also allowed preparations to circulate as legitimate property within economies of exchange. It is to these economies that I turn in the next chapter, to understand how the value accorded to preparations as ‘natural’ or ‘artificial’ objects translated into estimations of financial worth.
Chapter 7: Preparations as economic objects

Preparations as property

To be SOLD by AUCTION. By SAMUEL PATERSON. At Essex House, in Essex-street, in the Strand, on Friday next… A Curious Collection of Anatomical Preparations, and Some Anatomical Apparatus, the property of a Surgeon, who has declined Lecturing. To be viewed tomorrow, and to the time of sale. Catalogues may be had at Essex-house aforesaid. (Advert in the Gazetteer and New Daily Advertiser, 25 April 1769).

Perhaps the most important quality that preparations possessed was their status as a legitimate form of property. Although it has been argued that the buying and selling of corpses for use in dissecting-rooms reduced human bodies to the status of commodities, they did not constitute property under English common law.198 This established that ‘a dead body belongeth to none’, a quality which prevented the prosecution of anatomists for theft or receipt of bodies per se.199 In contrast, preparations were exchanged within established legal and social frameworks. Preparations were assigned both pecuniary values as commodities, and also immaterial but significant affective values as gifts or bequests. These categories of value were not exclusive. Pamela Smith and Paula Findlen have noted how, in the context of the collecting and representation of ‘marvellous objects’ in early-modern Europe, the boundaries between the gift economy and commercial market were neither abrupt nor impermeable, and there is ample evidence of different kinds of natural objects coexisting within them (Smith and Findlen 2002, 5-6). Likewise, Marcia Pointon has shown (in relation to women’s possessions in the 18th century) how objects were alternately loaded with or stripped of associative values as they oscillated between gift and commodity (Pointon 1997, 35-36). Nor is the idea of preparations as part of a gift economy, with its assumption of reciprocation reinforced by unspoken societal norms, contentious when considered in the context of the patronage relationships which underpinned Georgian society (Camic 1983).200 Understanding the

198 On cadavers as commodities see Richardson (2001), 52-72.
199 The principal was stated in the report on Exelby v. Handyside (East 1749, 652) in a dispute over ownership of the body of a fetus. Although subsequently taken as precedent under Common Law, it has been questioned whether this was in fact valid, as the case was settled before a verdict was returned (Matthews 1983, 208). Taylor (2002).
200 For an example of the role of patronage within the medical profession see Guerrini 2000. For specific examples of the way in which objects served as agents of patronage see Shapin 1974; Chambers 2003.
varied functions of preparations as economic objects therefore requires attention to the kinds of systems in which they were exchanged.

One simple measure of both the importance of collections to the business of lecturing, and of their status as property, comes from records of private sales of collections. Such transactions reveal something of the relationship between collections as assets and teaching as a commercial activity. Although lecturers were free to compete in terms of price for their courses, most charged between three or four guineas per head to their students (additional fees were often levied for such extras as practical dissections or attendance on labours). The commercial success of teaching was therefore highly dependent on the number of students attracted. In 1770 Thomas Denman and William Osborn jointly purchased the collection of a fellow man-midwife, Thomas Cooper, for £120 (Denman 1832, lxx). The size of the collection is not known, but it included preparations as well as models and apparatus or machines for demonstrating deliveries, and appears to have been all that Denman and Osborn needed to commence lecturing in midwifery. By 1775 they were each earning one hundred pounds a year from their lectures (Denman 1832, lxxi).

Henry Cline paid rather more – eight hundred pounds – for the collection of the surgeon and anatomist Joseph Else in 1780, but the reward was greater too. Armed with Else’s preparations, Cline also succeeded to his post as lecturer at St Thomas’s Hospital, where he enjoyed a substantial income from both lectures and pupillages. In 1785 it was claimed that 150 students a year attended Cline’s lectures, and by 1810 his income (from lecturing and practice) was estimated at ten thousand pounds per year (DNB). Buying well-known collections was also a way of acquiring prestige. A desire to procure more than mere pots may have prompted David Orme to pay a thousand guineas for the collection of Colin Mackenzie in 1775 (Wadd 1827a, 284-286). At the time Orme was a relatively unsuccessful teacher, while Mackenzie was much better known. As well as the preparations, Orme appears also to have acquired the right to lecture (jointly with William Lowder) at Mackenzie’s theatre in Southwark, a site well-placed to attract students from the Borough Hospitals.

Examples of such sales are, however, relatively rare, and the lack of any detailed information as to what was actually included makes it hard to judge how these prices related to the actual contents of the collections. Other records suggest a more complicated connection between collections and commerce. William Bromfeild had been lecturing with success for several years before he purchased the physician and man-midwife Francis Sandys’s collection of preparations in the mid-1740s (Peachey 1915, 110). In 1778 Bromfeild’s collection was sold on for two hundred pounds to...
William Hunter, by then also a well established practitioner with an extensive museum of his own (Simmons and Hunter 1983, 14). It is possible that Bromfeild and Hunter were both looking to fill gaps in their own collections, particularly since Sandys’s collection was apparently ‘rich in injected preparations of the eye’ (Teacher 1900, 1:lxii). Alternatively, Hunter may have been seeking to acquire early examples of an innovative technique, since he (wrongly) credited Sandys with introducing the method of rendering specimens transparent in oil of turpentine. In any case, it is hard to believe that William Hunter’s purchase was driven by commercial need alone. Instead, Sandys’s collection suggests a range of other factors came into play when determining the price of preparations.

**Gifts**

A further way of understanding how preparations were valued comes through their use as gifts. By definition, the exchange of preparations as part of a gift economy excluded the assignation of explicit financial values to them, relying instead on the cultivation of expectations of reciprocation through patronage or favour.\(^{201}\) John Hunter’s letters to Edward Jenner (1749-1823), a close friend and former pupil who practised for most of his career as a country surgeon in Gloucestershire, delineate perfectly the role played by preparations in such networks of exchange. Writing to thank Jenner for the present of some dissections of cuckoos, Hunter wrote:

> …This very evening looking in my book of patients to scratch out the name of one who had just paid me and who’s name began with an M I saw a Mr Mathews of Barkly recommended by you. He did not pay me. I forgot whether he was recommended by you as a friend to serve him or me, if it was to serve him I scratch him out of my book.

He went on:

> Do you keep an account of the observations of the cuckow? …I want a nest with the egg in it also a nest with a young cuckow, and also an old cuckow. I hear you saying there is no end to your wants. (Cornelius and Rains 1976, 8)

Hunter’s letters to Jenner are full of such requests. Human skulls, porpoise nipples, bats and fossils were all among the gifts despatched east to London by Jenner. In return Hunter not only promoted Jenner’s cause in the metropolis but sent presents of his own, such as a ‘proper thermometer’ made to Hunter’s own design by Jesse Ramsden, anatomical preparations, paintings, prints and general ‘curiosities’ purchased in London:

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\(^{201}\) This is the classical model of the gift economy as described by, for example, Marcel Mauss (Mauss 1990; Godbout 1998).
I rec’d yours by Dr Hicks with the Hedge Hog alive, I put it in my garden but I want more. …I have a picture of Barret & Stubbs. The Landscape by Barret, and a Horse frightened at the first seeing of a Lion by Stubbs. I got it for five guineas. Will you have it? …I do not mean that the picture is to go for any of it only for your trouble. (Cornelius and Rains 1976, 21)

For Hunter and Jenner, preparations – along with everything else that was shipped between them – reinforced their ties of friendship, as well as serving a practical function. In other cases, there was a tighter focus to the reciprocal relationship between donor and recipient. Most commonly, the gift of preparations was associated with the communication of papers to medical or scientific societies, especially for practitioners working outside London. In 1762 the Manchester surgeon Charles White published two papers in *Medical observations and inquiries*, both of which were communicated via William Hunter. They helped him earn election to the Royal Society, and in return White gave Hunter an injected preparation showing arterial anastomoses (White 1770, 140). Likewise in 1792 the Sunderland surgeon George Wilkinson sent a paper to the Medical Society of London (Wilkinson 1792). In it, he said that the preparation from the case was ‘in the possession of that ingenious surgeon John Hunter’, through whom the paper had been communicated.

Such exchanges were mutually beneficial. What donors gained was not only assistance in publishing, but also a tangible association with the recipient. In return, the latter received preparations with the added lustre of a published history, as well as a public acknowledgement of the quasi-institutional status of their museums. The highly reflexive nature of these transactions is indicated by Everard Home’s description of John Hunter’s collection as more of a ‘national and public repository than a private cabinet’ (Home 1790). The comment was made in a paper to the Royal Society, describing a conjoined skull which Home had deposited in Hunter’s museum – a collection in which he had a vested interest, as Hunter’s assistant and brother-in-law. As well as being proffered in return for services already rendered, gifts could also be used to build alliances for the future. This was probably the motive for the up-and-coming physician George Pearson (1751-1828), who read ‘An account of a division of the liver, occasioned by a fall’ to the College of Physicians in 1785. Recently returned

202 White was a former pupil of William Hunter. He was instrumental in the foundation of the Manchester Infirmary in 1752 and an active member of the Manchester Literary and Philosophical Society from 1781. White modelled himself closely on the Hunters, building up his own collection of preparations and lecturing on anatomy as well as practising as a surgeon and man-midwife (Cullingworth 1904; Adami 1922; Sheehan 1942; DNB).

203 Instances of preparations being sent to metropolitan practitioners along with papers for communication to learned journals are not uncommon: see for example Symons (1767), Cullum (1784) and Bayford (1787) for other gifts to the Hunters made in this way.
to London after several years, and keen to establish himself as a lecturer, Pearson was actively cultivating his influence. In his paper he noted that he had bestowed equal portions of the organ on William Cruikshank and Henry Cline, both of whom were prominent anatomy teachers with large student followings (Pearson 1785). The motives for making gifts were not always so transparent. Among the preparations presented to the surgeon John Heaviside (1748-1828) in 1802 was one with the following note attached:

Friend Heaviside, It gives me infinite satisfaction that I have it in my power to make a present of so valuable a Preparation as the Foetal transposition of the Thoracic and Abdominal Viscera, it being I believe the only one in England; and its the one Dr Baillie mentions in his Paper, given to the Royal Society...204

The signature is not clear, but the letter bears the address Brook Street, which matches the address of the surgeon Thomas Payne (fl. 1760s-1800s). Some thirty years earlier Payne had spent almost seven pounds to buy the preparation at the auction of David Bayford’s collection – the most expensive lot in the sale (Paterson 1769, 10).205 In 1788 it was mentioned as being in Payne’s collection when it was described by Matthew Baillie, a reference which enhanced its significance (M. Baillie 1788, 359). Payne’s reason for making the gift is unknown, but it was certainly a valuable present.

**Bequests**

The affective values attached to preparations were also evident through their inclusion in wills. These documents offer a rich but not uncomplicated source of evidence as to the nature of individual property (Erickson 1993; Berg 1994).206 They demonstrate not only the types of property owned, but also its perceived worth and the manner in which its transfer reflects and constructs social relationships – kinship, friendship, even antipathy – between testator and beneficiary. William Hunter’s bequest of his collection to his nephew and partner Matthew Baillie, on the understanding that it be transferred to Glasgow University once Baillie had ceased to require it, demonstrated a balance between his ties to his nephew, and his desire to bestow his patronage on the University of Glasgow, which had honoured him with his doctorate in 1750.207

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204 Letter to John Heaviside, 1802 (RCS Lib. MS0013/5)
205 The price is recorded in an annotated copy of the catalogue (RCS Lib. Tracts 1387 (6)). In the remainder of the chapter, references to prices and other annotations to auction catalogues come from the specific copies referred to in Appendix 7 unless otherwise indicated.
206 For a general discussion on the interpretation of wills as social and legal documents see Arkell et al. (2000).
207 ‘Will of William Hunter, Doctor in Physic of Windmill Street Westminster, proved 4 April 1783’ (TNA PCC PROB 11/1102).
this case, bequests involving preparations were normally made to family members who were also practitioners, emphasising the ownership of anatomical objects as a specifically medical activity. Andrew Blackall, who lectured on anatomy at Thavies Inn, set down in his will that his brother should choose from his preparations and books so long as he meant to ‘prosecute the study of surgery and anatomy’. If he chose not to do so, Blackall suggested that he sell them instead. 208 The man-midwife Michael Underwood (1736-1820) bequeathed his collection to his son John, a surgeon in the East Indies. 209 Although the surgeon-apothecary John Sheldon (d. 1783) chose not to leave his collection to his eldest son, the anatomist of the same name, it went instead to his second son Thomas (b. 1759). The bequest included not only the collection, but the stock, instruments and fittings for John Sheldon Senior’s apothecary shop, suggesting that the preparations – which included ‘curiosities of natural history’ – were seen as part of the business. 210

Bequests could demonstrate fine distinctions between commercial value and friendship. In his will Joseph Else ordered that his collection be offered:

…to William Baynham…for the price of six hundred pounds…next to Henry Cline…at the sum of eight hundred pounds…and next to Dr William Hunter of Great Windmill Street…for the sum of nine hundred pounds… 211

The collection was purchased by Cline, but in his will Else also made a further provision. In the event that all three nominees declined the opportunity, Else instructed his executors to offer the collection for sale by auction. It is to auctions that I turn to next, to suggest that they offer a rich insight not only into the individual value of preparations as commodities, but also into the manner in which such measures of worth were constructed.

**Preparations at auction**

As with private sales and bequests, the sale of anatomical preparations at auction reflected their status as legal property. Unlike these other methods of exchange, however, the auction was a public forum, and one in which the individual preparation, rather than the collection as a whole, was assigned a specific value. Uncovering the

208 ‘Will of Andrew Blackall of Holborn, Middlesex, proved 8 May 1781’ (TNA PCC PROB 11/1077).
209 ‘Will of Michael Underwood, Doctor of Physic of Kensington, proved 3 May 1820’ (TNA PCC PROB 11/1630).
210 ‘Will of John Sheldon, Surgeon of Tottenham Court Road, proved 28 February 1783’ (TNA PCC PROB 11/1100).
211 ‘Will of Joseph Else, Surgeon of Throgmorton Street Saint Bartholomew near the Royal Exchange , City of London, proved 16 March 1780’ (TNA PCC PROB 11/1062).
extent of these sales is not easy. Anatomical preparations are absent as categories from both Fritz Lugt’s Répertoire des Catalogues de Ventes Publiques and from Chalmers-Hunt’s register of natural history auctions (Chalmers-Hunt 1976). Nevertheless evidence from sale catalogues, advertisements and other sources reveals details of at least twenty-eight sales in London between the 1730s and 1800, and it is likely that many more have gone unrecorded. Details of these sales are provided in Appendix 7. They range from well-known sales of substantial collections, such as that of William Hewson and Magnus Falconar in 1778, to more modest sales with a handful of preparations such as that of the surgeon John Hodges in 1791. Not all were the collections of anatomy teachers, but of the sales listed only three were not obviously the property of medical men. Auctions were conducted at a variety of locations, and include sales ‘round the house’, where preparations were included with personal property and domestic furnishings, as with that of John Douglas in 1758. Others were conducted in the auctioneers’ rooms. Appendix 7 also suggests that sales of preparations were not restricted to specific auction-houses. All of the auctioneers listed were known for conducting general sales of collectable goods or personal property.

Auction records suggest a number of ways in which preparations were assigned value. These assignations were both rhetorical and practical, and were made to preparations as a general class of object as well as to them as individual items. For example, a discursive equivalence between preparations and other categories of collectable object was fostered by their inclusion in published advertisements for or catalogues of auction sales. Announcing a sale in 1778 the auctioneer Samuel Paterson described the contents as ‘the property of a Physician and F.R.S’, comprising:

A Select Cabinet of Foreign Ores, Minerals and Petrefactions, a Materia Medica, sundry choice Anatomical Preparations and other subjects of Natural History, together with a small choice Study in various Languages and Sciences… (Daily Advertiser, 27 August 1778).

The collection was almost certainly that of Dr Frank Nicholls, who had lectured on anatomy in the 1740s and who was highly regarded as an anatomist and maker of preparations. Nevertheless, by describing preparations as part of a larger class of ‘other subjects’, the advert portrayed them as objects of natural historical rather than just anatomical or surgical interest. Although larger collections were sometimes sold at dedicated auctions, the fact that they were sold in the same way, and in the same place, as other kinds of collections, served a similar purpose. For example, the sale of William Lynn’s collection at Hassell Hutchins’s rooms at King Street in February 1785 was a brief diversion between two major sales of prints and other artworks,
including part of the collection of the artist Nathaniel Hone.\textsuperscript{212} Like other kinds of sale, anatomical auctions were advertised widely in the London newspapers. Such advertisements usually mentioned the presence of anatomical preparations even when they only formed a small part of the property on sale. For example, in the advert for the collection of the physician Sir Richard Jebb in 1787 a ‘complete skeleton’ was given higher billing than his ‘capital Collection of valuable Paintings, fine Prints and Drawings’ (\textit{The Times}, 20 August 1787). Similar emphasis was given to ‘some Exceeding Fine Anatomical Subjects and Preparations’ in the catalogue for the property of ‘An Eminent Surgeon, Deceased’ in 1787, even though these only accounted for fewer than a quarter of the lots, while prints by Hogarth and others provided almost twice as many (Hutchins 1787a).

Nor did auctioneers appear to have restricted access to sales. Although advertisements for the auction of Edward Kimpton’s collection in January 1797, which included ‘several fine anatomical Preparations beautifully injected’, was addressed equivocally to ‘Surgeons, Medical Gentlemen and Others’ there is no indication that admission to either viewing or sale was restricted (\textit{The Times}, 30 January 1797).\textsuperscript{213} One important consequence of the open nature of the auction was, therefore, that it lent public credibility to bodies or body parts as property. Among the items sold at the auction of George Hawkins’s collection in 1783 was lot 106, an ‘anchylosed skeleton’, which was purchased by John Hunter (Hutchins 1783, 7). It was known to be that of a man called ‘Mr Jeffs’ which had been ‘interred seven years before it could be procured’ (Proger 1966, 1:68-70).\textsuperscript{214} That it should be sold at all was therefore demonstrative of the manner in which illicitly-acquired bodies could be legitimised as commodities in the form of preparations.

On one level the auction sale was yet another mechanism for moving preparations into the world of goods. Auctions also provided a distinctive method for establishing value. By disaggregating collections, and allowing purchasers to place a value on individual items, auctions encouraged a process of critical judgement. Sales of preparations were conducted according to the ascending bid model, as with auctions of other

\textsuperscript{212} Lugt’s \textit{Répertoire} gives details of the sales before and after that of Lynn’s collection. In general, the location of sales was recorded on the title pages of catalogues and in the advertisements for sales.

\textsuperscript{213} The advert for the sale of Thomas Pole’s collection in 1802 was also addressed to ‘medical men’, but again with no notice of any restrictions (\textit{The Times}, 23 April 1802).

\textsuperscript{214} The skeleton is preserved in the Hunterian Museum, RCSHC/P 807.
‘collectable’ goods such as paintings or books.\textsuperscript{215} This system fostered a contest between the buyers in the room as they escalated their bids under the encouragement of the auctioneer (C. Smith 1989; Wall 1997). The auction room therefore provided a forum in which models of connoisseurial expertise could be developed and extended, a point made by Krzysztof Pomian in relation to natural history auctions in Italy in the same period (Pomian 1990, 39-40).

Pomian identifies two strands to this process, both of which are valid in relation to anatomical sales in late 18th-century London. The first was the use of a distinctive vocabulary for describing objects. Being familiar with the technical lexicon of anatomy was, Susan Lawrence has claimed, an important benchmark of anatomical expertise (S. Lawrence 1995, 212-220), and sale catalogues echoed the language of the lecture theatre and dissecting-room. They were generally organised into sections based on the form of preparation, tissue type or bodily system. For example, the catalogue for George Hawkins’s collection was arranged under headings such as ‘Natural Preparations in Spirits’, ‘Diseased Parts in Spirits’ and ‘Corroded and other Dried Preparations, with Shades and Stands’ (Hutchins 1783). Catalogue entries for individual lots combined anatomical terms with descriptions of the type of preparation process, such as ‘fine’ or ‘minute’ injections, as well as statements about the overall quality of the preparation. Among the preparations listed at Bayford’s sale in 1769 was ‘an elegant Preparation of Bauhine’s Valve’, a ‘Foetal Heart, injected and dried hollow, the Auricles exposed to give a View of the Foramen Ovale’ and ‘A Portion of Intestine, from a Kitten, most minutely injected’ (Paterson 1769). Largely absent from catalogues in the second half of the century were terms or phrases such as ‘exceeding curious’, ‘remarkable’, ‘monstrous’ or ‘extraordinary’, all of which were used to describe the anatomical ‘Curiosities’ in the auction of Edward Barnard’s collection in 1736.\textsuperscript{216}

In other cases, however, the significance of individual preparations was rather underplayed in their catalogue descriptions. In the sale catalogue for Andrew Blackall’s collection several lots were described at length, with full case-histories

\textsuperscript{215} Although this method is the one which is most commonly used today, there were a number of alternative methods used. For example, trade goods were sold ‘by the candle’, with time-limited bidding. For a review of the different kinds of auction sales used in England in the 17th and 18th centuries see Cassady (1967), 32.

\textsuperscript{216} Edward Barnard (d.1737) was licensed by the Bishop of London to practise as a surgeon on 13 November 1697. John Ranby, serjeant-surgeon to King George II, was one of his apprentices. Barnard died in 1737 and his possessions – including a ‘curious musaeum’ of ‘Rarities, Natural and Artificial’ – were auctioned at his home on 8 November that year (Cock 1737).
given. The most expensive item at the sale, however, was lot 42, listed just as ‘Double uterus’ (Winstanley 1781, 6). An annotated copy of the catalogue in the Natural History Museum’s library reveals that the purchaser was John Hunter, and he paid fifty guineas to secure it for his collection – more than a sixth of the total raised at the auction. He was doubtless aware of its importance: the preparation had been described by the Dublin anatomist John Purcell to the Dublin Medico-Philosophical Society in 1773, and was published in the Royal Society’s *Philosophical Transactions* in 1774. This example highlights the second element of Pomian’s model, namely the way in which expertise was codified through the process of bidding in the sale-room. Making a bid, and knowing how much to bid up to, was a public statement, and could therefore expose the bidder to the approbation or ridicule of his peers. As with art connoisseurship, the critical judgements applied to preparations at auction encompassed issues of provenance, rarity, subject matter and execution. For example, John Hunter paid £2 14s. for an injection of the lymphatic glands injected with mercury and £2 10s. for a similar injection of the lymphatics of the liver at the sale of the *Museum Falconarianum* 1778 (Paterson 1778b, 27). These values, which appear high in relation to other preparations in the sale, can be explained by not only by reference to the skill employed in their execution, but also to their provenance as the work of William Hewson. In fact, they were part of series which had earned Hewson the Royal Society’s Copley Medal in 1769 (Bektas & Crosland 1992, 53).

Judging whether preparations offered value-for-money was an essential component of connoisseurship. John Hunter’s letters to Edward Jenner show how he used his expertise to identify preparations which would suit both Jenner’s needs and his pocket. Of the Falconar sale in 1778 he wrote:

> I could not buy a single preparation for you. They all went so dear. Injections of the lymphatics of a Turtle sold for guineas, an eye not injected for 15 shillings and so of all the rest. I know of a young man who wants to sell some of his preparations. If they are good and chepe I mean to purchas them for you; but not if they are not a good bargain. (Cornelius and Rains 1976, 25)

Yet Hunter was not averse to spending substantial sums if he thought the subject deserving. As well as the ‘double uterus’ described earlier, Hunter is known to have paid eighty-five guineas for the skeleton of Mr Jeffs at George Hawkins’s sale in 1783, which accounted for over a third of the total realised by the preparations in the auction (see Appendix 7). Gerald Reitlinger’s studies of 18th-century auction prices suggest that the price was roughly in line with those for paintings by contemporary British artists such as George Stubbs, but well below that paid for important works by
Dutch and Italian masters. Nevertheless it was still a substantial sum, especially compared with other items in the same sale: the second most expensive item was a ‘fine electrical machine’ which sold for nineteen guineas, while ‘a portrait of Dr Mead, by Sir Godfrey Kneller’ made less than three pounds (Hutchins 1783). Hunter’s purchase was sufficient to earn notice in the press, and was reported as far away as Bristol (Felix Farley’s Bristol Journal, 15 November 1783).

The expenditure of a large sum was, therefore, a way not only of asserting authority within the sale-room, but also of garnering public attention – a double exercise in self-promotion. It was also an overtly competitive act. We have no record of the underbidders when Hunter bought the double uterus at Blackall’s sale, but his brother is known to have purchased items at the same auction. At the time, relations between the siblings were at a low ebb (partly, claimed Jessé Foot, because of a dispute over ownership of a preparation), and it is not unreasonable to suggest that their rivalry may have transferred to the sale room. By the time of Hawkins’s sale in 1783 William was dead, but John Hunter’s competitors included John Sheldon, who was then in the process of building up his own museum. Extravagance was, however, a strategy to be applied judiciously. As with collecting in other fields, indiscriminate spending was seen as inimical to connoisseurship. This is evident in the case of the surgeon John Heaviside, who created an anatomical museum to equal the Hunters’ in scale. He did so largely through the wholesale purchase of other anatomists’ collections – notably that of the anatomist Henry Watson (Peachey 1931, 22-25). His willingness to lay claim to the work of others was lampooned by obituarist and fellow surgeon William Wadd (1776-1829), who suggested the following epitaph for Heaviside:

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Beneath, well encas’d
A body is plac’d
Which Heaviside claim’d as his own:-
Who sung the “Te Deum”
When he bought the Museum
Of Watson, to Science well known. (Wadd 1827b, 46)
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Although Heaviside earned considerable prestige from his museum, his lack of discernment was the subject of ridicule by others who considered themselves better-qualified as anatomists. Hunter’s former assistant William Clift claimed:

> The great bulk of Mr Heaviside’s collection was purchased …Mr Heaviside being rather a Collector than an Anatomist: his descriptions were generally vague and pompous, and occasionally bordering on the marvellous, apparently unintentionally.

Such criticism should be treated cautiously. As the first Conservator of the Hunterian Museum, Clift was eager to denigrate those whose work might be seen to challenge that of Hunter. He was keen to forestall the suggestion that Heaviside’s collection should also be preserved in its entirety using public funds. Nevertheless Heaviside’s case points to a complex relationship between being (or rather, being seen as) an anatomist, and owning preparations. One further function of auction records is that they reveal something of the sorts of individual who wanted to own preparations, and thus invites a question as to their motives.

**Buying into anatomy**

The most detailed record of purchasers’ names is provided by an annotated catalogue for the *Museum Falconariamum*, auctioned in October 1778 by Samuel Paterson (Paterson 1778b). As well as recording prices for virtually all of the thousand or so lots sold, the names of the buyers of most of them are also preserved. The sale was roughly coincident with the publication of the only directories of medical practitioners in Great Britain produced during the 18th century. Comparison with these directories and other records yields four main categories of purchaser: anatomical lecturers, established anatomical practitioners, medical students or recently qualified practitioners, and ‘marginal’ practitioners.

Among the first group were many of those who were either established or entering business as lecturers in anatomy, surgery or midwifery in London in the late 1770s.

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221 The register was compiled by the surgeon-turned-physician Samuel Foart Simmons (1750-1813) and published in three editions in 1779, 1780 and 1783 (*Medical Register* 1779, 1780, 1783).

222 The other main sources used for comparison are the membership lists of the Company of Surgeons 1777-1790, held by the Royal College of Surgeons of England, and Wallis’s exhaustive if rather imprecise listing of 18th-century medical practitioners (Wallis 1985). Of fifty-nine individual names listed in the auction catalogue, forty-four have been firmly or tentatively identified as medical practitioners. It should be noted that one limitation of this kind of comparative study is that by definition only medical practitioners are identified, and it is possible that other categories – particularly non-medical – have been overlooked.
They included the Hunters, William Cruikshank, John Sheldon, Andrew Blackall, Henry Cline, William Blizard, and William Osborn. For some, such as the Hunters, the sale was a chance to augment their existing collections, picking out items to replace those most often used in lectures and also preparations of particular interest or rarity. As well as the items bought by John Hunter mentioned above, William Hunter purchased thirty-three lots, including experimental preparations of bone healing, and the injected head and trunk of an adult, for which he paid four guineas. For others, such as John Sheldon (who purchased sixty-four lots), Blackall (nine lots) and Henry Cline (seven lots), the sale was probably an opportunity to build up their own collections in preparation for careers as lecturers.

In contrast, the second group of buyers were established practitioners – again, usually surgeons or man-midwives – but not actively involved in private lecturing. They included James Chafey (1730-1793), surgeon to the Middlesex Hospital; George Hawkins (1752-1783), the son of Pennell Hawkins (1716-1784) and recently appointed surgeon to the Royal Household, and Michael Underwood (1736-1820), a surgeon and man-midwife with a flourishing private practice. With the possible exception of Hawkins, whose career was cut short by his early death in 1783, none appears to have been either active in or intent on beginning a career in teaching, or to have had obvious practical use for the material acquired. Their purchases seem instead to be indicative of a desire to participate in a mode of practice which was seen to have brought rewards to others.

The same desire to ‘buy in’ to anatomical practice could be recognised in the third and fourth groups of purchasers. Examples of the former include the surgeons Samuel Freeman, John Graves, Samuel Kelson, Henry Rawlins and Richard Trower, all of whom had either recently completed or were still pursuing their studies in London. Most only purchased a few preparations – ‘intestine from a foetus, minutely injected’ for six shillings, a ‘skull with lower jaw’ for four shillings, or an injected penis for seven shillings were typical examples. For Matthew Gwyn (1760-1812), who was shortly to return to set up in practice in Neath, or Daniel Ludlow (d.1802), a pupil of John Hunter who by 1783 was working in Sudbury, the sale was probably a rare opportunity to purchase preparations before leaving the metropolis. This was certainly the case for William Savory, a student in London a decade later, who returned home to Berkshire with ‘a Skeleton of a girl about 8 years old, (an) anatomy of a boy about two

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223 Freeman was a pupil at St George’s Hospital under John Hunter in 1778 (SGH Med. School Lib. Register of Pupils and House Officers 1756-1837). Trower gained the Diploma of the Company of Surgeons in 1777, Kelson in 1778, Graves in 1779 and Rawlins in 1780.
years, an arm well injected and dissected of a young woman, a foetal anatomy, showing the circulation of the blood from the mother to the child, a placenta, etc.’ (Peachey 1903, 121). What he did with them subsequently is not recorded, but in the following year he set up shop in Newbury where he advertised in the local paper as being a ‘Surgeon, Apothecary and Man-Midwife’ trained in ‘the several branches of Medicine, Surgery, Anatomy, and Midwifery’ (Peachey 1903, 122). Whether Savory’s preparations were displayed to all-comers, or reserved for a more select audience, they appear to have served as material evidence of his anatomical training. Like the buyers at Falconar’s sale, Savory appears to have followed William Hunter’s advice that students should build their own collections of preparations to aid their studies and to provide a source of reference for future practice (TIL, 110). The anonymous author of the Hospital Pupil’s Guide (1800) noted disparagingly that many of his fellow pupils purchased preparations from the dissecting-room attendant at St Thomas’s to ‘carry them in to the country as their own handy work’ (23). Nonetheless, his comment revealed the way in which ownership of preparations could provide a kind of anatomical credential for the aspiring practitioner.  

For the final group of practitioners, marginalisation was not a matter of geography but a consequence of their chosen fields of practice. They included the surgeon and truss-maker Thomas Brand (d. 1820), the dentist James Spence (d. 1783) and the empiric Martin Van Butchell (1735-1814). Each represented an area of heterodox practice which lay outside the narrowly drawn boundaries of the licensing medical institutions. We can only speculate as to the use they made of the items they bought. The purchases by Brand and Spence included diseased bones and teeth, items which were allied to their respective practices. Those by Van Butchell were, perhaps characteristically, more eclectic. Brand in particular retained a collection of preparations throughout his career, and they were listed as part of his ‘genuine

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224 Michael Brown’s study of James Atkinson and the foundation of the York Medical Society provides a good example of the importance of anatomical collections as a means of providing both an institutional and professional focus for medical practitioners outside London (M. Brown 2003).

225 The last twenty years has seen the emergence of a much more sophisticated discourse surrounding the role of marginal practitioners in the 18th-century medical marketplace, which has emphasised the pluralistic approach shown by patients when choosing their doctors (e.g. Porter 1988, 1989 and 1993). In this context, the adoption by such practitioners of anatomical discourse can be seen as an attempt to capitalise on public interest in anatomically-informed models of practice.

226 Van Butchell’s purchases included a drawing of the lymphatics by Jan van Rymsdyk, a diseased spleen, a sectioned goose stomach and a series of diseased bones, of which only the latter may have been directly relevant to his medical practice (DNB, Authentic Particulars 1802, Life and Character 1803).
household furniture’ when it was auctioned by Robins after his death in 1820 (The Times, 17 April 1820). As with medical students, their interest in, and ownership of, preparations can be seen as a way of laying claim to a particular kind of anatomical expertise. Not coincidentally, all three were closely associated with John Hunter, who provided testimonials for both Brand and Van Butchell and who named Spence as collaborator in his Natural History of the Human Teeth (Brand 1782, 108; Life and Character 1803; Works, 2:95).²²⁷

Buyers can, therefore, be categorised on the basis of the scale and nature of their purchases, their professional interests, and their relative levels of anatomical expertise. What ultimately united them was a shared belief that preparations were worth owning. Underpinning the pecuniary value of preparations at auction was a shared vision of the utility of anatomical study.

**Preparations as fragile commodities**

The records of the auction of the Museum Falconarianum suggest a flourishing market for preparations in late 18th-century London. Nevertheless the manufacture and accumulation of preparations was not a profitable business, despite the sometimes substantial prices realised by preparations at auction. Crucially, the prices realised by preparations rarely covered the cost of their component materials, let alone the cost (notional or otherwise) of the labour involved in making them.

The first expense was, of course, the procurement of a body part. Prices varied significantly according to supply and demand, and it is difficult to generalise. According to Ruth Richardson, the cost of adult bodies varied between two and fourteen guineas between 1784 and the 1830s (Richardson 2001, 57). The diary of William Savory lists the prices in October 1788 as two guineas for an ‘adult subject’ or 7s. 6d. for a head, limb or fetus (Peachey 1903, 115). The former price matches that paid by James Ware in 1775 for ‘a muscular subject’ – a complete adult male corpse suitable for dissecting the muscles.²²⁸ Two years later, however, William Hamilton recorded paying half a guinea just for one (putrid) thigh, at a time when bodies were in

²²⁷ Other examples of bone-setters who laid claim to anatomical knowledge were John Pugh (fl. 1790s) who included a testimonial from John Hunter in his 1794 Treatise on the science of muscular action. By John Pugh, Anatomist (Pugh 1794), and Philip Jones (d.1800), a former student of William Hunter, whose An essay on crookedness, or distortions of the spine was dedicated to John Hunter and included illustrations of preparations from the collections at St Thomas’s Hospital and the Great Windmill Street school (Jones 1788).

²²⁸ ‘Account book of James Ware, 1776-1777’ (Surrey HC 1487/103/2).
particularly short supply.²²⁹ Bodies were also scant in 1797 when Owen Evans was a student at St Bartholomew’s Hospital. He described the prices as ‘exorbitant’, with a single ‘muscular subject’ costing four guineas (Ford 1987, 35).

Added to the cost of the ‘subject’ was the price for the materials for making injections. These included artists’ pigments for colouring injections, such as vermilion, sometimes intermixed with carmine, Prussian blue or blue verditer, King’s yellow, flake white and ivory black. They were not cheap. William Hunter warned his students to beware ‘the Rogueish Colour Man’ who was apt to dupe unwary medical students by selling them inferior goods.²³⁰ Thomas Pole commented that while carmine ‘possesses more completely the qualities requisite for a colour of Injection’, the price ‘forbids its entering into these compositions’ (Pole 1790, 21). To overcome this obstacle, Joseph Else suggested to his students a practical means for making use of cheaper vermilion by grinding it ‘much finer than what we buy in the shops’.²³¹ Other expensive ingredients mentioned by Else included resins – ‘the whitest that can be procured’ – for varnishes, pure tallow and bees wax, the ‘finest and most transparent’ animal glue, oil of turpentine, acids for corroded preparations and mercury for injections of the lymphatics and testes. For coarse injections, Else noted that cheaper materials could be substituted to reduce costs – Queen’s yellow or mineral yellow, for example, or butter instead of fine tallow.

Lastly were the materials for keeping the finished preparations. Two of the key raw materials were alcohol, to act as a preservative, and flint glass for the containers in which preparations were mounted. The duty on flint glass rose from 9s. 4d. per hundredweight in 1745 to £1 12s. 8d. in 1803 (F. Cole 1914, 304-5). In 1776 James Ware paid one shilling for a single large glass jar, and nine pence apiece for two smaller ones. The tax on spirits was more variable, and complicated systems of rating were applied for different uses.²³² Ware records paying nine pence a pint for plain malt spirit and twice that for ‘rectified’ spirit (i.e. alcohol purified by repeated distillation). Oil of turpentine, which was used as a base for varnishes and as a fluid for preserving very fine injections, was more expensive at nine pence for a half-pint. The costs of

²²⁹ Letter from William Hamilton to Thomas Hamilton, 1 January 1778 (RCS Lib. MS0190/4/8)
²³⁰ ‘Notes of William Hunter’s lectures’ (RCS Lib. MS0204/1/6).
²³¹ ‘Notes of Joseph Else’s lectures’ (Wellcome MS.5599, 10-11)
²³² Cole notes that evasion of duty on alcohol was widespread and suggests that anatomists may well have colluded in such deception (F. Cole 1914, 303-5). There is no direct evidence to support this, but it was an investigation by excise-men at the anatomy school of Andrew Marshal in Thavies Inn in 1785 that led to the discovery of the bodies of four children (The Times, 21 October 1785).
materials added up into a significant expense. Ware recorded paying 7s. 6d. for an ‘upper extremity’ and then half as much again for turpentine and ‘vermilion, wax &c’ to inject and preserve it. The injection for a ‘large blood vessel subject’ cost Ware 7s. 8d. in addition to the £1 16s. 6d. he expended on the body itself. Quicksilver and oil of turpentine were among the other ingredients that Ware recorded in his accounts, as well as a substantial outlay on equipment including dissecting knives at one pound, apron and sleeves at twelve shillings, and candles to work by at 1s. 6d. The cost of ‘putting up’ the finished preparations was reflected in payments of 4s. 6d. for ‘three mahogany pedestals’ for dried preparations, entries for malt spirit at 1s. 6d. a quart and flint glass jars at between one and two shillings apiece. Together they made up a significant proportion of Ware’s monthly expenditure.233

Given the prices of bodies and materials, it was not surprising that one student recorded that, as a novice ‘I shall begin with animals and fishes, and use cheap injections, as tallow, Size and Wax, till I become expert’. Only then, he claimed, would he ‘indulge in elegant materials, and make valuable preparations that will amply repay my time and expences’ (Hospital Pupil’s Guide 1800, 55). This optimism is, however, unlikely to have been borne out in practice. One small-scale example of the inability of preparations to hold their value was given by the medical student Hampton Weekes (1780-1855), who was a student at St Thomas’s Hospital in 1801. Responding to a letter from his father Richard, also a surgeon-apothecary, Weekes set about the production of a preparation of the ‘pelvis of a Male the Bladder & Rectum fill’d with Wax the Penis injected & perhaps the Testes’. Urging his son on, Weekes Senior opined:

... what a pretty idea it would give of Lythotomy, Castration puncturing the bladder &c ... such a preparation well done is worth 2 Guineas…

In fact, Weekes spent eighteen shillings procuring the ‘subject’ for his preparation, and a further £1 5s. to have it injected by one of the dissecting-room attendants as ‘I did not like to run ye hazard of spoiling ye preparation’. Once injected, Weekes expended more time and money finishing and preserving the injected tissue, only to profess disappointment with the results. Eventually he sold it back to Mr Butler, the dissecting-room assistant. Weekes recovered only the cost of the injection and left himself almost a pound out of pocket on direct expenses, let alone the cost of his time (Ford 1987, 66-93).

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233 ‘Account book of James Ware’ (SHC 1487/103/2), entries for 27-28 November 1775.
This ability of preparations to depreciate was further evidenced by the prices achieved at auction, where a poor-quality preparation could sell for less than the value of its pot. At Bayford’s sale in 1769 a lot of thirteen clean glass jars made sixteen shillings, while a lot of seven mounted preparations in similar jars made less than a shilling each (Paterson 1769). Although preparations were much less susceptible to decay than fresh tissue, they were not immune to the ravages of time, pests or careless handling. In his *Introductory Lectures* William Hunter enjoined his students to treat the preparations with care:

> They will only be looked at: no experiment is to be made, by pressing or bending, to try their strength or texture…Many of them are the result of patient labour, and not easily restored; many of them such rarities as are not easily recoverable. (*TIL*, 112)

Maintaining the value of a collection required a constant input of labour and money, as Jessé Foot made clear in a pamphlet issued at the height of the debate surrounding the posthumous purchase of John Hunter’s museum:

> This Museum consists of wet, and dry Preparations, and must be viewed in a Light very different from a Library, or Papers, or Things, of a Nature neither so perishable, nor expensive in keeping them in a good Condition… [B]oth the wet Part and dry Part, being made up of Animal Substances, and some of them of Animal Diseases, must in Spite of the most artful Attention, go soon into Decay. (Foot 1796, 1)

It was this ‘perpetual expence’ of shoring up the ravages of time that diminished the value of all such museums, Foot argued. Because of this, he suggested, the market was the only true reflection of worth:

> A fair Way to ascertain the present Value of the Museum is by what it would fetch at a fair and open sale. The late Mr Watson’s Museum was valued by him at 3000l. it fetched only 500l. Mr Hunter’s is valued at 20,000l. and I believe it would not fetch more than 3,500l. because the Expence of it does not end in the first Purchase. (Foot 1796, 1)\(^{234}\)

The insurance policy for John Hunter’s collection also presented an equivocal view of its financial value. In 1791 the contents of his museum (including cabinets and furniture but excluding the building itself) were insured for just over six thousand pounds, with individual anatomical preparations valued at not more than one pound each, or ten shillings each for the preparations of morbid anatomy (LGL Sun Insurance Company Records, No. 11936). Such valuations were more or less in keeping with the kinds of prices achieved at auction, but the policy significantly

\(^{234}\) ‘Mr Watson’ was the surgeon and anatomist Henry Watson (1720-1793), whose collection had been purchased by John Heaviside (1749-1828) three years earlier.
under-estimated the total numbers of preparations in the collection and hence the true
cost of its replacement in the event of catastrophe.

Nevertheless the assignation of financial values – even inadequate or unreliable ones –
to anatomical collections played an important rhetorical role. In a ‘Syllabus of a
Course of Lectures on the Principles of Surgery, delivered by Mr John Hunter’,
published in the European Magazine in 1782, Hunter’s collection of ‘diseases…and]
comparative anatomy’ was said to have ‘cost him more than 10,000l. besides the
labour it has required in the preparations’ (European Magazine 1782, 245-247). The
cost of William Hunter’s museum was said to have ‘approached near to 100,000l.’
according to the same publication (European Magazine 1782, 166-168). By 1788 –
when John Hunter had moved his collection into a purpose-built museum in Leicester
Square, it was widely asserted (probably initially by Hunter himself) that the
collection was ‘supposed to have cost 20,000l. being a very accurate and industrious
collection of near thirty years’ (European Magazine 1788, 148). That these values
were essentially unrealisable was immaterial: instead, they were intended as a
symbolic demonstration of the work involved in creating and maintaining such
collections.

Preparations as cultural capital

It is these issues of symbolic and actual value that help us understand the significance
of anatomical collections to their owners. Over the course of this and the preceding
two chapters I have shown that preparations constituted a new category of collectable
object, closely aligned with the practice of dissection and distinct from earlier kinds of
‘anatomical’ or ‘humane’ rarities. Preparations were designed to be seen, and as such
they circulated within economies of exchange. At the same time the commercial value
of preparations in the market-place reveals their fragility as commodities. Although
preparations of rare animals or unusual conditions, or those which demonstrated
exceptional technical virtuosity, could achieve prices far exceeding their combined
material and labour costs, for the most part preparations were not sound financial
assets. Anatomists’ collections were treated as valuable property, but their monetary
worth persistently under-estimated the actual cost of production and maintenance.

The gap between the price and cost of preparations is therefore a matter of interest. If
– as Adam Smith suggested – London’s ‘private teachers’ of anatomy were model
entrepreneurs, what reasons did they have for sinking so much labour and money into
their museums? One way of thinking about this is to consider how both individuals
and objects were invested with values that were not directly reducible to economic
terms. Coincident with the emergence of the anatomical collections described here was the development of an economic discourse which emphasized the relationship between labour and wealth, namely that expounded by Adam Smith in his *Inquiry into the Nature and Causes of the Wealth of Nations*. In it, Smith argued that prices were not determined by labour-value alone, but that the relationship between the amount of labour required to make goods, and the amount of labour needed to acquire them, should provide a stable anchor around which prices would fall and rise. Preparations rarely managed this in practice. For Smith, this inequality was of particular interest in relation to ‘liberal and honourable professions’ such as law and medicine which, he argued (partly from his own experience) were ‘in point of pecuniary gain, evidently under-recompensed’ (Smith 1776, 1:122). Instead, Smith argued, they were rewarded with honour and reputation as much as monetary gain:

> To excel in any profession, in which but few arrive at mediocrity, is the most decisive mark of what is called genius or superior talents. The public admiration which attends upon such distinguished abilities, makes always a part of their reward; a greater or smaller in proportion as it is higher or lower in degree. It makes a considerable part of that reward in the profession of physic; a still greater perhaps in that of law; in poetry and philosophy it makes almost the whole. (Smith 1776, 1:130-131)

In the context of Smith’s analysis, anatomy could be seen as an ‘honourable profession’ due the same kinds of intangible rewards – esteem and admiration – as other ‘liberal arts’. In failing to recover the ‘true’ value of the labour and materials needed to make them, and thus by becoming inadequate commodities, anatomical preparations could be presented as evidence of an industry undertaken for the public good.  

235 It is precisely this conception of immaterial worth that was developed in and around the Parliamentary deliberations on the purchase of John Hunter’s museum for the nation. In 1795 William Seward, writing anonymously in the *European Magazine*, (and possibly at the instigation of Hunter’s wife) proclaimed the case in unambiguous terms:

> Mr Hunter made the completest collection in comparative anatomy that was ever assembled together. It was made with the greatest exertion of contrived labour and accurate skill, and at a total defiance of expense. Government, it is to be hoped, will purchase it for the public, and deposit it where ready access may be had to it. It would ill become the generosity or even the policy of a great country to refuse a few thousand pounds to make some amends to the relations of a man like Mr Hunter, whose exertions, without reward, without gratuity, and directed to an important object, absolutely render him a servant of the public, and who has a claim upon his country for remuneration, and

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235 On the centrality of ‘virtuous labour’ undertaken for the public good in a wider discourse on civic virtue, see Morse (2000), esp. 1-25.
thus England will, by merely discharging a debt due in justice, be in possession of a Collection unrivalled in Europe; a collection no less interesting from its curiosity, than advantageous for its use, a collection by which the views of the Philosopher may be enlarged, and that divine art, and of curing the diseases incident to the human race, extended and improved. (European Magazine 1795, 26)236
called to give evidence before the Parliamentary Committee of 1796, a succession of Hunter’s peers echoed Sir George Baker by claiming that the value of the collection could not be adequately expressed in monetary terms alone. They included Joseph Banks, the surgeons Henry Cline and William Blizard, the physician Sir Charles Blagden and the Librarian to the British Museum, Joseph Planta. Each enumerated the kinds of value attached to Hunter’s museum, noting its importance to medical education; to the improvement of health; and to the study of comparative anatomy. They also asserted its public utility, and the impossibility of it being replaced if it were lost. Encouraging their deliberations, Seward weighed in once more. Hunter, he averred, had formed his museum:

…with a complete disregard to the time and the trouble he bestowed upon it, which might have been employed with great pecuniary emolument to himself... This Museum is now offered to sale to the British Parliament, which, it is to be hoped, will, with its usual wisdom and liberality, secure to the Nation the entire and perpetual possession of so useful and so valuable a collection; a collection unrivalled in the History of Science, and which the Philosopher and the Patriot must regard as an object of the greatest national concern, and think with the extremest regret on the remotest possibility of its division, or of its being sent out of the kingdom. (European Magazine 1797, 39-40)
The fifteen thousand pounds voted by the Committee for the purchase of the collection and finally approved by Parliament in 1799 was a substantial sum – far exceeding what John Hunter had actually insured it for, and much higher than the market value suggested by Jessé Foot. Yet it was presented as a significant under-estimate of the actual value, by assuming that the labour cost involved in making the collection – John Hunter’s work as a dissector and preparator – was beyond measure.

One way of conceptualising this idea of accrued but essentially immaterial value has been offered by the sociologist Pierre Bourdieu, who coined the phrase ‘cultural capital’ to describe the accumulation of knowledge and skills that are ‘worthy of being sought after’, and which therefore confer higher status within society (Bourdieu 1986).

For Bourdieu, cultural capital can be embodied within the individual, but also

236 The attribution of this article and the following article is from de Montluzin (2008). Seward was not a disinterested spectator: he was a friend of Anne Hunter, and possibly a patient of her husband. Anne published a poetic elegy to Seward after his death in 1799 (A. Hunter 1799).
translated into an ‘objectified’ state in the form of physical possessions. Preparations as objects were the products of practical experience, made using the same skills that anatomists developed in the dissecting room: they can thus be seen as embodied forms of anatomical (and particularly dissection-based) expertise. But as Bourdieu notes, the value accorded to cultural capital is contingent on its context. In the case of preparations, the fact that they were evidently valued within a community of ‘connoisseurial’ practitioners may have fostered recognition of anatomical expertise as a distinct form of knowledge, but it did not per se equate to a wider appreciation of this expertise. This raises the question of how anatomical collections were perceived as valuable within a wider public sphere, and highlights the role of non-medical spectators as active consumers of anatomical collections. It is with this idea of cultural consumption to the fore that I want to turn to the place of John Hunter’s museum, considering it not only as a site in which useful work was performed, but as a space in and through which laudable labour was seen to be done through the display of preserved body parts.
Part 3: The Domestic Oeconomy of Display
Chapter 8: The museum as liminal space

It was late in the afternoon when Mr Utterson found his way to Dr Jekyll’s door, where he was at once admitted by Poole and carried down by the kitchen offices and across a yard which had once been a garden, to the building which was indifferently known as the laboratory or the dissecting rooms. The doctor had bought the house from the heirs of a celebrated surgeon…It was the first time the lawyer had been received in that part of his friend’s quarters; and he eyed the windowless structure with curiosity, and gazed round with a distasteful sense of strangeness as he crossed the theatre…At the further end, a flight of stairs mounted to a door covered with red baize; and through this Mr Utterson was at last received into the doctor’s cabinet. (R. Stevenson 1979 [1886], 26)

At first glance Robert Louis Stevenson’s *The Strange Case of Dr Jekyll and Mr Hyde*, originally published in 1886, may seem an odd starting point for a chapter which deals with anatomical museums in Georgian London. Stevenson’s *Strange Case* is, of course, a work of fiction, and one that post-dates the heyday of extra-mural anatomy teaching by almost a century. Despite these qualifications, there are compelling reasons why Stevenson’s gothic thriller provides a useful introduction to the relationships between dissection, display and household organisation among John Hunter and his contemporaries. Foremost among these is the degree to which the novel’s power derives from its careful use of location and space. Stevenson has been called the first ‘psychogeographer’ for his evocation of the topography of central London (Calder 1979, xxxi). Literary historians such as Robert Mighall and Robbie Goh have emphasised the connection between the dichotomous character of Jekyll/Hyde, and the architecture of his home, with its respectable façade overlooking a square of ‘ancient, handsome houses’ and the anonymous and sinister rear door through which the brutal Hyde disappears (Mighall 1999, 145-153; Goh 1999).

The value of the building as a metonymic device is reinforced by Stevenson’s metaphorical association between the current and former occupants of the property. We are told that Jekyll’s home – complete with ‘dissecting rooms’ – was formerly that of a ‘celebrated surgeon’. This association is significant. Stevenson may have based the protagonist of *The Strange Case* on various fictional and historical figures, notably the Edinburgh cabinet-maker and thief Deacon William Brodie. It is clear, however, that the perceived moral conflict arising from the practice of human dissection was also a rich source of inspiration. From his Edinburgh youth, Stevenson was familiar with tales of Burke and Hare, and of their infamous association with the surgeon and anatomist Robert Knox (1791-1862) (Calder 1979, xv). A barely-concealed Knox
featured as ‘Mr K--’, the accomplished ‘extramural teacher of anatomy’, in Stevenson’s earlier ‘crawler’ The Bodysnatcher (1884). As well as demonstrating the author’s familiarity with the practical aspects of anatomy teaching, The Bodysnatcher also prefigures The Strange Case’s preoccupation with dichotomous identity. In it, two former medical students and fellow-dissectors are reunited: the melancholic drunkard Fettes, a man left morally and physically debilitated by his inability to reconcile himself to the horrors of resurrectionism, and the dashing doctor Wolfe Macfarlane, whose ruthless and amoral pursuit of ‘fresh subjects’ has earned him social and professional reward (Scott 1999, 127). Against this background it is not hard to perceive elements of the Georgian anatomists’ struggle to balance ‘necessary inhumanity’ with polite sensibility in Jekyll’s battles with his ‘base desires’. This association is further reinforced by the titles given to Jekyll and his alter ego, with their echoes of the physician/surgeon distinction of ‘Dr’ and ‘Mr’.

Such links would remain of passing interest if it were not for the suggestion of a more direct connection with John Hunter. Although neither Stevenson’s own notes or letters nor the contemporary reviews of The Strange Case make any mention of Hunter, for some 19th-century medical readers the setting for Stevenson’s novel was a familiar one. By 1897 the surgeon and biographer Stephen Paget was able to refer confidently to a ‘tradition’ that Stevenson’s description of Jekyll’s house was based on John Hunter’s home-cum-anatomy school in Leicester Square (Paget 1897, 155). The claim has resurfaced in subsequent popular biographies, notably John Kobler’s exuberant but extensively fictionalised The Reluctant Surgeon (1960, 229) and Wendy Moore’s The Knife Man (2005b, 320-3).

It is this association, rather than any personal similarity between Jekyll and Hunter, which makes The Strange Case a useful entry point for considering the domestic settings for anatomical practice in Georgian London, and the role of anatomical museums within these households. Whether Stevenson’s fictional building was directly based on that of John Hunter is moot. Of greater import is the role which Stevenson assigns to the doctor’s ‘cabinet’ or museum in his story. It forms a ‘liminal space’ in which the rational world of Jekyll meets the ‘irrational alterity’ of Hyde (Goh 1999, 166). It is telling that it is the cabinet, rather than the more obvious laboratory or dissecting-room, which becomes the location for an act of corporeal transmutation. Whether by luck or by judgement, Stevenson hit upon precisely that quality of the museum as transformative space which underpinned its significance to the real-life business of extra-mural anatomy teaching a century before. The performance of dissection within the confines of the extramural anatomy school.
required careful management. Museum displays of preserved preparations – objects which were presented as the products of virtuous labour – formed a critical part of this system. By focusing on the physical and social organisation of John Hunter’s household, my aim is to show how the museum facilitated a transition between the apparently antithetical roles of gentleman and anatomist, and accommodated dissection within an established system of social order, namely the domestic oeconomy.

**Domestic oeconomy**

It is useful to set out what I mean by ‘domestic oeconomy’. In one sense the phrase is tautological, for the very notion of oeconomy was derived from the business of domestic management. This is the primary meaning assigned in the *Oxford English Dictionary*, which gives its etymological roots as the Greek οἶκος (house) and νόμος (law). In the 17th and early 18th centuries ‘oeconomy’ was used without qualification to refer to the operations of the household (e.g. Phillips 1706). Used thus, ‘oeconomy’ possessed two conjoined senses, denoting not only the activity of management, but also its outcome – a combination of prudence, sagacity and the judicious exercise of good taste. This distinction between process and result is important. As with other 18th-century moral discourses – of politeness, sympathy or propriety – definitions of ‘oeconomy’ were facilitative rather than normative. In the case of anatomy, the challenge is not to show how dissection could be made conformable to any particular model of an ideal household, but how the practice of ‘sound oeconomy’ could mitigate the risks associated with its incorporation within a domestic setting.

The concept of domestic oeconomy also raises issues of space and gender. That the more general sense of ‘oeconomy’ was qualified by adjectives such as ‘domestic’ by the end of the 18th century reflects its more widespread use in other contexts, most notably in the ‘political’ oeconomy of the state or of the market. These discursive spaces were often implicitly or explicitly gendered as male domains. Defined against them, the operation of the domestic oeconomy was denoted as ‘women’s work’, and hence assumed a subordinate status. As Amanda Vickery has shown, female monopoly over ‘private’ domestic life did not preclude the inclusion of women in a wider ‘public’ sphere, nor should we ignore the important role played by domestic rooms (especially drawing and receiving rooms) as social, and hence ‘public’, spaces (1998, 127-160). Nevertheless, the gendering of the domestic oeconomy is important. Dissection was essentially a homosocial, masculine endeavour. Understanding its place within domestic settings requires attention to the ways in which spaces and
activities were gendered, and in particular to the role of the museum as a ‘hetero-gendered’ space that could be both ‘public’ and ‘private’.

A further factor which informs my use of the concept of ‘domestic oeconomy’ is an understanding of the role played by objects, or more precisely the interactions between inanimate things, people and physical structures, within the household. Such interactions can be seen as operating on different levels. These range from the formal properties of buildings, as expressions of harmonious proportion and divine order; to interior design, as evidence of the tasteful employment of wealth; through the collection and display of objects of virtu as the medium for demonstrating connoisseurship; and down to individual items valued for functional or affective reasons.237 These sorts of engagement can be further refined. Classifying the ways in which architecture informs behaviour, Thomas Markus has posited a tripartite distinction between the personal reactions of the individual or ‘self’; the expression of opinion creating relationships between individuals – the ‘self and others’ – and the reference from the individual to a perceived external order, whether societal, scientific or divine, which he terms the ‘self and Other’ (Markus 1982, 6). Applied to Hunter’s house, such an approach focuses attention on the manner in which different kinds of objects – but particularly bodies and anatomical preparations – moved through and were made visible within the building, and so encouraged social interaction and personal introspection.

It is within this analytical framework that I want to place John Hunter’s museum. I will suggest that it was not only a means of facilitating the use of preparations for teaching and research, but also a way of exposing the products of dissection to a wider public gaze. The museum was a space capable of sustaining alternative perceptions of the same material by different kinds of spectator – a quality described by Michel Foucault as ‘heterotopia’ (Foucault 1989 [1970], xvii-xviii). The heterotopic quality of the museum was reinforced by its physical position. Interpolated between the (relatively) public and feminised sphere of the drawing room, and the private and masculine space of the dissecting-room, the anatomical museum was at the midpoint of an axis of propriety, along which different activities could be associated or disassociated.

237 See for example Lubbock (1995); Brewer and Bermingham (1995); Brewer (1997). These characteristics are valid despite the vagaries in taste over the course of the 18th century. For example, the changing architectural fashion from 17th-century baroque, through early 18th-century Palladianism to the late 18th century’s more varied neo-classicism do not detract from the argument that in each architectural form was assigned a structured ‘roeconomy’ of harmonious form (Shiqiao 2007).
This chapter provides some context – temporal, spatial and social – for consideration of the ‘anatomical museum’ as a distinctive cultural entity in Georgian London. In the following chapter (Chapter 9: Anatomy and ordered space) I consider the spatial organisation of John Hunter’s house, and the location of the museum within the site. My penultimate chapter (Chapter 10: Meaningful bodies) looks at the display of preparations within the museum, and spectators’ responses to them.

The nature of the museum

What constituted a museum in Georgian London? In modern usage the term ‘museum’ carries loaded meanings (Alexander 1996, 3-16). Principal among them is the idea that a museum exists primarily as a defined physical space in which collected objects are arranged to view. Furthermore, current professional definitions embody implicit or explicit statements about the uses to which these collections are (or should be) put. Even today, distinctions between museums and other kinds of repository or exhibition space – libraries, archives, art galleries – are frequently blurred. In the context of John Hunter’s museum, three particular questions arise. First, what associations did the term ‘museum’ possess? Second, what physical form did these museums take? And third, what kinds of practices were associated with them?

Michael Hunter’s succinct analysis shows that although the term ‘museum’ or ‘musæum’ gained currency in England towards the end of the 17th century to describe collections, it was not widely used to describe the physical space used to house or store them (M. Hunter 1985, 226-227). Although ‘museum’ may not have carried a specific connotation of physical structure in the 17th century, it did have more general associations with spaces of learning. Edward Phillips’s New World of Words: Or, Universal English Dictionary (1706) gave four definitions of ‘museum’: as a study; a library; a College; or a ‘Publick Place for the Resort of Learned Men’. That the latter embraced far more than a physical structure was made evident by Phillips’s inclusion of a subsidiary definition for ‘The Museum, or Ashmolean Museum’ which was ‘a

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238 OED gives the principal current meaning of museum as ‘A building or institution in which objects of historical, scientific, artistic, or cultural interest are preserved and exhibited. Also: the collection of objects held by such an institution.’
239 The UK Museums Association most recent (1998) definition states that ‘Museums enable people to explore collections for inspiration, learning and enjoyment. They are institutions that collect, safeguard and make accessible artefacts and specimens, which they hold in trust for society’ (Code of Ethics 2007, 8). On the politically-loaded nature of the museum as public institution see Bennett (1990 and 1995).
240 For example, OED’s definition of ‘museum’ notes the variation in meaning between British, continental European and North American uses of the term. For discussion of an equally problematic term, the ‘gallery’, see Coope (1984).
neat Building in the City of Oxford’ containing, *inter alia*, a ‘Repository of Natural and Artificial Rarities’ (Phillips 1706, cited in Hunter 1985, 227). The implicit connection to a place of scholarly learning, rather than the association with a specific structure, could have given the term ‘museum’ particular appeal to those collectors who came from modest backgrounds, or were traders, or who lacked formal education.

All would be true of the ‘*Museum Tradescantianum*’ of the Tradescant family of gardeners and plant merchants in London, the ‘*Musei Petiveriani*’ of the apothecary and naturalist James Petiver (1665-1718), and the ‘*Museum Thoresbyanum*’ of the Yorkshire wool merchant and antiquary Ralph Thoresby (1658-1725).241

Aside from the Ashmolean, the only institutional collection of note to be denoted a museum before the end of the 17th century was that of the Royal Society, described in Nehemiah Grew’s *Museum Regalis Societatis* (1681). Following the Society’s move to Crane Court in 1710 the collection was housed in a purpose-built gallery designed by Christopher Wren. Nevertheless, the physical space which actually contained the collection was generally referred to as the ‘Repository’ (MacGregor 1985; L. Jardine 2003). It was only towards the middle decades of the 18th century that the term ‘museum’ began to gain some of the solidity of its modern usage. This shift was reflected in the fate of one of the most significant individual collections in London, namely that of the physician Sir Hans Sloane (1660-1753). In 1729 Sloane’s collection was mentioned by the French surgeon Sauveur Morand (1697-1772) as ‘Mr Sloane’s cabinet’, while in 1748 the Finnish botanist Per Kalm (1716-1779) referred to Sloane’s ‘Natural History Collection’. Sloane himself described it variously as his ‘collection’ (or ‘collections’), his ‘cabinet’, or occasionally as his ‘museum’ or ‘museum’ (MacGregor 1994, 11-30). The bequest of Sloane’s collection to provide the foundation of the new British Museum, however, provided a highly visible incarnation of the ‘museum’ as a physical institution, and destroyed the singular connection between ‘museum’ as a physical structure and the Ashmolean in Oxford.242

Johnson’s *Dictionary*, published more or less contemporaneously, defined ‘museum’ concisely and simply as ‘a repository of learned curiosities’, and the idea of the museum as a discrete building for the holding and displaying of collections gained widespread acceptance by the end of the century. Crucially, the foundation of the British Museum also appears to have played a significant role in associating the idea

241 These designations come from the titles of their respective catalogues: see Tradescant (1656), Petiver (1695-1703) and Thoresby (1715).

242 For a comparison of the ‘institutionalisation’ of Tradescant’s and Sloane’s collections as ‘public’ museums see MacGregor (1998).
of the museum with the public good – qualities enshrined in the Act of Purchase of 1753, which stated that:

…the said Museum of Collection may be preserved and Maintained, not only for the Inspection and Entertainment of the learned and curious, but for the general Use and Benefit of the Public. (26 George II c.22, quoted in Caygill 1994, 50)

The quality of public beneficence accorded to the term ‘museum’ is particularly evident in the way in which it was employed by those who exhibited their collections for profit. The naturalist and antiquary Ashton Lever described his collection as his ‘museum’ in a handbill dated 1771, when it was still displayed at his home at Alkington Hall in Lancashire (Lever 1771). After his move to London in 1773 and the installation of his collection in Leicester House, Lever advertised it under the eye-catching name of the ‘Holophusikon’ – a term of his own invention – but was careful also to add the sub-title ‘or Leverian Museum’, and it was the latter term that survived after the collection was sold to James Parkinson and re-exhibited in the Surrey Rotunda in 1787.\(^\text{243}\) The Lichfield antiquary Richard Green (1716-1793) also eschewed the term ‘cabinet’ or ‘repository’ for the more self-consciously modern ‘museum’ in the visitor guides he published from the early 1770s onwards (Greene 1773).\(^\text{244}\) Despite the fact that their eclectic and wide-ranging collections were sometimes perceived by fashionable metropolitan critics as outmoded, the use of the term ‘museum’ helped Lever and Greene distance themselves from a tradition of eccentric and undiscerning virtuoso collecting and distinguished their collections from coffee-house ‘rarey shows’.\(^\text{245}\)

The appropriation of the term museum appears to have been particularly useful for exhibitors whose collections were considered risqué or whose motives were overtly entrepreneurial. Both qualities were true of Benjamin Rackstrow’s collection, exhibited in Fleet Street from the 1740s until 1799, which earned a degree of notoriety for its salacious ‘anatomical’ waxes (Altick 1978, 55-56). Initially known simply as a collection of ‘Anatomical figures’, by the 1770s it was referred to interchangeably as a

\(^{243}\) London Guide (1782), 182; The Times, 12 May 1785; Ambulator (1793), 20; Leverian Museum (1790).

\(^{244}\) Although Greene retained ownership until his death, guides from the 1780s onwards refer to the collection as the ‘Lichfield Museum’, perhaps as a means of deflecting the suggestions Greene was profiting personally from its display (Greene 1782, 1786).

\(^{245}\) The best known ‘coffee-house’ show was James Salter’s in Cheyne Walk, founded in 1695, and reputedly enriched by discards from Hans Sloane’s collection. Both Salter and Adams’s Coffee House in Shoreditch continued to advertise ‘collections of rarities’ with no pretension to museum status well after the mid-century: see Catalogue of the Raritiies (1756); Salter (1756); A. Ellis (1956); Altick (1978).
‘Wax-work’ or ‘Museum’ and by the mid-1780s it was universally described as ‘Rackstrow’s Museum’, despite the fact that waxworks were still its principal exhibits (Rackstrow 1747; Rackstrow’s Museum 1782 and 1794; Companion 1767, 62-63). In 1772 the jeweller and showman James Cox advertised his exhibition as ‘Cox’s Museum’ even though it comprised his own trade products rather than the kind of accumulated collection more commonly associated with the term (R. Smith 2000). For both Rackstrow and Cox the use of the term ‘museum’ was a significant act of repositioning. In Rackstrow’s case, it provided a veneer of propriety to a commercial show whose main appeal appears to have been prurient titillation. For Cox, it enabled him to recast the products of his failed export business as a civic display of artisanal virtuosity, and in so doing gained him permission to offer the collection for sale by public lottery (Pointon 2000).  

**Museums as physical spaces**

If the term ‘museum’ became increasingly aligned with the idea of a material structure, the architectural form that this might take remained highly variable. In part this was due to the nature of ownership. With the exceptions of the Ashmolean, the Royal Society’s cabinet and – after 1753 – the British Museum, most collections remained in individual hands, and were displayed in their owners’ homes. Outside London, wealthy individuals were able to combine a taste for collecting with the construction of buildings specifically designed to show their acquisitions to good effect. Such was the case at, for example, Holkham Hall in Norfolk, Corsham Court in Wiltshire and Newby Hall in Yorkshire, all of which were enhanced with purpose-built galleries during the 18th century (Coope 1984, 453; Cruickshank 1985, 167-169). The museum and library attached to the physician John Coakley Lettsom’s villa at Grove Hill can be seen as part of the same architectural tradition (Hunting 2006). In the case of both the country house and the more humble country villa, however, space was rarely an issue. Although there were examples of similar structures added to London houses in the 17th century – notably the galleries constructed at Arundel House for the Earl of Arundel in the early 1600s – by the mid-18th century the price of property and the prevailing building style of terraced streets encouraged the

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246 The value that the term ‘museum’ could confer is particularly evident in catalogues for private sales and public auctions. For example, the natural history dealer George Humphreys (1739-1826) offered his collection for sale under the rubric of the ‘Museum Humfredianum’, even though it was never arranged and exhibited in any formal sense (Paterson 1779; Cooper 2001; Torrens 2003, 85).
development of alternative strategies. Within the 18th-century terraced town-house, collections could be arranged in domestic areas which already served a quasi-public function. The front-facing first floor drawing-room was generally the largest room in the house. By extending displays into the rear rooms on the same floor a significant display space, lit from both sides, could be carved out of a domestic dwelling. This appears to have been the approach taken by Hans Sloane in Bloomsbury Place before 1742, where his collections eventually came to occupy eleven rooms spread over two adjoining houses (MacGregor 1985, 26-31). More modestly, the records of the surgeon Edward Barnard (d.1737) reveal that his collections were spread throughout his house in Great Russell Street, with a particular concentration in the ‘study and room behind’ and ‘parlour’ on the ground or first floors (Cock 1737). In the early 1770s a similar approach was taken by Joseph Banks, who had three of the ‘public rooms’ of his terraced house in New Burlington Street fitted up for the display of the ‘immense magazine of curiosities’ collected on his voyages to the South Seas, Labrador and Iceland (Carter 1988, 95).

London townhouses or mansions from the 17th century seem to have been particularly well-suited for this kind of domestic display. Such buildings were larger, and often possessed of long galleries suitable for exhibiting objects. When Hans Sloane retired from practice in 1742 he took the opportunity to move his collections from Bloomsbury Place to a Tudor manor house in Chelsea. The latter’s large formal rooms, including a ‘Long Gallery’ 110 feet in length, provided an ideal space for display (MacGregor 1994, 31-34). Constructing a new exhibition building on this scale in the centre of London was a prohibitively expensive exercise, and it is not surprising that when the Trustees of the British Museum came to address the issue in 1754 they too decided to opt for an existing 17th-century mansion, Montagu House, as a suitable home for the new institution (Caygill 1994, 53). Ashton Lever followed suit, using Leicester House for his museum in the 1770s (Survey of London 34:441-472).

An alternative solution was to use the only open space available in the Georgian terrace system, and to extend to the rear. This could involve the adaptation or rebuilding of mews stables, coach-houses and other ancillary buildings, or alternatively the construction of an entirely new building in the garden of the main house. It is not clear precisely which of these strategies was adopted by Richard Mead, but his ‘gallery’ was certainly built on the land behind his house at 49 Great Ormond Street.

247 On Arundel, see Pevsner (1976), 112-113; on the development of the terraced street as the distinctive architectural device of the Georgian city see Summerson (1955), 219-226.
Street, rather than being contained within it (Zuckerman 1965, 236-257). When Joseph Banks moved his home and his collections to 32 Soho Square in 1776, the availability of extensive out-buildings on Dean Street at the rear of the property was a major attraction. Although the buildings already contained a library and school-room, they were substantially modified during his occupancy to accommodate his growing collection (Carter 1988, 331-337). Significant building work is known to have been carried out in 1785, and the buildings remained in use as a library, museum and herbarium for Banks and others until well into the 19th century (Survey of London 33:115-121).

The significance of internal structure, interior decoration and inter-relationship with other functional areas is particularly important in this kind of context. Perhaps because of their hidden position, architectural historians have tended to pay little attention to the domestic museum as a building form in 18th-century London. Nevertheless there were some important developments in building technology that were to have significant impact on the subsequent evolution of museum architecture. Principal among them was the introduction of top-lighting, used by William Chambers for the Royal Academy’s gallery at Somerset House (begun in 1776), John Soane at Fonthill Abbey (1787) and by George Dance for John Boydell’s Shakespeare Gallery in Pall Mall (1788) (Cruickshank 1985, 169). Although the use of top-lighting possessed many benefits – not least in providing clear wall-space for picture hanging – it was also particularly well suited to London urban spaces, where crowded building plots made side windows impracticable. Changes to roof design and materials also played a part: low-pitched roofs in slate (more readily available from the 1760s onwards), or flat roofs with lead or copper sheathing, allowed existing ceilings to be raised to create additional display space.

The re-use of existing premises or the interposition of a museum within an existing complex of domestic buildings necessitated greater emphasis on interior decoration, rather than external architectural features, in shaping visitors’ perceptions. When James Cox displayed his collection at Wigley’s Hall – a commercial show-room – in Spring Gardens, he invested significantly in the redecoration of what was otherwise a generic commercial space, to create a luxurious setting in keeping with the intricate

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248 Thomas Markus’s study of William Hunter’s museum is a rare exception (Markus 1985 and 1993, 192-195).
249 Joseph Banks museum, herbarium and library were significantly extended by the lifting of the roof and its replacement with a flat copper covering with a double-hipped central lantern in 1791 (Carter 1988, 333-335).
and precious objects being exhibited.\textsuperscript{250} Clare Haynes’s perceptive analysis of Lever’s museum highlights not only the ways in which his collections were juxtaposed as a deliberate strategy to entertain his visitors, but also the role played by décor and case design in fostering an element of theatre.\textsuperscript{251} For Lever, different strategies of display were intended to address specific groups of spectators. This raises the important general question of who actually visited these museums, and how the kinds of social activity that took place within them related to work elsewhere in the building – something that is particularly relevant in the context of the domestic anatomy school.

**Museums as functional spaces**

An examination of museums as functional spaces can usefully be broadened to consider analogous kinds of repositories, such as libraries. Throughout the 18th century the kinds of collections a ‘museum’ might contain, and the kinds of activity that might take place within it, retained much of the ambiguity of earlier use. The new British Museum, which opened to visitors in 1759, continued to embrace collections of books and manuscripts as well as objects of all kinds.\textsuperscript{252} This was, in part, a persistence of the older tradition of the museum as a place of learning. In this sense, the consultation of text and the study of objects were contiguous practices, and could be accommodated within a common physical structure. Studies of the architectural history of libraries, museums and galleries suggest a shared ancestry that was, in England at least, only partly differentiated during the course of the 18th century (Markus 1993, 171-212).

Even where buildings or rooms were separately designated as ‘museums’ or ‘libraries’, closer examination of the nature of the structures and the collections disposed within them erodes the distinction. The library of the antiquary and bibliophile Sir Robert Bruce Cotton (1571-1631) contained numerous busts, bas-reliefs or other forms of portraiture, and the same practice was adopted and refined by later London collectors including Richard Mead and his fellow physicians William Stukeley (1687-1765), and John Coakley Lettsom (Wainwright 1991; Zuckerman 1965, 236-257; I. Jenkins 2003). Although Lettsom’s house at Grove Hill in

\textsuperscript{250} The interior decoration is described in the preface to Cox’s catalogue (Cox 1772, 3-4).

\textsuperscript{251} Haynes notes Lever’s use of the theatrical drape to demarcate boundaries within his museum (Haynes 2001): on this, see also Roger Stein’s study of the American museum proprietor Charles Willson Peale (Stein 1981).

\textsuperscript{252} Sloane’s library, bolstered by the Royal, Cottonian and Harleian libraries and other collections of books and manuscripts, remained an intrinsic part of the new British Museum. It was not until 1973 that the British Library became a separate national institution (K. Sloan 2003a, 14).
Camberwell contained a ‘museum’ and a ‘library’, the latter contained not only busts but also cabinets of shells and insects and a *hortus siccus* (Faujas-de-St.-Fond 1799, 295-323). Banks’s building behind 32 Soho Square incorporated a library, a herbarium and rooms for the display of zoological specimens and curiosities. Such spaces had a two-fold purpose, as places for research, but also as spaces for exhibiting collections to others. In this sense the 18th-century personal library was as much a space for ‘social showing’ as the museum. The display of possessions such as books or sculpture allowed individuals not only to lay claim to real or desired relationships between themselves and others, but also to express these relationships in visual form to a wider audience. Displaying objects in the context of a person’s house – whether within the domestic rooms, or in a museum or library within the house – gave further strength to the association between object and individual identity (Jordanova 2003).

The role of the domestic museum as a social space is reinforced by accounts of their use. Mead used his gallery as a space for entertaining, and made his sculpture and paintings available to artists (Zuckerman 1965, 240). Sloane was also well-known for granting ready access to his collection, so that by the time of his death the *Gentleman’s Magazine* was able to describe it as ‘the most magnificent private, if not publick collection upon earth…the use or inspection of which he never refused to any one’ (MacGregor 1994, 27). The foundation of the British Museum reinforced the idea that the principal function of a museum was to preserve and make visible collections of ‘learned curiosities’ for both individual study and general entertainment, even if the Museum’s Trustees were not always as assiduous as they might have been in actually facilitating access. Alongside the new state institution, the tradition of providing access to personal museums for both study and pleasure was maintained by collectors such as Lettsom and Banks, who not only encouraged the use of their collections by scholars, but who also opened their museums and libraries to other visitors (Faujas-de-St.-Fond 1799, 1:2-3 and 2:304).

A close association between the personal life of a collector and his collections was not always beneficial. Some critics used the apparent disorder of Hans Sloane’s house, with its ‘every closet & chimney’ packed with ‘books, raritys, &c.’ to criticise Sloane for being intellectually ill-disciplined (Stukeley 1887, 1:358, quoted in MacGregor 253). A plan of Lettsom’s house and gardens was published in 1793, and republished in *Grove-Hill, A Rural and Horticultural Sketch* (1804). A facsimile was produced by The Camberwell Society in 1972.

254 For contemporary accounts of the difficulty in gaining access to the British Museum see Grosley (1772) and Sweet (1963).
The physician John Elliott used the same device to lampoon his rival, John Fothergill (1712-1780), whose house:

…is the perfect museum. A patient no sooner has the street door opened to him than he is struck with the appearance of mosses, shells, dried foreign animals and the like. He is led immediately to conclude that the Doctor, like Solomon, is a very deep man, as indeed he is in one sense of the word. (Westminster Magazine, 1782, quoted in Abraham 1933, 212)

‘Deep’ here signified Fothergill’s depth of pocket, as manifested in his purchase of natural objects to convey what Elliott considered to be a very shallow impression of learning. Many of Fothergill’s collections were later bought by William Hunter and John Coakley Lettsom, both of whom chose to display the bulk of their collections in designated spaces rather than arrange them throughout their houses. Joseph Banks also took the opportunity provided by his move to Soho Square not only to create a dedicated space for his collections, distinct from his personal accommodation, but also to divest himself of significant quantities of specimens and objects that were of peripheral academic interest to him, creating instead a museum that was centred on his extensive library and herbarium collections. Banks assigned rooms within the same part of the property for the use of those working on the collection, notably a workroom for the engravers engaged in producing illustrations of the botanical specimens in his collection (Carter 1988, 331-337). Such moves can be seen as calculated strategies, for by the 1780s Banks was already building his reputation not simply as a great botanist, but as patron par excellence. Within his home, his library and herbarium played an important role. A watercolour view of the interior of the room from the early 19th century shows a clean and ordered space, with books and specimens neatly classified and stored (Fig. 15). The museum separated Banks’s personal accommodation from the rooms used by his assistants, who catalogued, drew and engraved his collection. The purpose of the museum was not simply to conceal the labour of botanising, however. It was a place for scholars to study, and was also used as a social space – a means of revealing the products of this labour to others. It provides a useful model for considering the anatomical museum as a domestic space.
Like many 18th and early 19th-century libraries, Banks’s library and herbarium was decorated with busts, see here arranged above the cases on the right.
Anatomical museums

Seen in this context, a number of points can be made about anatomists’ collections as museums. First, calling a collection a museum was a useful rhetorical strategy that implied beneficial qualities of materiality, visibility and utility, regardless of whether these were borne out in practice. This means some caution is necessary when assessing the nature and extent of the anatomical museum as a physical entity in Georgian London, particularly where the term ‘museum’ derives from lecture advertisements or from sale catalogues. Of those anatomists whose collections are listed in Appendix 1, only a minority can be confidently identified as having a defined space in which their collections were arranged and exhibited. Conversely, the manner in which the collections of, for example, John and William Hunter, Henry Watson, John Sheldon and Joshua Brookes were more widely described as museums denotes not only their physical presence, but also implies that these spaces were in some sense accessible to a wider audience.

Second, the form and location of these museums as built structures is important. Although the experience of Benjamin Rackstrow suggests that a stand-alone commercial show of anatomical exhibits was a viable business proposition, there is no evidence of any regular medical practitioner choosing to exhibit anatomical collections for profit between 1750 and 1800. Nor is there any record of London’s extramural anatomy teachers creating museums that were removed from the places where they lived and taught during this period. Rather, there appear to be compelling evidence to suggest that the development of the anatomical museum as a distinct architectural form was closely related to the teaching of dissection in domestic spaces. In the case of the two best-known museums, those of William and John Hunter, it is notable that they were only referred to as such after the completion of the brothers’ anatomy schools at Great Windmill Street and Leicester Square respectively.

This is not to suggest that their collections were insubstantial before these dates. William Hunter is believed to have inherited at least some of the collection of his mentor, the anatomist James Douglas, who died in 1742. Twelve years later William Hunter was actively adding to this with purchases at the sale of Richard Mead’s collection, and he carried on acquiring artworks, minerals and other kinds of object as well adding to his collection of anatomical preparations throughout the 1750s and

For example, the description of Andrew Blackhall’s collection as a ‘curious and useful museum’ in the auction catalogue drawn up by Richard Winstanley must be seen in the same light as that of Humphreys, and does not necessarily prove that Blackhall actually possessed a physical museum in the sense it might be understood today (Winstanley 1781).

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By the mid-1760s his collections were sufficiently extensive to be a major factor in his decision to move to Great Windmill Street. However, at no point before this date do they seem to have been generally referred to as a museum. It is possible that in fact they were split over two sites, with his anatomical preparations stored at his teaching rooms in Litchfield Street, while his art and other collections were probably displayed in his home in Jermyn Street. The same path appears to have been taken by his brother John, who is known to have begun building his own collection of preparations while still working for William in the 1750s, and to have begun actively acquiring other kinds of objects from the mid-1760s. Visitors to John Hunter after he moved into William’s newly vacated house in Jermyn Street in 1768 described seeing his collections housed here. For example the Scottish philosopher James Beattie (1735-1802) described Hunter’s ‘anatomical curiosities’ as ‘very numerous and well arranged’ in 1773 (R. Walker 1946, 40-41). In the same year an Inuit visitor called Attuiock was alarmed when, during a visit to John Hunter’s house, he ventured ‘into a room in the yard, in which stood a glass case containing many human bones’ (Cartwright 1792, 125-126). John Hunter is known to have purchased several items of display furniture at the sale of the natural history collector and dealer George Humphrey (d.1835) in 1779. Nevertheless there is no contemporary evidence for this being described as a museum, and the term is notably absent from the lengthy prospectus of John Hunter’s lectures published in the European Magazine in 1782, the year before he moved to Leicester Square (Abernethy 1819, 3:346).

A chronological study of the locations at which William and John Hunter lived and taught further reinforces the close connection between the establishment of their museums and their work as domestic teachers of practical anatomy. Their various addresses are detailed in Appendix 8, starting with William Hunter’s first school in Covent Garden and moving through to the establishment of the Great Windmill Street and Leicester Square schools. Although the houses in Covent Garden appear to have been used to lodge students and to conduct dissections, it is important to note that William Hunter did not live in the same property in which he taught until he moved to Great Windmill Street in 1767. Similarly, John Hunter may have conducted occasional dissections at his homes in Jermyn Street or at Earl’s Court, and gave an informal course of lectures at Jermyn Street in 1773 and 1774, but there is no evidence that he

256 Hunter’s purchases are recorded in annotated copies of the auction catalogue, preserved in the libraries of the Natural History Museum, the University of Oxford and the University of Oslo: see Paterson (1779), copies at NHMZL SB q HUM.
advertised classes in dissection at either location, or at the commercial rooms in Haymarket which he used for his lectures between 1779 and 1782. In fact, it was only in 1785 – the year in which he moved his collections into the new museum in Leicester Square – that John added classes in ‘practical anatomy’ to his newspaper advertisements (Gazetteer & New Daily Advertiser, 1 October 1785). Although less is known of the museums of the Hunters’ contemporaries, the same correlation between domestic museums and dissection appears to be true of William Hewson, who commenced lecturing in Craven Street in 1772, and John Sheldon, who began teaching at Great Queen Street in 1777. Joshua Brookes also appears to have created his museum more or less concurrently with commencing teaching at his school in Great Marlborough Street in the late 1780s.

This association between dissection and museums leads to a further question: what was displayed within these spaces, and how did these contents relate to their owners’ work as anatomists? If, as I suggest, the domestic museum was a particularly potent mechanism for self-presentation, how did the display of preparations reflect upon the anatomist as proprietor? I began this chapter by highlighting the fictional role of the ‘doctor’s cabinet’ as a physically and epistemologically heterotopic space, conducive to dual (or multiple) presentations of the self. But for Stevenson, the effect rested largely on the cabinet’s connotation as a sinister location, a place of personal and moral decay. Understanding how anatomical museums such as that of John Hunter projected a positive image of the anatomist, rather than reinforcing the morally problematic nature of dissection, therefore requires us to consider not only the place of the museum within the domestic oeconomy, but also the nature of its audiences and their reactions to the body parts displayed within it.

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257 John Hunter appears to have begun lecturing to his pupils at St George’s Hospital in 1770, and at his house in Jermyn Street in 1773, but did not advertise lectures at either location.
Chapter 9: Anatomy and ordered space

Museums and the model anatomy school

In the early months of 1763 William Hunter presented a petition to the Government requesting support for a new national academy for the teaching of anatomy and surgery (TIL, 122). In making the application Hunter may have hoped to capitalise on his recent appointment as physician-in-ordinary to the Queen and on the support of the Prime Minister, Lord Bute, a fellow Scot. It may also have been prompted by Hunter’s dissatisfaction with his lot as a teacher, for in his petition he noted the ‘fatigue and expense’ of lecturing. Self-serving as his claims may have been, Hunter was certainly in some difficulty in the early 1760s as he tried to balance his commitments as accoucheur with his business as a lecturer. John Hunter’s departure (as a consequence of ill-health) from William’s school in 1761 also played a role. William Hunter briefly suspended his lectures and he also appears to have relinquished his lease on the building in the Great Piazza. When he resumed lecturing in September 1762 he used the Chelsea China Warehouse near Piccadilly, and kept the same venue for his Spring course the following year. It was during this course that he developed his proposal, which was submitted shortly before Bute’s resignation in April 1763. The plan was not dismissed instantly by Bute’s successor, George Grenville, but Hunter must have sensed that his moment had passed. In May 1763 he took a lease on another property in Litchfield Street, where he lectured from October 1763 in association with William Hewson (Peachey 1924, 118-120).

With his petition William Hunter included a model plan for his new academy, reproduced as Fig. 16. It shows a rectangular plot seventy-one feet wide by 112 feet deep. Within this is a square ‘house of three rooms’ (on the ground floor), and adjoining it with its end facing onto the front of the plot a ‘Museum and Library’. The museum in turn connects, via a lobby, with a large square building containing a circular theatre forty-seven feet in diameter, and adjoining this in the far corner of the plot are a ‘coach house and stables’. The buildings form a C-shaped enclosure around two open areas: a large yard behind the house, and a smaller plot alongside the theatre.

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258 The petition, together with a sketch plan, was subsequently published with Hunter’s Introductory Lectures (TIL, 116-130). See also Peachey (1924), 118-121; Markus (1982), 161-162; Dulau (2007), 37-38.

259 Some confusion exists over the dates when Hunter suspended lecturing: it appears that he planned to cancel the Spring course in 1761, briefly relented and gave an abbreviated version, and then declined lecturing again in the Autumn of 1761 and Spring of 1762 (London Evening Post, 15 September 1761, quoted in Peachey 1924, 113; see also Keppie 2007, 5).
16. Dr Hunter’s Sketch of a Theatre, Museum, &c., published as part of the appendix to William Hunter’s Two Introductory Lectures (1784).
and coach-house designated on the plan as a ‘Burying-ground of Theatre yard’. The latter was presumably a space for disposing of human remains from the dissections, something which – as the discussion in Chapter 2 has indicated – posed particular problems and risks for those engaged in extra-mural anatomy teaching.

The existence of Hunter’s ‘ideal’ scheme reveals the importance of spatial organisation to anatomy teaching, and in particular the role of the museum within the anatomy school. Whether Hunter had specific British or European examples in mind is not known, but he would certainly have been familiar with the layout of the anatomy theatres at the College of Physicians and the Company of Barber-Surgeons in London, with the Ashmolean Museum and the Royal Society’s Repository, and with the anatomy theatres and cabinets of Paris and Leiden. That no record survives of the buildings in which William Cheselden and other early extra-mural teachers worked makes a direct association with these structures impossible, but it is likely that Hunter’s views were also prompted by his knowledge of their work, and by his own experience as both student and teacher. They were doubtless also informed by his knowledge of architecture and museum design, gleaned from his extensive library (McCormack 2007, 104.). In addition to architectural works, Hunter also owned numerous books containing illustrations and discussions of actual and imagined anatomy theatres, museums, libraries, and other places of learning. Among them was Michele Mercati’s Metallotheca (1719) – an important text dating from the 16th century, but only published at the start of the 18th – which portrayed a cabinet laid out on rational principles that appeared to prefigure Enlightenment ideals. The role assigned by William Hunter to the museum, as a building distinct from but linking the Theatre and House, suggests a significance which went beyond its practical utility as a repository for books and specimens needed by students.

William Hunter at Great Windmill Street

Whether Hunter’s ideas about spatial organisation and the role of the museum were applied to his school in Litchfield Street between 1763 and 1767 is unknown. The building (No. 22) which Hunter and Hewson used was destroyed during the construction of Charing Cross Road between 1881 and 1886, and no plans or other records have been traced. However elements of Hunter’s ideal scheme were certainly reflected in the design for the property on Great Windmill Street which he purchased in 1766. The following year Hunter and Hewson commenced their October course of

260 Hunter’s copy is preserved in Glasgow University Library (GUL Hunterian W.1.2). On Mercati and museum design see Olmi (1985), 4.
lectures and dissections at Great Windmill Street, and in 1768 William Hunter moved his domestic accommodation to the site, relinquishing his house on Jermyn Street to his brother John. William Hunter lived and taught at Great Windmill Street until his death in 1783, and the building continued to be used by his successors until at least the late 1830s (S. Thomson 1942; Cope 1961, 62-86). An architectural plan of the ground floor made about the time the building was constructed is preserved in the University of Glasgow (Fig. 17). There is also an unsigned late 18th or early 19th-century watercolour of the exterior of the building in the collections of The Royal College of Surgeons of England (Fig. 18). The architecture of the site has been studied by Thomas Markus and, more recently, by Helen McCormack (Markus 1982; Markus 1993, 192-193; McCormack 2007).

The idea for the school’s plan may have come from William Hunter, but the execution of scheme was the responsibility of the architect Robert Mylne (1733-1811). Although he is better known for his engineering works – notably Blackfriars Bridge, completed in 1769 – Mylne was a gifted architect, responsible for a number of high-profile buildings from the 1760s onwards (Colvin 1995; Woodley 1998). Born in Edinburgh, Mylne travelled to Rome and toured Italy before settling in London in 1759. How Hunter and Mylne came to be associated is unclear, but Helen McCormack’s suggestion that their alliance was a product of the close-knit community of Scottish professionals in London is plausible (McCormack 2007, 103). Well-versed in the prevailing neo-classical fashion, Mylne created a building for Hunter that was both practical and fashionable, befitting his client’s growing status as a connoisseur of the arts as well as man of science.

Mylne’s plan for Great Windmill Street shows how Hunter’s ideal plan was translated into reality. The house, providing domestic accommodation for William Hunter and his pupils and servants, fronted onto the street. Railings enclosed small areas to left and right of the porticoed front door. Gates either side of the house provided access to (on the right) a large yard behind the house and (on the left) to a passage running down the side of the property to a smaller yard at the rear. Neither appears large enough to have admitted a carriage, and as it is known that William Hunter kept one this suggests that it was kept locally – not an uncommon arrangement, especially for someone with a reputation for prudence in his household costs (Brock 1985, 42).

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261 See also Survey of London 31:48-51, 312-313, pl. 135.
17. Robert Mylne, *Ground plan of William Hunter’s house, museum and anatomy school at Great Windmill Street*, c.1765-1767, pen and pencil on paper (Courtesy of Glasgow University Library, Department of Special Collections, GUL Hunter H484).
18. View of the façade of William Hunter’s house and Medical School in Great Windmill Street, unsigned and undated (probably early-mid 19th century), watercolour, 21.6 by 17 cm (RCS Hunt. Mus. RCSSC/P 324)
The house consisted of a basement and three storeys above, with three rooms on the ground floor. Behind the house was a long rectangular museum and library, fifty-one feet long and twenty-seven feet wide. The house connected with the museum at ground floor level: next to the passage stood ‘a fine large mummy’ – presumably the one purchased by William Hunter from the collection of Richard Mead – and ‘two fine, well-preserved Egyptian deities in stone’ (Fabricius 1784, trans. Keppie 2007, 25-26). There may also have been a connecting door from the staircase of the main house at first floor level. An elliptical gallery ran around the perimeter of the museum, supported by classical pillars, and following the outline of a domed ceiling pierced by oval lanterns. The museum was described by Hunter’s biographer, Samuel Foart Simmons, as a ‘magnificent room’ decorated with ‘great elegance and propriety’ – language which, as Helen McCormack notes, suggested not only refined taste but also a careful avoidance of vulgar extravagance, in keeping with late 18th-century mores (McCormack 2007, 110). The disposition of collections within this space was significant. Benjamin Brodie recalled that:

…it the anatomical department occupied only the gallery of the building in which the museum was placed. A most valuable and extensive library, and a costly collection of medals and minerals, filled the lower part of it, and served to demonstrate that the collector of these treasures could well estimate the value of other branches of knowledge, as well as those in the pursuit of which he was himself engaged. (Brodie 1837, 13)

Not all of Hunter’s collection could be accommodated in the museum itself, and by 1782 his collections of ‘shells and zoophytes…stuffed birds, and a small number of quadrupeds’ were arranged in rooms on the upper floor of the house (Fabricius 1784, trans. Keppie 2007, 25-26). Other parts of Hunter’s collection, notably his paintings, appear to have been dispersed throughout the building (Brodie 1837, 13; McCormack 2007, 112).

Immediately behind the museum and library was another external entrance, accessible from the path along the side of the house, which opened into a lobby and staircase. Adjoining this was a large square building twenty-five feet wide which housed, on the ground floor, a study and bedroom and a servant’s room. The stairs from the lobby led up to the first floor where there were entrances to the museum gallery on one side, and to a high-ceilinged elliptical lecture theatre on the other. Beyond the theatre

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262 Thomas Rowlandson’s satirical cartoon of William Hunter in his museum on the day of judgement is the only illustration of any kind depicting the museum: see Fig. 4.

263 The lecture theatre is shown in an 1839 watercolour by Robert Blemmel Schneebelie, made when the theatre was still in use for anatomy teaching under John Gregory Smith (Wellcome Inv. 18514, figured in The Lancet 19 April 1997, 1182).
building was a yard with a privy, and a series of out-buildings containing preparation and drying rooms and two structures described only as the ‘Great’ and ‘Little Shede [sic]’ respectively. It is probable that the former was the dissecting-room used by Hunter’s students, for it is shown as windowless and its dimensions (thirty-four feet by eleven feet) accord with those shown in Thomas Rowlandson’s drawing (Fig. 11).

Much more could be said about the organisation of William Hunter’s school, but my concern is to highlight three aspects which are relevant to an analysis of John Hunter’s house in Leicester Square. The first concerns the way in which architectural structure delineated functional areas within the house. Distinct kinds of activity – living, exhibiting, lecturing and dissecting – were assigned to defined parts of the property. There is a strong linear relationship between these functions. At one end was William Hunter’s house, containing not only his personal accommodation but also rooms designed for the receiving of guests and visitors. At the other were ‘anatomical’ spaces, designed for the exclusive use of the lecturer and his students. As in Hunter’s academy plan, the museum was interposed between, and accessible from, both of these areas. It was not, however, designed as a through route. The side passage provided a way for students to enter, and for the bringing in of cadavers. The front entrance was presumably restricted to Hunter’s guests. Both students and guests could access the museum, but in general did not move beyond it into the spaces at either end, lending the museum its liminal quality as a boundary space.

The second point concerns the role played by objects within this system. On one level, the spatial organisation of the architectural plan was mirrored by the separation and classification of types of objects within the museum. Rather than adopting a strategy of deliberate heterogeneity of the kind favoured by 17th-century collectors such as the Tradescants (and still present in late 18th-century England in Richard Greene’s museum in Lichfield), the objects in Hunter’s collection were arranged by type. Within each part of the collection, systems of classification lent a further degree of order to the displays, reinforcing the sense that the collection, like the museum in which it was housed, was the product of modern rational design rather than an unfashionable model of inchoate curiosity. At the same time, the degree to which Hunter’s collections penetrated into other parts of the building lent certain kinds of objects a connecting quality. Pictures were particularly significant in this respect. McCormack speculates that Mylne’s design for Hunter’s museum may have included niches for paintings or busts, but it is also clear that portraits and other paintings were...
spread throughout the house.\textsuperscript{264} Leaving aside the specific kinds of meanings that might have been associated with or engendered by individual works in particular locations, their dissemination highlights a more general point, namely the use of objects as a visual means of linking spaces and activities within the house.\textsuperscript{265}

The third aspect concerns the manner in which anatomical preparations formed part of the museum display. Although not arranged on the ground floor of the museum – in the space into which visitors would have entered from the main house – they were nonetheless displayed openly within the museum rather than being kept separately. Their presence as an intrinsic part of the museum (in contrast to those natural objects displayed elsewhere in the building) reinforced a visual association between William Hunter’s work as an anatomist and his interests as a collector of books, antiquities, coins and minerals. By being placed where they could be seen, but not immediately within reach, they provided a reminder of the distance that anatomical expertise created between the medical and the non-medical spectator. Their position on the gallery next to a connecting door to the theatre ensured that they were not only conveniently placed for use in lectures, but also made visually contiguous with Hunter’s work as a teacher.

\textbf{John Hunter at Leicester Square}

Many aspects of the organisation of William Hunter’s Great Windmill Street house were also evident in John Hunter’s house and anatomy school in Leicester Square, which he occupied with his wife, the poet Anne Home Hunter (1742-1821), and their two children from 1783 until his death. That John Hunter’s house was a family home is not insignificant. Fourteen years her husband’s junior, Anne’s marriage to John Hunter in July 1771 was the culmination of a long courtship which has been attributed in part to Hunter’s struggle to secure an income adequate to sustain them both (Dobson 1969, 133). The daughter of a surgeon, Robert Home (d.1786), Anne appears to have been well-educated and in 1765 had established a modest reputation as a poet. She was an active member of a literary and musical set, hosting a regular salon and counting Horace Walpole, Robert Nares, Richard Sheridan, Elizabeth Carter and Mary

\textsuperscript{264} Helen McCormack notes that this device was used by Mylne for Sir Abraham Hume’s house at Wormleybury, roughly contemporaneously with his work for William Hunter (McCormack 2007, 111).

Delaney among her associates (Oppenheimer 1946b; A. Adams 1995). She was also a close friend of the composer Josef Haydn, who set a number of her lyrical poems to music (P. Brown 1994; Koegel 1997). Given her education, interests and her active role in London society, it is reasonable to assume that Anne Hunter exercised a significant influence over the décor and organisation of the homes occupied by her and her husband.

No complete architectural plan of Hunter’s house survives, but a sketch plan giving the ground floor arrangement of the site as it was in 1792 was made by William Clift in 1832 (Fig. 19). The latter is not, of course, a scale drawing, and was completed many years after Clift had finally left his accommodation in the house. Nevertheless a gauge of its accuracy can be made by comparison with other extant plans. These include a hitherto unknown surveyor’s drawing of the ground and first floors of the museum and Castle Street buildings (Fig. 20). It is unsigned and undated, but is probably the one made by the surveyor George Byfield (c.1756-1813) for which payment is recorded in William Clift’s account book for 1801. The façade of the building is recorded in a photograph from the late 19th century (Fig. 21). Clift’s plan also provides valuable information about décor and the locations of objects within it. This is enhanced by a catalogue of the furnishings of the house produced when they were auctioned off in 1806 (Dawson 1806). Together with other records, these plans have been used as the basis for a sectioned perspective view of the house, prepared by the designer John Ronayne for the Hunterian Museum in 2005 (Fig. 22).

266 Previously unpublished, the plan was found among early 19th-century drawings for the Royal College of Surgeons’ first building in Lincoln’s Inn Fields, but is marked in pencil ‘Mr Hunter’s Museum’. The payment to ‘Mr Byfield’ is recorded in William Clift’s account-book (RCS Lib. MS0007/4/1). Byfield was a pupil of Sir Robert Taylor and was active in London during the period in question (Colvin 1995).

267 The furnishings were sold when the lease expired; until this point, the house on Leicester Square had been sub-let by Hunter’s executors, while the museum and Castle Street house were used to store Hunter’s collection prior to its move to the new Royal College of Surgeons in Lincoln’s Inn Fields in 1806. The buildings were subsequently used for a variety of purposes, including the short-lived ‘National Repository of the Arts’ in the 1820s and as the museum of the Zoological Society of London in the 1830s, but no plans or drawings of either have been traced.

268 See Survey of London 34:500-501; Howard (1970), 8-11. As well as biographical sources listed above, details of the layout of the house are taken from The Builder, 72.6; T. Taylor (1874), 381-419; Finlayson (1890); Hollingshead (1897); Sclater (1901), 160-163. Chaplin (2005) provides a brief introduction to the organisation of Hunter’s house and museum.

Clift’s plan was made from memory some 40 years after he began work as Hunter’s assistant, and long after the Hunterian Collection had been moved from Leicester Square. It nevertheless provides an important record of the layout of the space and the disposition of objects and functions within it.
20. *Mr Hunter’s Museum* (Ground and first floor plans of John Hunter’s Museum in Leicester Square), attributed to George Byfield, probably c.1801, ink, pencil and wash on paper (RCS Lib. ADDMSS603).

By the time this photograph was taken 28 Leicester Square and the buildings behind it were in use as a musical instrument factory. The façade was considerably altered from its 18th-century form. The building was demolished shortly afterwards.

This drawing was made by John Ronayne, the designer responsible for the 2005 refurbishment of the Hunterian Museum, based on information supplied by the author. Some details are speculative: the drawing was made before the plan of the museum (Fig. 20) was discovered, and details of the roof and façade of the museum building are now known to be incorrect, as is the inclusion of a spiral stair within the museum itself.
John Hunter’s house occupied what were originally two separate buildings at 28 Leicester Square and 13 Castle Street, together with the land between them (Fig. 23). The site was roughly rectangular, about two hundred feet long along the north side and thirty feet wide. Despite taking only a twenty-three year lease, Hunter spent heavily on rebuilding the property. Clift estimated Hunter’s expenditure on construction alone at six thousand pounds – roughly the sum paid by William Hunter for building work at Great Windmill Street (Finlayson 1890; McCormack 2007, 101). John Hunter’s expenditure was considerable compared to the average costs of church and scientific society buildings in the early 19th century, which ranged from two thousand pounds for a modest structure to twenty thousand pounds for large town churches or a prestigious building such as the Royal Manchester Institution (Forgan 1986, 92-93; Chalklin 1980). The high level of Hunter’s investment may indicate the difficulty he faced in finding a suitably-sized plot in the right kind of location. Additionally, it may reflect the importance he attached to having a home which not only reflected his (and his wife’s) social aspirations, but also accommodated his professional activities.

Considering the extent of the building work, John Hunter must have received some kind of professional input from a trained surveyor or architect. An obvious candidate is Robert Mylne. Aside from his brother’s previous collaboration with Mylne, John Hunter was also personally connected with the architect. Both were active in an informal association of Royal Society fellows from the late 1760s, and their connection was reinforced when John Hunter married Anne Home, sister to Mylne’s wife Maria, in 1771. The friendship between John Hunter and Mylne appears to have been strained by a dispute over patronage in 1772, but there is nothing to suggest a lasting rift. No direct record exists of Mylne’s involvement in the building work at Leicester Square, but a connection has been suggested by Mylne’s biographer, and an absence of any mention of work for John Hunter in Mylne’s diary is inconclusive. John Hunter later displayed a print of Mylne’s Blackfriars Bridge alongside portraits of famous European anatomy lecturers in the lobby to his lecture theatre at Leicester Square, which suggests at least a willingness to draw attention to the family connection.

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269 Mylne and Maria Home were married in 1770. John Hunter and Anne Home married in July 1771, but their courtship had extended for several years prior to this (Dobson 1969, 133).
270 The dispute is recorded in letters preserved in the Mylne papers: see RIBA Myfam/5/8-12.
271 Mylne’s diary also makes no mention of his work for William Hunter at Great Windmill Street (Woodley 1998, 15 and 108-109).
272 The print is mentioned on Clift’s plan: see Fig. 19.

Hunter’s property is outlined in red. This plan, though post-dating Hunter’s occupancy, contains important details of the numbers of stories and arrangement of buildings. By this time the yard between the Leicester Square house and museum building had been in-filled, and Castle Street (on the left) had been replaced by Charing Cross Road.
The only architect known to have been employed by John Hunter was George Richardson (d.1813). Richardson trained with Robert and James Adam and worked in the Adams’s drawing-office in London until at least the mid-1770s (Colvin 1995). Better known as an interior designer, Richardson is recorded as having collaborated with Mylne on several projects and may also have been involved in the rebuilding of Great Windmill Street (McCormack 2007, 103). Account books kept by William Clift show that payment was made to Richardson in 1795 for work carried out shortly before John Hunter’s death, either in Leicester Square or at Hunter’s country house at Earl’s Court. It is unlikely that this was their first association, for John Hunter was also listed as a subscriber to several of Richardson’s books from the mid-1770s onwards.\footnote{273} If Richardson was involved in the building of Hunter’s museum he did not publicise the association, despite regularly exhibiting plans at the Royal Academy in the 1780s (Colvin 1995).

28 Leicester Square

Whoever played a part in the design of the property, Hunter’s house and anatomy school shows the influence of Mylne’s plan for Great Windmill Street as well as George Richardson’s taste in interior décor. On the east side of the square, 28 Leicester Square was a large town-house, with a basement and four storeys above. Originally built in the late 17th century, the façade of the house and possibly much of the interior appear to have been rebuilt for John Hunter. Changes to the exterior included the addition of a pediment in contemporary neoclassical fashion, and a porch flanked by twin columns. A narrow area on either side of the main door gave access to the basement below, where the kitchens, scullery and housekeeper’s rooms were located. Cellars extended under the square at the front and beneath the yard at the rear.\footnote{274} On the ground floor, the main door opened into a stone-flagged hallway, off which was a parlour used as a receiving room.

As the first space encountered by guests (including some of Hunter’s patients) it is useful to dwell briefly on the contents of this room. Clift’s plan lists numerous framed prints displayed on the walls, among them Gérard Audran’s engravings of Charles Le Brun’s Battles of Alexander; Hogarth’s Rake’s and Harlot’s Progress and the Election series; and a series after Benjamin West by Robert Strange. Their selection suggests some of the kinds of active strategies that informed the display of objects in the house.

\footnote{273} These included Richardson’s Book of Ceilings (1776); Iconology (1779); Treatise on the Five Orders of Architecture (1787) and New Designs in Architecture (1792).

\footnote{274} These are shown on a cross-section of the adjacent Alhambra site in 1883 (TNA LC 7/50).
All were popular and fashionable works, appreciated for their subject matter and their execution. Their display therefore conveyed a sense of connoisseurship. Furthermore, all possessed some kind of medical or anatomical association: Audran was also known for his publication on *Les Proportions du corps humain mesurés* (1683) and Hogarth for his *Analysis of Beauty* (1753), both of which dealt (in different ways) with the anatomy of the human body by artists; while Strange had been one of the engravers who contributed to William Hunter’s *Anatomy of the Gravid Uterus* (1774). Lastly, the choice of Hogarth’s works – in which both the Rake and the Harlot are afflicted by venereal disease – suggests a degree of playfulness given Hunter’s reputation as an expert in the treatment of the *lues venera*.

Behind the receiving room a larger inner hall gave access to a main staircase on one side of the house, and a servants’ staircase on the other. A passage ran down the centre of the house to the rear, exiting in the centre of a semi-circular bay which was also probably an addition made for Hunter. On the walls of the passage were paintings by George Stubbs (1724-1806). Clift does not note which these were, but Hunter is known to have possessed six in total. Three were displayed in the museum, so the paintings in the passage must have been some or all of *A lion devouring a stag*, *The head of King Solomon* and *Head of a Grecian lady*, which were among the works sold after Hunter’s death (Christie 1794b). Like the engravings in the receiving rooms, the choice also accentuated the connection between art, anatomy and the study of nature, both through the background of the artist and by a visual connection with the pictures in the museum, as much as any specific meaning their content may have had.

To either side were rooms used as John Hunter’s study and an ‘afternoon bedroom’ or personal library. It is here that, according to Clift, Hunter would work into the night dictating to his assistants, often working from preparations brought through from the museum (Dobson 1954a, 9). John Hunter possessed a relatively modest library collection, and it appears to have been accumulated for use rather than for show (Christie 1794c; Qvist 1981, 31-35). Signally absent from John Hunter’s house is a

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275 On the associations between Audran, Hogarth and Strange see R. Simon 2007, 95. On the importance attached to technical virtuosity in engraving and its relationship to the anatomist as connoisseur see Jordanova 1985. The choice of Hogarth’s works – of which John Hunter was an avid collector – also highlighted the close physical proximity of Hogarth’s own home at 30 Leicester Square.

276 In addition to the animal paintings made by Stubbs for both William and John Hunter and his interest in comparative anatomy, the painter was also connected through the invitation issued to John Hunter by the Society of Artists in 1769, while Stubbs was treasurer, to ‘dissect a human figure and also to read lectures thereon’ (Vincent-Kemp 1983, 8).
grand display of collected books and manuscripts of the kinds owned by his brother, or by physician-collectors such as Lettsom and Fothergill.

There is no information from Clift’s plan about the other storeys, but the first floor is known to have formed the piano nobile, the main social space of the house, again in keeping with current fashion. A long drawing room ran the full width of the house at the front. According to the 1806 sale catalogue it was furnished with pier tables and glasses with matching chairs, ‘eight gilt cabriole chairs’ with a matching sofa, a ‘grand piano forte’, a ‘large capital sofa’, with a ‘handsome Brussels carpet’ and ‘French yellow calico window curtains’ (Dawson 1806, 4-5). The room provided a setting for Anne Hunter’s literary salons, and as the main social space in the house would certainly have been the site of some of the grander pictures in Hunter’s collection. In the absence of any evidence there can only be speculation as to which these were, but it is probable that the portrait of John Hunter by Sir Joshua Reynolds, commissioned in 1786, was one of them (Fig. 24). This painting is known to have come about partly through Anne Hunter’s friendship with Reynolds, who was also a resident in Leicester Square. It was one of the few possessions retained by Anne after her husband’s death, and it is likely that it took pride of place in the drawing room.277

On the rear of the same floor were a smaller ‘Back Drawing Room’ and dining room. The latter included a set of ten Yorkshire-type dining chairs made from Australian black-wood (Acacia melanoxylon) brought back by James Cook.278 According to Dobson, the second and third floors of the house were used to accommodate Hunter’s pupils as well as his family, though the testimony of some of those students appears to contradict this (G. Edwards 1968). It is more likely that these floors provided bedrooms for Hunter and his family and for some of the senior members of their household. Hunter is known to have employed at least one and sometimes two assistants throughout his stay in Leicester Square, as well as a tutor for his son and a draughtsman to undertake drawings of preparations.279 It is also likely that Anne Hunter had a personal drawing room on the second floor, the furnishings of which included a ‘painted library bookcase’.280

277 The painting is discussed in more detail in Chapter 11.
278 Two survive in the Hunterian Museum (RCSSC/F 43): see Negus (1967) 40.
279 William Clift’s diary includes a list of Hunter’s household at his death. With family, students, servants and other ‘outdoor tradesmen, [in] nearly constant employ’ in Leicester Square, Castle Street and Earl’s Court it numbers over 40 individuals (Finlayson 1890; Qvist 1981, 23-24).
280 There is a tantalising, but possibly mistaken, reference to the sale of Anne Hunter’s library in 1796 (Plarr 1926): no further details have been traced.

Hunter’s portrait is believed to have been hung in the drawing room on the first floor of 28 Leicester Square. It is one of the few items known to have been retained by Anne Hunter after her husband’s death. It was presented to the College by her son John Banks Hunter after his mother’s death in 1821. It has been restored several times, most recently in 2007: for previous restorations see Le Fanu (1960). On portraits of John Hunter see also Taylor (1993).
The sale catalogue of Hunter’s possessions lists numerous other objects that were probably displayed in the rooms or hallways on the ground and first floor. Some, such as ‘a piece of white cloth made of the inner bark of a tree, from Otaheite’ and ‘a wooden shield and several other items from New South Wales’ were gifts from Cook’s voyages.⁵²¹ Among the other ‘miscellaneous curiosities’ sold in 1794 were items from India, Newfoundland, Madagascar and Japan, including pottery and porcelain, bronze statuary, weapons, clothing, furniture and books. The catalogue also describes a series of Wedgwood Etruscan-ware ornaments; a ‘very capital historical tapestry’ (which fetched sixty-three pounds, by far the most valuable item in the day’s sale); a selection of armour and Highland weapons including two broad-swords, and an antique ‘sarcophagus in marble’ (Christie 1794b). Although there is no record of objects of natural history being displayed in the Leicester Square house, Hunter’s collection of paintings was heavily weighted towards landscapes, and these scenes of nature must have been a significant presence in the ‘public’ areas of the house.⁵²²

**Picture Gallery**

Behind 28 Leicester Square was a flat gravel yard with a central pathway leading from the rear door of the house. On the north side of this path was a small, single-storey, windowless building about twelve feet square, lit by a large central lantern and with a doorway opening on to the path. Although a separate structure, it appears to have had some connection to the main house through a flue at basement level, since Clift’s plan indicates that it was heated by ‘hot air from the housekeeper’s room’. According to Clift the room was lined with cases for portfolios and was used as a ‘Picture, Print and Drawing Gallery’. The walls of the room may have been used for hanging paintings, and included some other *objets d’art* such as a pair of Chinese porcelain figurines, but its principal function appears to have been as a repository for John Hunter’s collection of prints. The sale catalogue of John Hunter’s art collection and library includes over five hundred loose prints, many of them proofs, with fashionable contemporary works by Francesco Bartolozzi (1727-1815), and William Sharp (1749-1824) particularly well-represented. Hunter also possessed a well-chosen collection of Hogarth’s engraved works, and forty-six folio volumes of engravings. The room also contained a draughtsman’s desk and may have served as a working area for the artists employed by Hunter to make drawings of his specimens. It is possible that the room was used as

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⁵²¹ Hunter was a close friend of Joseph Banks, as well as Cook, Daniel Solander and George and Johan Reinhold Forster, any of whom might have been the source of these gifts (Gascoigne 1994, 144-145).

⁵²² See Appendix 6 for details of Hunter’s paintings.
a studio by the previous tenant, the American artist John Singleton Copley (1738-1815) who was resident from 1776 until 1783 (Survey of London 34:500).

The Conversazione Room

Adjacent to the gallery was a larger building occupying the full width of the plot. At basement level it housed stables sufficient to accommodate eight horses, which ran the full length and width of the building and were accessed at the west end from a set of stairs adjacent to the picture gallery, and at the east end via a sloping roadway to Castle Street. Above ground there were two main floors. On the ground level were two rooms, both with an internal height of about fourteen feet. The smaller room, at the west end of the building, is described on Clift’s plan as a ‘great Parlour or Conversazione Room’. It was used for meetings of the ‘Society for the Improvement of Medical and Chirurgical Knowledge’ founded by Hunter and the physician George Fordyce in 1783, and those of the ‘Lyceum Medicum Londinense’ established by Hunter and Fordyce in 1785 (Peachey 1924, 183). The room was entered via a central ‘Great Glass Door’, flanked on either side by tall windows, and was decorated with large painted wall hangings by the fashionable Italian artist Francesco Zuccarelli (1702-1788) and Philip Reinagle (1749-1833). Also displayed here was a full-size cast of a naked African man, made by the Royal Academy’s poetically-titled ‘Master and Caster in plaster’, Antonio Sartini.283

Lecture Theatre

In the north-eastern corner of the Conversazione Room a door led through into the larger room, which was equipped as a theatre, and used for John Hunter’s formal lectures on the principles of surgery. It contained two semi-circular sets of tiered seats on iron frames; a large oval slate-topped table and wooden chair for the lecturer; and a wooden side-board or table for displaying preparations during the lectures. Underneath the seating frames were drawers for loose preparations of diseased bones, while the corners of the room and the walls behind the lecturer’s chair were lined with open-fronted cases containing shelves for preparations of morbid anatomy mounted in individual glass jars. The room was lit by two windows in the far wall, which overlooked a small yard. A door in the north-east corner of the far wall led through into a small lobby, in which hung a series of portrait prints of eminent medical

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283 Sartini was appointed in 1779: see Darlington (1991), 604. The cast was later transferred to the Royal College of Surgeons and though destroyed in 1941 is recorded in photographs (see Appendix 6, Fig. 13).
lecturers as well as Piranesi’s etching of Mylne’s Blackfriars Bridge, mentioned earlier. The lobby connected with the stairs and hallway in 13 Castle Street, through which Hunter’s students entered.

**Museum**

Above the conversazione room and theatre was the museum, a two-story structure which ran the full length and width of the building, creating a room fifty-two feet long by twenty-nine feet wide, with a curved or domed ceiling almost twenty-six feet from floor level at its highest point. The ceiling was pierced by two circular lanterns placed roughly equidistant from the mid-point, where a central flue rose from floor to ceiling from a patent ‘hot air stove’ which heated the two ground floor rooms.284 The roof is shown in section on the surveyor’s plan as a shallow barrel vault, curved inside and out, with a rise of only about two feet eight inches across its width. Almost certainly this part of the drawing – which is compressed into the top corner of the sheet – is inaccurate, and it is more likely that the curved interior was supported by a shallow pitched roof, slate-covered, of a type commonly featured in 18th-century builders’ pattern books.285 The internal height of the museum was more or less equally divided by a rectilinear gallery about eight feet deep, bordered by an iron balustrade. With the exception of the doorways in the north-eastern corners at each level the walls of the museum on both levels were lined with open shelves to a height of about nine feet. Additional illumination was provided by squat windows compressed into the space between the shelf tops and the ceilings. From the exterior these may have given the façade of the building as seen from the rear of the Leicester Square house a rather ugly and unbalanced aspect, but it is possible that there were blank window recesses which kept the neoclassical proportion and symmetry suggested by the overall floor heights and tripartite symmetry of the ground floor tall door and windows.

The main floor of the museum was filled with free-standing desk cases, and with plinths on which were mounted the skeletons of animals. Among them were two large taxidermy mounts. The first was a giraffe, presented to Hunter by the explorer William Paterson in 1779; the other was a hippopotamus shot in the Cape Colony by

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284 These were ‘Jackson & Moser’s patent hot air stoves’, devices which were – like the shallow roofs and top lights of museum architecture – a novel technology in the late 18th century (C. Richardson 1837).
285 See for example Hoppus (1969 [1737], 85, Plate 77.)
Lieutenant Edward Riou, a naval officer.\(^{286}\) The desk cases housed Hunter’s collection of calculi, but in 1792 the cases were relocated to make way for a series of zoological specimens donated by Joseph Banks. The latter were displayed in a series of new cases made by John Weatherall, an upholsterer and cabinet-maker with a shop in the Haymarket. Weatherall is known to have been on friendly terms with John and Anne Hunter, and it is likely that he was also responsible for the initial fitting-out of the museum.\(^{287}\) The shelves around the walls were filled with preparations of comparative anatomy. A sketch plan of the arrangement of preparations in the museum was made by William Clift during the planning for the move to Lincoln’s Inn Fields in 1806 (Fig. 25). The cases closest to the door contained a series of preparations showing ‘the growth of bone’, which almost certainly included the skeleton of Charles Byrne, as well as the other complete human skeletons in Hunter’s collection. Clift’s sketch shows that preparations in these cases were grouped according to physiological function, with human, animal and sometimes plant material grouped together. The series was continued in the cases around the gallery, which also contained John Hunter’s ‘corroded preparations’ – fragile internal casts made in wax or metal of structures such as the lungs. In addition, the gallery cases also contained John Hunter’s specimens of ‘natural history in spirit’ – complete and undissected animals preserved in alcohol – to which were added (in 1792) many smaller taxidermy mounts of birds and animals from Banks’s collection.

Around the railings of the gallery were hung the horns, antlers and skulls of large animals, and a series of paintings. The latter included three by George Stubbs of a yak; a drill and albino baboon, and a rhinoceros; and a large canvas by Jan van Rymsdyk showing an animal group.\(^{288}\) As well as other ‘natural history’ or ‘anatomical’ subjects – some of which were actually 17th century Dutch game paintings – there was also a series of portraits of individuals of different races, and four portraits of individuals with dwarfism (Le Fanu 1960, 81-84). Unlike William, John Hunter does not seem to have used his museum to display painted portraits or

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\(^{286}\) These were described by William Clift in his ‘Memoranda relating to stuffed animals, pictures etc.’ (RCS Lib. MS 0007/1/4/5/15). They were transferred to the British Museum from the Royal College of Surgeons in the 19th century: see Appendix 6.

\(^{287}\) According to Arthur Keith, it was Weatherall who received the unusual painting showing Hunter with a beard, which is believed to have been made by Joshua Reynolds’s as a preliminary sketch for a portrait of Hunter. Keith states that Weatherall ‘looked after Hunter’s establishment, and continued to supervise the Leicester Square property for years after Hunter’s death’ (Keith 1928).

\(^{288}\) The paintings are in the Hunterian Museum as RCSSC/P 266-269. See Le Fanu (1960), 88-89; Egerton (1984); Rolfe and Grigson (2006).
25. William Clift, sketch of the internal layout of the Castle Street Museum, made prior to the move to Lincoln’s Inn Fields in 1806 (RCS Lib. MS0007/1/1/1/19).
busts of other medical figures (although he owned several), or for the exhibition of other *objets d’art*, antiquities or ethnographic objects.\(^{289}\)

**13 Castle Street**

There were no internal stairs within the museum, so access was solely via lobbies which connected with the stairs in the house at 13 Castle Street. On the first floor the lobby was wide enough to contain deep cabinets which held Hunter’s collection of calculi.\(^{290}\) Adjacent to the lobby building was a yard glazed ‘with 500 superficial feet of glass’ providing shelter for Hunter’s carriage and the skull of a Greenland whale that was too large to be accommodated elsewhere. The Castle Street building itself was a terraced house of one basement and four above-ground floors. The arrangement at basement and ground floor level was unusual, with a sloping pathway wide and tall enough to admit a carriage leading from road level down to the stables below the museum. To give access to the ground floor of the house there was a counter-balanced drawbridge which could be raised or lowered to allow the carriage to pass. This passageway was barred by a folding iron gate topped by spikes, which must have lent the rear façade a rather forbidding aspect.

Castle Street was wholly given over to Hunter’s work. On the top (third) floor was the dissecting-room. Although possibly illuminated from above (as with William Hunter’s dissecting-room in Great Windmill Street) John Hunter is known to have disliked this arrangement, for his notes recorded that skylights were ‘very improper’ and that ‘side or front-light should be preferred’ (*E&O*, 1:385). Below this was a room used by Hunter for making preparations and a bedroom for Hunter’s house-pupils. Hunter’s preparation room had originally been on the first floor below, but in 1792 this had been knocked-through to create an extension of the museum, and was used for the display of the collection of fossils and corallines. The ground floor contained a room for Elizabeth Adams, the house-keeper, and a dining room-cum-study for the students which also served as the store for copies of Hunter’s publications. At least some of the latter were produced on Hunter’s own printing press, situated in the basement (Robb-Smith, 1970).

\(^{289}\) These were all included in the sale catalogue of 1794, which appears to have been restricted to material not housed in the museum or lecture theatre (Christie 1794b).

\(^{290}\) This was the case in 1792, although Clift suggests that previously they had been displayed in the main museum: see ‘Memoranda concerning the old and duplicate specimens of Natural History’ (RCS Lib. MS0007/1/2/2/11).
Ordered space

Like William Hunter’s Great Windmill Street plan, the arrangement of John Hunter’s house reveals the degree to which apparently antithetical activities were accommodated through a system of architectural delineation. Thomas Markus has suggested that this common scheme illustrates the ‘spatial dependence’ of the Hunters’ work as anatomists on their collections, and upon the arrangement of natural knowledge within the museum (Markus 1985, 160-165). He argues that the various rooms formed an ‘ordered hierarchy’ through which interface with a wider public was managed, and draws an analogy between this hierarchical structure and the systems employed within William Hunter’s museum and library to classify and order the collections they contained. Markus suggests that this juxtaposition of spatial and natural order reinforced the status of the anatomist by linking the microcosmic scale of the dissected body and the macrocosmic divine architecture of the natural world (Markus 1985, 17).

While accepting much of what Markus says, my study of John Hunter’s house differs by emphasising the contingent and fluid associations between spatial structure, activity and objects. Unlike the neat lines of Mylne’s architectural plans of Great Windmill Street, Clift’s sketch of Leicester Square conveys a visual impression of entropy. Discussing the display of portraiture in houses from the same period, Marcia Pointon has stressed the transient nature of the relationships between objects and spaces within the home (Pointon 1993, 13). As with the household inventories which Pointon cites, plans do not reveal the dynamic nature of the interaction between artefacts, spaces and audiences. These were subject to the constant changes of structural alteration, the addition and removal of objects and the coming and going of human inhabitants with their own changing interests.

This point is nicely illustrated by William Clift’s description of the changes occasioned by the receipt of Banks’s zoological specimens in 1792. According to Clift:

…the reception of this extensive Donation from Sir Joseph occasioned great alterations in the whole economy of the museum and house. The calculi cases were divided in the middle and placed one half on each side of the vestibule or entrance to the museum floor, which till then had been occupied by the fossil cubes; and Mr Hunter at considerable expence removed his workroom from the first floor to the second, and removed a partition between the front and back room of the first floor and fitted them up for the reception of the fossils,
Corals etc in order to give up one intire end of the museum to Sir Joseph’s Donation. Clift’s description captures the different senses in which the arrangement of the collection, the physical structure of the building and the organisation of the household were interconnected and susceptible to change. It is precisely this fluidity that should make us suspicious of attempts to reduce an analysis of the social order within these spaces to the level of architectural form. Markus is certainly correct to draw attention to the careful ordering of space within the Hunterian schools, but there are ways in which his analysis can be enhanced in relation to John Hunter’s house. Most importantly, this requires a better understanding of the relationship between the museum and other functional areas of the property, particularly those given over to the practice of dissection.

One of the most important features of the Great Windmill Street and Leicester Square plans is the physical separation of the house and dissecting-room. In itself, this arrangement was nothing new. A dissection conducted in the home of ‘Dr Underhill’ provided the basis for Edward Ravenscroft’s farce *The anatomist, or, The sham doctor*, first published in 1697 and based on an earlier French play, *Crispin Médecin* (1674) by Noël le Breton, Sieur de Hauteroche (Ravenscroft 1697; Norris 1931; Parshall 1936). It included the following exchange between the doctor and his maidservant:

> Dr. Underhill: See all things are in order here in my Laboratory. Many Virtuosi will be here, to see my curious Dissection, and hear the lecture I intend to read on a dead Body, which every moment I expect to be sent in from the place of Execution.
> Beatrice: Why do you choose this back Apartment at the end of the Garden? You us’d to do it in the Great Hall formerly.
> Dr. Underhill: My Wife will have it so, and that’s enough; the body may be brought in privately, at that back door, for so I order’d it: Besides, the wrangling disputations of self-conceited, obstinate Physicians, who come to see my operation, will at this distance less disturb the Neighbourhood: they will maintain their notions with more noise, than Betters in a Cock-pit.

(Ravenscroft 1697, 13)

Ravenscroft’s farce remained a staple of the London stage throughout the 18th and into the 19th century (Vincent 2005). Its popularity may have been due in part to its resonance with audiences familiar with the London’s extra-mural anatomy teachers. The idea of dissection being confined to a ‘back apartment’, with bodies brought in via a side or rear entrance so as to ‘less disturb the neighbourhood’ was almost

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291 William Clift, ‘Memoranda concerning the old and duplicate specimens of Natural History’, c.1835 (RCS Lib. MS0007/1/2/11, my emphasis)
certainly a feature of many of sites used to teach anatomy in 18th-century London. A plan of William Hunter’s anatomy school in the Great Piazza in Covent Garden shows a similar structure, with extensive outbuildings accessed from Hart Street at the rear of the property (Fig. 26). Whether these were the rooms used for dissection is unknown, but it is a reasonable assumption in light of the later arrangements adopted by William Hunter in Great Windmill Street.

There is some evidence to suggest that this plan was more widely adopted. William Hewson and Magnus Falconar ran their anatomy schools from 27 Craven Street from 1772 until 1777. The building (now renumbered 36) is still preserved as a museum to Benjamin Franklin, who had leased the property to Hewson. That Hewson and Falconar conducted dissection on the site was confirmed by the recent discovery of human and animal bones below what was formerly the back yard of the house. The Survey of London records – without a source – that Hewson built a theatre for his teaching in 1772 (18, 2:38). Following Falconar’s death the lease was advertised, and the buildings were described as:

A genteel and commodious house, in good Repair, with Coach-house and Stabling for two Horses… consisting of two rooms and light closets on each floor, with out-buildings in the Yard, a Museum, a Compleat Theatre, and other conveniences. (Daily Advertiser, 27 August 1778)

Given that a nearby building at 35 Craven Street was occupied by the man-midwife John Leake, who advertised lectures at his ‘Theatre’ between 1764 and 1788, it is possible that some facilities were shared. In both cases, however, the buildings served a dual function as domestic accommodation and as sites for lecturing and dissection. Importantly, both buildings also shared an access to the rear which opened on to Hungerford Market (since overbuilt by Charing Cross Station), suggesting that they – like the Hunters’ schools – had separate routes for access to house and teaching areas.

Andrew Blackall’s ‘Anatomical Theatre’ at Thavies Inn also combined domestic accommodation with rooms for teaching and dissecting, for the sale of his anatomical collection ‘on the premises’ was preceded by an auction of his household furniture and other effects. The same premises may have been used by Andrew Marshal, who was resident in Thavies Inn from 1784 and who lectured there from 1786 until 1800.

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292 The sale of domestic goods was advertised in the Morning Chronicle and London Advertiser on 30 April 1781, but only the catalogue for his preparations has been traced (Winstanley 1781).

293 Marshal’s DNB entry suggests that he ‘built a dissecting room’ after his move to Thavies Inn.

The out-buildings, possibly used for dissecting rooms, are shown at the top of the plan. Covent Garden itself is to the bottom right.
Marshal’s advertisements variously describe his ‘Theatre’ as being in Thavies Inn or Bartlett’s Court, a narrow cul-de-sac immediately to the west of Thavies Inn, which suggests that the building was approachable from both sides (Fig. 27).294 In any event it must have been sufficiently capacious to accommodate the forty or so students reported to have attended his annual lecture course.295 The presence of dissecting-rooms in Marshal’s home was revealed when the anatomist was brought before magistrates at the Guildhall, in connection with two bodies which were found ‘in the Doctor’s house’ (The Times, 31 December 1792).296

Slightly more information is known about the layout of the school run by John Sheldon at 66 Great Queen Street from 1777 to 1786.297 The property was on the south side of the street, adjacent to a passage on its west side giving access to the yard behind (Fig. 28). As well as the house fronting on to Great Queen Street, Sheldon paid rates for the stables and coach house in the yard behind the house. These buildings may have been used to house the theatre, museum and library described in reports of Sheldon’s school (The Times, 21 January 1786). The property was formerly occupied by the surgeon James Moffat, who had lectured on anatomy and surgery at the same premises in the early 1760s, and who may well have used the rear apartments for his own dissection classes.298

294 Marshal’s advertisements also mention that details were available from 28 Thavies Inn in 1786, and 20 Thavies Inn in 1789 (The Times, 20 September 1786; 7 September 1789). From 1799 his address was given as 27 Bartlett’s Buildings, slightly further to the west but still adjacent to Bartlett’s Court (The Times, 30 September 1799). No rate books have been traced for these properties, and the numbering in the earlier advertisements may not be the same as that used on Horton’s map of 1799.

295 The number of students was reported in the Morning Chronicle and London Advertiser, 18 October 1787. The space required for a ‘theatre’ of this sort would have been at least 25 feet square, with sufficient height to allow for some tiering of seats – just about feasible within the context of a large mid-Georgian townhouse or converted mews stable/coach-house. A painting of a life class at Hogarth’s St Martin’s Lane Academy from the mid-century shows a similar converted space (Phillips 1964, 113).

296 A similar case in 1785 in which the bodies of four children were discovered at a house in Thavies Inn probably also involved Marshal, though he was not mentioned by name (The Times, 21 October 1785).

297 The address of Sheldon’s theatre is given as 70 Great Queen Street in the Survey of London, but is listed as 66 in the rate books for the Parish of St Giles in 1779 and 1780 (Camden Archives).

298 Moffat’s lectures were advertised from at least 1760 to 1763 and he may have carried on for at least two years after that (see Appendix 1). Moffat took house pupils and offered dissections as part of his course (Public Advertiser, 26 September 1761).

The locations of Thavies Inn, Bartlett’s Buildings and Bartlett’s Court are shown.

One of the few 18th or early 19th-century anatomical museums for which visual evidence survives is that owned by Joshua Brookes. The exterior of the museum is shown in an 1817 watercolour attributed to Robert Blemmel Schnebbelie, while an engraving by Charles Hullmandel from 1830 shows the vivarium created by Brookes in the adjacent yard or garden (Figs. 29 and 30). Brookes’s property consisted of two buildings. His home was an end-of-terrace town house on the north side of Great Marlborough Street, at the junction with Blenheim Street, on a plot of land forty-five feet wide extending two-hundred feet northwards along the east side of Blenheim Street. There the plot terminated in another building originally used as an apartment and stable block. The latter was described in 1725 as consisting of:

…a very good Kitchen and other convenient Offices under Ground, over which is but one Floor, containing a very good Dining-Room, Parlour, Withdrawing-Room, and a lodging-room… with good Coach-houses and Stabling adjoining (Daily Courant, 22 December 1725)

The property was leased by Brookes with his brother and father in 1786 from the natural philosopher Henry Cavendish (1731-1810), who used the buildings on Blenheim Street as a laboratory (Jungnickel and McCormmach 1999, 314). The son of an animal dealer and a former student of the Hunters, Sheldon and Andrew Marshall, Joshua Brookes had already commenced collecting anatomical preparations and objects of natural history before his move to Great Marlborough Street. The previous year he had stated to Peter Camper that he intended to commence teaching anatomy, and the property appears to have been leased with this specific purpose in mind (Camper 1934, 205). It is not known when Brookes had the building modified, although the 1817 drawing suggests a considerable increase in height with a two-storey structure erected above the existing basement and ground floor apartments. This housed a museum over fifty feet long, twenty feet wide and thirty feet high, with a gallery running around it (Brookes 1827). Like John Hunter’s museum it was top-lit, but without any additional side windows. John Flint South suggests that the museum was so crammed with specimens – including many animal skeletons – that ‘it was hardly possible to move without knocking down something with one’s coat-tail’ (South 1970, 106). The lecture room and dissecting rooms were on the ground floor and basement, and described in his advertisements as ‘spacious apartments, thoroughly ventilated, and replete with every convenience’ (The Times, 1 October 1804).

299 Brookes’s museum building and the associated vivarium are described by Tim Knox (1997 and 2005).

Unsigned, but in the style of Robert Blemmel Schnebbelie, who is known to have produced many topographical views of London in this period.
Like John Hunter, Brookes also kept a live menagerie: both his father and brother were dealers in animals, and many of the animal skeletons and preparations in Brookes’s museum were derived from them.
Entry was via a main door at ground floor level opening on to Blenheim Street, while a covered basement window shown in the drawing to the left of the door suggests that deliveries – including possibly bodies – could be made into the basement. In either case the access for students and cadavers was via the smaller and quieter Blenheim Street, rather than through the main house on Great Marlborough Street.

**Ordered activity**

In addition to suggesting a spatial plan for extra-mural dissection, Ravenscroft’s play also exposes the manner in which anatomy could be accommodated within a pre-existing system of domestic oeconomy. As Jonathan Sawday has noted, *The Anatomist* presented a ‘conventional cast of stereotypes’ including the prudent wife, her unworldly virtuoso husband, a dissolute son and devious servants, and the central theme of the play was based upon the idea of a dysfunctional household (Sawday 1995, 44-49). What lent the play its appeal was the conjunction between this more mundane comedy of errors and the specific circumstance of anatomical study, which resulted in one of the main protagonists being placed at risk of accidental dissection. The success of *The Anatomist* rested on its ability to engender the kind of frisson associated with the public dissections at Surgeons’ Hall, a tension which arose from the breakdown of ‘good oeconomy’ within the anatomist’s household. Ravenscroft’s farce therefore helps draw attention to the ways in which the successful prosecution of domestic dissection was not only dependent on a strategy of spatial separation, but also on the sound management of activity and behaviour within the space.

In this sense, the management of dissection within the extra-mural school was an extension of the more general procedures by which the household work was organised. Servants were responsible for maintaining order in the museum and dissecting-rooms, and were active participants in the receipt and removal of bodies and body parts. In September 1783 William Hunter’s maid was called out on a Sunday night to receive a body from the resurrection-men:

> [But] told them, she had no orders about it from her master, and she should not open the door at that time. They pressed hard to have the door opened, but in vain. They swore then they must throw it into the Area. This making no impression on the resolution of the servant, they at last threw down their load, which lay there for some time; but by and bye, when the watchman came up to examine the body, the dead man took to his heels. (*Public Advertiser*, 3 September 1783)

300 The incident was confirmed (‘as far as we may believe a servant’) by John Hunter in a letter to the Earl of Hardwicke (RCS Lib. Mss. Addl. 99 Hun. 10).
Although the failure of a maid to observe the rules of propriety in Ravenscroft’s play was a source of entertainment, in real life the risks were rather greater, and the threat of public disorder arising from the careless exposure of dissection was a persistent one.

One way of managing this was by the adoption of temporal routines. The idea that activity might be regulated by the passage of time was itself a matter of intense interest in the late 18th century, particularly in industry and in the context of institutions such as workhouses, hospitals and prisons. Temporal organisation also played a significant role in the bourgeois household (M. Hunt 1989). These routines, which could be measured over the course of days, weeks or even months, were an intrinsic component of the ‘good oeconomy’ of the home. An obvious example was the work of domestic servants, much of which was conducted in the early hours of the morning before family and visitors were present (Hecht 1956).

Within John Hunter’s house, dissection was incorporated into this pre-existing system. Writing to his sister in 1793, Hunter’s student James Williams described how there was:

…a dead carcase just at this moment rumbling up the stairs and the Resurrection Men swearing most terribly. I am informed this will be the case most mornings about four o’clock throughout the winter. (Edwards 1968)

Williams describes his own day as beginning at seven when ‘I meet Mr. Hunter in a room where he makes his preparations…in which I assist him till half past eight or nine o’clock when the breakfast bell rings’. In the afternoon he attended lectures on anatomy at Great Windmill Street, and after dinner at four attended Hunter’s lectures from seven till ten at night (G. Edwards 1968). Hunter’s own daily routine was even longer: dissecting from four in the morning, attending at hospital and with patients during the day, lecturing in the evening and then dictating notes or supervising his draughtsman until late at night (Pettigrew 1840, 1:10). Specific social activities, such as Anne’s salons and meetings of Hunter’s medical societies appear to have been separated not only into different spaces in the house (the drawing room and conversazione room respectively) but to have been scheduled at different times to avoid overlap. This was not always sufficient to prevent conflict. On at least one

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301 A famous example is the philosopher Jeremy’s Bentham’s proposal for ‘Distribution of Time’ in his model prison or ‘Panopticon’ (Bentham 1791, 511-516). On the context of temporal routine in industry see E. Thompson (1967); on the wider development of notions of time and its management see Landes (1983).
occasion John Hunter’s ire at being disturbed was sufficient to gain notice by the press:

Mr John Hunter dedicates his evenings to philosophical disquisitions: - it is another *academe*, - and the worst of it is, that like *Plato’s republic*, - Mrs Hunter’s *poetyos* is banished from the spot! (*Morning Herald*, 13 April 1787)

The porous nature of the boundaries between professional and personal life was evident on other occasions. Adams notes that although whole of the ground floor was given over to ‘professional purposes’, space sometimes proved insufficient and when faced with an ‘afflux of morning patients’ the drawing-room on the first floor was ‘so suddenly deserted that the French grammar and other implements of instruction were left behind’ (Adams 1818, 110-111).

This last point suggests the importance of a third kind of organisation; namely, the delineation of audiences within the house. One quality that is particularly evident in John Hunter’s house is the manner in which both space and activity were gendered, and the manner in which this changed along the axis of the building. At one pole was the drawing room in Leicester Square, the site for Anne Hunter’s salons. These were events attended by both men and women, and were very much identified with Anne Hunter rather than her husband. ‘Went with my wife and two daughters to a concert at Mrs Hunter’s’ reported Boswell in his diary for 19 May 1786 (Boswell 1986, 136). Although medical men were among those who attended, they were emphatically not occasions for professional discussion. William Beloe (1756-1817), a librarian at the British Museum, later recollected that Anne Hunter’s salons ‘were for the most part conversation parties, though music was occasionally introduced’, and that they were attended by:

…elegant individuals of both sexes, whose acquaintance was generally cultivated for their abilities, their knowledge or their taste [including] Horace Walpole, Chief Baron MacDonald, and his very accomplished wife, Lady Louisa, Mrs Montagu, Mrs Carter, Lady Herries, Joanna Baillie [and] Sir Charles Blagden. (Beloe 1818, 1:416)

The American medical student Thomas Shippen (1765-1798), whose status as a family friend earned him the rare privilege of an invitation to one such gathering, was in no doubt as to Anne Hunter’s role in the Leicester Square house:

I am sure I do no injustice to Mr Hunter in giving Mrs Hunter the sole credit of the elegant arrangement of everything that I saw at the house and I might also say that I had seen nothing so elegant as the entertainment of this day since I have been here. (Armes 1968, 252-5)

‘Elegance’ appears to have been a defining quality of these occasions, reflecting not only the décor of the space, but also the accomplishment of the guests. Although the concept of elegance in appearance or behaviour was not specifically restricted to
women, it was one that was closely associated with notions of femininity, and in particular with the public presentation of virtuous female identity (Vickery 1998, 161-94). On this basis it can be argued that the drawing room in Leicester Square was, at least in relative terms, a feminised space inhabited by a mixed-gender audience that was genteel and literate, and not necessarily medical.

In contrast, Castle Street was possessed of a rather different character. James Williams described his accommodation in unflattering terms:

> My room has two beds in it and in point of situation is not the most pleasant in the world. The Dissecting Room with half a dozen dead bodies in it is immediately above and that in which Mr Hunter makes preparations is the next adjoining to it, so that you may conceive it to be a little perfumed. (G. Edwards 1968)

As well as the smells of the dissecting and preparation rooms it had the domestic industry of Hunter’s printing press in the basement and the smell of the stables vented through the yard to the rear. With its drawbridge and spiked iron gate, cramped rooms and functional fittings, and its crowded accommodation for pupils and servants, the Castle Street house could not claim any sort of elegance in appearance. It was also an almost exclusively male environment. Although a female housekeeper was employed, the building does not appear to have been used by or accessible to other female visitors. In this sense, the dissecting-room can be seen as almost the polar opposite of the Leicester Square drawing room: a noisome, closed and wholly medical and masculine environment.

Situated at the midpoint between and accessible from these two poles, the museum’s physical location was reflected in its visitors. On the one hand, these were John Hunter’s medical students, who had access to the museum as an added benefit in return for their fees. The conversazione room on the ground floor of the museum building was also for meetings of the Lyceum Medicum Londinense, the society founded by John Hunter and George Fordyce in 1785 (Dukes 1960). Again, this was a wholly male audience, and like Hunter’s students they appear to have been admitted through the Castle Street entrance rather than from Leicester Square. Medical visitors were also admitted to the museum in October, presumably to encourage students to sign up for Hunter’s lectures. Hunter also appears to have made his museum available to invited guests at other times. Again, these appear mostly to have been medical or scientific visitors, although it is likely that other family friends were

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302 Advertisements for the society gave the address for meetings as ‘Mr Hunter’s, Castle-street’ (e.g. The Times, 2 October 1790).
also allowed to tour the museum. In this sense John was following a similar pattern to his brother William, who appears to have restricted access to his museum to professional peers or personal guests (Greenbaum 1971, 326). John Hunter also opened his museum to a wider audience. In May 1788 it was reported that Hunter:

…opened his very curious, extensive and valuable museum at his house in Leicester-fields, for the inspection of a considerable number of the literati, in which were included several members of the Royal and Antiquarian Societies, the College of Physicians and many foreigners of distinction. (*European Magazine* 1788, 148)

‘Literati’ was a general term for educated people (‘the learned’, according to Johnson’s *Dictionary*), and in late 18th-century usage it did not necessarily denote a male audience. Many of those who attended Anne Hunter’s salons would have been classed under this heading, whether men or women. There remained an issue about the extent to which it was appropriate for educated women to view certain kinds of material. Notable among them were ‘anatomical’ exhibits, broadly conceived. Such concerns over the propriety of anatomical study were evident in relation to the life classes at the Royal Academy, from which women were barred (Roworth 1994). Given that Hunter’s museum was predominately given over to anatomical preparations, and that the route to it involved passing the cast of a ‘naked African’, this might suggest that it too was out of bounds to female visitors. This was not the case. Rather like Rackstraw’s Museum on Fleet Street, which announced in its advertisements that ‘A Gentlewoman attends the Ladies separately’, Hunter’s collection was opened on different days to men and women. In 1792 William Clift reported to his sister that:

…Our great room of Preparations has been shown these three Saturdays past, Last Saturday to the Ladies and the other two to the gentlemen, and next Saturday to the Gentlemen…(*Austin* 1991, 37)

The pattern of visitation to Hunter’s museum appears to reflect its position within the layout of the house: accessible to both the ‘private’, masculine and medical audience of the dissecting-room, and to a mixed-gender, but relatively feminised, ‘public’ literary audience representative of those who attended the drawing-room salons.304

303 Although the degree of learning appropriate to women was a contentious issue in the late 18th century, the idea that ‘literati’ might encompass both men and women was widely acknowledged. For example, the moralist Mary Deverell referred to Elizabeth Montagu as ‘first in the present class of female literati’ (*Deverell* 1781, 2:49). On the ‘bluestocking’ culture of educated women in the 18th century see Pohl and Schellenberg (2002) and Eger and Peltz (2008).

304 On the idea of delineated gendered audiences for domestic museums in the 16th century see Findlen (1999).
Although these audiences were not wholly separate, the degree to which their access to the museum was demarcated suggests the existence of two distinctive types of spectator. The questions that arise, therefore, are what did these two groups of visitors make of the museum, and how did their responses affected their perception of John Hunter as an anatomist?
Chapter 10: Meaningful bodies

Connoisseurs and laymen

Very few first-hand accounts of visitors to John Hunter’s museum can be traced. Given the fact that the museum was opened to the public on relatively restricted terms, it is likely that the total number of non-medical visitors was small. Recovering the responses of these visitors therefore demands a more subtle analysis. One approach is to look at the kinds of objects and information available to visitors in the museum, to establish how the display strategies adopted by John Hunter may have appeared in comparison to other forms of visual or material culture. Similarly, the systems of classification used by Hunter can be weighed against those adopted in other medical or scientific collections and texts. Another method is to look at the ways in which contemporary literary and graphic genres may have informed visitors’ responses. In each case, it is assumed that spectators were active consumers, and that their reactions were informed by their own experience, beliefs and prior knowledge (Alpers 1991; Baxandall 1991). Associated with the latter is the concept of connoisseurship, with its self-serving distinction between the penetrative and educated gaze of the expert, and the superficial curiosity and delight of the layman. In the absence of multiple individual accounts of visitors to Hunter’s museum, my characterisation of visitors as either ‘literary’ or ‘medical’, as ‘lay’ or ‘expert’, and as ‘feminine’ or ‘masculine’ deliberately accentuates these differences as an analytic strategy.

Accounts of visitors to 18th-century exhibitions, such as the British and Leverian Museums, suggest that they responded to the physical architecture and décor of the space; to the route taken through it; to the physical ordering and juxtaposition of items within the collection as a whole; and to the specific properties of individual objects. It is clear too that the relative value accorded to each of these aspects depended very much on the interests and experience of the viewer. Barbara Stafford has contrasted two different styles of displaying and seeing the natural world in the 18th century.

Drawing on both natural history texts and physical displays of collections, she argues that a tension existed between what she identifies as a ‘laborious, lexical’ neoclassical scheme of organisation and the ‘pleasing show’ of ‘rococo’ exhibitions (Stafford 1992b; see also Bennett 1998, 350). Although Stafford’s distinctions are (intentionally) overdrawn, there is evidence of such a tension in the display strategies

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305 For challenges to Stafford which emphasises the overlap between ‘lay’ and ‘expert’ ways of seeing, see Secord (2002) and Dietz (2006).
adopted in 18th-century London, and in visitors’ reactions to them. For example, Clare Haynes has emphasised the manner in which Ashton Lever’s museum combined theatrical display with a more rigorous ordering of specific types of exhibit, with the former calculated to ‘surprise and delight’ the lay visitor, and the latter intended to reinforce Lever’s claim to scientific respectability (Haynes 2001).

These different approaches are apparent in a diary made by Robert Jameson (1774-1854) during his visit to London in 1793. Jameson was a student at Edinburgh University (where he would later become professor of natural history). A keen naturalist, he used his visit to make useful contacts, purchase specimens and see many of the museums and personal collections in the metropolis (though not John Hunter’s, for unfortunately his visit coincided with Hunter’s death). His diary reveals that although he was generally sensitive to the aesthetic qualities of the displays he visited, his appreciation of collections in which he felt himself expert was based primarily on his critical evaluation of individual exhibits. His descriptions of collections he viewed are mostly lists of the items that attracted his interest. Where he noted the structure of these displays it was only insofar as this aided or hindered his detailed examination. Jameson praised the arrangement of the birds in John Coakley Lettsom’s museum, which were:

…all put in boxes after the manner of Sir Ashton Levers which way I now begin to like better than Weirs at least for the student of Natural History, for by having each Bird put into separate Boxes his attention is not so much drawn from one object to another…(Sweet 1963, 106)

In contrast, when he visited the British Museum he noted the layout of its rooms of antiquities in more detail:

You enter from the street by a gate into a large Square and then straight forwards to the great door that opens into the museum where there is a fine lobby from whence you ascend a magnificent staircase where is placed the famous colossal foot and a globe that belonged to the famous Galileo…(Sweet 1963, 97)

The strategies adopted by John Hunter suggest some sensitivity to these issues, and the routes taken by medical and non-medical visitors into Hunter’s museum were very different. For the former, the museum was directly accessed from the Castle Street entrance. Although Clift notes the presence of portraits in the lobby to the lecture theatre, he makes no mention of other pictures or objects displayed in the entrance or staircase in Castle Street. Rather, he gives the impression that this was seen as a purely functional space, designed to give the medical visitor direct and unmediated access to the museum. Conversely the route taken by the ‘public’ visitors from the Leicester Square door was not only more convoluted, but carefully staged. It revealed...
successively the grand home of a gentlemen, decorated with pictures and objects that suggested an interest in nature and in collecting, but with no overt reference to his work as a surgeon; a passage across the yard which allowed the entire edifice of the museum building to be appreciated as a discrete and imposing structure; and through two rooms which revealed in turn the building’s role as the nexus of a community of learned practitioners, and as a centre for medical teaching. Only after this did these visitors then enter the museum proper. This kind of experience suggests that by the time the visitor entered the museum some kind of context had already been established, reinforcing a perception of John Hunter as a society figure, as a man of taste, as a natural philosopher and as a teacher.

Similar distinctions can be drawn in relation to visitors’ perceptions of the collections once they arrived in the museum. Again, Jameson provides an illuminating example. As a self-proclaimed connoisseur of natural history, he was sensitive to and critical of the ways in which collections of natural objects were organised. He noted that in the British Museum Sloane’s minerals included some ‘very good specimens’, but were ‘all jumbled together in a strange kind of arrangement’ (Sweet 1963, 98-99).

Jameson’s comments echo those made by Peter Camper in 1786. Camper noted the ‘many beautiful things’ in the British Museum but lamented the ‘vast collection of all kinds of bones… arranged without the slightest knowledge of these things’. Unlike Jameson, Camper found little that was new to him in the Leverian Museum, which he dismissed as ‘only a show’ (Camper 1934, 205). He also visited John Hunter’s museum, which had then only just been moved into Leicester Square. It was, he said:

…a very wonderful collection of rare things of all kinds. What astonished me most was the head of a Rhinoceros from Asia in which the incisors in the upper as well as in the lower jaw are very distinct. (Camper 1934, 183)

Camper’s account makes clear the degree to which his appreciation of the collection was based principally on his own ability to identify the most important exhibits, rather than any particular skill in organisation or selection on the part of Hunter as proprietor. Among the exhibits was one which had been described to him in previous correspondence, and which he was keen to examine for himself:

I saw the famous bone of the bird too, the dimensions of which were so extraordinary, and found it to be the front part of the scutum of the tortoise from the hill of Maastricht, which disposes of all the fuss about this specimen. (Camper 1934, 183)

In a letter to his son, Camper crowed about his triumph over his peer:

‘Le grand oiseau de John Hunter étoit l’os d’une tortue… Voilà les connoisseurs! [John Hunter’s great bird was the bone of a tortoise… Behold the connoisseurs!]’ (Camper 2001, 153)
Camper reserved judgment on the other comparative anatomy specimens, noting that Hunter had ‘not yet finished arranging his collection’, but did add that ‘the injections were not very neatly made’. He was critical too of Hunter’s collection of animal skeletons, which were ‘boiled bones, mounted very badly’ and added that ‘those of birds too, were very poor’. In contrast, the ‘diseases of bones in various animals and human beings were very well arranged in drawers’ (Camper 1934, 183).

Natural order

That expert spectators extolled their own expertise and visual acuity does not imply that they were immune to a sense of wonder. Camper admitted it was ‘incredible how vast [John Hunter’s] museum is’ (Camper 2001, 107). The naturalist Georg Forster (1754-1794) wrote to his colleague Samuel Thomas Soemmerring describing Hunter’s new museum as ‘sehr schön [very beautiful]’ (Fielder 1981, 44-48). Their words suggest that the presentation of the museum as an ordered whole did have a profound effect, even to the critical eyes of expert viewers. But their opinions appear not to have been based upon any particular appreciation of the system of classification used in the museum. Whether Camper and others approved or disapproved of Hunter’s system for naming and numbering preparations is unclear, but they made no mention of it. This reinforces a point made by Harriet Ritvo and others that, although the late 18th century has been characterized as an age in which a ‘natural’ system of classification was developed, in fact there were multiple systems, and their use was highly contingent on individual circumstance (Ritvo 1993, 248).

In her discussion of Ashton Lever’s collection, Clare Haynes has suggested that ‘too much system’ was detrimental to visitors’ appreciation, both by discouraging a more wide-ranging curiosity about the collections from ‘lay’ spectators, but also by delineating them in so narrow a fashion that they were perceived as irrelevant by ‘experts’ who had elected to follow other schemes (Haynes 2001, 10). Even those systems which have stood the test of time and are now entrenched in scientific practice, such as the binomial nomenclature of Carl Linnaeus (1707-1778), were far from universally accepted. John Hunter was aware of the new Linnaean system, and included many of its leading proponents among his close friends, but he appears to have deliberately eschewed this

simon chaplin john hunter and the ‘museum oeconomy’, 1750-1800

307 Instead, the classification used for the main part of Hunter’s collection was based on his own theories about the nature of the ‘animal oeconomy’, and it was far from straightforward, even to his close followers. Stephen Cross (1981) has suggested that an ‘intellectual tension’ existed within Hunter’s theoretical framework. On the one hand, Hunter’s collection embodied an approach to comparative anatomy that prefigured 19th-century interest in physiological function as the fundamental object of inquiry. On the other, Cross suggests that Hunter’s characterisation of these physiological processes was essentially 18th-century in character. Both were evident in the arrangement of the ‘anatomical’ preparations in his collection. These were grouped in two broad divisions, characterised as ‘physiology’ and ‘morbid anatomy’ respectively. Of these, only the specimens of ‘physiology’ were displayed in the main museum. According to a description prepared by Everard Home and Matthew Baillie in 1796 they were arranged into four sub-divisions:

The first contains the fluids, out of which animals are formed and increased; the moving parts of the body; and parts fitted for motion. The second comprehends the parts employed for the support of the animal, respecting its own internal oeconomy. The third comprehends those parts which connect the animal by means of external influence with other objects; and the fourth, the parts allotted to the propagation of the species. (Appeal 1795, reprinted in Dobson 1954a, 18-19)

Baillie and Home claimed that the preparations were arranged in ‘a regular series’ from ‘the most simple animal to man, who may be considered as the most complex’. Their phrasing – made in the context of a public appeal designed to raise support for the purchase of Hunter’s collection by the state – deliberately underplayed the complexity of Hunter’s scheme. As Ian Rolfe has shown, Hunter’s use of progressive order was highly conditional, and was at odds with a traditional notion of the ‘scala natura’ or ‘great chain of being’ (Rolfe 1985). The latter embodied Aristotelian concepts of continuity and gradation, as well as the Platonic idea of plenitude (Lovejoy 1964 [1936]). Through it, the component parts of the natural world – from the base elements to the most complex being, Man – were positioned within a fixed ascending hierarchy. In the 18th century the concept of progressive gradation remained fundamental to the classificatory work of naturalists such as Linnaeus and Georges-Louis Leclerc, Comte de Buffon (1707-1788), although they – and others –

307 In fact, Hunter actively argued against Linnaean taxonomy, at least in regard to zoology. In his account of the ‘non-descript’ animals of New South Wales for the naturalist John White he deliberately promoted the use of local names, much to the disappointment of his friend Georg Forster: see J. White (1790), 270-271; Hoare (1976).
were often at odds as to how, and on what basis, organisms should be ordered (Spary 1996, 188-189). In John Hunter’s case, the use of linear series was directly linked to the ordering of body parts rather than whole animals. Like his contemporary, the French naturalist and anatomist Felix Vicq d’Azyr (1748-1794), Hunter argued that the order depended on the organ or part under consideration, and that it was not possible to apply the same linear progression across different series (Rolfe 1985, 317). As a result, the place of man was not fixed at the apex. For example, within Hunter’s series illustrating the structure of teeth, human dentitions were assigned a mediate position, as structures that were neither wholly herbivorous nor carnivorous in structure. By neatly omitting this crucial point, Home and Baillie depicted Hunter’s scheme in terms more widely recognised by ‘lay’ readers – a point that will be returned to below.

Home and Baillie also avoided any mention of Hunter’s extensive series of preparations of ‘morbid anatomy’. Like the ‘physiology’ collection, these were arranged in three subdivisions, illustrating the general principles of morbid actions, specific diseases and the appearance of diseases in different organs. The first group reflected Hunter’s ideas about the specific kinds of processes involved in the operation of the animal oeconomy, and were intended to reveal the manner in which the vital property of the blood gave rise to different kinds of response in diseased or injured tissue. In contrast, the second and third classes appear to have been grouped to follow a more conventional nosological system and an anatomical scheme respectively. Again, all three subdivisions contained both animal and human material, although the latter predominated. No attempt was made to grade these series hierarchically.

What emerges from this rather complex picture is the suggestion that whatever the detail of Hunter’s classificatory schemes, they played relatively little role in directly informing visitors’ perceptions of the museum. For expert visitors, the idiosyncrasies of Hunter’s system appear simply to have been ignored, with ‘connoisseurial’ spectators instead selecting those items that appealed to them most. As long as objects were arranged so as to be easily seen, this was possible. For lay visitors, accounts indicate that visual regularity was important in conveying an impression of order even

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308 The series and its arrangement are recorded in the Descriptive and illustrated catalogue of the physiological series of comparative anatomy contained in the Museum of the Royal College of Surgeons. Vol. 1 (1833). This was the first part of the catalogue to be published, and appears to adhere more closely to Hunter’s scheme than some subsequent volumes.

309 The original manuscript catalogue of the collection, made during Hunter’s lifetime, uses these broad divisions (RCS Lib. MS0189/2/15). For a description of the system, see Proger (1966), I:vii.
if, as some claimed, it could only be comprehended by ‘a person of corresponding science’ (*General Evening Post*, 29 May 1788). No interior view of Hunter’s museum survives, but an idea of its appearance can be drawn from a watercolour showing John Heaviside’s museum in George Street, Hanover Square, in the early 19th century (Fig. 31). Although lacking the animal skeletons which were displayed in Hunter’s collection, the painting conveys a sense of visual order derived from massed ranks of preparations preserved in uniform fashion in glass jars and under bell jars, or laid out in ordered rows in drawers. For Hunter’s non-medical spectators, the same quality lent his museum a kind of numinous ineffability: it was evidently the product of rationality, even if the precise message was one comprehensible only to the ‘cognoscenti’. In trying to express its appeal, visitors fell back upon the familiar theme of the ‘great chain of being’. For example, the *European Magazine* claimed that:

> Each article of [the museum] forms a necessary link to the chain of animated matter, from the torpid Hydatids, to the active and energetic Human Animal (*European Magazine* 1797, 39)

Similarly, for one visitor in 1788 the main attraction was ‘Mr Hunter’s novel and curious system of natural philosophy running progressively from the lowest scale of vegetable up to animal nature’ (*General Evening Post*, 29 May 1788). The correspondent concluded:

> Mr Addison has a paper upon this subject in the Spectator, in which, as a moralist, he touches with his usual feeling and perspicuity; but it was reserved for Mr Hunter’s genius and ardent zeal in his profession to develop, in this instance, the wisdom of Providence in its works.

The reference to the work of Joseph Addison (1672-1719) is a telling one. In his *Spectator* essay ‘On the Animal World, and on the Scale of Beings’ – a text reprinted throughout the 18th century in various collections of moralising prose – Addison celebrated the ‘wonderful and surprising’ knowledge to be gained from ‘contemplations on the world of life’ (Addison 1712). Like Alexander Pope, Addison employed a conventional and popular idea of the ‘*scala naturae*’ as a reflection of divine moral order – a concept which, as we have seen, was some way removed from Hunter’s own progressive series of dissected organs. Despite this, when viewed *en masse* Hunter’s anatomical preparations evidently were capable of provoking a sense of awe and wonder, which in turn translated into appreciation of the Hunter’s ‘zeal’ in his ‘profession’ – that of a surgeon and anatomist. The invocation of an established trope of divine wonder invested the dead bodies in Hunter’s museum with a kind of virtuous vitality, and so sanitised the ‘dirty work’ of the dissecting-room.

This painting was made by the surgeon John Howship (1781-1741), who was a skilled anatomist and draughtsman and who served as Heaviside’s assistant in the early 19th century. As well as contributing to Heaviside’s museum, Howship built up his own collection of preparations, which was bought by the Royal College of Surgeons in 1841.
Surprising knowledge

If a sense of wonder was invoked by the scale of Hunter’s museum, the notion that it might also ‘surprise’ the visitor was one that Hunter cultivated through other means. Unlike Lever’s Museum, with its calculated theatricality, Hunter does not appear to have used the technique of juxtaposing dissimilar kinds of object as a deliberate strategy (Haynes 2001, 6-7). Nevertheless it could be argued that simply presenting a collection of dissected body parts on such a vast scale was itself startling to non-medical eyes. Within the museum, a visual comparison could be drawn between the skeletons of human fetuses and that of the Irish Giant, Charles Byrne, which were grouped together in the case devoted to ‘the growth of bones’. Other exhibits in the museum also possessed the ability to provoke amazement, notably the stuffed skins of Riou’s hippo and Paterson’s giraffe. The latter was the first to be displayed in Britain, and a gift to Hunter from the Mary Bowes, the Countess of Strathmore. Its appearance was considered worthy of separate mention in newspaper accounts of the museum, where it was accorded near-mythical status:

Amongst the curiosities of Dr [sic] Hunter’s Museum, some particulars of which we gave in a former paper, we omitted to mention an animal brought from South America, called the Camel Depard, [sic] which, from the report of its size and other circumstances, it was hitherto much doubted by naturalists whether such an animal did really exist or not… (Morning Chronicle and London Advertiser, 6 June 1788)

Hunter also played to his visitors through his own spoken narrative of the collection. Public visitors to the museum were treated to a tour by Hunter, offered as ‘a kind of peripatetic lecture on the several articles, which took up between two and three hours, very much to the satisfaction and information of his audience’ (General Evening Post, 29 May 1788). Hunter undoubtedly used the opportunity to promote his own skill as an anatomist, naturalist and surgeon, but he also appears to have made comments intended to incite controversy – a quality that was characteristic of his medical lectures and publications. In June 1788, for example, with a bill to regulate the slave trade before Parliament, Hunter was reported as offering the following thoughts while showing visitors the collection of skulls in the museum:

Mr Hunter, on Saturday, facetiously observed, that, in placing the [skull of a] negro above the monkey great honour was due to him, for although a man, he could hardly be called a brother. He also remarked, that our first parents Adam and Eve, were indisputably black. This is quite a new idea; but Mr Hunter observed it might be proved without difficulty. (The Times, 24 June 1788)

As well as the specific relationship with slavery, Hunter’s emphasis on this aspect of his collection played to a powerful contemporary interest in the relationship between
man and ape, which spanned the discourses of moral philosophy, art theory and comparative anatomy. This was also a feature of Lever’s museum, which featured a ‘monkey room’ containing a series of stuffed apes, some of which were arranged performing human activities such as reading (Haynes 2001, 9). Hunter’s presentation was, though challenging, also rather ambiguous, allowing his words to be claimed either by proponents of slavery (‘the negro is not a brother’) or by its opponents (‘Adam and Eve were black’). While Hunter’s comments served as a form of self-promotion they did not invite any specific criticism. This kind of rhetorical tactic can been as a means of defusing the kind of social tension surrounding the study of anatomy. Within his social circle, Hunter’s museum and its contents – including the skull series – could be the object of polite wit. The traveller Lady Anne Barnard (1750-1825) was among those who knew Hunter’s museum, and later referred to it in light-hearted fashion to another of Hunter’s friends, the politician Henry Dundas, in a letter written from the Cape Colony:

There is another ship, the ‘Ganges’, which contains some English Captains on their way back home - one of the name of Lambert, another Broughton, the last a thin little fellow whom I believe you sent on a voyage of discovery. His vessel has been lost. He mentions an Island near Japan, where he was kindly treated by a gentle race of people entirely covered with hair, and their manners mild and humane - no tails - so I fancy they will class in finely at a point in Hunter’s gradations, from Mr Pitt down to the least little monkey of the forest. (Barnard 1901, 198)

Hunter’s narrative appears to have played a similar role in defusing any potential criticism of his procurement of the skeleton of Charles Byrne, acquired in what were widely perceived as dubious circumstances after Byrne’s death in 1783 (Moore 2005b, 299-316). Although Hunter’s success in securing Byrne’s body was hinted at in at least one newspaper, he did not display the skeleton in his museum for several years. By 1788, however, Hunter was confidently including the skeleton in his tour:

310 The idea of a fixed ‘facial angle’ delineating the races of man and ape was advanced by the Dutch anatomist Peter Camper in 1768, and provoked considerable interest among his British correspondents, including Joseph Banks and Joshua Reynolds. On contemporary interest in the idea of skull-series and the facial angle see Meijer (1991 and 1999); Gascoigne (1994) and Grindle (1996). During a visit to London in 1785 Camper met Hunter, and recorded ‘[Hunter] has sometimes professed that he has found the facial line and had arranged several races next to each other for comparison. I quickly drew the facial line in their presence’ (Camper 1934, 179).
311 Moore’s account is based in part on one given by Richard Owen, who in turn claimed to have received it from William Clift (Taylor 1874, 404-407).
312 It is not clear when the skeleton finally went on show in the museum, but a visual reference to it was included in the portrait of Hunter painted by Joshua Reynolds in 1786 and exhibited at the Royal Academy the same year (Keith 1928; Moore 2005b, 316-318). A discussion of the painting and its contents forms part of the following chapter.
Of the human skeletons, of which there are many, the most remarkable is that of the Irish Giant, who was a native of Ireland and formerly exhibited in Spring Gardens. For this body Mr Hunter paid the extraordinary price of one hundred and thirty guineas. (Morning Chronicle and London Advertiser, 24 June 1788)

Again the tone of the report suggests ambiguity: Hunter was drawing attention to a case which might appear to be damaging to him, but was careful to do so in a way which stressed the medical context of the acquisition, with Byrne’s skeleton being placed among ‘many’. The emphasis given to the price paid to ‘buy’ the body, which was also presumably derived from Hunter’s narrative, was ambiguous, suggesting on the one hand that it was a legitimate financial transaction while also hinting at the work of persuasion that lay behind this extravagant purchase.

The manner in which Hunter provided his own tour of the museum suggests one way in which the objects contained within it could be invested with stories that were intended to astonish, amuse or otherwise engage his visitors. As the narrator, these stories were Hunter’s own, and it is not surprising that they functioned as exercises in self-justification as well as self-promotion. Nevertheless, there were more subtle ways in which museum objects could have been perceived as presenting real or imagined accounts that resonated with spectators.

**Narrative remains**

The idea that bodies – or more specifically, body parts – might ‘speak’ to visitors is one that can be developed by considering how similar processes operated in cognate forms of material and visual culture. An obvious example is through portraiture. In her study of the ways in which pictures of Richard Mead circulated among medical practitioners in the late 18th century, Ludmilla Jordanova has highlighted the complex paths along which identities were linked and refashioned through the ownership and display of portraits (Jordanova 2003). Elsewhere, Jordanova has used the same approach to suggest that anatomical illustrations might also possess similar properties, giving them value as cultural artefacts which transcended their ability to record or describe bodily structures (Jordanova 1985). Her work on both medical portraiture and anatomical illustration has focused on William Hunter, a connection which makes her case studies particularly suggestive for the analysis of John Hunter’s strategies of display. John Hunter’s choice of prints for the receiving room in Leicester Square, and his selection of portraits of eminent physicians (and Piranesi’s etching of Mylne’s Blackfriars Bridge) for the lecture theatre lobby, suggests an awareness on his part of the kinds of meaning that such works could engender.
Of the thirty-six portrait paintings known to have been owned by John Hunter, ten depicted other medical practitioners. They included the Dutch anatomists Govard Bidloo (1649-1713), Bernhard Albinus and Hermann Boerhaave; the Swiss-born physician Théodore Turquet de Mayerne (1573-1654/5); as well as Thomas Sydenham, Richard Mead and two paintings of William Harvey. That a physician should have owned such portraits would – in the context of Jordanova’s studies – be more readily understandable. The presence of similar portraits in the collection of William Hunter is, she suggests, indicative of his use of exemplary identities to construct a professional and ideological lineage for himself as a physician (a status that was, in itself, the product of a self-conscious process of social climbing). That John Hunter, a surgeon, should have owned these portraits, but none of any surgeon other than himself, suggests a more complex kind of social mobilisation. In his lectures, and through his museum, Hunter presented himself as a practitioner fundamentally concerned with questions of physic, and not simply operative surgery. By choosing to remain a surgeon, he was effectively shaping new professional boundaries rather than moving between existing ones. As well as enlisting the identities of these physicians to support his claim, his ownership of their portraits can also be seen as an act of subjugation, placing them under his control in the same manner that anatomically-expert surgeons sought to reposition themselves relative to physicians in late 18th-century patient-practitioner relationships.

Similar issues of mobilisation, enrolment and subjugation are evident in relation to the dissected bodies preserved in John Hunter’s museum. As the previous chapter has shown, one way in which anatomical preparations were considered valuable was through their ability to circulate. Unlike cadavers, preparations were literally and figuratively presentable. Like other kinds of material objects, they were capable of accumulating a range of affective values as they moved through economies of exchange. Such values would have been apparent to those who knew of or could recognise these objects – qualities I have denoted as ‘anatomical connoisseurship’. To spectators possessed of these skills, many of the preparations in John Hunter’s museum would have possessed significance not only in and of themselves as interesting preparations, but as evidence of particular instances of social or medical engagement – as the results of well-known cases, of publicly-described experiments or of specific gift transactions. The ability to recognise and appreciate these invisible properties was a form of shared expertise that helped to define and consolidate a community of expert anatomists. In this sense Hunter’s museum – like an auction
room or picture gallery – was an important site for the construction of a new corporate identity for anatomists, and not only for Hunter as an individual.

**Inscribed bodies**

By definition, the medical meanings of preparations were less readily accessible to ‘lay’ visitors. There were, however, some preparations that were instantly identifiable by virtue of their unique character – Charles Byrne’s skeleton and the Countess of Strathmore’s giraffe being two examples. In other instances, the ability of non-medical spectators to recognise individual preparations, or to derive specific meanings not immediately suggested by their physical properties, was dependent on the provision of super-added narratives. Hunter’s own spoken tour was one way in which hidden significance was brought to light. Another method was through practices of inscription and labelling. This was certainly the case in Ashton Lever’s museum, where the writer and traveller Marie Sophie von La Roche (1730-1807) noted approvingly that Lever ‘labelled and named even the smallest trifles, or attached little pieces of cardboard, so that the curious might find information about everything, complete’ (C. Williams 1933, 114).

Hunter’s own labelling practices were more varied. In some cases, descriptions were written directly on to the bone or tissue of the specimen. A preparation of a fractured rib, still preserved in the Hunterian Museum, has a pasted paper label in Hunter’s hand noting that ‘the extravas[ated] blood had died and [been] absorb’d. The adhesive inflam[mation] in the surrounding parts is forming the union’. In others, short words or phrases, such as the names of species, of organs, of diseases or of individuals were painted on to the jars in which the preparations were mounted, or scratched into lead tags hung around the necks of jars. No examples remain, as labels and inscriptions were routinely removed during the remounting of the preparations in the early 19th century, but William Clift recorded details of some before their erasure.

There were no printed catalogues or guide to the museum, and it is unlikely that Hunter’s rather scrappy manuscript lists of preparations were available to guests. There is, however, some evidence to suggest that notes containing case histories or other descriptions were kept with the preparations of morbid anatomy and the collection of calculi, and

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313 Preserved as RCSHC/P 47. This kind of labelling may have been intended for preparations that were regularly demonstrated in lectures.

314 William Clift, ‘Memoranda on the numbering of preparations etc.’, c.1824 (RCS Lib. MS0007/1/1/1/16)
that these were available to visitors (Edinburgh Review 1810, 159; Cope 1959, 305; Dobson 1969, 189-190).

Although sometimes cryptically brief, the inscriptions on preparations invoked meanings that were not otherwise apparent, and which were not purely medical or scientific in character. For example, I have described above how Joseph Banks’s collection of zoological specimens was incorporated into the museum in 1792. It was displayed in separate cases, situated on the main floor of the museum just inside the entrance – a prime location that was perhaps less to do with their inherent quality (Clift noted they ‘had apparently been neglected... from the time of the death of Dr Solander’) than with Banks’s status as a key patron of John Hunter. The ready identification with Banks was facilitated through the preparations’ inscription with the initials ‘JB’, while the part of the museum they were housed in was known as ‘Captain Cook’s end’. The close association with Banks and Cook may have invited visitors to identify the preparations with personal narratives of exploration and discovery, a blossoming literary genre during this period (Viviès 2002; Fulford et al. 2004, esp. 90-107). The same is true of Hunter’s giraffe. As well as Paterson’s own account of his expedition, published in 1789, abstracts were reprinted in various popular anthologies such as John Adams’s Modern Voyages (1790). The latter included a chapter on ‘the hardships sustained by Mr. Paterson and his retinue; with a particular description of the camelopardalis’, and mentioned the presence of the skin in Hunter’s museum (Adams 1790, 326-337).

**Exciting bodies**

The potential of ‘named’ preparations to excite the interest of spectators was not limited to morally improving tales of heroic discovery. The giraffe, for example, was of interest to spectators who kept abreast of the latest scandal. The newspaper that reported the giraffe’s presence in Hunter’s museum described it as a gift from ‘the present Countess of Strathmore’, who had employed Paterson on a ‘tour of virtu’ (Morning Chronicle and London Advertiser, 6 June 1788). The innuendo was not subtle, for the same paper carried an advert for the lurid account of the divorce proceedings currently being played out in the Court of Common Pleas between the Countess and Andrew Robinson Bowes – a scandalous case involving adultery, abortion, divorce and kidnap, and one in which John Hunter was implicated (Moore 2007).

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315 This is recorded by William Clift (RCS Lib. MS0007/1/2/11). Less charitably, the markings may also been a way of indicating that Hunter was not responsible for their poor condition.
The case of the giraffe as a conduit for vicarious or voyeuristic entertainment suggests a further kind of cognate practice through which a literate audience can be understood to have invested objects with meaning: namely, the contemporary vogue for ‘novels of circulation’ or ‘it-narratives’. Characterised by titles such as ‘Diary of…’, ‘Adventures of…’ or ‘History of…’, they presented stories told through the perspective of inanimate objects or animals.\(^{316}\) Although sometimes portrayed by historians as an ephemeral and market-driven literary genre, these novels were both constituents of and commentaries on the wider circulation of commodified artefacts in Georgian society (Blackwell 2004b).\(^{317}\) The popularity of the genre suggests a widespread interest in and awareness of the role of material objects as potent signifiers in 18th-century literary culture. A similar appreciation of the kinds of lively meaning attached to objects is also evident in the graphic arts. The ‘moral series’ of William Hogarth, for example, not only recorded contemporary passions for owning and displaying artefacts, but also turned such practices in on themselves by using objects as elements in a coherent system of visual satire and social commentary (Hallett and Riding 2007, 149-150).

One quality of both novels of circulation and Hogarth’s moral series was the manner in which they exposed ‘private’ life, a trait which had overtones of voyeurism but which could also be tempered by more nuanced kind of social commentary (Hellman 1999, 415). In a recent survey of the genre, Mark Blackwell has also drawn attention to the way in which such narratives explored complex political and moral questions about the distinction between ‘individual’ and ‘object’ (Blackwell 2007). Such questions can be related not only to contemporary preoccupation with the problem of slavery, but also to the objectification of the body – an issue that Blackwell connects directly to John Hunter through his involvement in the transplantation of live human teeth (Blackwell 2004a).\(^{318}\)

In the case of John Hunter’s museum, preparations provided tangible links with a variety of ‘private’ locations in which he carried out important work, but which were not themselves accessible to his visitors. One was Earl’s Court, where Hunter kept a

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\(^{316}\) Examples include Francis Coventry’s *History of Pompey the Little; or, The Life and Adventures of a Lapdog* (1751), Charles Johnstone’s *Chrysal; or, The Adventures of a Guinea* (1760), and Tobias Smollett’s *The History and Adventures of an Atom* (1769). For a bibliography of novels of circulation see Bellamy (1998), Ch. 5.

\(^{317}\) A famous 19th-century example of a medical ‘it-narrative’ is William MacMichael’s *The Gold-Headed Cane* (1827), which uses the object of the title as a narrative device for connecting the lives of a series of physicians (Jordanova 2003, 296-299).

\(^{318}\) On Hunter and tooth transplantation, see also Colyer (1941); L. Stevenson (1955); and R. King (1994).
country home from 1765. Like Leicester Square, Hunter’s house at Earl’s Court was personally significant: it was his first ‘permanent’ residence and, unlike Leicester Square, he was the freeholder of the property. Over the course of his residency he invested heavily in the improvement of the house and grounds. He and his family spent much of their time at Earl’s Court each summer, and it was here that he had the space and privacy to pursue his experimental researches, many of which involved living animals or plants (Works, 4:131-164, 292-298 and 422-466). Observations on bees from his own hives, on freshwater mussels and fish in his ponds, on the behaviour and breeding of domestic and exotic animals and on the growth of plants were all conducted by Hunter in the peace of the countryside. A notice of the demolition of the house in 1886 mentioned some of the physical evidence for his researches, noting that many of the mature trees bore ‘marks of his insatiable desire for mixture’ including ‘a rough-skinned oak, with smooth-skinned branches grafted on to it’ (West London Observer, 6 February 1886).

Hunter’s menagerie at Earl’s Court was the subject of considerable contemporary interest. Thomas Baird included a report of it in his General View of the Agriculture of the County of Middlesex (1793), noting that Hunter was:

> very curious in plants, and has, in his green-houses and hot-house, a great variety of the most choice and rare productions of nature, in the collection of which he has neither spared pains nor expence. (Baird 1793, 38)

Baird also commented on Hunter’s menagerie, observing that:

> The variety of birds and beasts to be met with at Earl’s Court, is a matter of great entertainment. In the same ground you are surprised to find so many living animals, in one herd, from the most opposite parts of the habitable globe. Buffaloes, rams and sheep from Turkey, and a shawl goat from the East Indies, are among the most remarkable of those that meet the eye; and ...they feed together in the greatest harmony. (39)

The spectacle of Hunter’s menagerie and gardens may well have excited the interest of contemporary spectators, but there is – at present – no evidence to suggest that Hunter followed Lettsom by opening his estate to public visitors. Nevertheless Baird’s report was reprinted by the London papers, and it is likely that other accounts of his work at Earl’s Court were also more widely disseminated. The transfer of the results of his experiments and observations in the form of preparations to be displayed in the

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319 For accounts of Earl’s Court see Merriman (1881 and 1890); Survey of London, 42:196-197; Pasmore (1977); Schupbach (1986). Photographs and watercolour drawings showing the Earl’s Court estate in the 1860s or 1870s are preserved in the Library of the Royal College of Surgeons of England (RCSSC/P 325, 325a, 326; RCS Lib. MS0253).

320 See for example the Morning Post, 30 August 1793.
museum in Leicester Square provided one means of making his activities more generally visible.

The second location was St George’s Hospital, at which Hunter was a student and a governor in the 1750s, and where he held the post of surgeon from 1768 until his death. A considerable number of the preparations of morbid anatomy in John Hunter’s collection are known to have come from patients treated at the hospital, some of which date back the 1750s. Although some of the preparations from the hospital were named, the fact the patients were paupers means that it was unlikely that they would have possessed any specific meaning to visitors. Nevertheless, they provided a medium through which imagined narratives of personal experience might have been constructed. The same is true of a third class of locations through which both real and imagined narratives might have been developed. These were the homes of private patients – individuals, often of wealth and social rank – whom Hunter had operated on and, in some cases dissected.

**Sympathetic bodies**

The display of Hunter’s collection as a regimented corpus encouraged visitors to see it as evidence of practice that was itself disciplined and – by virtue of its apparent correlation with a wider sense of natural order – socially acceptable. At the same time, individual objects were capable of engendering a more varied register of personal responses. These ranged from connoisseurial appreciation to emotive reactions based upon the imagined lives of the things on show. In this last context, one particularly important class of objects in Hunter’s collection were those illustrating gross pathologies or, in 18th-century parlance, ‘morbid anatomy’. These were not displayed in the museum proper, but were instead arranged – on open shelves – around the lecture theatre on the lower floor. They were, however, exposed to the view of the non-medical visitors to the museum, whose route took them through the theatre to the stairs at the eastern end of the building. As with William Hunter’s collection, this physical conjunction reinforced the close connection between morbid preparations and the teaching of anatomy. At the same time, the morbid preparations were – unlike those in William Hunter’s museum – placed in positions that enabled them to be seen and examined by non-medical visitors. This provided opportunities for a range of personal responses from Hunter’s ‘lay’ audience.

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321 See for example RCSHC/P 171 and 1120, from ‘an old Woman that died in St George’s Hospital’ in 1759.
One quality that may have influenced this audience’s reading of morbid preparations was that of sympathy, a powerful concept that was, in different but interconnected forms, widely developed in literary, medical and philosophical discourse in the late 18th century (Forget 2003). The idea of sympathy as a quality of living tissue was of particular importance to John Hunter, for whom it provided a means through which an anatomically-located lesion could result in more diffuse or distant changes within the body.\(^{322}\) As such, it constituted a declaration of professional aspiration as much as a statement of medical theory, by connecting a narrow surgical interest in anatomy with a physician’s concern for constitutional afflictions.\(^{323}\) The kind of sympathy inherent to living tissue was mirrored by a conception of mental sympathy, or the ability of one individual to share or appreciate the feelings of another. This was a major element in the moral philosophy of, among others, David Hume and Adam Smith. The concept of sympathy as a fundamental human condition was also prevalent in literature, where it found expression in the ‘sentimental’ novel, a type of work which not only recorded sympathetic interaction, but was intended to excite a similar emotional response in the reader. In this literary context both sensibility and sympathy were commonly gendered as feminine qualities (Harkin 1994). The gendering of sympathy and sensibility did not imply it as an exclusively female trait, but their characterisation as feminine did contain implicit and sometimes explicit assumptions about the appropriate behaviour or intellectual ability of men and women, particularly through the development of the concept of ‘effeminacy’ (Barker-Benfield 1992, 104-153).

**Salutary bodies**

The ability of Hunter’s collection of morbid preparations to excite a sympathetic response from lay spectators may have depended in part on the visitor’s own experience of injury or disease. Horace Walpole, writing to his friend Robert Nares in 1793 after a particularly virulent attack of gout, boasted that he ‘had produced from my finger a chalkstone, that I believe is worthy of a place in Mr Hunter’s collection of human miseries’ (Walpole 1937-1944, 15:241). His choice of words suggests the manner in which he perceived the morbid preparations as possessing personal histories – a virtue which, of course, heavily informed Walpole’s own collecting at Strawberry Hill, and his use of objects as conduits for historical narratives (Mack 2008).

\(^{322}\) For Hunter’s conception of sympathy see *Works* 1:317-337; Cross (1981), esp. 64-68. On the role of sympathy in 18th-century physiology see Reill (2005), 140-142.

\(^{323}\) Pauline Mazumdar has argued that a commitment to a physiological doctrine of sympathy became a characteristic feature of a ‘Hunterian’ school of surgery in the early 19th century (Mazumdar 1987).
function of morbid preparations as conduits for real or imagined personal histories was reinforced by the manner in which identities were inscribed upon them. Although many medical writers – including Hunter – were relatively circumspect about naming their wealthy private patients in print, Hunter appears to have had fewer qualms about identifying their remains in his museum. Instead, the overt identification of preparations within the museum appears to have given them a useful role as social, rather than purely medical, signifiers.

This is not to suggest that the preparations were not capable of engendering other less noble responses. Like published case histories, some inscribed identities on Hunter’s preparations were disguised through ellipses. Such was the case with the kidney of the surgeon John Hodges, which was labelled ‘Tumour in Pelvis. 6 Years bloody Urine. Mr H---s Kidney’. Again, cognate literary practices such as the ‘secret history’ – the 18th-century ‘roman á clef’ – suggest that such attempts at disguise could in themselves provide a ‘frisson of excitement’ that was as much to do with potential as actual identification (Miles 1996). It is reasonable to assume that, at least in some cases, the reactions of visitors owed as much to voyeuristic sensation as they did to sympathy. It is not hard to imagine the schadenfreude invoked by the rheumatic and gouty arteries of General Robert Armiger (1710-1770), who expired as he spent his wedding night with a woman twenty years his junior. A similar reaction may have been prompted by the diseased bladder of Sir Thomas Stapleton MP (1724-1781) – a well-known rake who was, according to Hunter’s case-history, ‘much addicted to venery’ (Cases, 370).

Nevertheless, naming preparations encouraged spectators to see them as bits of real people. As such they acquired a metonymical value, as body parts invested with personal identities, and hence the experiences of the individual patient. Named preparations functioned as agents for the same kind of the ‘humanitarian narratives’ found in published case histories, reinforcing the moral imperative for dissection. Like case histories, patients’ names served a rhetorical function, inviting viewers to ‘resurrect’ morbid body parts as witnesses to Hunter’s skill as a surgeon and anatomist. The preparation from Thomas Thurlow, who died in 1791, was labelled ‘Cancerous Rectum. Late Bishop of Durham’ – a brief caption which conveyed not

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324 RCSHC/P 256; see also Cases, 604-605. The practice of inscribing patients’ names on jars was recorded by William Clift: all such inscriptions were erased in 1814, by which time, Clift claimed, they were ‘nearly obliterated’ anyway (RCS Lib. MS0007/1/1/19, i).
only the organ and its illness, but also the social position of the patient. In the appended case history, Hunter revealed his role in the case:

Dr. Blane attended him, and Dr. Warren was called in...Mr. Earle was applied to, who examined him with the finger, but could not find anything uncommon. I was next sent for…and immediately, upon introducing my finger up the rectum, near three inches, I felt a rising, forming a ridge…This was so familiar a feel to me, that I at once pronounced it to be what is commonly called a cancer. (Cases, 589)

On studying the specimen two centuries later, the observer’s eye is still ineluctably drawn to the mass of the tumour, rendered self-evident through its centrality, as a silent testimony to Hunter’s penetrative diagnostic touch (Fig. 32). Through the case history and the patient’s name, the preparation was imbued with a narrative, scripted by the anatomist but spoken through the patient’s own body, which valorised the expertise of Hunter not only as a surgeon, but also as a diagnostician. Crucially, Hunter’s authority in Thurlow’s case-history was constructed not in opposition to the patient, but rather with him against those other practitioners who failed to satisfy the desire for definitive diagnosis.

Sublime bodies

It is likely that at least some of the preparations on show were perceived as repugnant or horrifying, both by virtue of the extreme sympathetic reaction they provoked or more simply – as in the case of diseased skulls or skeletons – through their association with common visual motifs of morbidity and mortality. Such reactions were not necessarily detrimental to the reputation of the anatomist as proprietor. Describing the sight of embalmed bodies during a visit to Norway in 1795, the writer Mary Wollstonecraft recorded how she ‘shrunk back with disgust and horror’, but went on to add that ‘the contemplation of noble ruins produces a melancholy that exalts the mind’ (Wollstonecraft 1796, 90). Within carefully prescribed limits, extreme emotions such as terror could be perceived as morally improving, rather than debilitating.

325 The inscription was recorded in Clift’s Memoranda: see previous note. The specimen is RCSHC/P 192.

326 Anthony Carlisle (1768-1840), a former pupil of John Hunter, famously defined the remit of the surgeon by using a rectal cancer as a case in point: if it were out of reach of physical examination, it was a matter for the physician, but ‘the moment it comes down and within reach of the finger, it belongs to the surgeon’ (evidence of Anthony Carlisle to the Select Committee on Medical Education, quoted in Stanley 2003, 27).
32. Section of the rectum of Thomas Thurlow (d. 1783), showing a tumour in the rectum (RCS Hunt. Mus. RCSHC/P 192).

The mass of the tumour is in the centre of the preparation, about three centimetres above the margin of the anus.
The conjoined genres of ‘Gothic’ art and fiction were forms which sought to invoke ‘the Sublime’, a kind of transcendent greatness unbound by mundane concerns.\textsuperscript{327} For an audience familiar with the Gothic glorification of transgression, fear of insensibility and preoccupation with the imagined personal narrative, morbid preparations must have been a rich source of sensation. With its serried ranks of diseased organs and distorted bones, John Hunter’s museum provided a physical embodiment of the sublime terrors of contemporary gothic fantasies such as William Beckford’s \textit{Vathek} (1786), with its parades of cripples and abundance of ‘hump-backs [and] wenny necks’, or of the chilling spectacle manifested in John Hamilton Mortimer’s \textit{Death on a Pale Horse}, exhibited at the Royal Academy in 1774 and published as an etching by Joseph Haynes in 1784.\textsuperscript{328}

Commenting on the work of another ‘Gothic’ painter, Henry Fuseli (1741-1825), \textit{The Times} declared that his works were ‘not intelligible to the capacity of the million’ but instead required ‘scientific knowledge to feel their beauties’, and were ‘understood only by the educated’.\textsuperscript{329} The language used bears a striking resemblance to that used to describe John Hunter’s museum in 1788, as a spectacle comprehensible to the ‘cognoscenti’. The idea that the repugnance felt by literary visitors at the sight of dissected bodies could translate into sublime emotion links back to my earlier point about the ‘wonder and awe’ prompted by the scale of the collection. In both cases, this suggests a willingness to perceive in the material culture of the dissecting-room a range of beneficial qualities at odds with the noisome business of dissection. In my previous chapter, I argued that the value of anatomical preparations rested in their investment with immaterial conceptions of worth that reflected the status of anatomy as a liberal art. The responses of visitors to John Hunter’s museum show how these values could have been established in practice, and it is this practical benefit that underpins the importance of the museum in the context of the anatomist’s household.

**Ways of seeing**

I began the third part of this thesis by exploring its metaphorical association with a work of literature, using Stevenson’s \textit{Strange Case} to accentuate the ‘two-faced’ nature of the Leicester Square anatomy school, and the role of the museum as a space

\textsuperscript{327} The literary and artistic preoccupation with sublime terror in the late 18th and early 19th century is discussed by M. Ellis (2000) and Myrone (2006a and 2006b).

\textsuperscript{328} Mortimer’s drawing is in the Yale Center for British Art, New Haven. The engraving is published in Myrone (2006a), Cat. No. 131.

\textsuperscript{329} \textit{The Times}, 10 May 1786. The report refers to Fuseli’s \textit{The Shepherd’s Dream}, exhibited at the Royal Academy that year: see Myrone (2006a), Cat. No. 101.
of transformation. I conclude it with another literary association which, like Stevenson, may appear unlikely at first sight. It takes the form of a poem, ‘Lines to a Tea-Pot’, written in about 1790 by Joanna Baillie (1762-1851). Like The Strange Case, there is a connection that makes this more than a random association. As the sister of the anatomist Matthew Baillie and niece to William and John Hunter, Joanna Baillie was a frequent visitor to Anne Hunter’s salons and was probably more familiar than most with the contents of her uncles’ museums (K. Dwyer 2000, 23-46). Her poem is a lyrical rendering of the sort of narrative of circulation discussed earlier in this chapter. In it, the history of a tea-pot is traced from its manufacture in the Orient, through its travels to the show-rooms and drawing-rooms of London, before ending up as a collectable object in the cabinet of a collector. Baillie’s opening stanza might stand for the preparations on show in either William or John’s museum, on whose:

…carved sides, where many a vivid dye
In easy progress leads the wandering eye,
A distant nation’s manners we behold,
To the quick fancy whimsically told.

Baillie celebrates the object as both valued possession and functional artefact, a role combined as the tea-pot becomes the centre of attention at a literary salon:

When thou on board of rich japan wert set,
Round whose supporting table gaily met
At close of eve, the young, the learned, the fair,
And even philosophy and wit were there.
Midst basons, cream-pots, cups and saucers small,
Thou stood’st the ruling chieftain of them all;

Baillie contrasts the ‘bright wit and cheerful fancy’ of the feminine, literary imagination with the deadening consideration of ‘sober connoisseurs’ who eventually take possession of the tea-pot, stripping it of its lively function, and:

…with wrinkled brow
And spectacles on nose, thy parts inspect,
And by grave rules approve thee or reject. (J. Baillie 1840, 161)

Through its gendering of perspective, Baillie’s poem highlights the kind of interplay between object and narrative that characterised the domestic oeconomy of John Hunter’s house. That this idea of ‘different views’ may have possessed some contemporary relevance in the specific context of the museum is further suggested by the guidebook to Sir John Soane’s Museum from the early 19th century. In it, a female ‘poetic voice’ (scripted by the novelist Barbara Hofland) provided descriptions which were consciously imaginative and emotional, interspersed with the ‘rational connoisseurship’ of Soane’s own prose (Elsner 1994, 167-170).
If Stevenson’s *Strange Case* prompts one way of thinking about Hunter’s house as a polarised site, and about the museum as the heterotopic space that connects its opposing poles, Baillie’s poem accentuates the potential of objects to link these two worlds. The domestic oeconomy that operated in John Hunter’s house depended on the careful delineation of space and activity. Within it, further distinctions of class and gender and the adoption of temporal routine enabled antithetical kinds of activity to be managed with, it must be said, considerable success. These were not a series of isolated operations but a range of strategies involving living and dead bodies, body parts, and representations of bodies, which provided mechanisms for linking and unifying the household. The models adopted by William and John Hunter may have derived from an older scheme used by private anatomy teachers, and more generally from broader systems of domestic architecture and household management in Georgian London. At the same time, the incorporation of museums which made the products of dissection visible to a wider audience was a novel development.

In an essay on the idea of the museum as an imagined space in the 18th-century Gothic novel, Emily Cohen suggests that the genre is defined by ‘a manifestation of a desire to create personal histories, in which all of life is experienced as a kind of museum’ (E. Cohen 1995, 883). My reading of Hunter’s museum suggests that the converse may also have been true. Within it, dead and dissected bodies were invested with kinds of virtuous vitality, not only as representations of living bodies which formed the objects of medical or scientific study, but also as objects through which a more varied register of lively stories were developed – a point developed by Eric Gidal in his study of Romantic poetry and museums in the early 19th-century (Gidal 2002). On a grand level these included the established narrative of the chain of being, with its implication of hierarchical order manifested and replicated in divine, natural and social form. On a more intimate scale, they included literary tropes of heroic endeavour, of vicarious experience and of humane sensibility or sympathy to the travails of others. Such narratives were not constructed by Hunter as proprietor or author. Nevertheless they made his collection familiar to spectators, turning a collection that might otherwise have been seen as a ghoulish repository of disembodied remains into a temple of nature, and thus ‘naturalizing’ the unnatural art of dissection.
Chapter 11: Conclusions

Defining the ‘museum oeconomy’

At the start of my thesis I suggested that my work was about body parts, and how they are seen. In pursuing this line of inquiry, I have explored the cultures of making, owning, displaying and viewing preserved body parts or ‘anatomical preparations’ in relation to the practice of anatomy in London between 1750 and 1800. Considering the nature of this practice, I argued that human dissection possessed a questionable moral status in Georgian society. It was closely associated with surgeons, man-midwives and licentiate physicians – a group characterised by their exclusion from the upper echelons of the College of Physicians, London’s premier medical institution. For these men, dissection – and particularly dissection-based anatomical teaching – provided a means for social advancement. Their lower social status meant that the moral risks attached to dissection were less damaging to their character. Nevertheless managing these risks demanded careful attention to the way in which the actual process of dissection, and its outcomes, were revealed to or concealed from the public gaze. By contrasting hitherto inadequately-differentiated kinds of anatomy – namely public anatomies within Surgeons’ Hall, post-mortems conducted on patients within their own homes, and the dissections conducted within private medical schools – I emphasised the importance attached to issues of concealment and disclosure within the public and private spheres. Anatomists used a variety of rhetorical devices to present their work as a virtuous – or even heroic – endeavour, but the successful pursuit of dissection nevertheless depended on the development of physical and visual strategies for controlling exposure.

Next, I examined the role played by preparations within this business of anatomical teaching and research. As objects which were seen as both manufactured and natural, preparations were presentable – literally and figuratively – in ways that the freshly-dissected body was not. Unlike cadavers, preparations circulated legitimately within a variety of exchange economies. By considering the public auction as a specific forum in which preparations were sold and bought, I showed how a ‘connoisseurial’ model of anatomical expertise was constructed, legitimised and disseminated. Moreover as an exercise in disaggregation which mirrored the process of corporeal dissection, auctions also revealed the fragile nature of preparations as commodities. Although preparations failed to hold financial worth within the marketplace, as objects of connoisseurship they were invested with shared social, as well as pecuniary, values. Being able to make, own and appreciate preparations became a way for a community
of practitioners to define their particular expertise in relation to others. Seen in this light, the accumulation of large collections of preparations can be understood as an exercise in the accumulation of cultural capital.

I went on to show how this cultural capital could be realised through display. In the case of John Hunter’s house in Leicester Square, I have characterised the museum as a liminal space, physically intermediate between the opposing social spheres of the drawing room and dissecting-room respectively. Situated at the midpoint of what I have termed an ‘axis of propriety’, Hunter’s museum was accessible to, and seen by, two specific categories of spectator. On the one hand was a homogeneous, masculine, and medical audience, the members of which were able to invest the preparations with value by reference to their own anatomical knowledge and ability. On the other was a more heterogeneous and feminised literary audience. For the latter, the display of preparations in a context which emphasised the nature of the body as both anatomical object and the subject of medical study reinforced John Hunter’s status as both proprietor and medical practitioner. At the same time, the model of medical authority developed through the museum was not exclusive. The physical construction of the preparations and the scale of the collection invited lay viewers to perceive them as the products of virtuous industry. Their material regularity reinforced perceptions of the museum as the product of ordered, rational inquiry, far removed from the messy corporeality of the dissected ‘fresh subject’. Hunter’s preparations also invited literate spectators to ‘read’ into them narratives which drew on a range of contemporary literary tropes – of heroic endeavour, of vicarious experience and of humane sensibility or sympathy to the travails of others. The cumulative effect was to reinforce the standing of the anatomist by negotiation or engagement, rather than by the imposition of a singular message of medical or scientific authority. Within the specific context of John Hunter’s anatomy school, the display of preparations mediated the tensions between public life and private work, helping to ‘naturalise’ his activities as a dissector and surgeon.

It is this reflexive relationship between dissection, preparation and display that constitutes what I have termed the ‘museum oeconomy’ of anatomy in late 18th-century London. The carefully-controlled exposure of preparations enabled anatomists to secure public approbation for a kind of work which, though presented by its proponents as beneficial to the pursuit of knowledge and the treatment of patients, was nonetheless at odds with what most non-medical observers would describe as polite behaviour. My definition of the museum oeconomy draws heavily on contemporary ideas of ‘good’ social behaviour, as developed through the moral and political
philosophies of David Hume and Adam Smith, as well as a less heavily
intellectualised but nonetheless pervasive and widely understood model of sound
domestic organisation. Common to all, although presented in different terms, was the
idea of behaviour which served a general or public good rather than simply narrow
self-interest. As with the museum oeconomy, none of these broader concepts was
reducible to a system of rigid rules. They described systems of social interaction that
were aspirational, rather than normative, and were inherently enabling, rather than
limiting. Similarly the museum oeconomy I have outlined here was not a precisely
defined system of operations. Even within the relatively tight period and place of my
study, there were significant differences in the ways in which individual anatomists’
museums were arranged, presented and perceived. I have addressed some of these in
my comparison between John Hunter’s museum and that of his brother William. Their
approaches to collecting and exhibiting reflect differences in personality, interest and
ambition. My work on John Hunter will provide a basis for a fuller comparison with
William, a subject currently being addressed by Helen McCormack. \footnote{Helen
McCormack, ‘The Collector as Consumer in Eighteenth-Century Britain: Dr William
Hunter (1718-1783)’, PhD Thesis, Department of Art History, University of
Glasgow.} Similarly an
evaluation of the similarities between John Hunter’s anatomy school and that of
William Hewson and Magnus Falconar in Craven Street would also help to expand
and refine the arguments presented here. Despite the interest prompted by the
discovery of human remains derived from Hewson and Falconar’s work during
excavations at Craven Street in the 1990s, and the subsequent refurbishment of the
house as a museum dedicated to Benjamin Franklin, relatively little is known about
the structure of the building during their tenure in the mid 1770s. New research being
undertaken by Tania Kausmally should help fill this gap, and may provide further
material evidence about the relevance of the museum oeconomy to practitioners
whose collections are known only through the paper catalogues. \footnote{Tania
Kausmally, ‘William Hewson (1739-1774) and the Craven Street Anatomy School –
anatomical teaching in the 18th century’, PhD Thesis, Wellcome Centre for the History of
Medicine, University College London.} A further avenue of
inquiry is to see to what extent this model of the museum oeconomy translates to other
centres where private anatomy teaching was conducted, such as Edinburgh, Paris and
Philadelphia, in the late 18th or early 19th centuries.

Nevertheless, in the absence of substantive data on the physical organisation of, and
audiences for, other anatomical museums in London within my period, there are
avenues through which my analysis can be extended more widely. One is to consider
how the visual representation of anatomical preparations was used to reinforce the

330 Helen McCormack, ‘The Collector as Consumer in Eighteenth-Century Britain: Dr William
Hunter (1718-1783)’, PhD Thesis, Department of Art History, University of
Glasgow.
331 Tania Kausmally, ‘William Hewson (1739-1774) and the Craven Street Anatomy School –
anatomical teaching in the 18th century’, PhD Thesis, Wellcome Centre for the History of
Medicine, University College London.
identity of anatomists within a wider public sphere, a process that I consider here through their inclusion in portraits. Another is the degree to which my analysis of John Hunter’s museum during his lifetime highlights the significance of changes that took place after its posthumous transfer to the Corporation (soon to become the Royal College) of Surgeons. Each exposes specific ways in which the idea of a museum oeconomy can be related to wider historiographical issues.

**Projecting the museum oeconomy**

Given their practical use and broader potency as meaningful objects, it is not surprising that preparations should have become significant as objects or accoutrements within anatomists’ portraits. This is certainly the case for John Hunter. Although he sat for several portraits during his lifetime, the one which has become most firmly associated with his identity as a virtuous practitioner is that painted by Joshua Reynolds, now preserved in The Royal College of Surgeons of England (Fig. 24). In his recent study of William Tate’s portrait of one of John Hunter’s students and near contemporaries, the Manchester surgeon Charles White, Aris Sarafianos has highlighted the role of anatomical objects as mechanisms for projecting a positive image of the surgeon as a model practitioner (Sarafianos 2006, 105). Reynolds’s painting of Hunter can be seen as the progenitor of a distinctive genre of medical portraiture. Aside from Tate’s portrait of White, which dates from 1788-1790, other examples include John Keenan’s portrait of John Sheldon (1802) and Thomas Phillips’s portrait of Joshua Brookes (1815) (Figs. 33 and 34). In the 19th century, the use of preparations as accoutrements remained a particular feature of portraits of surgeons, suggesting a shift their status from signifiers of practical anatomical expertise to one more specifically aligned with the practice of surgery.

My argument here builds on one made by Ludmilla Jordanova in her analysis of medical and scientific portraiture. Her approach not only informs my study of the portraits discussed here, but also bears reflexively on my analysis of the museum oeconomy. Unpacking the significance of portraits requires attention to the complex social relationships between sitter and artist, and between portrait and viewer. It also requires an understanding of patterns of ownership and exchange, and of the contexts in which portraits were displayed and seen. All of these are features which I have applied to my investigation of the ‘work’ of preparations. The portrait of John Hunter can be considered part of a broader genre of portraits of learned individuals whose specific field of expertise is referenced by the inclusion of objects directly related to their work. Such works have a much longer history, but in the late 18th century they

John Keenan’s portrait of John Sheldon was painted in 1802 for the Royal Devon and Exeter Hospital, to which he had been appointed surgeon in 1797. However the engraving published the following year identified him by his title as Professor of Anatomy at the Royal Academy, to which he was elected after William Hunter’s death in 1783. His interest in anatomy for artists is signalled through the écorché in the background, but his skill as a dissector is also referenced through the three preparations in glass jars.
34. Thomas Phillips, *Joshua Brookes*, 1815, oil on canvas, 141cm by 113cm

Brookes apparently sat for this portrait ‘by desire of the Students of Anatomy under his tuition’
(NPG catalogue). A mezzotint by James Fittler was published in 1818.
became particularly important in relation to individuals whose work was taking on the character of what we would now recognise as a profession – that is, not merely a learned occupation, but work that was both remunerated and governed by rules defining the knowledge and skills required for its conduct (Jordanova 2000, 54-61). Examples include Henry Raeburn’s portrait of geologist James Hutton (c.1776), David Martin’s painting of the chemist Joseph Black (c.1787), and Robert Home’s portrait of the mathematical instrument-maker Jesse Ramsden (1791) (Figs. 35-37). In each case specific reference is made to the sitter’s ‘professional’ status by depicting objects – specimens or instruments – that illustrated not only a specific kind of learning, but which were essential to their ability to earn a living.

Reynolds’s portrait of Hunter was highly influential in defining his character, both during and after his lifetime. Hunter is known to have commissioned Reynolds in 1785, and to have sat for him several times in 1786, paying a total of 100 guineas. The portrait was exhibited to general acclaim at the Royal Academy in 1786, and was engraved by William Sharp (1749-1824) in 1788. Later that year and again in 1789 John Hunter returned to Reynolds’s studio and the painting was reworked, possibly because of changes to Hunter’s appearance occasioned by a bout of illness (Graves and Cronin 1909, 495-496). Hunter’s ill-health may have played a significant role in the production of the portrait. A study in oil, attributed to Reynolds, shows Hunter in the same pose but with a thin, pinched face and an unkempt beard. Although not listed in any catalogue of Reynolds’s work, it is widely believed to have been a preliminary study for the 1786 portrait.

As well as being a valued private possession, Reynolds’s portrait was a powerful public statement of Hunter’s identity. In the catalogue of the Royal Academy show for 1786 it was described simply as ‘A portrait of a Gentleman’, a significant claim in respect of Hunter, who did not possess such status by virtue of birth or education. Its exhibition attracted considerable acclaim, and it was described as ‘one of the greatest prodigies of perfection’ and a ‘performance [of] considerable merit’ (Public Advertiser, 2 May 1786; London Chronicle, 2 May 1786).

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332 The painting was given by Anne Hunter to James Weatherall, the cabinet-maker who worked on the museum cases, and is now in the collection of the Society of Apothecaries. At some stage during Hunter’s sittings for Reynolds a life mask was taken, and it has been claimed that this was a device to encourage Hunter to rid himself of his beard (Keith 1919 and 1928; Le Fanu 1960; Thornton 1968; R. Brock 1971). It is possible that the Apothecaries’ painting is somewhat earlier, since there is a suggestion that John Hunter had previously sat for Reynolds in 1777, when two visits by ‘Mrs Hunter’ and a single sitting by ‘Mr Hunter’ are recorded in his appointment book (Mannings 2000, 271-272).
35. Henry Raeburn, *James Hutton* (c.1776), oil on canvas, 125 by 104cm (© National Galleries of Scotland, Edinburgh, PG 2686).

36. David Martin, *Joseph Black* (c.1787), oil on canvas, 126 by 102cm (© National Galleries of Scotland, Edinburgh, PGL 259, on loan from the Royal Medical Society, Edinburgh).

As I have suggested previously, it is likely that the painting was given a prominent position within one of the public rooms of the house, and would have been visible to the Hunters’ guests. It also enjoyed a much wider circulation in the form of William Sharp’s engraving and other derivatives (Mannings 2000, 271). That it should achieve wider currency was not coincidental. Everard Home claimed that Sharp’s proposition that such an engraving might be both popular and profitable encouraged Hunter to sit for Reynolds (Home 1794, xxxv). As well as being ‘an admirer’ of Sharp’s work, Hunter had a more personal connection through his role in the treatment of Sharp’s father, who died in 1786.333 Joseph Farington mentions that Sharp’s engraving drew the praise of one of John Hunter’s patients, Thomas Gainsborough (1727-1788), who asked before his death that only Sharp be allowed to engrave his self-portrait (Farington 1922-8, 4:1149). Hunter is known to have purchased numerous copies of the print for himself, some of which he distributed to friends. Four copies, including three proofs, remained in his collection at his death. The print, which sold for two guineas, proved a commercial success for Sharp (Eden 1861-2, 1:461). After Sharp’s death in 1824 the plate was purchased by William Clift, and later passed into the ownership of Thomas Madden Stone (a librarian at the Royal College of Surgeons) who continued to produce impressions from it until the 1850s. In addition to Sharp’s engraving, numerous smaller reproductions were made, for separate publication or for inclusion in books, from the 1790s to the mid-19th century.334

There is no record of the discussions between Reynolds and John (and probably Anne) Hunter regarding the composition of the painting. From other sources it appears that the composition of Reynolds’s portraits was often developed through dialogue between painter and sitter (Wendorf 1996). In this case, it is likely that Sharp also played some role in the discussions about the composition. Although, as Sarafianos states, the painting employs many of the conventions of 18th-century portraiture, Reynolds’s portrayal of John Hunter is unusual for its inclusion of a number of highly specific material objects which are distinct from the more typical painter’s props. Closest to Hunter are some manuscript notes, together with three books. Two of these – identified in Sharp’s engraving as being on vegetables and fossils respectively – are

333 Hunter treated Sharp’s father (also William Sharp) from 1782 until his death, and carried out the post-mortem on him afterwards. See Cases, 550-551. Specimen RCSHC/P 391 in the Hunterian Collection, a portion of pia mater, is from Sharp’s father.
334 Examples include prints by Richard Cooper, S. W. Reynolds, William Lizars, James Egan, William Geller, Ambrose Tardieu, G. H. Adcock, J. Shury and William Holl (Wellcome Library nos. 4442i, 4437i, 4446i, 4436i, 4439i, 4443i, 4447i, 4448i, 4449i); for lists see also Breun (1930); Palmer and Taylor (1990, 230-231). Several painted copies from the early-mid-19th century also exist: see Ingamells (2006), 273-275.
closed, while a third, presumably on the natural history of animals, is opened to reveal two sets of drawings. On the left is a series of forelimbs in order of decreasing complexity from top left to bottom right, and on the facing page a series of skulls representing the gradation to be found in the angle of the face. These are invented works – Hunter never published books with these titles, or with the illustrations shown. The drawings are capable of being read in multiple ways, revealing different meanings depending on the interest of the viewer. They can be seen as a straightforward linear series, reinforcing a conventional idea of the ‘chain of being’ and placing Hunter’s work in what was – in the late 18th century – a conservative tradition of natural science. At the same time, the particular order adopted on each page reflects the more complex system of classification applied in Hunter’s own museum, with the precise order of progression varying according to the part or function being examined (Rolfe 1985, 317; Sarafianos 2006, 105). A range of additional connotations derive from the choice of the two parts depicted – the head and the hand – which can be seen as references to the shared interest between artists and anatomists in the combination of intellectual and manual ability.

Radiating out from the sitter are three preparations. On the table on the far right of the canvas is a tree-like structure suspended under a glass dome. It has been described by Arthur Keith and others as a pathological preparation of the human bronchii, but is equally likely to be a corrosion cast made in wax. Above the table on the mantle-shelf are two further anatomical objects. Directly above the open book is a glass jar containing what appears to be a fractured bone united by a callous of new growth. It is shown as a wet preparation, preserved and mounted in alcohol, and the red colouration still visible in the painting reveals it to have been injected – another specific kind of anatomical skill. By highlighting the presence of the blood vessels the preparation also reflects a fundamental aspect of Hunter’s theoretical approach, namely his belief in a living principle within the blood. This is a subtle point, but it is one that would have been readily apparent to the audience of medical peers at whom, in part, the portrait was aimed. In contrast, the pair of skeletal feet hanging next to the jar would have been more readily recognisable. They are part of the skeleton of Charles Byrne, acquired by Hunter in 1783, the significance of which I will return to shortly.

What conclusions can we draw from Reynolds’s portrait of Hunter about the relationship between authority and anatomical preparations? On the one hand, John Hunter is shown with a series of objects that are the product of a very particular kind of expertise. The ability to make preparations was a skill acquired by those who practised anatomy, and was not one generally shared by others. The depiction of
preparations as accoutrements can therefore be seen as a way of revealing an individual’s status as a dissector, without actually showing a dissected body. In this sense, Reynolds’s portrait of Hunter as an anatomist differs from the formal portraits of Dutch anatomists from the 17th century, in which cadavers figure prominently. Although there was no tradition of anatomical portraiture on a similar scale in Britain, Reynolds’s painting can be contrasted with the group portrait of William Cheselden carrying out a dissection from the 1730s (Fig. 38), in which a corpse occupies the centre of the scene.

The use of preparations as accoutrements was also distinct from other devices used by artists to represent anatomical learning. One example of the latter is the écorché, a flayed (and so superficially dissected) figure usually represented in the form of a reduced statuette. Unlike preparations, écorchés had a dual function, as models used for teaching medical anatomy but also, and more commonly, as objects used in the study of anatomy by artists. Featuring an écorché suggested dissection, but did so in ways that linked it to artistic rather than simply medical practice. This is the case for Mason Chamberlin’s portrait of William Hunter from 1769, painted for the Royal Academy and celebrating William Hunter’s work as lecturer there. In it, Hunter holds Henry Spang’s reduced bronze model of an écorché, the original of which was cast from the body of an executed murderer dissected by Hunter for the St Martin’s Lane Academy in the early 1750s.

That the Chamberlin portrait should choose to reference an object associated with artistic anatomy is not surprising. In contrast to his brother, however, William Hunter’s other portraits also demonstrate a rather more ambiguous approach to the representation of his work as a dissector. It is notable that of the two portraits commissioned or owned by William Hunter, one – by Allan Ramsay – eschews any reference to his work (Fig. 39), while the other – by Robert Edge Pine – presents the sitter in an uncomfortable relationship with a preparation (Fig. 40). The date of the Ramsay portrait is uncertain: it has traditionally been dated as circa 1764, but may have been painted as early as 1760.335 It is a remarkable painting, not least for the exclusion of any direct reference to Hunter’s activities as a dissector and a man-midwife. At the same time, as Ludmilla Jordanova suggests, the blank sheet held by the sitter and the ‘sketchily evoked’ detail of the costume (uncharacteristic of Ramsay’s work) provide an oblique and subtle acknowledgement of what cannot be directly shown (Jordanova 2000, 159-163).

335 Peter Black, personal communication.

This painting is unusual for depicting the conduct of a private anatomy lesson from before 1750. In its composition and content it suggests a more formalised demonstration of anatomy than the kind of informal dissecting-room teaching of the Hunters recorded in Thomas Rowlandson’s watercolour (Fig. 11).
39. Allan Ramsay, *William Hunter*, c.1764, oil on canvas, 96 by 75 cm (© Hunterian Museum and Art Gallery, University of Glasgow, GLAHA 44026).
The painting remained in the possession Matthew Baillie after William’s death. Although it was displayed in the foyer between the lecture theatre and museum in Great Windmill Street, it was not sent to Glasgow with the rest of William’s collection when Baillie retired from teaching in 1806.
In contrast, the Pine portrait does include a preparation, in the form of a multi-coloured wax corrosion cast of the heart and lungs standing under a bell-glass at the rear of the table. The dating of Pine’s portrait is also uncertain, but it is generally believed to have been painted in the early 1760s and to post-date Ramsay’s work. It is known to have been hung in the entrance to William’s anatomy school in Great Windmill Street, and so would have been seen by a largely medical audience. Nevertheless William Hunter is shown in an uneasy relationship with the product of his work as dissector. The shadow, the vertical angle of his arm, and the horizontal plane of the table create a clear gulf between anatomist and preparation. In history or genre painting, the kind of posture shown here would be read as a rejection, an effect ameliorated only slightly by the use of the open book to link the sitter with the object.

Comparing the Ramsay or Pine portraits of William Hunter with Reynolds’s painting of John highlights a significant shift in the relationship between anatomist and anatomical object. Unlike Pine, Reynolds presents a sitter manifestly at ease with the products of his work as a dissector, qualities reinforced by his casual dress as well as his bearing. Aris Sarafianos suggests the collection of anatomical objects is ‘safely framed’ by the presence of John Hunter, who adopts the ‘authoritative corporeality’ of a natural philosopher (Sarafianos 2006, 107). Although both Pine and Reynolds employ the convention of the hand-on-chin pose to indicate thoughtfulness, in John Hunter’s case his reflective posture embraces, rather than rejects, his preparations.

There are several ways of approaching this difference, all of which are illuminating of the relationships between the Hunters as brothers and rivals; between their individual characters and their museums; and between their museums and their representation in the public sphere.

We cannot ignore the simple issue of chronology, both in relation to the changing taste in portraiture, but also in attitudes towards dissection. More than two decades separate the portraits of William and that of his brother. When William sat for Ramsay and Pine, his occupational status was still far from certain. It was only from the mid 1760s onwards that he appears to have reconciled himself to a career as a teacher of anatomy. The creation of a museum as a distinctive quasi-public space within Great Windmill Street can be seen as a solution to the problem of representing his work as a dissector in the public sphere, and managing the practical tensions arising from this work within his household. In this context, the Ramsay and Pine portraits can be seen as part of this evolution, moving from the careful exclusion of all but the most oblique reference to his work, towards a conditional acceptance. By the same token, the
Reynolds portrait of John Hunter reflects the museum oeconomy in its maturity, with anatomical preparations able to stand comfortably as evidence of dissection.

The portraits may also suggest distinct differences in the aspirations and characters of the brothers, and relationship between these and their collecting/exhibiting practices. William Hunter’s portraits, with their emphasis on dress and appearance, are easily read as paintings of a gentleman comfortable with polite society. In contrast, John’s portrait makes no attempt to present him as a refined or elegant figure. Although it was exhibited as the ‘portrait of a Gentleman’ at the Royal Academy, any claim to genteel status on the part of the sitter was made through his contemplative attitude, a quality which drew heavily on the objects around him. Again, these virtues were reflected in the composition and arrangements of their museums, with John’s giving far greater prominence to his anatomical preparations and zoological specimens, while William’s museum placed anatomical objects in the context of a broader model of classical learning. Their portraits therefore reinforce the idea that within the common framework of the museum oeconomy, significantly different strategies were at work, and that these in turn derived from the particular ambitions of those who chose to follow a career in anatomy.

This raises a question about the degree to which the Hunters were willing or able to celebrate or even address the controversial aspects of their work. It is notable that John Hunter’s portrait includes the feet of Charles Byrne. Given the somewhat controversial circumstances of Hunter’s procurement of Byrne’s body, the inclusion of such an obvious reference would appear to have been a risky strategy. It could be argued that by doing so Hunter was making a straightforward assertion of his authority – something which, as I have argued, could also be claimed of the physical display of the skeleton of Byrne and the dissected parts of other bodies in his museum. But just as the museum appeared to offer a range of vicarious and sympathetic readings of body parts, so too the portrait might be seen as promoting the identity of the anatomist in ways that were more subtle. A recent exhibition of Reynolds’s work has emphasised the importance attached to the idea of celebrity in 18th-century culture (Postle 2005). The idea of fame was a powerful theme in the work of Adam Smith, for whom the intangible value of public esteem was a core component of his system of political oeconomy. For Smith, the reward of public approbation distinguished the artist from the artisan. Reynolds also touched on the admirable qualities of fame in his lectures at the Royal Academy, emphasising the need for the great artist to strive beyond that which is merely profitable (Postle 2005, 30). Reynolds deliberately cultivated his own celebrity through the depiction of other famous or heroic people,
but he was particularly sensitive to the appeal of individuals whose social success was enhanced, rather than diminished, by their willingness to be seen as transgressors of contemporary *mores*. This is evident in Reynolds’s series of portraits of actresses and courtesans such as Kitty Fisher and Frances Abington (Postle 2005, 181-197). It is significant therefore that John Hunter’s collection included two other portraits by Reynolds, depicting the courtesan Nelly O’Brien and the Scottish diplomat and colonial administrator John MacPherson. Like O’Brien, MacPherson was also a popular but controversial figure in London society, with a chequered history involving charges of corruption and bribery associated with his work as an administrator in India (*DNB*). As with these other sitters, the artistic and commercial success of Reynolds’s depiction of John Hunter may have partly depended on the way it acknowledged, rather than obfuscated, his activities as a dissector.

Fourth, in light of the importance attached to the perceptions of viewers, rather than the intentions of artists or sitters, it is important how and to whom both portraits and preparations were exposed to view. Ramsay’s portrait of William Hunter was engraved in the 1760s, albeit in a reduced head-and-shoulders form. The Pine portrait did not circulate more widely as an engraving until the mid-19th century, and the Chamberlin portrait was only engraved in 1783, presumably to capitalise on Hunter’s death. This was the only mass-produced image of William that contained direct reference to his work as an anatomist. In contrast, Sharp’s engraving of John Hunter was widely circulated in the late 1780s and early 1790s. That it should do so can be seen as indicative of the changing relationship between anatomists and their museums. By the time Reynolds’s portrait was exhibited at the Royal Academy in 1786, John Hunter had completed his move to Leicester Square, and it was shortly after the publication of Sharp’s print in early 1788 that John Hunter began to open his museum to the public on a regular basis. Reynolds’s depiction of Hunter, in both its original and engraved forms, not only demonstrated the importance of the museum to Hunter’s work, but also actively reinforced this association.

In light of the above, it is worth considering how subsequent portraits of anatomists and surgeons echoed or developed the concept of the museum oeconomy. Aside from the portraits of White, Sheldon and Brookes mentioned earlier, one portrait worthy of particular attention is that of the surgeon and museum proprietor John Heaviside (1748-1828), painted by Johann Zoffany. The original is now lost, but the portrait survives through the mezzotint by Richard Earlom, published in 1803. Numerous copies of this survive, including a coloured version preserved in the Wellcome Library (Fig. 41). Heaviside had a rather undistinguished career as a surgeon, but following
the death of his father used his wealth to create a large anatomical museum by buying the collections of other anatomists such as Henry Watson. Although Heaviside did add many preparations of his own to the collection, contemporary medical viewers would have recognised the two preparations in his portrait as the work of others (Watson, in the case of the preserved heart on the table, and Percivall Pott in the case of the diseased spine in the background). From the late 1790s onwards Heaviside’s career was immeasurably enhanced by his museum, which was opened to lay visitors as well as to medical guests. Although he never taught anatomy, Heaviside used the museum to cultivate a popular reputation as an anatomist, a factor which contributed to his election to the Royal Society in 1797 (though he did not necessarily enjoy the esteem of fellow anatomists, who derided his wholesale appropriation of the work of others). Heaviside’s career suggests that by the end of the 18th century the ownership and display of preparations had moved from being a strategy adopted to ameliorate the risks of being a dissector, to being an activity that could in and of itself substantiate an individual’s claim to medical authority. It is telling that rather than adopting a relaxed and philosophical pose, Heaviside’s stance is explicitly active and proprietorial. Unlike the Reynolds portrait, Zoffany emphasises Heaviside’s authority as being derived through ownership of, rather than from reflection upon, the preparations. A similar type of stance is evident in the portrait of the natural philosopher Tiberius Cavallo (1749-1809) painted in about 1785 by an unknown artist (Fig. 42). Cavallo’s left arm rests on the twin-plate electrical machine which he invented, and which was used by him in his work as Bakerian lecturer to the Royal Society (DNB). The portraits of both Heaviside and Cavallo reveal the importance attached to visual demonstration and display in the construction of their identities. The unambiguous way in which their authority is presented also suggests that the objects over which they claimed ownership were not themselves questionable or problematic. In both cases, the objects’ specific qualities of novelty or rarity would have been directly recognisable to expert viewers, while also being understood as examples of more general types by lay spectators. Heaviside’s portrait therefore reflects the mixed economy of meaning evident within the anatomical museum, but also suggests that by the start of the 19th century it was possible for practitioners to present their authority in ways that were more direct and assertive.

The dried heart held by Heaviside is that of Philip Kendall, a Soho tallow-chandler whose post-mortem was reported by Henry Watson in a paper to the *Medical Communications of a Society for Promoting Medical Knowledge* (Watson 1783). The same year that Earlom’s print was published, the heart was again figured in the atlas to accompany Matthew Baillie’s *Morbid Anatomy* (Baillie 1803). The diseased spine in the background is an example of what is now known as Pott’s disease: the preparation was probably the property of Heaviside’s former mentor, Percivall Pott.
42. Unknown artist, *Tiberius Cavallo*, c.1787, oil on oak panel, 59 by 49cm
Developing the museum oeconomy

The kind of anatomical authority manifested in Heaviside’s portrait is indicative of the way in which dissection was legitimised through the ownership and display of body parts in the late 18th century. With it came a growing confidence on the part of practitioners in the value of their work to medicine. Although the museum oeconomy developed by John Hunter depended on preparations of human and animal bodies being seen as more than purely medical objects, his successors were able to assume a more assertive and exclusive model of medical authority. That this should become firmly associated with the rise of the surgical profession was due in large part to the political efforts of Hunter’s executors, and to a degree of good fortune and opportunism on the part of the Corporation of Surgeons.

When John Hunter died suddenly in 1793 the fate of his museum was far from certain. His family was left heavily indebted, and the collection in which Hunter had invested so much time and money was transformed almost instantly from a source of prestige into an almost insupportable financial burden. Hunter’s brother-in-law Everard Home, who had lectured jointly with Hunter in the last years of his life, provided some support for the care of the collection, but Hunter’s wife and children were thrust into penury. Anne Hunter was forced to take a position as a companion to the daughters of a family friend; her son withdrew from university and took an army commission, and her daughter was hastily (and unhappily) married. Although the Leicester Square house was leased out and the Hunters’ Earls Court home sold, the Castle Street house and museum were retained, cared for by Hunter’s former assistant, William Clift. In his will Hunter had left directions to offer the collection for sale to the British government and, failing that, to another government in Europe, but no offer was forthcoming. By 1795 Anne Hunter was reduced to pleading with one of her husband’s friends and patrons, Henry Dundas, to secure funds for the ‘ill-fated cabinet of natural history’ that had cost her family so dear. Her fortunes only began to improve in 1796, when the petition was raised in Parliament to secure Hunter’s collection, but it was not until 1799 that she actually received the fifteen thousand pounds voted for the acquisition of the museum. Even then, a significant difficulty remained. The museum was offered to and rejected by both the College of Physicians and the Royal Society before it was placed into the care of the Company of Surgeons. For the latter, the museum provided a timely fillip. Still reeling from the consequences of their ill-fated move to Lincoln’s Inn Fields, and recently lambasted in Parliament as

336 Anne Hunter to Henry Dundas, 28 January 1795 (NAS GD51/9/74).
a ‘most extraordinary, useless set of learned men’, the Company used the acquisition of the Hunterian Museum (as it became known) to rebuild its reputation. Shortly afterwards, the Company secured a new charter, becoming the Royal College of Surgeons in London and gained parity – in nomenclature, if not in stature – with the College of Physicians. Although it was to take a further thirteen years, and a new injection of public funds, before the College was able to open its museum to visitors, the presence of the Hunterian collection nevertheless gave a focus to its work as a learned institution.

Perversely, the transition of the Hunterian collection from private to public ownership also signalled a significant change in the nature of the museum as a space of public engagement. For the first decade of the 19th century, when the collection was housed in Castle Street and (after 1806) in temporary accommodation in Lincoln’s Inn Fields, there was little opportunity for the collection to be viewed. Building work began on the new museum in 1803, but was not completed until May 1813. Thereafter the museum was opened two days a week during the summer, with a limit of fifty visitors per day (Dobson 1954a, 40-42). While this may have represented a significant increase on the number of visitors admitted during Hunter’s lifetime, the process of re-opening the museum to spectators was accompanied by an ongoing process of epistemic closure. In the absence of any formal record of the contents of the collection, and without the benefit of Hunter’s own narrative to lend meaning to the preparations it contained, the College embarked on the painful process of reclassifying and cataloguing the museum. The act of reorganising the collection effected a radical change in its ability to sustain multiple meanings. Within the institutional setting of the College of Surgeons, the preparations were edited, rearranged, in some cases physically remade – removed from their jars, re-dissected and remounted. Preparations of animal bodies were assigned taxonomic names, a practice that Hunter had eschewed, and were rearranged into series that reflected contemporary systematic schemes. In the case of morbid human preparations, case histories and diagnoses were significantly altered. Full names in case histories were removed, replaced with initials and ellipses, and then eliminated in favour of generic titles. The inscriptions painted onto or affixed to the jars were also erased, and replaced with serial numbers to allow cross-reference to the printed catalogues. What were removed were precisely those inscriptive clues that encouraged lay viewers to construct their own narratives. Instead, the collection was defined through textual accounts designed to appeal to an educated medical audience. This does not mean that museum objects – including preparations – ceased to possess, accumulate or project narratives of individual
experience after the end of the 18th century. Rather, it reinforces a point made by Sam Alberti, in his studies of natural historical and medical collecting in the 19th century, that these kinds of meanings were more readily available to ‘expert’ audiences, rather than to ‘lay’ spectators, as personal collections were subsumed into institutional museums (Alberti 2005b and 2007).

The posthumous fate of the Hunterian collection therefore points to a wider shift in the nature of the museum oeconomy, and the complicated status of the ‘public/private’ distinction as it relates to anatomical collecting. Although personal museums continued to play an important role in the work of extra-mural lecturers well into the 19th century, and were used by others such as John Heaviside as a means of laying claim to anatomical expertise, the transfer of Hunter’s collection marked the start of a trend towards institutional, rather than personal, ownership, and the use of museum to support corporate identities, rather than those of individuals. As well as William Hunter’s collections, which eventually made their way to Glasgow University in 1807, several other high-profile collections were also gifted to or purchased by institutions in the early 19th century. They included the museum of William Cruikshank, purchased by the Russian government after his death in 1800; James Wilson’s collection, bought by Charles Bell (his successor at Great Windmill Street) and subsequently sold, with Bell’s preparations, to the College of Surgeons in Edinburgh in 1825; and Matthew Baillie’s preparations, which were presented to the College of Physicians (and, much later, transferred to the College of Surgeons). Other ‘private’ collections owned by hospital lecturers were incorporated into new institutional museums, so that by the 1840s all of the major London hospitals, and many of the smaller ones, possessed museums that were formally the property of their governors and not of individual surgeons. Many more collections were broken up by sale at auction, allowing hospitals and the College of Surgeons to make a more judicious selection of items to add to their collections, as was the case with the museums of Brookes, Heaviside and the surgeon George Langstaff (d.1846). The latter was one of the last owners of a significant private anatomical museum unconnected with a hospital: his collection, containing over 2,300 preparations, was sold in 1842, and the disappointing return on his investment is said to have precipitated Langstaff’s death four years later (Plarr’s Lives, 1:681).

References to these transfers are provided in Appendix 1.

Details of the London hospital museums are given in Murray (1904), vol. 3.
The decline of the private anatomical museum mirrored that of the private anatomy schools. The Anatomy Act of 1832 had the effect of concentrating dissection within hospitals and university medical schools, leading to the disappearance of almost all of London’s extra-mural schools by the 1850s (Bates 2008, 7). Outside London too, the creation of institutional anatomical museums became a distinctive feature of new medical schools and teaching hospitals, as in the case of York and Birmingham, for example (Brown 2003; Reinarz 2006). Like the College’s Hunterian Museum, these hospital collections were not necessarily closed to the public, but their function was significantly different to that of the private museums of 18th-century London. In an era when the right of medical institutions to receive bodies for dissection primarily for the purpose of medical training (rather than as a secondary function of judicial punishment) was recognised by law, these institutional museums can be seen as a mechanism for projecting a more self-confident image of medical identity – one in which the practitioner’s control over, and access to, the body of the patient became taken for granted. Whether described as the disappearance of the ‘sick man’ (Jewson 1976); the emergence of the ‘clinical gaze’ (Foucault 1989 [1973]); or the erosion of ‘biographical’ medicine in favour of ‘analytical’ ways of conceptualising the body (Pickstone 2000), this change has been a recurrent theme in the recent historiography of medical practice between 1750 and 1850. Anatomical museums came to play an important role in promulgating the authority of practitioners, as physical spaces devoted to the display of the body as the focus of medical interest. Yet as my study of John Hunter’s museum has shown, the display of preparations was not necessarily conditional on, or determinative of, the representation of preserved body parts as purely medical objects. Instead, it suggests that within the museum oeconomy of Hunter and his contemporaries, conventional models of patient-centred authority were developed and represented alongside, and in support of, this new discourse of anatomical expertise. Understanding how this was accomplished depends not only on reconstructing the contexts for dissection as a form of medical practice, but also the ways in which it, and its products, were seen.
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Paterson, Samuel. 1769. *A Catalogue of anatomical preparations and some anatomical apparatus, the property of a Surgeon, (who has declined lecturing) which will be sold by auction, by Samuel Paterson...On Friday the 28th of April, 1769. London.*

Paterson, Samuel. 1770. *A Catalogue of the entire and inestimable apparatus for lectures in midwifery, contrived with consummate judgement, and executed with infinite labour, by the late ingenious Dr William Smellie, deceased...which will be sold by auction at the house of the late Dr Harvie, in Wardour-street, Soho, by Samuel Paterson, on Friday June the 29th, 1770. London.*

Paterson, Samuel. 1778a. *A catalogue of a select cabinet of foreign ores, minerals and petrefactions, a materia medica, sundry choice anatomical preparations, and other subjects of natural history...the property of a physician and FRS, which will be sold by Auction, by Mr Paterson...On Friday the 4th of September 1778, and the two following Days. London.*

Paterson, Samuel. 1778b. *Museum Falconarianum: a catalogue of the Entire and capital museum of anatomical preparations, and other subjects of natural history...of the late Mr Magnus Falconar, which...will be sold by auction by Mr Paterson at his Great Room, No. 6, in King-Street, Covent Garden, London, on Monday the 12th of October 1778, and the nine following Evenings. London.*


Paterson, Samuel. 1781. *A Catalogue of the Curious Anatomical Preparations of A Gentleman (Gone to the West Indies.) Which will be sold by Auction, by Mr Paterson...On Saturday the 26th of May 1781. London.*

Paterson, William. 1789. *A Narrative of Four Journeys into the Country of the Hottentots, and Caffraria, in the years one thousand seven hundred and seventy seven, eight and nine. London: J. Johnson.*


Pole, Thomas. 1790. *The anatomical instructor; or, an illustration of the modern and most approved methods of preparing and preserving the different parts of the human body, and of quadrupeds. By injection, corrosion, maceration, distention, articulation, modelling, &c.* London: Printed by Couchman and Fry for the author.


Pratt, Samuel Jackson. 1777. Supplement to the life of David Hume, esq. containing genuine anecdotes, and a circumstantial account of his death and funeral..... To which is added, a certified copy of his last will and testament. London: J. Bew.


Rackstrow, Benjamin. 1747. An explanation of the figure of anatomy, wherein the circulation of the blood is made visible thro’ glass veins and arteries. With the actions of the heart and lungs.... Adorned with a copper-plate:... to be seen at B. Rackstrow’s in Fleet-Street, at one shilling each person. [London].

Rackstrow, Benjamin. 1748. Miscellaneous observations, together with a collection of experiments on electricity. With the manner of performing them... With some remarks on a pamphlet, intituled, A sequel to the experiments and observations tending to illustrate the nature and properties of electricity. To
which is annexed, a letter, written by the author to the Academy of Sciences at Bourdeaux. London: printed for the author.

Rackstrow’s Museum. 1782. A descriptive catalogue (giving a full explanation) of Rackstrow’s Museum: consisting of a large and very valuable collection of most curious anatomical figures, and real preparations: also figures resembling life; with a great variety of natural and artificial curiosities, To be seen at No. 197, Fleet-Street. London.

Rackstrow’s Museum. [1785] To be seen, Rackstrow’s anatomical exhibition, no. 197, near Temple-Bar, Fleet-Street; in the first room. A figure moulded from a woman, dissected after execution, for the muscles,... [London]: Printed by H. Hardy.

Rackstrow’s Museum. [1790] Rackstrow’s museum, no. 197, Fleet Street... established nearly fifty years; lately improved... with many very valuable articles. [London].

Rackstrow’s Museum. 1792. A descriptive catalogue (giving a full explanation) of Rackstrow’s Museum: consisting of a large and very valuable collection of most curious anatomical figures, and real preparations; also figures resembling life. [London]

Rackstrow’s Museum. 1794. A Descriptive catalogue (giving a full explanation) of Rackstrow’s Museum: consisting of a large and very valuable collection of most curious anatomical figures, and real preparations; also figures resembling life; with a capital collection of natural and artificial curiosities. London.


Ravenscroft, Edward. 1697. The anatomist, or, The sham doctor written by Mr. Ravenscroft: with The loves of Mars and Venus, a play set to music, written by Mr. Motteux; as they are acted together at the New Theatre in Little Lincohn’s-Inn-Fields. London Printed and are to be sold by R. Baldwin.


Robins, George. [1828]. *A catalogue of the anatomical and zoological museum of Joshua Brookes, Esq. FRS, FLS, &c. ...which will be sold by auction, by Mr George Robins, at the Theatre of Anatomy, Blenheim Street, Great Marlborough Street, on Monday the 14th day of July, 1828, and 24 following days*. [London]: Richard Taylor.


Rowley, William. 1795. *On the absolute necessity of encouraging, instead of preventing or embarrassing the study of anatomy: with a plan to prevent violating the dormitories of the defunct: addressed to the legislature of Great Britain*. London.


Rymsdyk, Jan van. 1778. *Museum Britannicum, being an exhibition of a great variety of antiquities and natural curiosities, belonging to that noble and magnificent cabinet, the British Museum*. London: printed by I. Moore.

Salter, James. 1756. *A catalogue of the rarities to be seen at Don Saltero’s Coffee house in Chelsea. To which is added, a complete list of the donors thereof*. [1756]. 25th ed. London: Printed by J. Oliver.


Sheldon, John. [1778]. *Proposals for a course of anatomical, physiological, and chirurgical lectures, by John Sheldon,... which will be given at his Anatomical Theatre, Great Queen-Street, Lincoln’s-Inn-Fields, London*. London.


A short account of the late Dr John Parsons,... Dr Richard Huck Saunders,... Dr Charles Colignon,... and Sir Alexander Dick... From the Edinburgh medical commentaries, Vol. X. Page 322. et seq. 1786. Edinburgh.


Stewart, Susan. 1993. On longing: narratives of the miniature, the gigantic, the souvenir, the collection. Durham: Duke University Press.


Stukeley, William. 1724. Of the spleen, its description and history, uses and diseases, particularly the vapors, with their remedy. Being a lecture read at the Royal College of Physicians, London, 1722....To which is added, some anatomical observations in the dissection of an elephant. London: Printed for the author.


Taitt, John. 1759. Introductory discourse to the anatomical lectures at Surgeons’ Hall, on the body of the aforementioned Richard Lamb. [Bound with] The Ordinary of Newgate’s Accounts for 1759 [copy at Guildhall Library, London].


The jovial companion; or, merry jester. Being a choice collection of the most witty and entertaining jests, puns, bon mots, repartees, quibbles, bulls, &c. 1779. London: sold by T. Bowen, printseller.


Thomson, Henry. 1762. Observations on a dislocated shoulder which could not be reduced, shewing the obstacles to its reduction as discovered by dissection; together with some general remarks. Medical Observations and Inquiries. By a Society of Physicians in London 2:340-359.


Thoresby, Ralph. 1715. Ducatus Leodiensis: or, the topography of the ancient and populous town and parish of Leedes, and parts adjacent in the West-Riding of the county of York… to which is added, at the request of several learned persons, a catalogue of his musaeum. London: printed for Maurice Atkins, and sold by Edward Nutt.


Tucker, Jennifer. 2006. The historian, the picture, and the archive. *Isis* 97:111-120.


Turnbull, William. 1792. Case of extra uterine gestation, of the ventral kind, including the symptoms of the patient from the earliest period of pregnancy to the time of death (fifteen months); with the appearances on dissection. *Memoirs of the Medical Society of London* 3:176-214.


Vivies, Jean. 2002 *English travel narratives in the eighteenth century: exploring genres*; Ashgate.


Walpole, Horace. 1786. *Anecdotes of painting in England; with some account of the principal artists; and incidental notes on other arts; collected by the late Mr. George Vertue; and now digested and published from his original MSS. by Mr. Horace Walpole*. 4th ed. 4 vols. London: printed for J. Dodsley.


White, Charles. 1762. An account of the successful treatment of a Lock’d Jaw, and other spasmodic symptoms, supposed to have been occasioned by a wound in the fourth finger of the left hand. *Medical Observations and Inquiries. By a Society of Physicians in London* 2:382-387.


Winstanley, Richard. 1781. A catalogue of the curious and useful museum of anatomical preparations, surgical instruments, library of books etc. of Andrew Blackhall, Esq., Surgeon, deceased, which will be sold by auction by Rd. Winstanley, on the premises, in Thavies Inn, Holborn Hill, on Tuesday May 1 1781, and following days, at eleven o’clock. London.


Appendices
### Appendix 1: Lecturers in anatomy, surgery or midwifery in London, active 1746-1800

<table>
<thead>
<tr>
<th>Names</th>
<th>Dates</th>
<th>Subjects</th>
<th>Locat.</th>
<th>Coll.</th>
<th>Affiliations</th>
<th>FRS</th>
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</thead>
<tbody>
<tr>
<td><strong>Abernethy, John, 1764-1831, surgeon</strong></td>
<td>1788-1800</td>
<td>Anatomy Surgery</td>
<td>E/H</td>
<td>Y</td>
<td>CoS 1787</td>
<td>1796</td>
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<tr>
<td>Lectured from private premises in Bartholomew Close 1788-1791, then at St Bartholomew’s Hospital. His collection was incorporated into St Bartholomew’s Hospital Museum in 1828 (Medvei and Thornton 1974, 357; DNB).</td>
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<tr>
<td><strong>Andree, John, 1749/50-1833, surgeon-turned-physician</strong></td>
<td>1773-1775</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1773</td>
<td></td>
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<tr>
<td>Son of physician of the same name; lectured in anatomy with Robert Maclaurin in 1773-1774 and on his own account in 1775, when he advertised that he would also teach ‘the arts of dissection and making preparations’. Collection later purchased by the Royal College of Surgeons (Daily Advertiser, 22 September 1773; Gazetteer &amp; New Daily Advertiser, 30 September 1775; Dobson 1959, 277; DNB).</td>
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<tr>
<td><strong>Baillie, Matthew, 1761-1823, physician</strong></td>
<td>1782-1798</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>FRCP 1790</td>
<td>1790</td>
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<tr>
<td>Nephew of the Hunters, trained as physician and anatomist. William Hunter bequeathed Great Windmill Street to Baillie, together with thirty years’ use of the museum. Baillie also assembled own collection which was left to the Royal College of Physicians. The collection was transferred to the RCS in 1939, but destroyed by bombing in 1941 (The Times, 29 September 1798; RCS Lib. HMO 38.1; DNB).</td>
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<tr>
<td><strong>Batty, Robert, 1763-1849, physician, man-midwife</strong></td>
<td>1799-1800</td>
<td>Midwifery</td>
<td>E</td>
<td>N</td>
<td>LMRCP 1800</td>
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<tr>
<td>Man-midwife to the British Lying-In Hospital. Lectured on midwifery at Great Marlborough Street. Fellow of the Linnean Society. No record of making/using preparations (DNB).</td>
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<tr>
<td>Name</td>
<td>Dates</td>
<td>Speciality</td>
<td>Years</td>
<td>Location</td>
<td>Notes</td>
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<tr>
<td>Benamor, James, fl 1791, anatomist</td>
<td>1790-1791</td>
<td>Anatomy Physiology</td>
<td>E</td>
<td>N</td>
<td>P</td>
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<tr>
<td>Bengough, Edmund, 1735-?1790, surgeon</td>
<td>1759</td>
<td>Midwifery</td>
<td>E</td>
<td>N</td>
<td>CoS 1756</td>
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<tr>
<td>Blackall, Andrew, 1754-1781, surgeon</td>
<td>1778-1780</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1779</td>
<td></td>
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<tr>
<td>Bland, Robert, 1730-1816, physician, man-midwife</td>
<td>1783</td>
<td>Midwifery</td>
<td>E</td>
<td>N</td>
<td>LRCP 1786</td>
<td></td>
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<tr>
<td>Name</td>
<td>Dates</td>
<td>Occupation</td>
<td>Notes</td>
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<tr>
<td>Blizard, William, 1743-1835, surgeon</td>
<td>1778-1800</td>
<td>Anatomy Surgery</td>
<td>Lectured at ‘The Theatre’ in Mark Lane with Robert Maclaurin from 1778 to 1782, and at London Hospital thereafter. From 1788 to 1793 Blizard was assisted by Samuel Orange (b. 1766) but the latter never taught separately. Blizard was a purchaser at Falconar’s sale in 1778 and presented preparations to the museum at the London Hospital. Many of Blizard’s preparations were also acquired by the RCS, and were described in a printed catalogue published in 1832 (Paterson 1778b; Blizard 1832; Auden 1978; DNB).</td>
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<tr>
<td>Bromfeild, William, 1712-1792, surgeon</td>
<td>1735-1750?</td>
<td>Anatomy Surgery</td>
<td>Gave lectures from 1735 to about 1750. Introduced dissection classes in 1747, along with the ‘injecting, and making of preparations’. Acquired collection of Francis Sandys: these and perhaps some of Bromfeild’s preparations were subsequently bought by William Hunter (London Evening Post, 6 October 1747; Peachey 1915; DNB).</td>
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<tr>
<td>Brookes, Joshua, 1760-1833, surgeon</td>
<td>1792-1800</td>
<td>Anatomy Surgery</td>
<td>Son of a bird and animal dealer. Studied with the Hunters, Hewson and Sheldon and later in Paris. Was resident (with father and brother) in former home of Henry Cavendish in Great Marlborough Street by 1784. Peter Camper recorded that ‘he had few specimens on the whole, but quite a number of strange preparations; he intends to start a school of anatomy’ when he visited the following year Established one of the best-known extra-mural anatomy schools and an extensive museum, sold at auction after his retirement in the late 1820s (Robins 1828; Camper 1934, 205; Dobson 1952; DNB).</td>
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<tr>
<td>Carlisle, Anthony, 1768-1840, surgeon</td>
<td>1794</td>
<td>Surgery</td>
<td>Student of John Hunter and Henry Watson, who he succeeded as surgeon to the Westminster Hospital. Gave lectures in surgery at the hospital and amassed collection of preparations, some of which he presented to the RCS. Fellow of the Linnean Society (R. Cole 1952; DNB)</td>
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</table>
Clark, Benjamin, fl 1769-1784, surgeon
Son of Catherine Clark, midwife and proprietor of Rackstrow’s Museum on Fleet Street, which was known for its displays of anatomical waxes and preparations – the only commercial anatomy museum in London in this period. Clark advertised in 1772 as ‘late apprentice to Mr John Hunter [who] continues to teach anatomy and surgery, also the art of injecting, and making anatomical preparations’. Never took diploma of Company of Surgeons, and no record of any formal apprenticeship to Hunter although Clark was a pupil at St George’s Hospital in 1769 (St George’s Hospital Pupils Register; Daily Advertiser, 26 September 1772).

<table>
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<tr>
<th>Clark, Benjamin, fl 1769-1784, surgeon</th>
<th>1771-1772</th>
<th>Anatomy</th>
<th>E</th>
<th>Y</th>
<th>N/A</th>
</tr>
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</table>

Clarke, John, 1760-1815, surgeon-turned-physician, man-midwife
Son of a physician of the same name, with whom he is confused in DNB. Attended John Hunter’s lectures and pupil to Hunter at St George’s Hospital in 1782-3. Took over collection of Thomas Denman in 1784/5 and commenced lecturing in midwifery with Denman’s former partner William Osborn in 1785 (Denman 1832; DNB).

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<tr>
<th>Clarke, John, 1760-1815, surgeon-turned-physician, man-midwife</th>
<th>1785-1800</th>
<th>Midwifery</th>
<th>E</th>
<th>Y</th>
<th>CoS 1786; LMRCP 1787</th>
</tr>
</thead>
</table>

Cline, Henry, 1750-1827, surgeon
Cline was a purchaser at Falconar’s sale in 1778, and in 1780 acquired the collection of Joseph Else, who he succeeded as lecturer at St Thomas’s Hospital. In 1785 Peter Camper described his collection as containing ‘some very fine preparations, especially of diseases’. Collection devolved to Astley Cooper and Joseph Henry Green (Cooper 1843; Camper 1934, 183; DNB).

<table>
<thead>
<tr>
<th>Cline, Henry, 1750-1827, surgeon</th>
<th>1780-1800</th>
<th>Anatomy Surgery</th>
<th>H</th>
<th>Y</th>
<th>CoS 1774 1807</th>
</tr>
</thead>
</table>

Cooper, Astley Paston, 1768-1841, surgeon
Cooper was apprenticed to Cline and served as his assistant (from 1789) and partner (from 1791) in the lectures at St Thomas’s Hospital. Cooper shared Cline’s collection with Joseph Henry Green, and added many preparations of his own. Ownership of the collection was subsequently disputed when Cooper retired from teaching and attempted to install his nephew Bransby Cooper in his place. Numerous preparations made by Cooper survive in the Gordon Museum at Guy’s Hospital and at the RCS (Cooper 1843; Parsons 1932, 3:58-59; DNB).

<table>
<thead>
<tr>
<th>Cooper, Astley Paston, 1768-1841, surgeon</th>
<th>1791-1800</th>
<th>Surgery</th>
<th>H</th>
<th>Y</th>
<th>CoS 1790 1802</th>
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<tbody>
<tr>
<td>Name</td>
<td>Date</td>
<td>Disciplines</td>
<td>Status</td>
<td>Notes</td>
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<tr>
<td><strong>Cooper, Thomas, d.c. 1769, surgeon, man-midwife</strong></td>
<td>1764-1768</td>
<td>Midwifery</td>
<td>E</td>
<td>A member of the Surgeons’ Company, but described himself as physician and accoucheur in his 1766 treatise on midwifery. Cooper lectured at Northumberland Street from 1764 until 1768. His collection of preparations and apparatus was purchased by Thomas Denman and William Osborn in about 1770 (T. Cooper 1766; Denman 1832).</td>
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<tr>
<td><strong>Crawford, Hugh, d 1788, physician, man-midwife</strong></td>
<td>1754-1755</td>
<td>Midwifery</td>
<td>E</td>
<td>Lectured in midwifery 1754-1755, using ‘machines made in imitation of Real Women and Children’ No record of buying, owning or using preparations (Public Advertiser, 8 May 1755).</td>
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<tr>
<td><strong>Cruikshank, William, 1745-1800, surgeon</strong></td>
<td>1774-1799</td>
<td>Anatomy Surgery</td>
<td>E</td>
<td>Successor to William Hewson as assistant to William Hunter at Great Windmill St: later lectured with Matthew Baillie and James Wilson. He was a buyer at Falconar’s sale in 1778. Museum collection sold to Russian government after his death (Pettigrew 1840; DNB).</td>
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<tr>
<td><strong>Denman, Thomas, 1733-1815, surgeon-turned-physician, man-midwife</strong></td>
<td>1770-1785</td>
<td>Midwifery</td>
<td>E</td>
<td>Student at St George’s Hospital in 1754, then served as surgeon’s mate in the navy until 1763. Gained MD of Aberdeen University in 1764. Joint purchaser (with William Osborn) of Thomas Cooper’s collection of preparations and apparatus in 1770: subsequently lectured with Osborn at a number of extra-mural locations until 1785. Share of collection and lecturing business sold to John Clarke in 1784/5 (Denman 1832; DNB).</td>
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<tr>
<td><strong>Dennison, Richard, fl 1785-1810, physician, man-midwife</strong></td>
<td>1785-1810</td>
<td>Midwifery</td>
<td>H/E</td>
<td>Lectured in midwifery at the London Hospital from 1785, and also gave extra-mural course with John Squire in the 1790s. No record of making or using preparations.</td>
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<tr>
<td>Name</td>
<td>Dates</td>
<td>Subject</td>
<td>Yr</td>
<td>CoS?</td>
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<tr>
<td>Douglas, John, 1727-1758, surgeon</td>
<td>1752-1758</td>
<td>Anatomy Surgery</td>
<td>E</td>
<td>CoS?</td>
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<tr>
<td>Douglas appears to have held no hospital appointment, nor does he appear to have received a diploma of the Company of Surgeons: he may have been a member of the Barber-Surgeons Company. Douglas lectured in anatomy and surgery at his home in Miles Lane from 1752 to 1756 and Watling Street in 1757 and 1758: the latter included ‘a theatre as fixed for reading lectures’ He stated in his advertisements that ‘such preparations as are of real use in investigating the structure of the parts will be exhibited’. His collection was auctioned after his death. He was not directly related to the brothers James and John Douglas who lectured in anatomy in London in the early part of the 18th century (London Evening Post, 19 September 1752; Public Advertiser, 11 January 1758; Public Advertiser, 27 July 1758; Douglas 1758).</td>
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<tr>
<td>Else, Joseph, 1731-1780, surgeon</td>
<td>1767-1780</td>
<td>Anatomy</td>
<td>Y</td>
<td>CoS 1753</td>
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<tr>
<td>Lectured at St Thomas’s Hospital, but kept his own collection of preparations. Collection purchased by Henry Cline, his former assistant, who succeeded him as lecturer.</td>
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<tr>
<td>Exton, Brudenell, d 1764, physician, man-midwife</td>
<td>1753-1755</td>
<td>Midwifery</td>
<td>N</td>
<td>PMM</td>
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<tr>
<td>Lectured in midwifery at Frith Street in Soho from 1753 (and possibly earlier) to 1755. In his New and General System of Midwifery (1751) he stressed the importance of practical anatomy, but there is no direct evidence of him owning or using preparations.</td>
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<tr>
<td>Falconar, Magnus, 1754-1778, surgeon</td>
<td>1775-1777</td>
<td>Anatomy Surgery</td>
<td>E</td>
<td>CoS 1774</td>
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<tr>
<td>Surgeon and pupil of John Hunter at St George’s Hospital in 1771. Married Dorothy Hewson (William Hewson’s sister) in September 1774 and became Hewson’s successor at Craven Street, where he lectured from January 1775 until his own death in 1778. Museum (including William Hewson’s preparations) auctioned in 1778 (Paterson 1778b).</td>
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<td>Name</td>
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<tr>
<td><strong>Haighton, John, 1755-1823, surgeon-turned-physician</strong></td>
<td>1792-1820</td>
<td>Midwifery, Physiology</td>
<td>H</td>
<td>Studied under Else at St Thomas’s and, after a brief spell as an army surgeon, became assistant to Henry Cline. However he lost out to Astley Cooper in the succession to Cline and resigned in 1789. In 1791 he lectured on ‘the animal oeconomy’ at an address ‘near St Thomas’s Hospital’, before becoming lecturer in physiology at Guy’s Hospital. He also lectured in midwifery from 1794 in the theatre at St Saviour’s Churchyard. His published syllabus makes extensive reference to his collection of preparations (Haighton 1799; DNB)</td>
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<tr>
<td><strong>Hall, John, c.1760-c1799, surgeon</strong></td>
<td>1783-1791</td>
<td>Anatomy, Surgery, Midwifery</td>
<td>E</td>
<td>Probably surgeon in Leicester before moving to London in about 1780. Enrolled as pupil of John Hunter at St George’s in 1782, and the following year began lecturing in anatomy from his ‘Anatomical Theatre’ at his house in Broad Street, Soho. Retired from anatomy teaching in 1788 and collection auctioned in 1790, then briefly resumed lecturing in midwifery (jointly with John Squire) in 1790-1791 (Morning Chronicle, 14 September 1785; Hutchins 1790; The Times, 16 January 1790).</td>
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<td><strong>Harvie, John, 1710-1770, physician, man-midwife</strong></td>
<td>1758-1769</td>
<td>Midwifery</td>
<td>E</td>
<td>Took MD at Leiden. Lectured on midwifery from 1758 until 1769, using William Smellie’s preparations and ‘machines’. Collection sold at auction following Harvie’s death (Paterson 1770).</td>
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</tr>
<tr>
<td><strong>Hewitt, William, 1720-1760, surgeon</strong></td>
<td>1740-1749</td>
<td>Anatomy</td>
<td>E</td>
<td>Lectured in anatomy in 1740s. From 1746 his advertisements stated that ‘the method of dissecting and making preparations’ would be taught (London Evening Post, 11 September 1746).</td>
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</tr>
<tr>
<td><strong>Hewson, William, 1739-1774, anatomist</strong></td>
<td>1762-1774</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>N/A</td>
</tr>
<tr>
<td>Succeeded John Hunter as assistant to William Hunter, lecturing at Chelsea China Warehouse and Litchfield St before move to Great Windmill Street. Left to lecture on own account in 1771, taking some preparations with him. Created own museum at Craven Street, later used by Magnus Falconar: collection auctioned (as ‘Museum Falconarianum’) by Samuel Paterson in 1778. A series of microscope slides made by Hewson was purchased by John Hunter and is still preserved in the Hunterian Museum at the RCS. Hewson was the only significant anatomy teacher in this period not to have held any formal medical qualification (Paterson 1778b; Lettsom 1810; Hewson 1846; Wilford 1993; <em>DNB</em>).</td>
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<tr>
<td><strong>Home, Everard, 1756-1832, surgeon</strong></td>
<td>1788-1800</td>
<td>Surgery</td>
<td>E</td>
<td>Y</td>
<td>CoS 1778</td>
</tr>
<tr>
<td>Brother-in-law to John Hunter; lectured with (and sometimes for) Hunter from 1788. Lectured at Castle Street until 1795, thereafter at Great Windmill Street. Trustee of Hunterian Collection, to which he donated many preparations (Beasley 2000; <em>DNB</em>).</td>
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<tr>
<td><strong>Horsley, Theodore, fl 1760s-1780s, surgeon</strong></td>
<td>1769-1783</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1757</td>
</tr>
<tr>
<td>Lectured intermittently in anatomy and surgery from 1769 to 1783. Purchaser at Falconar’s sale. Advertised the ‘art of dissection and making preparations’ (<em>Public Advertiser</em>, 18 September 1771).</td>
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</tr>
<tr>
<td><strong>Hunt, Christopher, fl 1776, surgeon</strong></td>
<td>1776</td>
<td>Surgery</td>
<td>E</td>
<td>N</td>
<td>CoS 1757</td>
</tr>
<tr>
<td>Advertised lectures in surgery in 1776: no other details known (S. Lawrence 1996, Appendix III).</td>
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<tr>
<td><strong>Hunter, John, 1728-1793, surgeon</strong></td>
<td>1773-1793</td>
<td>Physiology</td>
<td>E</td>
<td>Y</td>
<td>CoS 1768</td>
</tr>
<tr>
<td>Began as assistant to William Hunter; probably began informal lecturing in 1770 or 1771, but course not advertised until 1775. From 1785 also taught practical anatomy. Museum collection purchased by government in 1799 and presented to Company of Surgeons.</td>
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<tr>
<td>Name</td>
<td>Dates</td>
<td>Subject</td>
<td>Year</td>
<td>Institution</td>
<td>Notes</td>
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<tr>
<td>Hunter, William, 1718-1783, surgeon-turned-physician, man-midwife</td>
<td>1746-1783</td>
<td>Anatomy Surgery, Midwifery</td>
<td>E</td>
<td>Y</td>
<td>CoS 1747-1756; LRCP 1756</td>
</tr>
<tr>
<td>Inherited preparations from anatomist and man-midwife James Douglas (d. 1742). Assembled his own anatomical collection, which he used in teaching from 1746 until his death in 1783, together with extensive collections of paintings, books, manuscripts and coins. Museum bequeathed to Glasgow University with condition that Matthew Baillie keep it until his retirement from teaching.</td>
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<tr>
<td>Ingram, Dale, 1710-1793, surgeon, man-midwife</td>
<td>1754-1760</td>
<td>Anatomy Surgery</td>
<td>E</td>
<td>Y</td>
<td>CoS c.1750</td>
</tr>
<tr>
<td>Gave lectures at his house in Fenchurch Street. Did not mention preparations in his advertisements, but was a purchaser at the sale of John Douglas’s collection in 1758 (Douglas 1758; DNB).</td>
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<tr>
<td>Jenty, Charles Nicholas, fl 1735-1765, surgeon, man-midwife</td>
<td>1753-1757</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS* 1762; R 1758</td>
</tr>
<tr>
<td>Probably of French origin; advertised lectures in 1757 and may have lectured before this. Included notes on the making of preparations with his lecture syllabus. In 1762, shortly before departing for Portugal to serve as an army surgeon, Jenty advertised the sale of some skeletons and ‘curious preparations’: a number of casts of the gravid uterus and drawings by Jan van Rymsdyk were purchased by John Fothergill for the Pennsylvania Hospital, where they are still preserved. In 1766 further parts of Jenty’s collection were sold by the print-seller Robert Withy (Jenty 1757; Paterson 1766; Thornton 1982, 53-60).</td>
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<tr>
<td>Justamond, John Obadiah, 1737-1786, surgeon</td>
<td>1783-1785</td>
<td>Surgery</td>
<td>E</td>
<td>N</td>
<td>CoS 1770; 1775</td>
</tr>
<tr>
<td>Apprenticed to Henry Watson in 1752 and passed as a Regimental Surgeon in 1760, gaining his diploma a decade later. Justamond held several medical appointments and also served as assistant librarian at the British Museum from 1773 to 1778. Lectured in surgery from 1783 to 1785. Referred to his use of Else’s collection, but no mention of making or using anatomical preparations himself (Morning Herald and Daily Advertiser, 21 May 1785; Justamond 1789, 74; Smith 2001, ch.6).</td>
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<td>Name</td>
<td>Years</td>
<td>Specialty</td>
<td>Midwifery</td>
<td>Anatomy</td>
<td>CoS</td>
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<tr>
<td><strong>Kelly, Christopher, d 1791, surgeon-turned-physician, man-midwife</strong></td>
<td>1753-1760</td>
<td>Midwifery</td>
<td>E</td>
<td>Y</td>
<td>CoS&lt;1745; LRCP 1758</td>
</tr>
<tr>
<td>Served as navy surgeon before being disenfranchised in 1758 to become licentiate of the College of Physicians. Taught midwifery at his house in St Martin’s Lane using ‘a complete Sett of artificial women and children’, ‘necessary preparations’ and ‘real labours’ (Whitehall Evening Post, 30 September 1760).</td>
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<tr>
<td><strong>Krohn, Henry, 1735-1816, physician, man-midwife</strong></td>
<td>1763-1766 1785-1797</td>
<td>Midwifery</td>
<td>E</td>
<td>N</td>
<td>PMM</td>
</tr>
<tr>
<td>Physician to Middlesex Hospital. Lectured in midwifery at Bartholomew Close (1763-1765) and Dean Street, Soho (1766); resumed teaching in 1785 at Bartholomew’s Close and his house in Southampton Street. Lecture advertisements refer to ‘phantoms’ (or ‘machines’) but not preparations. In 1791 Krohn published a case history of extra-uterine conception in which he described a post-mortem (Daily Advertiser, 24 June 1766; Krohn 1791).</td>
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<tr>
<td><strong>Lawrence, Thomas, 1711-1783, physician</strong></td>
<td>1742-1750</td>
<td>Anatomy</td>
<td>Physic</td>
<td>E</td>
<td>Y</td>
</tr>
<tr>
<td>Graduate of Oxford and successor to Frank Nicholls as Reader in Anatomy at the university. Like Nicholls, Lawrence lectured in London as well as Oxford. He acquired some of Nicholls’s preparations in 1743, adding them to his own collection. Mrs Thrale recorded Samuel Johnson’s last visit to Lawrence, in his ‘gloomy apartment, adorned with skeletons, preserved monsters, etc.’ (Wiltshire 1991, 204; DNB).</td>
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<tr>
<td><strong>Leake, John, 1729-1792, surgeon-turned-physician, man-midwife</strong></td>
<td>1762-1791</td>
<td>Midwifery</td>
<td>E</td>
<td>Y</td>
<td>CoS 1755 LRCP 1766</td>
</tr>
<tr>
<td>Apprenticed to a surgeon, Leake became a member of the Company of Surgeons before gaining an MD from Rheims in 1763 and becoming a licentiate of the College of Physicians three years later. Lectured on midwifery from 1762, using ‘such anatomical preparations as are applicable to each lecture’. Leake also advertised his use of machines and ‘real labours’, and the opportunity for students to dissect and make preparations. Leake’s collection was sold at auction in 1792 (Public Advertiser, 1 January 1762; Leake 1767; Morning Chronicle, 19 September 1792).</td>
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</tr>
</tbody>
</table>
**Lowder, William, c.1740-1801, physician, man-midwife**
Lowder lectured jointly with David Orme at St Saviour’s Churchyard from 1775 to 1783, and later with John Haighton at Guy’s Hospital. Lowder may have had a share in Colin Mackenzie’s collection, which was reportedly purchased by Orme. In 1776 James Ware recorded a visit to see ‘the casts & collection of Dr Orme & Dr Lowder’, and Peter Camper viewed his collection in 1785, describing it as containing ‘some very nice preparations...which were quite amazing’ (*Daily Advertiser*, 12 January 1775; *Medical Register* 1783; Surrey HC 1487/103/2; Camper 1934, 183).

**Lynn, William, 1753-1837, surgeon**
Lynn attended William and John Hunter’s lectures at Great Windmill Street in 1777. He was appointed house-surgeon at the Westminster Hospital, but by his own account continued as John Hunter’s unpaid assistant for twelve years, making preparations for Hunter’s museum. By 1785 Lynn was living in St Martin’s Lane where he opened a surgical establishment at which ‘he gained repute for the treatment of syphilitic affections’. Lynn was treated by John Hunter during a long illness resulting from a wound gained during dissection of the body of a syphilitic patient. Hunter offered to support Lynn financially during the illness, but the offer was declined. However financial necessity may have been behind the sale of Lynn’s collection of anatomical preparations in February 1785. Lynn appears to have rebuilt a collection thereafter, which he used for lecturing at the Westminster Hospital (*Works* 1:115-6; Winslow 1839, 176; *Lancet* 1837, 2:156).

**MacDonough, Felix, d 1790/1, surgeon, man-midwife**
MacDonough lectured at his home in Bury Street, but his courses also included access to patients at his Lying-In Hospital. In his advertisements in November 1752 he described teaching using ‘machines’ and demonstrations on ‘the natural subject’ (*London Evening Post*, 9 April and 4 November 1752; *Public Ledger*, 23 April 1760).
<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
<th>Subject</th>
<th>Yr</th>
<th>Grade</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Mackenzie, Colin, 1697/8-1775, physician, man-midwife</strong></td>
<td>1754-1773/4</td>
<td>Midwifery</td>
<td>E</td>
<td>Y</td>
<td>PMM</td>
</tr>
<tr>
<td>Mackenzie studied in Leiden and Edinburgh before becoming a pupil of William Smellie in London. He split with Smellie in 1754 after an argument over the dissection of a pregnant patient, during which Mackenzie injected the placental circulation in the presence of William and John Hunter. Mackenzie began advertising his own lectures (delivered with the aid of ‘machines’ and ‘real labours’ from December 1754, and continued until 1773 or 1774. After his death his collection (which included books and fossils as well as apparatus and anatomical preparations) was purchased by David Orme, reputedly for 1000 guineas (Public Advertiser, 28 December 1754; Morris 1975; DNB).</td>
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<tr>
<td><strong>Maclaurin, Robert, d.1814, physician</strong></td>
<td>1760-1783</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>P</td>
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<tr>
<td>Robert Maclaurin served as assistant to John Douglas, and began lecturing on his own account in 1760. In the first advertisements for his course he included ‘methods of injecting and making preparations’. He worked in partnership with John Andree in 1773-4, and with William Blizard from 1778 to 1783. His collection may have been incorporated into Blizard’s own.</td>
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<tr>
<td><strong>Marshal, Andrew, 1742-1813, surgeon</strong></td>
<td>1786-1800</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1784 LRCP 1788</td>
</tr>
<tr>
<td>Student of the Hunters in 1778, and served as regimental surgeon before taking his MD at Edinburgh in 1782. Returned to London where became a member of the Company of Surgeons, but four years later was disenfranchised and became a licentiate of the College of Physicians. Lectured on anatomy at Thavies Inn from 1786 – possibly the same premises used by Andrew Blackall in 1780. Maclaurin possessed an extensive museum, a catalogue of which was in preparation at the time of his death (DNB).</td>
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<tr>
<td><strong>Martin, John, fl 1755, surgeon, man-midwife</strong></td>
<td>1755-1756</td>
<td>Midwifery</td>
<td>E</td>
<td>N</td>
<td>N/A</td>
</tr>
<tr>
<td>Lectured in midwifery in 1755 and 1756: provided access to ‘real labours’, but no mention of preparations. Described as ‘surgeon’ in his advertisements but not listed as a member of the Company (Public Advertiser, 14 February 1756).</td>
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<tr>
<td>Name</td>
<td>Date of Birth - Date of Death</td>
<td>Profession</td>
<td>Institution or Role</td>
<td>Group or Organization</td>
<td>Year(s)</td>
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<tr>
<td>Minors, Isaac, d 1797, surgeon</td>
<td>1753-1763</td>
<td>Anatomist</td>
<td>Company of Surgeons</td>
<td>CoS 1750</td>
<td>E</td>
</tr>
<tr>
<td>Moffat, James, bap.1725-1777, surgeon</td>
<td>1750-1765</td>
<td>Anatomist</td>
<td>Company of Surgeons</td>
<td>CoS 1751</td>
<td>E</td>
</tr>
<tr>
<td>Orme, David, 1727-1812, physician, man-midwife</td>
<td>1754-1783</td>
<td>Midwifery</td>
<td>London Royal College of Physicians (LRCP)</td>
<td>LRCP 1765</td>
<td>E</td>
</tr>
<tr>
<td>Osborn, William, 1736-1808, surgeon-turned-physician, man-midwife</td>
<td>1770-&gt;1800</td>
<td>Midwifery</td>
<td>Company of Surgeons</td>
<td>CoS 1760; LMRCP 1783</td>
<td>E</td>
</tr>
</tbody>
</table>
### Pearson, John, 1758-1826, surgeon
Pearson moved to London in 1780 and was a pupil of John Hunter. He lectured on physiology and surgery from 1783, first at Air Street and later in Golden Square. No record of making/using preparations, but his former pupil and assistant William Blair possessed a significant collection, which he used for lecturing in the early 1800s and which were auctioned after his retirement in 1822 (*Morning Chronicle*, 4 December 1822).

| 1783-1800 | Physiology Surgery | E | N | CoS 1782 | 1803 |

### Pole, Thomas, 1753-1829, surgeon, man-midwife
Pole was born in Philadelphia but settled in England in 1775. In 1790 he published *The Anatomical Instructor*, a detailed guide to making anatomical preparations. In 1793 he began lecturing in midwifery, to which he added ‘a few lectures upon the art of making anatomical preparations’. His advertisements made reference to his extensive museum, which was sold at auction over three days in April 1802 following his retirement from teaching (*Pole 1790; The Times, 17 September 1793 and 23 April 1802; DNB*).

| 1793-1800 | Midwifery | E | Y | CoS 1781 |

### Pott, Percival, 1714-1788, surgeon
Pott advertised a course in anatomy and surgery with Edward Nourse in 1741, and continued lecturing on surgery at St Bartholomew’s Hospital until the 1780s. Some of his preparations ended up in the hospital museum, while others were distributed among his pupils. John Sheldon, John Heaviside and Joshua Brookes all owned preparations that came from Pott (*Hutchins 1787b, Lots 861-867; Wheatley & Adlard 1830, 30; Medvei and Thornton 1974, 374; DNB*).

| 1741-1783 | Surgery | H | Y | CoS <1745 | 1764 |

### Risoliere, Gabriel, d 1763, surgeon
Lectured with Henry Thomson (q.v.) in 1754 and 1755.

| 1754-1755 | Anatomy Surgery | E | N | CoS 1748 |

### Rowley, William, 1742-1806, surgeon-turned-physician
Advertised lectures on midwifery and surgery in 1770-1771; is stated in DNB to have taught in the 1800s as well. No record of making or using preparations.

<p>| 1770-1771 | Midwifery Surgery | E | Y | CoS? LRCP 1784 |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Dates</th>
<th>Subject</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sheldon, John, 1752-1808, surgeon</strong></td>
<td>1777-1787</td>
<td>Anatomy Physiology</td>
<td>Sheldon was a pupil of William Hunter and William Hewson, and may have assisted the latter after his move to Craven Street. In 1777 he opened his own school using a house in Great Queen Street previously occupied by James Moffat, and he was well-placed to capitalise on the death of Falconar the following year. He purchased many items at the sale of the <em>Museum Falconarianum</em> in 1778, and at the sale of George Hawkins’s collection in 1783. He established a museum as part of the school, probably modelled on those of Hunter and Hewson. In the mid-1780s he was plagued by a ‘severe intermittent fever’. In 1786 he abandoned his anatomy course and taught midwifery jointly with Philip Pitt Walsh, moving to a theatre in Water Lane in 1787. He left London in 1788 and moved to Exeter, where he remained until his death. His museum was sold at auction in 1787 (Hutchins 1787b; <em>DNB</em>).</td>
</tr>
<tr>
<td><strong>Smellie, William, 1697-1763, physician, man-midwife</strong></td>
<td>1742-1758</td>
<td>Midwifery</td>
<td>Smellie was one of the most prominent teachers of midwifery in London in the mid-century. He made extensive use of preparations, preserved bodies and mechanical apparatus in his lectures: these were described in detail by Peter Camper, who attended Smellie’s course in 1748-9. Smellie’s was John Harvie, who carried on teaching using Smellie’s collection until his death in 1770, when it was auctioned off (Paterson 1770; Camper 1934, 9-67; <em>DNB</em>).</td>
</tr>
<tr>
<td><strong>Squire, John, d 1816, physician, man midwife</strong></td>
<td>1790-1800</td>
<td>Midwifery</td>
<td>Squire lectured on midwifery with John Hall at his ‘Anatomical Theatre’ in Broad Street in 1790 and 1791, and then with Richard Dennison at different locations. No record of owning or using preparations (<em>The Times</em>, 16 January 1790 and 1 June 1799).</td>
</tr>
<tr>
<td><strong>Thomson, Henry, d. 1782, surgeon</strong></td>
<td>1754-1756</td>
<td>Anatomy Surgery</td>
<td>E</td>
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<tr>
<td>Assistant surgeon at the London Hospital from 1752. Lectured with Gabriel Risoliere in 1754 and 1755, then on his own in 1756. There is no record of him making or owning preparations (<strong>Public Advertiser</strong>, 26 September 1754 and 21 September 1756).</td>
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<table>
<thead>
<tr>
<th><strong>Thynne, Andrew, d. 1814, physician, man-midwife</strong></th>
<th>1787-1800</th>
<th>Midwifery</th>
<th>E</th>
<th>N</th>
<th>LRCP 1787</th>
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<tr>
<td>Lectured in midwifery with Philip Pitt Walsh in 1787 and on his own account in a variety of locations from 1788 onwards. No record of making or owning preparations.</td>
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<tr>
<th><strong>Walsh, Philip Pitt, 1761?-1787, physician, man-midwife</strong></th>
<th>1785-1787</th>
<th>Midwifery</th>
<th>E</th>
<th>Y</th>
<th>LRCP 1786</th>
</tr>
</thead>
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<tr>
<td>Lectured on midwifery at Sheldon’s Great Queen Street School in 1785-1786, and then with Sheldon and Andrew Thynne at the ‘Midwifery Theatre’ in Water Lane in 1787. Walsh’s career was cut short by infection resulting from a dissecting-room injury in December 1787, and his collection was auctioned the following year (<strong>The Times</strong>, 6 June 1787; 7 January and 30 April 1788).</td>
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<tr>
<th><strong>Watson, Henry, 1720-1793, surgeon</strong></th>
<th>1755-1766?</th>
<th>Anatomy Surgery</th>
<th>E</th>
<th>Y</th>
<th>CoS 1748</th>
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<tr>
<td>According to Benjamin Hutchinson Watson was born in 1702, but 1720 is more likely. He trained at St Thomas’s and Guy’s Hospitals and attended the anatomical lectures given by William Hunter. In 1752 Peter Camper met Watson on one of his visits to London, describing him as ‘a good anatomist’ with some ‘fine preparations’. He may have begun lecturing by this time, possibly at the Middlesex Hospital where he was surgeon from 1751, but the earliest advertisements for his course (which included instruction in making preparations) date from 1755. Watson left the Middlesex in 1761 and was subsequently elected to a post at the Westminster Hospital, which he held until his death. He is known to have lectured until 1765, but may have continued after this. He was a buyer at the sales of Falconar in 1778 and Lynn in 1785. Watson’s collection was purchased by John Heaviside for £560 in 1793: partial catalogues survive among Heaviside’s papers at the Royal College of Surgeons (<strong>Hutchinson</strong> 1799, 477-480; <strong>RCS Lib. MS0013/6</strong>).</td>
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<td>CoS</td>
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</tr>
<tr>
<td><strong>Wessels, Hart, fl.1760s, physician, man-midwife</strong></td>
<td>1759</td>
<td>Midwifery</td>
<td>E</td>
<td>Y</td>
<td>PMM</td>
</tr>
<tr>
<td>Wessels advertised lectures in midwifery in 1759. No further details are known, but it was probably his collection that was auctioned by Hutchins in 1787: among the lots was a series of wet and dried preparations, together with ‘A course of original MS. Lectures delivered by the learned and eminent Dr Weissells, who was pupil to the great Boerhaave...[with] wax and ivory figures, as an explanation to the lectures’ (Hutchins 1787b).</td>
<td>1759-1800</td>
<td>Surgery Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1792</td>
</tr>
<tr>
<td><strong>Wilson, James, 1765-1821, surgeon</strong></td>
<td>1783-1789</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1774</td>
</tr>
<tr>
<td>Wilson studied with the Hunters, and also attended the lectures of George Fordyce and William Osborne (q.v.). Wilson was engaged as demonstrator to Cruikshank in 1785, and taught anatomy as his assistant from 1791. He was appointed joint lecturer at Great Windmill Street when Baillie quit teaching. Wilson also lectured in surgery at his home in Great Queen Street and later at Argyle Street. Wilson’s collection was purchased by the Royal College of Surgeons of Edinburgh (Pettigrew 1840).</td>
<td>1783-1789?</td>
<td>Anatomy</td>
<td>E</td>
<td>Y</td>
<td>CoS 1774</td>
</tr>
</tbody>
</table>
Notes
The list excludes the following surgeons who are believed to have lectured at St Thomas’s Hospital from the late 1740s until the late 1760s: Thomas Baker (d.1770); Benjamin Cowell (d. 1783); and Thomas Smith (d. 1784). None of them are known to have advertised their courses or opened to students other than those enrolled at the hospital. In contrast, their successor Joseph Else (see above) did advertise his course more widely.

Names/dates/subjects: Names, dates and subjects are based on data from Peachey (1924) and S. Lawrence (1995 and 1996), with additions. Where possible start and end dates have been verified and if necessary extended by reference to published advertisements from newspapers in the BL Burney Collection. ‘>1800’ indicates courses continued after 1800. Subjects reflect lecturers’ own definitions. Not all lecturers taught the same subjects throughout their careers.

Locations: H = Hospital, E = Extra-mural (domestic or commercial). Based on advertisements and biographical information.

Collections: Evidence for ownership or use of preparations is taken from a variety of sources, including lecture advertisements; syllabi; biographies and sale catalogues. Brief details and key references are given in the biographical notes.

Affiliation: Key to affiliations is as follows:

- CoS: Diploma of the Company of Surgeons. CoS* indicates a practitioner who qualified by the Company in a subsidiary role (e.g. as naval surgeon/regimental surgeon). <1745 indicates a member of the Company of Barber-Surgeons before 1745.
- FRCP: Fellowship of the College of Physicians in London.
- LRCP: Licentiate of the College of Physicians in London.
- LMRCP: Licentiate in Midwifery of the College of Physicians (instituted in 1783).
- PMM: A practitioner who was not a member of either corporation but who possessed a (non-Oxford/Cambridge) MD and practised as man-midwife.
- P: A practitioner who was not a member of either corporation but who possessed a (non-Oxford/Cambridge) MD.

Royal Society: Data from Biographical Database of the Fellows of the Royal Society (http://www.royalsoc.ac.uk/). ‘R’ indicates an individual balloted and rejected for Fellowship.
Appendix 2: Executions/dissections in London under the Murder Act, 1752-1800

This table lists all known convictions for London under the Murder Act of 1752. Under the terms of the Act, those executed in London were sent to be dissected at Surgeons’ Hall. Most of the bodies thus sentenced were dissected and exposed to the public in accordance with the Act. Some were used either additionally or instead as the basis for formal anatomical lectures. A few were hung in chains, usually at the behest of the presiding judge. The list does not include those executed in Southwark, whose bodies were not sent to Surgeons’ Hall.

Information has been compiled from a variety of sources. Details of convicts’ names and execution dates are taken from the records of the Old Bailey (http://www.oldbaileyonline.org/, accessed 19 April 2009) and from the website ‘Capital punishment in the 18th & 19th centuries’ (http://www.capitalpunishmentuk.org/index18.html, accessed 19 April 2009). These have been cross-checked with newspaper and periodical reports from the Burney Collection at the British Library (http://find.galegroup.com/bncn/, accessed 19 April 2009), and with the ‘Account Books of the Company of Surgeons’, 1745-1800 (RCS Lib.). It should be noted that the partial nature of the extant newspaper records and the incomplete recording of expenditure in the account books make it likely that more formal lectures were conducted than I have shown.

<table>
<thead>
<tr>
<th>Date</th>
<th>Name(s)</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/07/1752</td>
<td>Thomas Wilford</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found. Skeleton prepared.</td>
</tr>
<tr>
<td>22/09/1752</td>
<td>Randolph Branch and William Descent</td>
<td>Named in Accounts. Dissected and exposed (London Evening Post, 21 September 1752). No lecture advertisements or payments for advertisements found. Skeletons prepared.</td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
<td>Notes</td>
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</tr>
<tr>
<td>29/10/1753</td>
<td>James Hayler and James Galliher</td>
<td>Named in Accounts. Payment for lecture advertisements.</td>
</tr>
<tr>
<td>12/12/1753</td>
<td>John Hambleton</td>
<td>Named in Accounts. Payment for lecture advertisements.</td>
</tr>
<tr>
<td>29/04/1754</td>
<td>William Bradford</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>22/07/1754</td>
<td>Robert Finch and Joseph Mills (Miles)</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>09/12/1754</td>
<td>Henry Mansell</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found. Skeleton prepared.</td>
</tr>
<tr>
<td>15/09/1755</td>
<td>Mabell Hughes</td>
<td>Named in Accounts. Probably dissected and exposed (<a href="#">London Evening Post</a>, 13 September 1755). No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>10/12/1755</td>
<td>Richard Jeffreys and Elizabeth Barnes (a.k.a. Dove)</td>
<td>Jeffreys named in Accounts, but both bodies reported to have been taken to Hall. Public lectures on anatomy advertised and read on Jeffreys’s body on 12, 13 and 15 December (<a href="#">Whitehall Evening Post or London</a>, 9 December 1755).</td>
</tr>
<tr>
<td>17/07/1756</td>
<td>John Girle</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>20/09/1756</td>
<td>William Cannicut (Cannyent/Cannyco t)</td>
<td>In Accounts but not named. Public lectures on anatomy advertised and read on 21, 22 and 23 September (<a href="#">Public Advertiser</a>, 20 September 1756).</td>
</tr>
<tr>
<td>Date</td>
<td>Name</td>
<td>Description</td>
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<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>20/05/1757</td>
<td>Mary Mussen</td>
<td>Named in Accounts. Public lecture advertisements advertised and read 20, 21 and 22 May (<em>Public Advertiser</em>, 20 May 1757). On 4 August 1757 the Court of Assistants minuted that ‘the Clerk do write to Mr Moffatt to send back the bones of Mary Mussen which he took away without the leave of the master’ (Probably James Moffatt, a surgeon and private anatomy lecturer). An écorché cast of Mary Musson, who was executed at Tyburn…and dissected at Surgeon’s Hall’ was among the exhibits in Rackstrow’s Museum on Fleet Street (Rackstrow’s Museum 1792, 15).</td>
</tr>
<tr>
<td>01/07/1758</td>
<td>Jacob Romert</td>
<td>Named in Accounts (as ‘Rymer’). Dissected and exposed. No lectures or payments for advertisements (payments were made for osteology lectures advertised in June 1758), but reported in the press (<em>London Chronicle</em>, 1 July 1758).</td>
</tr>
<tr>
<td>14/03/1759</td>
<td>Joseph Halsey</td>
<td>Halsey was convicted of murder ‘on the High Seas’ at the Old Bailey Admiralty Sessions, and was hanged at Execution Dock (<em>Annual Register</em> 1759, 78; <em>Payne’s Universal Chronicle</em>, 17 March 1759, 85). Named in accounts. Public lectures on anatomy advertised and read 15-17 March (<em>Gazetteer &amp; London Daily Advertiser</em>, 15 March 1759; <em>Public Advertiser</em>, 15 March 1759). These were probably the lectures on the viscera and thoracic organs conducted by Henry Mason (Mason 1759).</td>
</tr>
<tr>
<td>03/10/1759</td>
<td>Richard Lamb</td>
<td>Named in accounts. Public lectures on anatomy advertised and read by John Taitt on 4-6 October (<em>Public Advertiser</em>, 4 October 1759). The prefatory remarks to these lectures were published with the Ordinary of Newgate’s account (Taitt 1759).</td>
</tr>
<tr>
<td>05/05/1760</td>
<td>Lawrence Shirley, the 4th Earl Ferrers</td>
<td>Ferrers was tried at Westminster. Named in Accounts. The accounts of the fate of Ferrers’s body are somewhat contradictory, but it appears that it was subjected to at least a partial dissection and exposed to public view. No lecture was given (<em>Annual Register</em> 1760, 93; <em>Public Ledger</em> 6, 7, 8 and 9 May 1760; <em>Read’s Weekly Journal</em>, 10 May 1760).</td>
</tr>
<tr>
<td>24/05/1760</td>
<td>Ann Hullock</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>Date</td>
<td>Names and Details</td>
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<tr>
<td>15/09/1760</td>
<td>Francis Stirn, John Dempsey and William Odell. Odell was hung in chains. Stirn poisoned himself before execution but was still taken to be dissected and possibly exposed. Public lectures on the viscera were read on Dempsey’s body on 16-18 September (OBP T 17600910-19; Annual Register 1760, 1:130 and 2:59-67; Public Advertiser 16 September 1760).</td>
<td></td>
</tr>
<tr>
<td>04/04/1761</td>
<td>Theodore Gardelle. Sentenced to dissection, but instead was hung in chains on Hounslow Heath (Public Advertiser, 6 April 1761). The failure to dissect Gardelle attracted some adverse comment (Annual Register 1761, 54-62; Yearly Chronicle 1761, 45-46)</td>
<td></td>
</tr>
<tr>
<td>26/10/1761</td>
<td>Richard Parrot and Esther Rowden. Parrott hung in chains on Hounslow Heath. Rowden only named in Accounts. Probably dissected and exposed. No lectures or payments for advertisements (Public Advertiser, 27 October 1761).</td>
<td></td>
</tr>
<tr>
<td>19/07/1762</td>
<td>Sarah Metyard and Sarah Morgan. Named in Accounts. Dissected and exposed. No lecture advertisements or payments for advertisements found (Gazetteer &amp; London Daily Advertiser, 20 July 1762).</td>
<td></td>
</tr>
<tr>
<td>26/02/1763</td>
<td>Daniel Blake. Sentenced to be dissected, but body hung in chains on Hounslow Heath instead (Annual Register 1763, 1:58).</td>
<td></td>
</tr>
<tr>
<td>17/12/1764</td>
<td>Francis Stoner. Named in Accounts. Public lectures advertised on 18 December, but postponed because of ‘the muscles of the body not being raised’ (Gazetteer &amp; New Daily Advertiser, 19 December 1764). Lectures apparently read 19-21 December.</td>
<td></td>
</tr>
<tr>
<td>17/04/1765</td>
<td>John Cook (aka George Miln). Named in Accounts. Payment for advertising lectures.</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
<td>Details</td>
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</tr>
<tr>
<td>10/03/1767</td>
<td>John Wynn (aka Power)</td>
<td>Convicted at the Old Bailey Admiralty Sessions of piracy and murder and hanged at Execution Dock. Named in Accounts. Payment for advertising lectures, but possibly these were not given because of the delay in carrying out the execution. He was scheduled to hang on 2 March but respited until 10 March when the sentence was carried out. The execution was delayed because of the need to clear the dock of mud (<em>Gazetteer &amp; New Daily Advertiser</em>, 11 March 1767).</td>
</tr>
<tr>
<td>04/05/1767</td>
<td>Francis Gorman</td>
<td>Named in Accounts. Public lectures on the viscera advertised and given 5-7 May (<em>Gazetteer &amp; New Daily Advertiser</em>, 5 May 1767).</td>
</tr>
<tr>
<td>14/09/1767</td>
<td>Elizabeth Brownrigg</td>
<td>Named in Accounts. Body dissected and exposed but no lectures given. Skeleton prepared (<em>Tyburn Chronicle</em> 1768, 4:236; <em>Public Advertiser</em>, 16 September 1767; <em>Gazetteer &amp; New Daily Advertiser</em>, 17 September 1767; Neville 1950, 25)</td>
</tr>
<tr>
<td>29/06/1768</td>
<td>Mary Hindes [Hyndes]</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>11/07/1768</td>
<td>James Murphy and James Dogan [Duggan]</td>
<td>Named in Accounts. No lecture advertisements or payments for advertisements found. Several newspapers report that a crowd gathered at Surgeon’s Hall to protest against their dissection and this may have prevented the bodies being exposed (Linebaugh 1976, 85; <em>Westminster Journal</em>, 16 July 1768).</td>
</tr>
<tr>
<td>24/10/1768</td>
<td>John McCloud</td>
<td>Named in Accounts. Payment for advertising lectures.</td>
</tr>
<tr>
<td>21/12/1768</td>
<td>Elizabeth Richardson, otherwise Forister</td>
<td>Named in Accounts. Lectures given but payments indicate these were advertised by post rather than in papers.</td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
<td>Additional Information</td>
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</tr>
<tr>
<td>11/09/1769</td>
<td>William Taunton</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>04/06/1770</td>
<td>Charles Stevens, Henry Holyoak and Henry Hughes</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>19/07/1770</td>
<td>John Pursel (aka Pursley), Michael Richardson and Peter Conway</td>
<td>Richardson and Conway hung in chains on Bow Common. Pursel named in Accounts and was probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>08/05/1771</td>
<td>Richard Hewitt</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>08/07/1771</td>
<td>Henry Stroud and Robert Campbell</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>01/11/1771</td>
<td>Frederick Wilkie</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>09/12/1771</td>
<td>Asher Weil, Levi Weil, Hyam Lazarus and Solomon Porter</td>
<td>Named in Accounts. One of the bodies (probably Levi Weil) was granted to William Hunter for use in his anatomical lectures at the Royal Academy. The others were dissected and exposed at Surgeons’ Hall and a public lecture on the muscles was advertised and read on 11-13 December. One of the bodies was prepared as a skeleton (Annual Register 1771, 2:161; Gazetteer &amp; New Daily Advertiser, 10 and 11 December 1771; Public Ledger, 11 December 1771). The skeleton of Hyam Lazarus ended up in the collection of Joshua Brookes (Wheatley and Adlard 1830).</td>
</tr>
<tr>
<td>25/10/1773</td>
<td>William White</td>
<td>Named in Accounts. Body dissected and exposed and lectures on the viscera advertised and read on 26-28 October (Daily Advertiser, 26 October 1773; Annual Register 1773, 1:144). A skeleton was prepared and was in John Heaviside’s museum in the early 19th century (Heaviside 1818).</td>
</tr>
<tr>
<td>23/10/1775</td>
<td>Alexander Tate</td>
<td>Named in Accounts. Lectures on ‘the contents of the thorax’ advertised and read 24-26 October (Annual Register 1775, 1:167; Daily Advertiser, 24 October 1775).</td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
<td>Description</td>
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<tr>
<td>14/12/1775</td>
<td>Sarah Reynolds</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found (but see below).</td>
</tr>
<tr>
<td>15/01/1776</td>
<td>Robert Williams and Joseph Bull</td>
<td>Named in Accounts. Lectures on the viscera advertised and read 17-19 January (<em>Daily Advertiser</em>, 16 January 1776). Described as ‘a continuation of the last lectures’, suggesting that lectures were also read on Reynolds’s body in December.</td>
</tr>
<tr>
<td>27/05/1776</td>
<td>Benjamin Harley and Thomas Henman</td>
<td>Mentioned (but not named) in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found. It is likely that it was either one of these bodies or one from the execution on 16 September that was used by William Hunter for the écorché cast in the pose of the Dying Gaul made for the Royal Academy (<em>Whitley 1928, 1:277; Daily Advertiser</em>, 28 May 1776).</td>
</tr>
<tr>
<td>04/05/1778</td>
<td>John House/Howse</td>
<td>Named in Accounts. Body dissected and exposed, but no lectures read, probably because the recently deceased Professor of Anatomy, Magnus Falconar, had not been replaced (<em>Morning Chronicle &amp; London Advertiser</em>, 5 May 1778).</td>
</tr>
<tr>
<td>03/07/1780</td>
<td>Denis Reardon (Breerton)</td>
<td>Named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>19/10/1782</td>
<td>Francis Gray</td>
<td>Named in Accounts. Lectures on the muscles advertised and read on 21-23 October (<em>Morning Chronicle &amp; London Advertiser</em>, 21 October 1782).</td>
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<tr>
<td>Date</td>
<td>Name</td>
<td>Details</td>
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</tr>
<tr>
<td>28/07/1783</td>
<td>Emmanuel Pinto</td>
<td>Mentioned in Accounts but not named. The body was dissected and exposed but owing to the ‘extreme heat of the weather’ no lectures were given.</td>
</tr>
<tr>
<td>22/12/1783</td>
<td>John Clarke</td>
<td>Named in Accounts. Body dissected and exposed but no lectures given.</td>
</tr>
<tr>
<td>20/09/1784</td>
<td>Henry Morgan</td>
<td>Named in Accounts. Body dissected and exposed. No lectures given.</td>
</tr>
<tr>
<td>11/04/1785</td>
<td>William Higson</td>
<td>Named in Accounts. Lectures advertised and given. Lectures in osteology also given shortly afterwards.</td>
</tr>
<tr>
<td>16/01/1786</td>
<td>John Hogan</td>
<td>Executed opposite the site of the crime. Named in Accounts. Body dissected and exposed. Lectures ‘on the muscles, and the contents of the thorax and abdomen’ were advertised and given by William Cooper on 17-19 January. Skeleton prepared.</td>
</tr>
<tr>
<td>27/02/1786</td>
<td>Joseph Rickards</td>
<td>Executed in Kentish Town. Named in Accounts. Lectures on the viscera advertised and given on 1-3 March.</td>
</tr>
<tr>
<td>14/12/1787</td>
<td>Henrietta Radbourne</td>
<td>Mentioned but not named in Accounts. Body dissected and exposed. Lectures on the muscles advertised and read on 18-20 December.</td>
</tr>
<tr>
<td>19/04/1790</td>
<td>Jacinthis Phararo, Anthoni Murrini, Stephen Apologie and Thomas Masters</td>
<td>Mentioned as ‘four murderers’ in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
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</tr>
<tr>
<td>13/12/1790</td>
<td>Edward Welch</td>
<td>Mentioned but not named in Accounts. Probably dissected and exposed. No lecture advertisements or payments for advertisements found (E. Johnson's British Gazette and Sunday Monitor, 12 December 1790; Public Advertiser, 14 December, 1790).</td>
</tr>
<tr>
<td>18/04/1791</td>
<td>Edward Pritchard and Charles Taylor</td>
<td>Mentioned but not named in Accounts. One or both bodies dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>19/09/1791</td>
<td>George Dingler</td>
<td>Not named in Accounts. Lectures on the viscera advertised and read on 21-23 September (The Times, 20 September 1791).</td>
</tr>
<tr>
<td>02/04/1792</td>
<td>Francis Hubbard</td>
<td>Mentioned but not named in Accounts. Body dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>28/05/1792</td>
<td>Robert Anderson</td>
<td>Mentioned but not named in Accounts. One or both bodies dissected and exposed. No lecture advertisements or payments for advertisements found.</td>
</tr>
<tr>
<td>06/07/1792</td>
<td>George Hindmarsh, Charles Berry, John Slack</td>
<td>Convicted of murder and piracy at the Admiralty Sessions and hanged at Execution Dock (The Times, 9 July 1792). Mentioned but not named in Accounts. Two bodies gibbeted in Blackwall Reach and one brought to Surgeons’ Hall for dissection. According to The Times the dissection was curtailed because of the hot weather (23 July 1792). No lectures were given.</td>
</tr>
<tr>
<td>20/04/1795</td>
<td>John Dunn</td>
<td>Named in Accounts (as ‘Patrick’). Body dissected and exposed. Lectures on the viscera advertised and read on 22-25 April (The Times, 21 April 1795). Skeleton prepared.</td>
</tr>
<tr>
<td>28/01/1796</td>
<td>Francis Cole, George Colley and Michael Blanche</td>
<td>Convicted of murder at the Admiralty Sessions and hanged at Execution Dock. Mentioned but not named in Accounts. Bodies dissected and exposed. Lectures on the viscera advertised and read on 29 and 30 January and 1 February. These were the last lectures at Surgeons' Hall in the Old Bailey (Daily Advertiser, 29 January 1796; The Times, 29 January 1796).</td>
</tr>
<tr>
<td>27/06/1796</td>
<td>Mary Nott, Eleanor Hughes and Richard Ludman</td>
<td>Mentioned but not named in Accounts. Bodies dissected and exposed. No lectures given (Daily Advertiser, 28 June 1796). These were the last bodies to be exposed at the Surgeons’ Hall.</td>
</tr>
<tr>
<td>05/12/1796</td>
<td>Francis Dunn and William Arnold</td>
<td>Mentioned but not named in Accounts. Bodies taken to be dissected and exposed at the new Hall (a house in Lincoln’s Inn Fields). No lectures given (The Times, 6 December 1796).</td>
</tr>
<tr>
<td>Date</td>
<td>Name(s)</td>
<td>Notes</td>
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</tr>
<tr>
<td>05/06/1797</td>
<td>Martin Clinch and James Mackly</td>
<td>Not named in Accounts. Bodies dissected and exposed at a stable in Little Bridge Street. No lectures given (<em>Newgate Calendar; Annual Register</em> 1797, 2:97).</td>
</tr>
<tr>
<td>11/12/1797</td>
<td>Maria Theresa Phipoe</td>
<td>Named in Accounts. Body dissected and exposed in the Black Horse Livery Stable, near the Old Bailey (<em>The Times</em>, 12 December 1797; <em>Morning Chronicle</em>, 13 December 1797). No lectures given.</td>
</tr>
<tr>
<td>29/10/1798</td>
<td>John Bond</td>
<td>Named in Accounts. Body dissected and exposed at the house of Mr Mayor. No lectures given.</td>
</tr>
<tr>
<td>13/05/1799</td>
<td>Timothy Brian, Patrick Holland and John Sullivan</td>
<td>Named in Accounts. Bodies dissected and exposed at Mr Place’s warehouse. No lectures given.</td>
</tr>
<tr>
<td>23/12/1799</td>
<td>Jean Prevot</td>
<td>Convicted of murder at the Admiralty Sessions and hanged at Execution Dock. Named in Accounts. Body dissected and exposed at Mr Place’s warehouse. No lectures given.</td>
</tr>
</tbody>
</table>

**Notes**

Lectures were normally given in groups of three over consecutive days. It was also customary for lectures on osteology to be read in June or July each year (and occasionally at other times). These lectures were conducted using preserved skeletons, and did not involve fresh cadavers.

The table above lists only those executed under the Murder Act and sentenced to be dissected and anatomised. However there is evidence for a small number of lectures conducted (or attempted) at Surgeons’ Hall either on bodies procured outside of the Act or without the use of fresh cadavers. These are as follows:

1. Public lectures on anatomy were advertised and read on 19, 20 and 21 May 1757 (*Public Advertiser*, 19 May 1757). The body used was named in the Accounts as that of Michael Sullivan, convicted with John Maclary of procuring men for foreign service and executed at Tyburn on 18 May.

2. In 1758 the Company tried but failed to procure the bodies of Robert Nolan and William Green, hanged at Tyburn for horse theft on 18 December. According to one report the Company’s officers were foiled by ‘the mob’ who ‘occasioned a great riot’ (*Owen’s Weekly Chronicle*, 23 December 1758).

In December 1760 Thomas Gataker gave lectures at the Company on ‘the structure of the eye’: there is no record of bodies having been procured for this (*Public Advertiser*, 18 December 1760).
3. There were no executions for murder at Tyburn in 1766. However the accounts include payments to the Constable for procuring a body and for advertising lectures on the muscles read on 8-10 May. The body used was probably one of the three men hanged at Tyburn on 7 May (Gazetteer & New Daily Advertiser, 7 and 8 May 1766). The three men were William Crompton (persuasion) and John and Robert Slack (horse theft).

4. In March 1768 the Company attempted without success to get the bodies of James Gibson and Benjamin Payne, hanged for forgery and highway robbery respectively.

5. On 10 January 1775 six men were hanged at Tyburn for various crimes: none had been convicted under the Murder Act. Some of those hanged were convicted of theft of plate from Surgeons’ Hall. Payments were made for procuring a body and lectures were advertised and read on 12, 13 and 15 January (Daily Advertiser, 12 January 1775).

6. In May 1784 the Company advertised lectures ‘on anatomy and surgery’ to be given by Henry Cline, but was forced to retract the advert because of Cline’s ill-health (Gazetteer & New Daily Advertiser, 20 May 1784). The lectures were re-advertised and read on 14-16 June (Gazetteer & New Daily Advertiser, 11 June 1784). There is no evidence of any attempt to procure bodies either for the original or rescheduled lectures.

7. There were no executions under the Murder Act in London between July 1792 and April 1795. However the Accounts of the Company indicate that lectures were given in May 1793, March 1794 and March 1795. Advertisements for the lectures in 1793 and 1795 indicate that these were on angiology. No advertisements have been traced for the course in 1794 though payments for advertisements are recorded in the Accounts. It is not known whether cadavers were used in these lectures and, if so, how they were procured (The Times, 28 May 1793 and 17 March 1795).
**Appendix 3: Masters and Professors of Anatomy at Surgeons’ Hall, 1752-1799**

**Source:** RCS Lib. ‘Court of Assistants Minute Books 1745-1800.’

Those with experience of hospital or extra-mural teaching are marked * (for details see Appendix 1).

NB: Numbers of lectures refer only to anatomical lectures given over a body. In addition it was customary for an osteological lecture to be given in June or July each year. For further details of lectures given at the Company see Appendix 2.

<table>
<thead>
<tr>
<th>Year(s)</th>
<th>Name</th>
<th>Lectures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1752-1753</td>
<td>N/A</td>
<td>1</td>
</tr>
<tr>
<td>1753-1754</td>
<td>*Pott, Percivall (1714-1788)</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>*Hunter, William (1718-1783)</td>
<td></td>
</tr>
<tr>
<td>1754-1755</td>
<td>Griffiths, Thomas (d. 1761)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>*Hewitt, William (1720-1760)</td>
<td></td>
</tr>
<tr>
<td>1755-1756</td>
<td>*Minors, Isaac (d. 1797)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Warner, Joseph (1717-1801)</td>
<td></td>
</tr>
<tr>
<td>1756-1757</td>
<td>Spray, Matthew (d. 1786)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Grindall, Richard (1716-1797)</td>
<td></td>
</tr>
<tr>
<td>1757-1758</td>
<td>Guy, Richard (fl. 1750s)</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Pyle, John (d. 1793)</td>
<td></td>
</tr>
<tr>
<td>1758-1759</td>
<td>Tomkyns, Thomas (d. 1776)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Wallace, James (fl. 1750s)</td>
<td></td>
</tr>
<tr>
<td>1759-1760</td>
<td>Taitt, John (d. 1765)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Mason, Henry (d. 1770)</td>
<td></td>
</tr>
<tr>
<td>1760-1761</td>
<td>Woolsey, James (fl. 1750s)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Beck, Benson (d. 1764)</td>
<td></td>
</tr>
<tr>
<td>1761-1762</td>
<td>Lowdell, Stephen (fl. 1760s)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Connop, William (d. 1790)</td>
<td></td>
</tr>
<tr>
<td>1762-1763</td>
<td>Chapman, Samuel (d. 1790)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Pinkstan, Fleming (d. 1792)</td>
<td></td>
</tr>
<tr>
<td>1763-1764</td>
<td>Browne, George (d. 1773)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Triquet, Peter (d. 1788)</td>
<td></td>
</tr>
<tr>
<td>1764-1765</td>
<td>Davis, Richard (fl. 1760s)</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Breach, William (d. 1776)</td>
<td></td>
</tr>
<tr>
<td>1765-1766</td>
<td>Ruding, John (d. 1790)</td>
<td>1</td>
</tr>
<tr>
<td>Year</td>
<td>Name and Dates</td>
<td>Notes</td>
</tr>
<tr>
<td>----------</td>
<td>----------------</td>
<td>-------</td>
</tr>
<tr>
<td>1766-1767</td>
<td>Carson, Robert (fl. 1760-1778)</td>
<td></td>
</tr>
<tr>
<td>1767-1769</td>
<td>*Watson, Henry (1720-1793)</td>
<td>3</td>
</tr>
<tr>
<td>1769-1774</td>
<td>*Bayford, David (1739-1790)</td>
<td>3</td>
</tr>
<tr>
<td>1774-1777</td>
<td>*Watson, Henry (1720-1793)</td>
<td>5</td>
</tr>
<tr>
<td>1777</td>
<td>*Falconar, Magnus (1754-1778)</td>
<td>1</td>
</tr>
<tr>
<td>1778-1781</td>
<td>*Else, Joseph (1731-1780)</td>
<td>3</td>
</tr>
<tr>
<td>1781-1784</td>
<td>*Cline, Henry (1750-1827)</td>
<td>2</td>
</tr>
<tr>
<td>1784-1787</td>
<td>Cooper, William (d.1800)</td>
<td>4</td>
</tr>
<tr>
<td>1787-1790</td>
<td>*Blizard, William (1743-1835)</td>
<td>2</td>
</tr>
<tr>
<td>1790-1793</td>
<td>*Abernethy, John (1764-1831)</td>
<td>2</td>
</tr>
<tr>
<td>1793</td>
<td>*Orange, Samuel (b. 1766)</td>
<td>0</td>
</tr>
<tr>
<td>1794-1796</td>
<td>*Cooper, Astley (1768-1841)</td>
<td>4</td>
</tr>
<tr>
<td>1796-1799</td>
<td>*Blizard, Thomas (1743-1835)</td>
<td>0</td>
</tr>
<tr>
<td>1799-1800</td>
<td>*Wilson, James (1765-1821)</td>
<td>0</td>
</tr>
</tbody>
</table>

339 Watson and Ronsil were appointed as Masters in July 1766. In August 1766 Watson was appointed as the inaugural Professor of Anatomy, to serve from January-July 1767. Nevertheless Ronsil was permitted to read the lecture in January 1767.

340 The vote for Professor was adjourned at the Court in July 1769. Else was elected on 5 October but declined to serve, and in December 1769 David Bayford was elected in his place.

341 Falconar fell ill in early 1778 and died on 24 March at Bristol. The post was not filled until July 1778.

342 In 1791 John Gunning was elected Professor of Surgery, a post created with evident lack of enthusiasm on the part of the Court as part of a series of reforms proposed by Gunning during his period as Master in 1790. When no other candidate could be found, Gunning was elected: he subsequently withdrew. No replacement came forward and the post lapsed thereafter.

343 On 3 October 1793 the Clerk reported that on account of a family matter Samuel Orange had changed his name to Jackson and had declined the position. Astley Cooper was elected in his place.
Appendix 4: Reports of post-mortems in London medical periodicals, 1757-1800

The data below is based on a survey of the medical papers published in six medical periodicals published in London in the second half of the 18th century. It should be noted that many papers include records of more than one case. Totals have been calculated by paper, rather than by individual case: a calculation of individual post-mortems as a percentage of individual fatal cases would probably be lower than is shown here, and thus the figures should be treated as indicative rather than definitive.

Case histories presented as % of total no. of papers.

Post-mortem reports presented as % of total no. of case histories in which death of patient(s) reported.

<table>
<thead>
<tr>
<th>Breakdown by journal</th>
<th>Total Papers</th>
<th>Case histories</th>
<th>Patient died</th>
<th>Post-mortem</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical Communications [of a] Society for Promoting Medical Knowledge</strong> (2 vols, 1784-1790)</td>
<td>65</td>
<td>30 (46%)</td>
<td>7</td>
<td>5 (71%)</td>
</tr>
<tr>
<td><strong>Medical Facts and Observations</strong> (8 vols, 1791-1800)</td>
<td>97</td>
<td>85 (88%)</td>
<td>21</td>
<td>16 (76%)</td>
</tr>
<tr>
<td><strong>Medical Observations and Inquiries. By a Society of Physicians in London</strong> (6 vols, 1757-1784)</td>
<td>212</td>
<td>174 (82%)</td>
<td>56</td>
<td>54 (96%)</td>
</tr>
<tr>
<td><strong>Medical Records and Researches…from the Papers of a Private Medical Association</strong> (1 vol, 1798)</td>
<td>13</td>
<td>12 (92%)</td>
<td>8</td>
<td>5 (63%)</td>
</tr>
<tr>
<td><strong>Memoirs of the Medical Society of London</strong> (5 vols, 1787-1799)</td>
<td>237</td>
<td>202 (85%)</td>
<td>74</td>
<td>61 (82%)</td>
</tr>
<tr>
<td><strong>Transactions of a Society for the Improvement of Medical and Chirurgical Knowledge</strong> (2 vols, 1793-1800)</td>
<td>47</td>
<td>38 (81%)</td>
<td>21</td>
<td>18 (86%)</td>
</tr>
</tbody>
</table>

**Breakdown by occupation**

| Papers presented by surgeons/apothecaries | 329 | 294 (89%) | 108 | 94 (87%) |
| Papers presented by physicians | 324 | 235 (73%) | 79 | 65 (82%) |
| Papers presented by others/anonymous | 18 | 12 (67%) | - | - |
| **Totals** | **671** | **541 (81%)** | **187** | **159 (85%)** |
## Appendix 5: Preparations used by William and John Hunter for lecturing

### 5A: Demonstrations and preparations used in William Hunter and William Hewson’s course of anatomy

Based on notes of William Hunter and William Hewson’s lectures on anatomy made by an unknown student, c.1770 (RCS Lib.MS0204/2/3). The notes contain notes of lectures in numbered sequence. For many of the lectures numbers are duplicated, possibly because two lectures were given on the same day. Notes of preparations are usually given on facing pages or at ends of the description of each lecture, but these are also sometimes out of sequence.

<table>
<thead>
<tr>
<th>Lecture No./Subject</th>
<th>Preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The blood</td>
<td>Fresh blood in basins; dried blood; polypi; cauda equine.</td>
</tr>
<tr>
<td>2. Structure of arteries</td>
<td>Anastomoses from stomach and vertebral arteries; sections of arterial coat; ossifications and coagula from arteries; injections of arterial valves.</td>
</tr>
<tr>
<td>3. On the veins</td>
<td>Injected dog placenta; injection of vena vasorum; venous valves; valves of external jugular vein.</td>
</tr>
<tr>
<td>4. Absorbent system</td>
<td>Injected turtle lacteals.</td>
</tr>
<tr>
<td>5. On the glands</td>
<td>Injection of the liver.</td>
</tr>
<tr>
<td>6. Nerves</td>
<td>Dura mater injected; pia mater injected and un-injected; sections of the spinal cord/nerves from the neck, back and pelvis; cervical ganglion; mesenteric nerves of a horse.</td>
</tr>
<tr>
<td>7. Cellular membrane</td>
<td>Skin, injected and dried, in spirit; injections of two adhesions; cellular membrane of scrotum; cellular membrane of the penis; cicatrix injected with the cuticle lifted.</td>
</tr>
<tr>
<td>8. On the muscles</td>
<td>Achilles tendon; muscle treated to show fibres.</td>
</tr>
<tr>
<td>10. Structure of bones</td>
<td>Epiphyses cut into sections; patella; vertebral bones and cartilage; injection of bone marrow; sternum showing periosteum.</td>
</tr>
<tr>
<td>11. On the bones in general</td>
<td>Madder-stained bones; fetal bones with lamella removed; rib with cartilage; patella with cartilage; humerus with cartilage.</td>
</tr>
<tr>
<td>12. On bones</td>
<td>Injection of fetal head; fetal skeletons.</td>
</tr>
<tr>
<td>13. On the bones of the spine</td>
<td>Half skeleton, sectioned sagitally.</td>
</tr>
<tr>
<td>14. Os sacrum</td>
<td>Skeleton.</td>
</tr>
<tr>
<td>15. Os innominatum</td>
<td>Sections of pelvis; fetal pelvis.</td>
</tr>
<tr>
<td>16. The ribs &amp; sternum</td>
<td>Ribs of one side; ribs and vertebrae articulated.</td>
</tr>
<tr>
<td>17. Bones of the shoulder and upper arm</td>
<td>None mentioned.</td>
</tr>
<tr>
<td>18. The carpus to the femur</td>
<td>None mentioned.</td>
</tr>
<tr>
<td>19. The bones of the leg and foot</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>20. The bones of the cranium</td>
<td>None mentioned.</td>
</tr>
<tr>
<td>21. The bones of the face</td>
<td>Sections through the skull at various points.</td>
</tr>
<tr>
<td>22. On the bones of the face</td>
<td>Section through head showing membranes; mandible dissected to show blood supply; back of skull to show foramen magnum; hydrocephalic heads.</td>
</tr>
<tr>
<td>23. Muscles of the abdomen</td>
<td>Fresh subject, partly dissected.</td>
</tr>
<tr>
<td>24. Male organs of generation</td>
<td>Fresh subject, partly dissected; two fresh testicles; various injections of testicles.</td>
</tr>
<tr>
<td>25. Male organs (cont’d)</td>
<td>Fresh subject, partly dissected; corpora cavernosa; injections of penises; corpus spongiosum; glans; transverse and longitudinal sections of penis, injected.</td>
</tr>
<tr>
<td>26. The teeth</td>
<td>Sections of teeth; teeth burnt to show enamel; jaw injected to show vascularity of tooth socket; enamel broken to show crystal structure; jaw with teeth filed to show vascularity of pulp; jaw dissected to show developing dentition; assorted shed teeth.</td>
</tr>
<tr>
<td>27. The diseases of bones</td>
<td>None mentioned (notes incomplete).</td>
</tr>
<tr>
<td>27*. Male organs ‘taken out’</td>
<td>Section of seminal vesicles; vesicle injected and ‘unravelled’; cowper’s glands injected; urethra injected; stones affecting prostate gland; cancers of the prostate; urethral strictures; bladder from case of suppression of urine.</td>
</tr>
<tr>
<td>28. Muscles of the jaw and os hyoides</td>
<td>Fresh subject, showing insertion of temporal muscles; hyoid with thyroid and cricoid cartilages; section showing pterygoid muscles.</td>
</tr>
<tr>
<td>28*. The integuments</td>
<td>Fish skin showing rete mucosum; villi of nose and lips; villi of glans; sebaceous glands of armpit; preparation showing ‘fibres between integuments’; fingernails and cuticle.</td>
</tr>
<tr>
<td>29. Muscles of the tongue and pharynx</td>
<td>Various preparations of the cartilages and hyoids.</td>
</tr>
<tr>
<td>29*. Separate bones of the cranium</td>
<td>None listed, notes incomplete.</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>30. Muscles</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>30*. The ear</td>
<td>Sections of auditory meatus; sections of maxillary process; wax models of ear bones; fetal skull showing eustachian tube.</td>
</tr>
<tr>
<td>31. Muscles</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>31*. Thoracic viscera in situ</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>32. Muscles of the thigh and leg</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>32*. The viscera (cont’d)</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>33. Muscles of leg</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>34. Muscles of humerus and forearm</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>35. Muscles of hand</td>
<td>Fresh subject.</td>
</tr>
<tr>
<td>36. Stomach and intestines</td>
<td>Contracted bladder; lining of pharynx; muscular lining of intestine; valvulae conniventes; sections of jejunum, injected and un-injected; sections of intestine showing 'pitting'; caecum filled with plaster; colon filled with plaster; various preparations of intestines.</td>
</tr>
<tr>
<td>37. The female organs</td>
<td>Fresh subject; clitoris injected and preserved on pubic bone.</td>
</tr>
<tr>
<td>38. Course of the chyle</td>
<td>Thoracic duct; lacteals of a fish; mesentery of a turtle; intestines of a lion; lymphatics of the arm and leg.</td>
</tr>
<tr>
<td>40. [Missing]</td>
<td></td>
</tr>
<tr>
<td>41. On digestion and absorbents</td>
<td>Gizzard of a goose.</td>
</tr>
<tr>
<td>42. Diseases of the alimentary canal</td>
<td>None listed (notes incomplete), possibly preparations showing diseases.</td>
</tr>
<tr>
<td>43. Diseases of the alimentary canal (cont’d)</td>
<td>As above.</td>
</tr>
<tr>
<td>44. The lungs</td>
<td>Injection of alveoli; vessels of the lungs injected; lungs of a turtle; corroded preparation of the lungs and heart; trachea, oesophagus and pharynx; cartilages of larynx and trachea.</td>
</tr>
<tr>
<td>45. Lungs(Cont’d)/Female breast</td>
<td>Fresh subject; nipple with lactiferous ducts marked; corroded preparation of lactiferous ducts.</td>
</tr>
<tr>
<td>46. The heart</td>
<td>Heart, boiled to show fibres.</td>
</tr>
<tr>
<td>47. The heart (cont’d)</td>
<td>Injected heart; corroded heart; heart with auricles and large vessels removed.</td>
</tr>
<tr>
<td>Number</td>
<td>Description</td>
</tr>
<tr>
<td>--------</td>
<td>-------------</td>
</tr>
<tr>
<td>48.</td>
<td>The course of the arteries</td>
</tr>
<tr>
<td>49.</td>
<td>The arteries (cont’d)</td>
</tr>
<tr>
<td>50.</td>
<td>The arteries (cont’d)</td>
</tr>
<tr>
<td>51.</td>
<td>On the veins</td>
</tr>
<tr>
<td>52.</td>
<td>Internal ear</td>
</tr>
<tr>
<td>53.</td>
<td>The brain</td>
</tr>
<tr>
<td>54.</td>
<td>The brain</td>
</tr>
<tr>
<td>55.</td>
<td>The eyes</td>
</tr>
<tr>
<td>56.</td>
<td>The coats of the eye</td>
</tr>
<tr>
<td>57.</td>
<td>On the humours, light and vision</td>
</tr>
<tr>
<td>58.</td>
<td>Organs of taste</td>
</tr>
<tr>
<td>59.</td>
<td>Organs of smelling and tasting</td>
</tr>
<tr>
<td>60.</td>
<td>Introduction to the operations [of surgery]</td>
</tr>
<tr>
<td>61.</td>
<td>On bony concretions in the different parts of the body</td>
</tr>
<tr>
<td>72.</td>
<td>On preparations</td>
</tr>
<tr>
<td>73.</td>
<td>The gravid uterus.</td>
</tr>
<tr>
<td>74.</td>
<td>The gravid uterus.</td>
</tr>
<tr>
<td>75-77.</td>
<td>Gravid uterus.</td>
</tr>
</tbody>
</table>
5B: Preparations used in John Hunter’s course of lectures in surgery, c.1781

Based on notes of John Hunter’s course made by John Clark (dates), preserved in the collection of the Plymouth Medical Society (http://www.plymouthmedicalhistory.org.uk/digital.htm, accessed 19 April 2009). The notes contain notes of lectures in numbered sequence. The use of preparations is very uneven, and it is possible that not all instances in which preparations were demonstrate have been recorded.

<table>
<thead>
<tr>
<th>Lecture No./Subject</th>
<th>Preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introductory lecture</td>
<td>None listed.</td>
</tr>
<tr>
<td>4. Of the Vessels, &amp; Absorption.</td>
<td>None listed.</td>
</tr>
<tr>
<td>5. Of the Brain, &amp; Nerves; Of Blood.</td>
<td>Preparation of coagulated buff; case of hydrocele with vascularised coagulum; Coat of coagulating lymph between dura and pia mater.</td>
</tr>
<tr>
<td>6. Of an Animal not equally strong through the Whole</td>
<td>None listed.</td>
</tr>
<tr>
<td>7. Heat of Animals</td>
<td>None listed.</td>
</tr>
<tr>
<td>8. [Heat of animals cont’d]</td>
<td>None listed.</td>
</tr>
<tr>
<td>9. Sympathy</td>
<td>None listed.</td>
</tr>
<tr>
<td>10. Of the Habit of our Natural Actions.</td>
<td>None listed.</td>
</tr>
<tr>
<td>12. Of Actions</td>
<td>None listed.</td>
</tr>
<tr>
<td>13. Of Universal and Partial Diseases</td>
<td>None listed.</td>
</tr>
<tr>
<td>14. Of Hereditary Diseases</td>
<td>None listed.</td>
</tr>
<tr>
<td>15. Of Symptoms</td>
<td>None listed.</td>
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<td>16. Of Diseased Actions</td>
<td>None listed.</td>
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<tr>
<td>17. Of the State of Medicine</td>
<td>None listed.</td>
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<td>Description</td>
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<td>Diseases of Bones</td>
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<td>38. Union of Simple Fractures</td>
<td>Bone from the wing of an ostrich showing false joint; False joint; False joint with cartilage-like substance; ‘Swelled humerus’ and ‘swelled skull’; Ossific disposition (deposition) in a horse’s foot; Ossific disposition in a jawbone; Ossific disposition in the pelvis of a lion; ditto in the human [pelvis?]; ditto in the femur of a lion; Section of bone sawn to show old and new bone.; [Fetal?] skull showing ossification; Two preparations of bone showing granulation.; Compound fracture of the leg showing granulation.; Compound fracture of tibia with a Simple Fracture of the Fibula: the two ends of the tibia had been sawed off, &amp; Exfoliation was taking place.</td>
</tr>
<tr>
<td>39. Abscesses in Bones</td>
<td>None listed.</td>
</tr>
<tr>
<td>40. Fractures</td>
<td>Fractured patella united by a ligament;</td>
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<td>41. [Fractures cont’d]/Exfoliations/Dislocations and Diseases of Joints</td>
<td>Experimental preparation of the cauterised bone of an ass, showing exfoliation; three skulls with exfoliations; exfoliations of cylindrical bones; wing of a swan with exfoliation; lower end of the tibia with exfoliation; several others of exfoliations; sharp points on exfoliation; three exfoliations in tibia, ulna and scapula; external exfoliation produced experimentally on an asses’ leg; exfoliations in tibia and metatarsal; ossified cartilages in the ribs</td>
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<td>42. [Dislocations and Diseases of Joints cont’d]/Ankylosis</td>
<td>Ankylosis between metacarpals; ditto between vertebrae (two preparations); ditto in the spine of a lion, a horse and a human; two preparations with ossification of cartilage between the discs; humerus with capsular ligament ossified; ditto in ankle.</td>
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<td>43. Abscesses in Joints/Gunshot wounds</td>
<td>Ulceration in the head of the femur; two ditto in elbow; knee ankylosed by granulations; (knee?) ligaments ossified;</td>
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<td>44. (Gunshot wounds cont’d)</td>
<td>None listed.</td>
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<td>46. Fractures of the skull/Haemorrhage</td>
<td>None listed.</td>
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<td>None listed.</td>
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<td>48. Aneurisms</td>
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<td>None listed.</td>
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Appendix 6: John Hunter’s collections

Introduction

Producing a definitive statement of what John Hunter owned has proved an impossible task. One problem is that his collection was or fully catalogued during his lifetime, or for several decades afterwards. Another is that parts of Hunter’s collections, such as his minerals, paintings and prints, were sold off after his death. The latter appear to have been removed by the time Hunter’s assistants, Robert Haynes and William Clift, made an initial assessment of the collection for Hunter’s executors in 1794. This identified about seventeen thousand items. By the time of the collection’s transfer to Lincoln’s Inn Fields this had shrunk to about thirteen thousand – partly, admitted Clift, because the initial assessment had involved a degree of guesswork, and partly because some material was in too poor a condition to be preserved. Guides to the Hunterian Museum published in the 1840s and 1850s list about ten thousand Hunterian preparations, but some parts of the collection were omitted. Individual sections of the collection show increases and decreases in the quantity of original Hunterian preparations over the course of the 19th century, as some material was disposed of or transferred, and other material added from the large quantity of animal remains (both in spirit and as dried bones) that were not previously mounted up for display. A significant proportion of the collection – perhaps as much as three quarters – was lost in 1941, when the College was devastated by bombing. Today, 3,745 of Hunter’s preparations survive in the College’s Hunterian Museum, along with twenty-four paintings and approximately nine hundred drawings. Most have been recatalogued in the last five years, and details are included in the College’s online museum and archive database ([http://surgicat.rcseng.ac.uk](http://surgicat.rcseng.ac.uk)). This appendix contains a summary of the various catalogues and lists of Hunter’s collections, together with analyses of the main categories of material contained within them, and an indication of the sources and forms of the preparations and other objects.

Catalogues and lists

Three sets of original manuscript catalogues made by or for John Hunter have survived. The first, probably produced in the mid-1760s and in Hunter’s own hand, lists about two hundred preparations (RCS MS0189/2/12). Normal and morbid preparations from human and animals are grouped together by organ, with a separate series of ‘Monsters’ and preparations of natural history under the headings ‘Beasts’, ‘Lizards’ and ‘Snakes’. The second catalogue is an octavo volume containing three
fasciculi bound together (RCS MS 0189/2/1). The first part is dated 1777 and headed ‘Catalogue of Preparations Before entered into the Catalogue’. It contains 398 preparations of human and comparative anatomy, arranged in a running number order but not obviously grouped or classified. The list continues in the second manuscript, which lists preparations 400-561. The third part is titled ‘Diseases before entered’, with morbid anatomical preparations numbered 1-181.

The third set of catalogues is more extensive, and consists of three quarto volumes, mostly in the hand of William Bell (d.1792), who served as one of Hunter’s assistants from the mid-1770s until 1789 (Peachey 1924, 187). The catalogues cover normal anatomy, morbid anatomy and ‘extraneous fossils’. That for normal anatomy comprises twenty fasciculi covering different subjects, each with some general observations followed by lists of preparations (MS0189/2/8). The other volumes consist of lists of items only (MS0189/2/14 and 15). The list of fossils may have been compiled with the assistance of Emmanuel Mendes da Costa (1717-1791), who acted as a buyer for Hunter at the sale of George Humphrey’s collection in 1779.

These manuscripts, together with other notes and the inscriptions or labels appended to the preparations, were used as the basis for various manuscript lists and catalogues assembled by William Clift from 1794 onwards. These lists are too numerous to detail separately, but records are included in The Royal College of Surgeons of England’s archive catalogue (http://surgicat.rcseng.ac.uk) under the references MS0189/2 and MS0007/1/1/1. A brief Synopsis of the Arrangement of the Preparations in the Gallery of the Museum was published in 1818, but it was not until 1830 that the first printed catalogues of any part of the collection appeared. These were prepared by William Clift; his son, William Home Clift (1803-1832); and Richard Owen (1804-1892). Owen’s growing stature as a comparative anatomist is evident in later volumes of the printed catalogues, which tended to place less reliance on Hunter’s original classification and instead reflected Owen’s own schemes.

Numerically, the Hunterian preparations were progressively outnumbered in many parts of the collection by the mid-19th century. It was not until the 1860s that all parts of the original collection were documented in print, by which stage the earliest catalogues had already been superseded by new editions. From the 1870s the printed catalogues contain little, if any, mention of the original Hunterian preparations, which were absorbed into the wider collections. It was only after the bombing of 1941, and the reconstruction of the Hunterian Museum in the 1960s, that the remaining parts of the collection were again brought together as a single entity. They were re-numbered and re-described in four volumes of printed catalogues issued in the later 1960s and
early 1970s (two volumes for each of the physiology and pathology series respectively). References to these and other printed catalogues are given under their relevant headings below, and details are included in the bibliography.

Anatomy/Physiology

Perhaps the most important part of Hunter’s collection was the series of comparative preparations illustrating the structures of human and animal bodies, arranged according to their function. The collection was variously described (in Hunter’s lifetime and after) as ‘anatomy’, ‘comparative anatomy’ or ‘physiology’. It was the subject of a separate series of Descriptive and Illustrated Catalogues of the Physiological Series of Comparative Anatomy, largely compiled by Richard Owen and published in six parts between 1833 and 1840. These contained 3,790 Hunterian preparations, broken down as follows:

- Organs of Motion and Digestion (841)
- Absorbent, Circulating, Respiratory, and Urinary Systems (842-1291)
- Nervous System and Organs of Sense (1292-1799)
- Connective and Tegumentary Systems and Peculiarities (1800-2223)
- Organs of Generation (2224-2857)
- Products of Generation (2858-3790)

This part of the collection consisted almost entirely of dissected wet preparations mounted in glass jars. The earliest dated preparations in the collections are from 1755 and 1756, illustrating the descent of the testes in a fetus (RCSHC/3726, Fig. 1) and the autolysis of the stomach after death (RCSHC/591). Numerous others showing the regeneration of the tail in lizards are known to have been collected by Hunter while serving in Belle-Ile, Spain and Portugal in 1761-1763 (e.g. RCSHC/2222).

![Dissected torso of a fetus at eight months, showing the passage of the testis through the inguinal canal, which is marked by a bristle. The blood vessels are also injected.](image)

The remounting of preparations since 1800 and the loss of many through deterioration or bomb damage means makes it hard to assess the nature and form of the preparations.
as originally made. Most were preserved in alcohol; a smaller number (probably less than ten percent of the total) were mounted in oil of turpentine. The latter were generally preparations with fine or minute injections, where alcohol risked leaching or decolouring the pigment, or where the tissue itself was intended to be rendered transparent or translucent (e.g. RCSHC/P 719, Fig. 2). The proportion of injected preparations was also quite low, being no more than fifteen percent of the total. Most were wax or resin-based, and only one example of mercury injection is still preserved in this series (RCSHC/3201). There are several examples of preparations treated with acid to decalcify bone or enamel, among them sections of deer antler, elephant teeth and portions of the human mandible (e.g. RCSHC/170, Fig. 3; RCSHC/353 and 369).

Most surviving preparations are suspended on threads from the lips of the jars, holding the preparation centrally within the jar, as in Figure 1 above. This technique was widely used in the 18th century, and is described by Thomas Pole in his Anatomical Instructor of 1790. Other methods mentioned by Pole, such as the use of glass floats to suspend preparations in fluid, do not appear to have been used by Hunter. There are, however, examples of various types of mounts, such as mica sheets (e.g. RCSHC/1297) and ivory blocks with glazed inserts for very small specimens (e.g.

![Fig. 2. Minute injection of human intestine in oil of turpentine.](image1)

![Fig. 3. Section of deer antler, injected and decalcified.](image2)
RCSHC/3390, Fig. 4). Bristles or rods were commonly used to indicate features or passages within the tissue, as in Figure 5.

Perhaps the most unusual mount shows a female wagtail (*Motacilla lugens*) with her young (RCSHC/3788, Fig. 6). Here, a whole scene of the type more commonly found in taxidermy has been recreated in spirit. Why this technique was chosen is unknown, but it may reflect Hunter’s commitment to preserving the internal structures of the animals he was studying.

As well as reflecting Hunter’s interest in tracing the relationship between structure and function, the preparations illustrate the range of his interests. Some were the product of experimental research. They included investigations into bone growth in chickens and pigs (e.g. RCSHC/189 and 190), attempts at artificial or *in vitro* fertilisation in
pigs, asses and silk-moths (e.g. RCSHC/3545, 3546 and 2978), and experiments on the growth of germinating plants (e.g. RCSHC/2924). Often, preparations from similar animals were arranged in groups to demonstrate changes over time, such as the series illustrating the variation in the size of the testes of sparrows over the course of the year (RCSHC/2457-2462 Fig. 7).

Fig. 7. Series of sparrows (*Passer domesticus*), dissected to show variation in the size of the testes over the course of the year.

The same could be done with specimens mounted together in one container, as with a group of tadpoles and froglets pinned along a wire support (RCSHC/3282, Fig. 8).

Fig. 8. Tadpoles mounted in series to show growth.

As well as mounting techniques, the preparations also reveal the network of patrons, collectors, friend and dealers who supplied Hunter with material to dissect. A number of the preparations in these series are known to have come to Hunter via Joseph Banks, either in 1792 (when Banks transferred part of his zoological collection to Hunter) or before. Among them is the beak of a large squid (*Enoploteuthis cookii*) which was fished from the Indian Ocean by Banks and Daniel Solander during the
first Cook voyage in 1769 (RCSHC/308, Fig. 9). Hunter received the head and hand of a chimpanzee from Adam Afzelius (1750-1837), a Swedish naturalist and pupil of Linnaeus (RCSHC/1421 and 1424), and a zebra from Robert Clive (1725-1774), the former governor-general of Bengal (RCSHC/822, Fig. 5 above). Other individuals known to have supplied Hunter with material for the collection are the statesman William Petty, the first Marquess of Shelburne (1737-1805), who presented Hunter with the body of ‘a large black monkey’ (actually a gibbon, *Hylobates lar*, the larynx of which is preserved as RCSHC/1523). Some preparations came from animals kept by Hunter at Earl’s Court, while other were from the Royal Menagerie at the Tower of London, and from commercial dealers such as Joshua Brookes (d. 1802/3), father of the anatomist; George Bayly (d.c.1799), who kept a shop on the Haymarket; and William Gough (fl. 1780-1793), who ran a ‘bird and beast’ shop on High Holborn.

![Fig. 9. Beak of a giant squid, from Joseph Banks.](image1)

![Fig. 10. Fetal heart, injected and preserved in oil of turpentine.](image2)

In 1841 a series of 140 preparations from the Observatory at Kew was added to the collection. These had been made by Hunter, and were presented by him to the Royal Family (Dobson 1951b). Among them was a delicate injection of the blood vessels of a piece of human fetal intestine, and a dried and injected fetal heart preserved in oil of turpentine (still extant as RCSHC/723a and 3719a, Fig. 10). Other preparations were discarded, mainly due to deterioration: a few were offered as ‘Hunterian souvenirs’ to other medical schools in the 1930s. The bombing of 1941 resulted in uneven loss across this part of the collection, with some series (such as the Absorbent and Circulatory system) being decimated, while others (such as the ‘Products of Generation’) surviving intact. This may account for the relatively low proportion of injected preparations among the surviving part of the collection. Catalogues describing
the 979 remaining preparations were prepared by Jessie Dobson in the late 1960s (Dobson 1970-1971), and this data, with new descriptions, is now incorporated into the online catalogue of the collection.

**Dried preparations**

The absence of a significant number of dry preparations within the anatomy and physiology series reflects the organisation of the collection in Hunter’s lifetime and during the early decades of the College’s Hunterian Museum. As with the morbid anatomy (described below) wet and dry preparations appear to have been stored and displayed separately by Hunter. Clift’s initial survey of the collection, conducted in 1794, identified 5,786 wet preparations and 1,086 dry, but did not distinguish between normal and morbid structures. They were, however, catalogued separately in the series of printed catalogues. Part VI of the *Catalogue of the Contents of the Museum* (1831) covered ‘the vascular and miscellaneous preparations in a dried state’. In all, it listed 745 preparations, of which 621 were Hunter’s. They included human and comparative specimens, arranged according to bodily systems (e.g. circulatory system, absorbents, respiratory organs, digestive tract. Within each series, preparations were arranged in a descending sequence from humans to lower animals, but there is no evidence that this was derived from Hunter. Most preparations were injected either with wax or mercury. Examples include the heart of a white shark (*Carcharodon carcharias*) with a combined injection of red and yellow wax as well as mercury (RCSHC/DP 182, Fig. 11).

![Heart of a white shark, injected.](image)

Fig. 11. Heart of a white shark, injected.
There were also fifty-three corroded preparations, particularly of the liver and kidneys. Only two of these survive, one of which is the corpus spongiosum from the penis of a whale (RCSHC/DP 613, Fig. 12).

Fig. 12. Penis of a whale, injected with wax and corroded. The varnish has darkened, partially obscuring the colour of the injection.

Sadly most of the preparations have been remounted, and for most there is no record of the original mounts or stands used by Hunter. There is, however, one mercury-injected preparation of the unravelled epididymis of a boar, still preserved in a glazed gilt frame (RCSHC/DP 577, Fig. 13). It is likely that others in this series were also more elaborately mounted, partly for protection against damage from handling or pests, but also to showcase the skill involved in the manufacture of this class of preparation.

Fig. 13. Epididymis of a pig (Sus scrofa) injected with mercury.

Models and casts were included in the catalogue. Of the former, Hunter owned one, in ivory and glass, showing ‘the different coats and humours of the human eye’ (Clift 1831, No. 711). No wax models were listed from Hunter’s collection, but he did have several plaster casts, including the full size cast of an African man which was displayed in the Conversazione Room at Castle Street and a cast of the head and face of the African-born composer and writer Ignatius Sancho (1729-1780). There was also a plaster écorché of a Shetland pony given to Hunter by the Duchess of Gordon. None
of these casts or models have survived, but the African man and the pony are recorded in photographs of the Hunterian Museum from before 1941 (Fig. 14). Also listed in the catalogue was a small bronze écorché figure, of the type popular with artists in the late 18th century; again, this has not survived (Webb-Johnson 1949).

Fig. 14. Cast of an African man and cast of a Shetland Pony, both made by Antonio Sartini for John Hunter.

**Morbid anatomy**

The collection of morbid anatomy – gross pathology – has been seen as one of the most important parts of his museum. It was not, however, displayed in the museum proper in Hunter’s house in Leicester Square. Instead, the majority of the morbid preparations – a mixture of wet and dry mounts, and an extensive series of un-mounted dried bones – were stored and displayed in the lecture theatre in Castle Street, presumably so that they could be accessed more readily during lectures. Hunter’s manuscript lists cover only a small part of the collection. The majority were not listed during Hunter’s lifetime, although a number of them were referred to in his case-books, and many more are likely to have been labelled individually (some of these descriptions were recorded by Clift prior to their removal after 1806). As with the physiology series, wet and dry preparations were catalogued, and presumably housed, separately. Clift’s catalogues of 1830 record 1,084 wet and 625 dry preparations respectively. Again, both series include animals (and a very few plant specimens) as well as human remains, though the latter are in the majority. Typical examples include preparations of human bones showing osteomyelitis or the effects of syphilis (e.g. RCSHC/P 716, Fig. 15); dissections of the penis to show urethral stricture or other effects of venereal disease (e.g. RCSHC/P 30, Fig. 16); and dried preparations of the chest and limbs illustrating aneurysmal sacs (e.g. RCSHC/P 1205, Fig. 17).
As well as the standard techniques described earlier for the physiology series, the pathology collection includes examples of human remains modified for use in teaching, such as articulated bones of the arm and leg fitted with springs to show un-united fractures of the patella and olecranon (RCSHC/P 376, Fig. 18, and P 377).

Fig. 15. Human skull with syphilis. The appearance of this specimen would have been familiar to many non-medical spectators through the depiction of a similar skull in Plate 3 of Hogarth’s *Marriage A-la Mode* (detail, right).

Fig. 16. (Far left) Penis showing gonorrhea. The urethra has been exposed and is held open by bristles.

Fig. 17. Section of popliteal artery showing an aneurysm. The dried tissue is suspended on a wire from the top of the jar.

Fig. 18. Detail of the bones of the lower limb, mounted to show an un-united fracture of the patella. The ligamentous connection between the sections of the patella has been reproduced in gutta-percha, while metal springs and leather straps replicate the muscles and tendons.
Experimental preparations

Numerous preparations illustrating experimental researches were preserved, among them Hunter’s investigations into transplantation. Of these, a sectioned head of a cockerel (RCSHC/P 56, Fig. 19) is remarkable. It shows a human tooth, implanted into a cock’s comb, with both tooth and head sectioned sagittally. The blood vessels of the comb have been injected to show the vascularity of the tissue penetrating the pulp cavity of the tooth, giving the preparation a highly vivid appearance. The method of preparation is unknown, but achieving a clean section through both tooth and comb is difficult, even using modern techniques of deep-freezing and sawing.

Other specimens show experimental tenotomy, venesection and trephination in animals (RCSHC/P 1218, P 978, and P 636). Physical juxtaposition and co-mounting appear to have been used in this series to facilitate comparison between human and animal remains, as with a series of bones showing gun-shot wounds in asses and humans (RCSHC/P 338-343, Fig. 20), and a series of human and pig teeth illustrating dental caries (RCSHC/P 401, Fig. 21). The same technique was also used to provide visual evidence of the progress of diseases within the body, as with a series of preparations showing metastasis from a primary tumour in the thigh to the lungs and thorax (RCSHC/P 209-215).
Sources

Just over a hundred of the surviving preparations are from named individuals: it is likely that the names attached to others were lost, either before or after the move from Castle Street. The earliest dated specimen in the collection is the penis of George Robertson, executed at Tyburn in May 1753 (RCSHC/P 30, Fig. 16 above), while one of the last is the rectum of Thomas Thurlow, Bishop of Durham, who died in 1791 (RCSHC/P 192, see Fig. in main text). Seventy preparations are linked to St George’s Hospital, and are either tissues or organs removed by operation, as with the tumour of John Burley (RCSHC/P 216-8, Fig. 21), or from post-mortems on patients who died at the hospital. Hunter is known to have bought preparations at auction (e.g. RCSHC/P 804, Fig. 22) and to have received them as gifts, as with the preparation of an anal fistula sent by George Wilkinson, a surgeon in Sunderland (RCSHC/P 382).

Fig. 21. Part of a tumour removed from the jaw of John Burley at St George’s Hospital in 1785. The drawings of Burley before and after his operation were made by Hunter’s assistant, William Bell (RCSSC/HDB/4/2/387/1-2)

Fig. 22. The skeleton of Mr Jeffs, a man with the condition now known as fibrodysplasia ossificans progressive, purchased at the sale of George Hawkins’s collection in 1783 for eighty-five guineas.
Monsters

‘Monsters’, a term used in the late 18th-century to describe developmental abnormalities, was one of the categories included in John Hunter’s first manuscript catalogue of his collection in the 1760s (MS0189/2/12). This part of the collection was not identified separately in Haynes’s and Clift’s survey of 1794, but was described in the fifth volume of the Catalogue of the Contents of the Museum (1831). The collection was divided into wet and dry, of which there were 169 and 46 original Hunterian preparations respectively. Within these categories, the collection was classified under four headings based on Hunter’s own scheme (see E&O 1:248. n.3):

I. Preternatural situation of parts
II. Addition of parts
III. Deficiency of parts
IV. Combined addition and deficiency of parts

Among the items listed was the double uterus for which Hunter paid fifty guineas at Blackall’s sale in 1781, and the conjoined skull described by Everard Home in 1790, both of which are mentioned in Chapter 7 (the double uterus has since been lost, the skull is preserved as RCSHC/P 1535, Fig. 23).

The collection also contained a series of preparations illustrating free-martins in cattle, and the body and head (separately preserved) of a pheasant showing sex-reversal, both of which had been described by Hunter in his Observations on Certain Parts of the Animal Oeconomy in 1786 (reprinted in Works 4:34-49). The numbers of preparations in this series appears to have fluctuated in later catalogues, with preparations moved between this series and the general pathology collection. Today, twenty-six preparations survive.
Calculi

The term ‘calculi’ was used by Hunter to refer to all concretions occurring in, but separate from, the tissues of the body. In 1794 Clift estimated that there were about one thousand calculi in the collection. The collection was re-catalogued in the early 1840s by the surgeon Thomas Taylor (1814-1892), and the new descriptions were published in two volumes in 1842 and 1845. These suggest that there were 540 items, covering human and animal calculi. Part of the decrease can be accounted for by changes in cataloguing. For example, Hunter had included pearls within his original series, but these were later reclassified to become part of the series of invertebrates (see below). According to the author of the 1842 catalogue, Hunter had not classified his collection other ‘than by simply referring them to the different organs from which they were taken’ (Taylor 1842, iii). In the new catalogue they were arranged chemically, and also according to the source (human or animal) and location. Some of the human urinary calculi were, however, accompanied by case histories, a few of which survive and were transcribed. All of the calculi from Hunter’s collection were lost in 1941.

Osteology

No lists or catalogues of Hunter’s preparations of normal human or animal skeletons were made during his lifetime. The collection was described in print for the first time in 1830, as the third volume in the series of catalogues of the museum. It listed 963 Hunterian preparations, arranged in a descending series from humans to amphibia. By 1853, when the second edition of the catalogue was produced, this number had increased to 1,431, of which 113 were human. According to the author, Richard Owen:

The additional Hunterian specimens have been derived from the stores of the original collection, which contained skeletons, more or less complete, of animals dissected by Hunter and preserved in an un-articulated state. (Owen 1853, iii)

The increase was also due to changes in cataloguing practice, with individual bones from disarticulated skeletons listed separately rather than as one entry. Unlike the first catalogue, Owen’s catalogue reversed the series, arranging them in ascending order with apes, non-European humans and finally British human skeletal remains forming the conclusion.

It is hard to get a sense from the catalogues as to which skeletons were articulated before Hunter’s death, and which were mounted up afterwards. As well as complete skeletons, there were numerous specimens of separate bones, including some bisected
to show the internal structure and hinged with wire loops (e.g. RCSHC/Osteo. 209, Fig. 24).

Among the other human preparations was the skeleton of Charles Byrne (RCSHC/Osteo. 223); skeletons and skulls showing the development from fetus to adult; and a series of skulls illustrating variations in age and racial type. The latter included several from New Holland and New Zealand, some of which were brought back from the Cook voyages. There were also about sixty preparations illustrating the development, diseases and structure of human and animal teeth, many of which had been figured in Hunter’s books on The Natural History of the Human Teeth (1771) and The Diseases of the Teeth (1778) (reprinted in Works, vol. 2). As with the preparations in the physiology collection, the mounting together of remains from different individuals was used to convey an impression of progressive development, as in the series of mandibles below (RCSHC/T 64, Fig. 25). Fifty-eight of these survive today, together with fifty-two other preparations of human osteology.

The animal skeletal remains include the skulls of kangaroos, wallabies and other marsupials from Joseph Banks and John White, and the skulls of two Indian elephants ‘which died in Pimlico, and were presented by the Queen’. Partial skeletons of the Irish Elk (Megaloceros giganteus, RCSHC/CO 1594) and nilgai (Boselaphus
tragocamelus, RCSHC/CO 1347) are still preserved in the collection: both animals were the subjects of investigations by William Hunter, in which he referred to his brother’s expertise in comparative anatomy (W. Hunter 1771; Rolfe 1983). The largest skeletons in the collection were those of a killer whale (Orcinus orca), a minke whale (Balaenoptera acutorostrata) and a bottlenose whale (Hyperoodon ampullatus), all of which had been dissected by John Hunter. The skull of a Greenland whale (Balaena mysticetus), formerly displayed in the yard between Castle Street and the museum building, was also displayed, but other large whale bones are known to have been left in situ at Earl’s Court (Merriman 1890, 46). None of these skeletons survived the bombing of 1941.

**Fossils**

In 1794, Clift estimated that there were 3,300 fossils in the collection. These (with many subsequent additions) were described in four printed catalogues published between 1845 and 1856. The catalogues identified 184 plants, 2,092 invertebrates, 351 reptiles and fishes and 330 mammals as being from Hunter’s collection, giving 2,957 in total – close to Clift’s original estimate. Many of the fossils were originally accompanied by notes describing collection locations, and over half were from continental Europe. Hunter is known to have purchased fossils at the sales of the dealer George Humphreys in 1779 and the musician and conchologist Arthur Neilson in 1785. Other sources mentioned in the catalogues include ‘Dr Mason’s sale’ (possibly that of Dr Charles Mason, a clergyman and geologist, who died in 1771). Several specimens of fossil mastodons from the Ohio River are recorded: these may have been among the remains sent to William Hunter in 1768 and described (with John’s help) in the Philosophical Transactions (W. Hunter 1768). The catalogue of mammals also included the fossil bear skulls presented to the Royal Society by the Margrave of Anspach in 1793, and described by John Hunter in a posthumous paper to the Society’s Transactions in 1794 (reprinted in Works 4:470-480). There was some overlap between the collection of mammal fossil remains and the osteology series, and at different times specimens appear to have been moved between the two. Owen noted that before the recataloguing many of the fossils were housed in trays ‘with the corresponding part of the nearest allied existing animal’ (Owen 1854, iii). These recent bones were probably transferred to the osteology collection, and account for part of the increase in numbers of that series between the 1830s and 1853 (see above).
Only fourteen fossils remain, of which the most important is the type specimen of _Protorosaurus speneri_ (RCSHC/Fossil Reptiles 308, Fig. 26). It was first described by the German physician and collector Christian Maximilian Spener (1678-1714). Spener received the specimen from his brother John Jacob Spener (1669-1692) who had been given it by a friend who was Inspector of Mines in Thuringia where the specimen was found. The geologist and physician John Woodward (1665-1728), author of _The Natural History of the Earth_, bought the specimen in 1714 when Spener’s collection was sold. It was subsequently sold to George Humphrey and was purchased by Hunter at the sale of Humphrey’s collection in 1779.

**Dried plants and invertebrates**

John Hunter does not seem to have kept an extensive _hortus siccus_ or entomological cabinet, at least compared to his brother or contemporaries such as John Fothergill. Nevertheless he did have a modest collection of dried plant specimens and insects, and a more substantial collection of shells. They were not catalogued in Hunter’s lifetime, nor were they identified separately in Clift’s appraisal of 1794. Even the _Synopsis_ of 1845 was vague on the extent of these parts of the collection, listing only 1,343 items of ‘natural history’, which presumably included specimens in spirit (see below). John Queketts’s printed catalogue of 1860 does, however, include more details (_Catalogue of Plants and Invertebrates_ 1860). Of the plants, 371 specimens were described as Hunterian, including a number of corallines (a form of algae) from the collection of the naturalist John Ellis (1705-1776). These had been purchased by Hunter at the sale of Ellis’s collections in 1791. Other notable items included a series of specimens from fruit trees (probably those at Earl’s Court) on which Hunter had conducted experiments by removing strips of bark. Also listed under ‘plants’ were several
examples of woven bark or plant-fibre fabrics from the Pacific Islands, collected by Joseph Banks and Daniel Solander on Cook’s first voyage.

For the invertebrates, no separate count of the Hunterian specimens was given, but there were probably about seven hundred in total. Again, there were important specimens of zoophytes and corals from John Ellis’s collection, as well as some sent from Sumatra by Hunter’s former assistant, William Bell (Catalogue 1860, Cat. No. 172). There were several dozen specimens of pearls, transferred from the old ‘Calculi and Concretions’ series. Some were probably from Hunter’s own mussel-beds in his ponds at Earl’s Court. Another was an unusual specimen of showing four pearls formed artificially by inserting a wire into a mussel (No. 435). This was purchased by Hunter at the auction of the Duchess of Portland’s collection in 1786. Other items known to have come from the same sale included a branch of *Isis hippuris*, a fan coral, described by George Humphreys as ‘extremely rare’ (No. 174). Shells formed a significant part of the collection. Although few sources were identified, Hunter is known to have purchased numerous specimens at Humphrey’s sale in 1779. The annotated catalogue for this sale also shows that Anne Hunter made several purchases of shells, though whether these were for herself or for her husband’s collection is not clear (Paterson 1779, copy at NHM SB q HUM).

None of Hunter’s dried specimens of plants or invertebrates survive, but there are three specimens in the Hunterian pathology series that are similar. Two illustrate the effects of ringing on tree branches, while the third shows a fresh-water mussel shell that has been fractured and repaired (RCSHC/P 186-7 and P 134).

**Natural history**

In the preface to the second part of catalogue of *Preparations of Natural History in Spirit* (1859) the compiler (probably Richard Owen) described it as one of the ‘Three Great Divisions of Preparations in Spirit,’ the others being physiology and morbid anatomy. He added that it consisted ‘for the most part of entire or undissected animals,’ and had ‘originated in the preservation of natural objects transmitted to Mr Hunter for the purposes of dissection’. Owen also acknowledged that:

> it does not appear, however, that they [the series] were at any time instrumental in illustrating [Hunter’s] opinions of the natural disposition and relations of the several classes of animals; no other conclusion, indeed, could be drawn from their original position, than that they were intended to have been displayed in the Ascending order.

By the time Owen was writing, the collection had undergone significant reorganisation and rationalisation. The material owned by Hunter and classified as ‘Natural History’
was recorded in a manuscript catalogue prepared by William Clift in about 1812 (RCS Lib. MS0007/1/1/1/8). This contained 1,400 (mostly wet) preparations in the ‘First Series – General Zoology’, 343 preparations (a mixture of wet and dry) in the ‘New Holland Division’, and eighty-seven ‘Stuffed Animals’. In 1830, a printed catalogue of the plants and invertebrates in spirits was published, containing 614 Hunterian specimens. Some were probably purchased at the sale of John Ellis’s collection, such as a specimen of whale skin with several barnacles attached (RCSHC/X 17, Fig. 27), which was figured by Ellis in a paper to the *Philosophical Transactions* in 1758. Forty-four specimens are identified by the initials ‘J.B.’ as being from the collection of Joseph Banks, presented to Hunter in 1792: some of these are annotated as being from the Endeavour voyage of 1768-1771 (e.g. RCSHC/X 7, Fig. 28), but others are likely to have been acquired by Banks from other sources. Sixty-seven of the specimens survive.

The second volume, covering vertebrate animals, was not published until 1859. It contained only specimens of natural history in spirit, numbered sequentially from 1 to 862, but Hunter’s original preparations were not identified. According to the preface, there had been 1,025 specimens at the time of the transfer, in the following categories:

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fishes</td>
<td>435</td>
</tr>
<tr>
<td>Reptiles</td>
<td>316</td>
</tr>
<tr>
<td>Birds</td>
<td>184</td>
</tr>
<tr>
<td>Mammals</td>
<td>90</td>
</tr>
</tbody>
</table>

The authors noted that since 1800 over four hundred duplicate specimens (including all of the taxidermy mounts) had been sent to the British Museum. These included the skins of the giraffe presented by William Paterson, the hippopotamus brought back
from the Cape by Edward Riou in 1790, and a polar bear, the source of which was not recorded. The remainder were mostly birds, from the collection of Joseph Banks. A few of these have been traced in the collections of the Natural History Museum in Tring (Steinheimer 1993).

Of the preparations in spirit many also probably came from Banks; others came from John White and Alexander Russell, for whom Hunter carried out dissections. None of these specimens have survived.

**Microscope slides**

At the sale of the *Museum Falconarianum* in 1778 John Hunter purchased ‘an elegant mahogany inlaid cabinet…containing about 300 microscopical objects from curious anatomical preparations, spread upon glasses, and enclosed in glass tubes hermetically sealed’ (Paterson 1778b, 39). These were the only microscopic preparations that Hunter owned. Although Hunter owned a microscope (see below), it played little part in his work. In his *Treatise on the Blood, Inflammation and Gunshot Wounds* (1794) Hunter recorded that ‘I am led to believe that we may be deceived by the appearances viewed through a magnifying glass’ (*Works*, 3:60). Nevertheless he was aware of Hewson’s reputation in this field, for the slides were referred to in three papers on the blood published by Hewson in the *Philosophical Transactions* in 1771. Ninety-seven of the slides survive, of which forty-nine are wet cylinder mounts (e.g. RCSHC/Hewson/12, Fig. 29). The remainder are plate slides (e.g. RCSHC/Hewson/G1, Fig. 30).

![Image of microscope slide](image-url)

**Fig. 29.** (above) Villi from the human intestine, injected.

**Fig. 30.** (left) Part of the chorion from a fetus, injected.
Paintings, prints and other works of art

After his death John Hunter’s collection of works of art was divided between those deemed to be an intrinsic part of the museum (about twenty-seven paintings, plus a series of folios containing about nine hundred drawings); and those which were considered as separate to it (about 150 paintings, seven hundred prints, plus some busts and other pieces of sculpture). The latter were sold at auction in 1794, and only the former were retained. As a result John Hunter’s activities as an art collector have been rather neglected, especially in comparison to his brother William. For the material that was sold, only the Christie’s catalogue offers any guide as to what Hunter owned (Christie 1794b). As with all 18th-century auction catalogues the entries are brief and (it must be assumed) not necessarily correct in their attributions of artists. The paintings kept with the museum were described in two manuscript catalogues made by William Clift in 1816 and 1820 (RCS Lib. RCS MS.0007/1/4/4/1 and 2). Both were based largely on Clift’s own recollections, and anecdotal evidence supplied by Hunter’s former friends and students. Published catalogues were not produced until the 20th century: of these, William Le Fanu’s catalogue of 1960 is the most detailed (Le Fanu 1960).

Paintings

It is difficult to judge the quality of John Hunter’s collection of paintings based solely on those that survive in the Hunterian Museum, and the Christie’s sale catalogue. The former were presumably chosen primarily because of their subject matter, and are unlikely to have been of broad appeal. They divide into two groups: paintings of animals (mostly paintings conceived as works of natural history, but including two still-lifes featuring game animals); and portraits of individuals of different races, or exhibiting other physical appearances that could be considered as unusual, such as albinism or dwarfism. Among the former were three works by George Stubbs, including Warren Hasting’s yak and a rhinoceros belonging to Thomas Clark, a menagerie-keeper in the Strand (RCSSC/P 268 and P 267, Fig. 31). The portraits included a ‘Chinese Mandarin’ (actually the sculptor Tan Che Qua, who lived London from 1769 to 1772), unsigned but now firmly attributed to John Hamilton Mortimer (RCSSC/P 242, Fig. 32), and a ‘Woman of Labrador’ (Caubvick, one of the party of five Inuit who visited London in 1773, and who dined with John Hunter) by an unknown artist (RCSSC/P 243). Only two pictures were explicitly anatomical: a painting of a skull, attributed to William Cheselden (RCSSC/P 260), and a view ‘by Hogarth’ of a dissected pelvis, which is now lost.
The paintings sold in 1794 can be identified only from the sketchy descriptions in the sale catalogue. Including those in the museum, the collection can be broken down by genre as follows:

- Landscapes: 62
- Portraits: 36
- Genre scenes: 23
- History paintings: 16
- Natural history/still life: 13
- Anatomical: 2

The majority of those which are identifiable were by British artists (102 out of 154), and almost half were painted after 1750.
Artists who were well-represented in the collection included George Barrett, Paul and/or Thomas Sandby, Joseph Wright of Derby, William Marlow. Many of the artists, such as Reynolds, George Stubbs, Phillip James de Loutherbourg, Robert Home, John Hamilton Mortimer, William Hodges, Johann Zoffany and Thomas Gainsborough, were known to Hunter personally, either through the Royal Society, the Society of Artists, or (as in the case of Gainsborough) as patients. In general John Hunter appears not to have shared his brother’s taste for old masters or modern French painting. There were some notable exceptions, however: a ‘Virgin and Child’ attributed to Carlo Dolci (1616-1687) sold for 106 guineas, far and away the most expensive item in the sale.

Aside from the portraits in the museum, mentioned above, and those showing himself, Hunter owned ten portraits of other medical men, all of whom were physicians (see Ch. 10). Perhaps the most interesting portraits were two by Joshua Reynolds, of the actress and courtesan Nelly O’Brien (d.1768) and the colonial administrator John MacPherson (d.1821), both well-known but controversial society figures.

**Prints**

Hunter’s print collection was also strongly biased towards contemporary British works. The engravings of William Sharp (who engraved Hunter’s portrait) and William Woollett (a patient of Hunter’s) were well represented, as were those of Francesco Bartolozzi. Many of the artists included among the paintings were also represented in print: they included Benjamin West, Joshua Reynolds, and George Stubbs. The most significant group of works were by Hogarth: many of them had been purchased at the sale of Hogarth’s widow’s property.

Listed under the heading ‘Books of Prints’ were a folio of the works of John Hamilton Mortimer, containing proofs of his own etchings as well as those by Robert Blyth; three volumes of Antoine Watteaux’s works; George Richardson’s *New Designs in Architecture* (1792); and two volumes of William Hamilton’s *Antiquités étrusques*. There were no medical engravings listed, but the sale did include sixty-seven prints...
from William Curtis’ *Flora Londinensis* (published from 1777 onwards) and the plates accompanying the account of Cook’s third voyage.

**Sculpture**

Hunter owned portrait busts of Newton, Shakespeare, William Harvey, and William Hogarth (the latter by Roubiliac, and now in the National Portrait Gallery). Also listed in the Christie’s sale catalogue are a set of eight busts of classical figures (‘Homer, Cicero &c.’) and plaster casts of the Venus de’ Medici and the Dancing Faun. The latter were copies after the originals in the Uffizi ‘Tribuna’ and commonly sold as a pair in the 18th century (Penny 1981).

**Drawings**

Only a dozen or so drawings are listed in the Christie’s catalogue, including three (of unknown subjects) attributed to John Hamilton Mortimer. However, John Hunter had a collection of over nine hundred drawings and watercolours of anatomical and natural historical subjects which were preserved with his museum. Parts of the collection were listed by William Clift in the 1830s, and an overview of the collection was provided by William Le Fanu (1978). It includes several works by Jan van Rymsdyk, the earliest of which date back to the 1750s, as well as numerous drawings by William Bell, who served as Hunter’s draughtsman for over a decade (e.g. RCSSC/HDB/3/1/848/2 and 4/1/362A/1, Figs. 33 and 34). Other artists represented in the collection include Joseph St Aubin (fl. 1790s), Bell’s replacement, and the painter Sawrey Gilpin (1733-1807), who was – like Stubbs – noted for pictures of animals.

![Fig. 33. Male pelvis, showing congenital deficiency of the vas deferens, by Jan van Rymsdyk, c. 1755.](image)

![Fig. 34. Head of a femur with osteomalacia (case of Frederick Cornwallis, Archbishop of Canterbury), by William Bell, 1783.](image)
Some parts of the collection were evidently purchased from other sources, including series of drawings of fish and plants, as well as many known to have come from the collection of John Ellis, or to have been made after Ellis’s death to illustrate his posthumously published *Natural History of Zoophytes* (1786). Others are believed to have come from the collection of James Douglas (e.g. RCSSC/HDB/2/1/105A/1, Fig. 36). A number of the drawings – particularly those showing morbid anatomy – are accompanied by notes of cases or other descriptions, a source which William Clift drew upon when compiling the first published catalogues for the Hunterian Museum.

‘Miscellaneous Curiosities’

The heading above was applied to the third day of Christie’s sale, which comprised 144 lots of assorted objects (Christie 1794b). They included a ‘large aviary’, as well as various items of exotic manufacture, such as ‘sundry garments, ornaments, belts, purses &c. from the country of the Esquimaux’, various implements from New South Wales and the South Seas and a selection of Indian and Chinese weapons. No sources are recorded, but many were presumably acquired through Hunter’s friendship with Cook and the various naturalists who accompanied him on his voyages. The items from Labrador and other regions of Canada may have been procured through George Cartwright (1739-1819), a merchant who visited London with a party of five Inuit in 1773, and who took them to dinner at John Hunter’s house in Jermyn Street. Several of the items in this part of the sale were described as the property of historical figures,
such as a sword belonging to Charles I, and a ‘curious turning lathe’, formerly owned by the Duke of Cumberland. Contemporary decorative items included a set of Wedgwood Etruscan-ware ornaments, numerous pieces of lacquered furniture and several Chinese porcelain figures. There was also a selection of philosophical instruments, including two electrical machines, a concave mirror on a stand, an air-pump and a microscope.

**Books**

Hunter’s library was sold by Christie in 1794 (Christie 1794c). The sale catalogue includes over 182 works, not all of which are individually identified. As George Qvist has noted, the library suggests that Hunter was rather more widely read than he claimed, but by the standards of contemporaries such as John Fothergill or William Hunter his library was modest. As well as the expected British medical books and journals, Hunter owned several of Albrecht von Haller’s works in Latin and Georges Arnaud de Ronsil’s *Memoires de Chirurgie*, in French but few other continental authors. He had a significant number of books relating to natural history, including Buffon’s *Histoire Naturelle*, a set of Linnaeus’s works, Emanuel Da Costa’s *Natural History of Fossils* (1757) and *Elements of Conchology* (1778), and Francis Willughby’s *Ornithology* (1678). The latter was one of the few books in his collection published before 1700: the majority were modern authors, and there was only one classical text, a copy of Virgil’s works. Topography and travel accounts were better represented, with sets of Cook’s first and second voyages, William Hodges’s *Travels in India* (1793); John White’s *Journal of a Voyage to New South Wales* (1790) and William Paterson’s *Narrative of Four Journeys into the Country of the Hottentots* (1789). All of these authors were personal acquaintances of Hunter’s, and the books may have been presented rather than purchased. Personal acquaintance was probably also one of the reasons for ownership of several books by the architect and draughtsman George Richardson (d. 1813), who was known to have carried out building works for John Hunter (see Chapter 9). Some of the books are known to have been gifted to Hunter, including Adam Smith’s *Wealth of Nations* which was, with the same author’s *Theory of Moral Sentiments*, one of the few philosophical works in the collection. Hunter owned David Hume’s *History of England* (1778), but none of Hume’s philosophical treatises are listed in the sale catalogue. Other histories owned by Hunter included those by William Robertson (1721-1793), William Guthrie (d.1770) and Tobias Smollett (1721-1771), all fellow Scots, and contributors to a burgeoning discourse of ‘British’ identity (Colley 1992, 121). Singularly absent from
the auction catalogue are any works of literature, though it is possible that any such books were retained by Anne Hunter.

Minerals

Hunter’s collection of minerals was sold by Hassell Hutchins in 1794. No details of the collection are known, but William Clift recorded that the sale raised £53 15s. (RCS MS 0007/4/1).
Appendix 7: Anatomical auctions 1758-1800

References to specific copies of sale catalogues with annotated buyers’ names and/or prices are indicated in the text.

<table>
<thead>
<tr>
<th>Seller</th>
<th>Date</th>
<th>Auctioneer</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>John Douglas, d. 1758, surgeon</td>
<td>1758</td>
<td>Not known</td>
<td>46 lots of preparations, 373 lots books. Sold at house over two days. Total raised £14 (Douglas 1758, copy at RCS Lib. Tracts 1387/1, with prices, some names).</td>
</tr>
<tr>
<td>Myddelton, Starkey, d. 1759, surgeon-turned-physician, man-midwife</td>
<td>1759</td>
<td>Not known</td>
<td>Reference from William Shippen’s diary only: no advertisements or catalogue found (Corner 1950, 135).</td>
</tr>
<tr>
<td>Robert Withy (formerly collection of Charles Jenty, fl 1735-1765, man-midwife)</td>
<td>1766</td>
<td>Paterson</td>
<td>Mainly printseller’s stock, includes 13 lots of preparations and casts used by Jenty (Paterson 1766, copy at BL C.131.ff.20.4).</td>
</tr>
<tr>
<td>William Partridge, d. 1766, surgeon-apothecary</td>
<td>1766</td>
<td>Not known</td>
<td>144 lots of preparations (99 dry, 45 wet), 45 lots of instruments. Sold at house over two days (Partridge 1766, copy at RCP SL Tr. 34, with some names and prices).</td>
</tr>
<tr>
<td>‘A surgeon who has declined lecturing’ (David Bayford, 1739-1790, surgeon)</td>
<td>1769</td>
<td>Paterson</td>
<td>194 lots of preparations, some instruments. Sold at auctioneers’ rooms over two days. Total raised £114 (Paterson 1769, copies at RCS Lib. Tr. 1387/6 and BL RB.23.a.19426, with prices, some names).</td>
</tr>
<tr>
<td>Name</td>
<td>Year</td>
<td>Auctioneer</td>
<td>Description</td>
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<tr>
<td>Stephen Gritts, late of Stepney, deceased</td>
<td>1776</td>
<td>Warre</td>
<td>Advert only. Sale included ‘a great variety of curious shells, corals, ores, minerals, insects, animals and Anatomical preparations in Spirits, &amp;c.’ Sold at Auctioneer’s rooms (Daily Advertiser, 13 May 1776).</td>
</tr>
<tr>
<td>‘A physician and FRS’ (probably Frank Nicholls, 1699-1778, anatomist)</td>
<td>1778</td>
<td>Paterson</td>
<td>337 lots minerals/fossils; 74 lots preparations; 189 lots books. Sold at auctioneer’s rooms over three days. Total for preparations £39 (Paterson 1778a, copy at RCS Lib. Tr. 1387/9 includes prices for preparations).</td>
</tr>
<tr>
<td>‘Museum Falconarianum’ Magnus Falconar, 1754-1778, surgeon and anatomy teacher (formerly collection of William Hewson)</td>
<td>1778</td>
<td>Paterson</td>
<td>782 lots of preparations, 92 lots natural history, 85 lots furniture, instruments, display fittings. Sold at auctioneer’s rooms over ten days. Total raised £910 (Paterson 1778b, copy at NHMZL 8° Sale Cat. of Nat. Hist, vol. 3, with some names and full prices).</td>
</tr>
<tr>
<td>Andrew Blackall, 1754-1781, surgeon and anatomist</td>
<td>1781</td>
<td>Winstanley</td>
<td>297 lots of preparations, 16 lots of instruments, 111 lots of books. Sold at house. Total raised by preparations £280, inc. £52 for one lot (Winstanley 1781, copy at NHMZL 8° Sale Cat. of Nat. Hist, vol. 3 with names/prices). The sale was advertised as being over three days, with furniture on the first day and preparations and books on the two days following (Morning Chronicle and London Advertiser, 30 April 1781).</td>
</tr>
<tr>
<td>‘A gentleman (Gone to the West Indies)’</td>
<td>1781</td>
<td>Paterson</td>
<td>71 lots of preparations. Sold at auctioneer’s rooms. Total raised £23 (Paterson 1781, copy at RCS Lib. Tr. 1387/10, with prices).</td>
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<tr>
<td>Name</td>
<td>Year</td>
<td>Auctioneer</td>
<td>Description</td>
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<tr>
<td>George Hawkins, 1735-1783, surgeon</td>
<td>1783</td>
<td></td>
<td>156 lots of preparations, 19 miscellaneous lots (instruments, works of art), 32 lots of books. Sold at auctioneer’s rooms over two days. Total raised £240 (Hutchins 1783, copy at NHMZL 8° Sale Cat. of Nat. Hist, vol. 3, with prices).</td>
</tr>
<tr>
<td>‘An ingenious surgeon’</td>
<td>1783</td>
<td>Hutchins</td>
<td>171 lots of preparations, 17 lots of natural history and fittings. Sold at auctioneer’s rooms over two days. Total raised £237 (Hutchins 1785, copy at NHMZL 8° Sale Cat. of Nat. Hist, vol. 3, with prices, a few names. Lynn is identified in ms. on the title page).</td>
</tr>
<tr>
<td>‘An eminent surgeon, deceased’.</td>
<td>1787</td>
<td>Hutchins</td>
<td>27 lots of preparations, 48 lots of prints, 24 lots of natural and artificial curiosities, 6 lots of fittings. Sold at auctioneer’s rooms. Total raised £18 (Hutchins 1787a, copy at RCS Lib. Tr. 1387/11, prices for preparations only).</td>
</tr>
<tr>
<td>‘An eminent Professor of Anatomy’</td>
<td>1787</td>
<td>Hutchins</td>
<td>1328 lots in total, c.1200 lots of preparations. Sold at auctioneer’s rooms over 13 days. Total raised £910 (Hutchins 1787b, copy at JRLUM GO 5504.3, with prices).</td>
</tr>
<tr>
<td>Philip Pitt Walsh, 1761-1787, physician and man-midwife</td>
<td>1788</td>
<td>Hutchins</td>
<td>Advert only. Preparations, optical instruments and books mentioned. Sold at auctioneer’s rooms over two days (The Times, 30 April 1788).</td>
</tr>
<tr>
<td>‘A Naval Surgeon, deceased’</td>
<td>1789</td>
<td>Hutchins</td>
<td>Advert only. Preparations, shells and fossils mentioned. Sold over two days at auctioneer’s rooms (The Times, 10 December 1789).</td>
</tr>
<tr>
<td>Thomas Seymour, d.1789, apothecary</td>
<td>1789</td>
<td>Willcock</td>
<td>Advert only. Household goods, mathematical and surgical instruments and ‘dry and wet anatomical preparations mentioned. Sold over two days at his house at 18 Jermyn Street (Whitehall Evening Post, 23 July 1789).</td>
</tr>
<tr>
<td>Name</td>
<td>Year</td>
<td>Advert</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------------</td>
<td>------</td>
<td>--------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>John Hall, c.1760-1797, surgeon</td>
<td>1790</td>
<td>Hutchins</td>
<td>196 lots of preparations, with some interspersed lots of fittings. Sold over two days at auctioneer’s rooms. Total raised £80 (Hutchins 1790, copy at RCS Lib. Tr. 1387/11, with prices. Hall is identified in ms. on title page).</td>
</tr>
<tr>
<td>‘A Gentleman, gone abroad’</td>
<td>1791</td>
<td>Greenwood</td>
<td>Advert only. Household furniture, some ‘valuable physical books; a fine prepared skeleton; wet and dried anatomical preparations’. Sale on the premises at 49 Great Portland Street (Morning Post and Daily Advertiser, 6 September 1791)</td>
</tr>
<tr>
<td>John Leake, 1729-1792, surgeon, man-midwife</td>
<td>1792</td>
<td>Hutchins</td>
<td>Advert only. Household property and natural history collection sold separately to anatomical preparations (Morning Chronicle, 19 September 1792).</td>
</tr>
<tr>
<td>‘An apothecary’</td>
<td>1795</td>
<td>Winstanley</td>
<td>Advert only. Described as the ‘stock in trade of an apothecary’, including anatomical preparations. Sold on the premises (The Times, 1 October 1795).</td>
</tr>
<tr>
<td>‘Lately the property of a German professor’</td>
<td>1796</td>
<td>King</td>
<td>Advert only. A ‘select and Compleat collection of diseased bones’ and ‘near an hundred fine preparations preserved in spirits’. Sold at auctioneer’s rooms (Daily Advertiser, 18 May 1796).</td>
</tr>
<tr>
<td>‘A teacher of anatomy’</td>
<td>1797</td>
<td>Hutchins</td>
<td>Advert only. Described as anatomical preparations and books. Sold at auctioneer’s rooms (The Times, 10 July 1797).</td>
</tr>
<tr>
<td>Name of Sale</td>
<td>Year</td>
<td>Advertiser</td>
<td>Description</td>
</tr>
<tr>
<td>--------------</td>
<td>------</td>
<td>------------</td>
<td>-------------</td>
</tr>
<tr>
<td>Edward Kimpton, d.1796, surgeon</td>
<td>1797</td>
<td>Edwards</td>
<td>Advert only. Described as ‘household furniture, anatomical preparations, books, wearing apparel, musical instruments’. Sold at Plasterer’s Hall (<em>The Times</em>, 30 January 1797).</td>
</tr>
<tr>
<td>‘Effects of a Gentleman, deceased’</td>
<td>1800</td>
<td>Postan</td>
<td>Advert only. Included anatomical preparations, skeletons, anatomy texts and instruments. The sale took place on the premises at 33 Somerset Street, Portman Square (<em>Morning Chronicle</em>, 17 July 1800).</td>
</tr>
</tbody>
</table>
Appendix 8: Locations for William and John Hunter

8.1 William Hunter – residences and lecture/dissection rooms, 1740-1783

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Main residence</th>
<th>Lecture/dissection rooms</th>
<th>Other locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1740-1741</td>
<td>William Smellie’s house, Pall Mall</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1741-1746</td>
<td>James Douglas’s house, Red Lion Square</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>1746-1749</td>
<td>Mrs Douglas’s house, Hatton Garden</td>
<td>1746-1756: Little Piazza, Covent Garden³⁴⁴</td>
<td></td>
</tr>
<tr>
<td>1749-1756</td>
<td>No. 1, Great Piazza, Covent Garden</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1756-1768</td>
<td>42 Jermyn Street</td>
<td>1756-1761: Great Piazza, Covent Garden</td>
<td>1761-1762: No lectures given</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1762-1763: Chelsea China Warehouse, Haymarket</td>
</tr>
<tr>
<td>1768-1783</td>
<td>16 Great Windmill Street</td>
<td>From Oct. 1767: Great Windmill Street</td>
<td></td>
</tr>
</tbody>
</table>

³⁴⁴ Dobson suggests that William Hunter dissected and taught in Great Piazza, but the evidence of Peachey indicates that Hunter maintained two premises during this time.
### 8.2 John Hunter – residences and lecture/dissection rooms, 1749-1761

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Main residence</th>
<th>Lecture/dissection rooms</th>
<th>Other locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1748</td>
<td>Mrs Douglas’s house, Hatton Garden</td>
<td>1748-1759: Assisting William Hunter</td>
<td></td>
</tr>
<tr>
<td>1749-1756</td>
<td>Covent Garden(^{345})</td>
<td></td>
<td>1749: pupil, Chelsea Hospital</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1751: pupil, St Bartholomew’s Hosp.(^{346})</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1754: pupil, St George’s Hosp.(^{347})</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>1755: St Mary’s Hall, Oxford</td>
</tr>
<tr>
<td>May-Oct.</td>
<td>St George’s Hospital(^{348})</td>
<td></td>
<td>1756: pupil, St George’s Hosp.</td>
</tr>
<tr>
<td>1756</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1756-1760</td>
<td>Great Piazza, Covent Garden(^{349})</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1760-1761</td>
<td>?Earl’s Court(^{350})</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

\(^{345}\) Peachey suggests that John Hunter remained in Little Piazza, perhaps as resident superintendent of the dissection room (Peachey 1924, 92).

\(^{346}\) There is no separate record of this, but Peachey notes that the hospital records are incomplete for this period.

\(^{347}\) Hunter enrolled for a term in 1754, and again in March 1756.

\(^{348}\) Hunter served a five month spell as resident house surgeon at St George’s after his second 3-month term as pupil (Dobson 1969, 34).

\(^{349}\) After William Hunter moved to Jermyn Street, the Little Piazza rooms were given up and teaching and dissection moved to Great Piazza.

\(^{350}\) Peachey suggests that Hunter moved to a house at Earl’s Court, perhaps to recuperate from pneumonia. The date of his leaving William Hunter’s school is given as 1759 by Hunter himself, but he does not appear in the rate books for Earl’s Court until the second part of 1760 (Peachey 1924, 135).
### 8.3 John Hunter – residences and lecture/dissection rooms, 1761-1793

<table>
<thead>
<tr>
<th>Date(s)</th>
<th>Main residence</th>
<th>Lecture/dissection rooms</th>
<th>Other locations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1761-1763</td>
<td>Army service in France and Portugal</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>1763-1766</td>
<td>?Great Piazza, Covent Garden[351]</td>
<td>–</td>
<td></td>
</tr>
<tr>
<td>1766-1768</td>
<td>30 Golden Square[352]</td>
<td>–</td>
<td>1766-1793: Earl’s Court[353]</td>
</tr>
<tr>
<td>1768-1783</td>
<td>42 Jermyn Street</td>
<td>1770-1773: St George’s Hospital[354]</td>
<td>1768-1793: Surgeon, St George’s Hosp.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1773-1776: 42 Jermyn Street[355]</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1776-1778: 16 Great Windmill Street</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>1779-1782: 28 Haymarket</td>
<td></td>
</tr>
<tr>
<td>1783-1793</td>
<td>28 Leicester Square</td>
<td>1783-1793: 13 Castle Street[356]</td>
<td></td>
</tr>
</tbody>
</table>

---

[351] Dobson suggests that John Hunter took lodgings in Russell Street on his return from the army, and Peachey notes that Hunter is described as being ‘of the Parish of St Paul, Covent Garden’ on deed relating to Earl’s Court in 1765 (Peachey 1924, 145).

[352] Foot suggests Hunter taught and dissected at Golden Square from 1763. Peachey refutes this, based on Hunter’s advertisements (Peachey 1924, 142).

[353] Hunter purchased leases on several plots in Earl’s Court in 1765 and 1766, and had a new house built here. Given that the rateable value of the land trebled between 1765 and 1768 it appears that construction took several years, and Hunter is known to have added to it afterwards.

[354] Hunter described himself as having started lecturing in 1770, probably at St George’s Hospital, and for the benefit of his pupils only (Peachey 1924, 161).

[355] William Cruikshank reported Hunter lecturing ‘at his own house’ (i.e. Jermyn Street) as early as the winter of 1773 – again, probably for his hospital pupils and friends only. The first newspaper advertisements for his lectures did not appear until 1775. From 1776 the advertisements state that lectures will be given at Great Windmill Street, and after 1778 at 28 Haymarket (Peachey 1924, 162; Dobson 1969, 166).

[356] Hunter’s main course of lectures ‘on the principles of surgery’ moved to Castle Street in 1783. In 1785, advertisements note the addition of ‘practical anatomy’, i.e. dissection. The transfer of Hunter’s collection into the new museum was completed the same year.
8.4 Map showing locations for William and John Hunter

Extract from Richard Horwood’s *Map of London, Westminster and Southwark Shewing every house*, 1792-1799, sheets C2 and B2