The Lancaster Medical Book Club and the Dissection of Murderers

Authors: Bryan Rhodes, Gill Fitzpatrick, Adam Taylor and Quenton Wessels

Introduction

Lancaster Medical Book Club (LMBC, the Book Club), was established on 11th November 1823 at a meeting in the Royal Oak public house at Market Square in Lancaster. Recently renamed the Lancaster and Morecambe Medical Book Club, it is one of the oldest surviving provincial medical literature societies in England, second only to the Medical Reading Society of Bristol (founded in 1807).¹ Four physicians and four surgeon-apothecaries attended the first meeting.

The original blank Minute Book of the LMBC was purchased for five shillings in the first week of the Club's existence. Unlike the later minute books (now in the Lancashire Archives) the first volume of the Book Club's minutes remains in the possession of the Officers of the Society. Just 18 x 12 cm, it is a fascinating primary historical source.

Careful examination of this small manuscript volume reveals some clues about one of the most extraordinary episodes in the history of the LMBC: how in the 1820s this Book Club became involved in the public dissection of murderers. We will describe the background to these events and what new evidence is provided by the first LMBC Minute Book. We will consider the possible motives behind the Book Club's involvement, and compare this LMBC activity with the resources used to teach Lancaster's medical students in more recent years.

Crime and Punishment

The Murder Act of 1752 stipulated additional punishment for any person convicted of the crime of murder, subsequent to their execution by hanging. Judges could decide between two postmortem punishments, gibbeting the murderer's corpse in a custom-built cage on a gallows erected in a public place (usually near the scene of the crime) or public dissection by surgeons. The aim of these extra punishments was to differentiate murder from other capital crimes against property, to expand the supply of corpses for dissection, and to create a stronger deterrent against the crime of murder. In neither case would the murderer's remains be permitted burial.²

Analysis of the relative frequency of gibbeting versus dissection indicates that provincial judges increasingly preferred the option of public dissection, especially between 1800 and 1832 when the relevant part of the Murder Act was repealed.³ One factor that may have discouraged the use of gibbeting was the cost of making and erecting the gibbet itself and any ongoing costs, which would have to be borne by the Sheriff of the Assize Court, whereas the cost of public dissection would be the responsibility of the surgeons involved.

Nineteenth century Lancaster was known colloquially as 'the hanging town' because the twiceyearly Assize Courts tried criminals from the whole of Lancashire. Until the 1830s, hundreds of crimes, including property crimes, could result in a death penalty.⁴ Between the Book Club's foundation in November 1823 and the end of 1832, a total of 29 people were sentenced to death in Lancaster, 14 of whom had been convicted of murder. Evidence from the LMBC Minute Book indicates that the Book Club first became involved in the dissection of murderers in 1826.

The Early Evolution of the LMBC

The LMBC's initial meeting established eleven simple rules to facilitate the Club's literary functions. The Minute Book shows that during its first two years of its existence, the Book Club's proceedings were entirely concerned with membership and literary matters. Books and journals were purchased on members' behalf and then circulated before being sold at a sixmonthly members' auction.

From the Club's establishment until 1894, a single elected member served in the combined role of Secretary and Treasurer. This meant that this individual officer could exercise significant influence over the Book Club's affairs. In January 1826 the founding officials resigned and a new President/Chair, Dr. Lawson Whalley, was elected. Mr. John Smith became the new Secretary-Treasurer. With immediate effect, the existing rules were rescinded and twelve new rules were introduced, including a provision for the imposition of fines for any member who kept a book longer than their allotted time. The Book Club's minutes for the meeting on October 16th 1826 stated that 'the funds being exhausted no fresh books were recommended, and the meeting adjourned'. By this date the Lancaster Medical Book Club had already started using its funds for another, very different purpose.

John Smith (1779 - 1837) Lancaster Castle surgeon and LMBC Treasurer-Secretary

A founding member of LMBC, John Smith was one of the four surgeon-apothecaries present at the first meeting in November 1823. He had been appointed as Lancaster Castle surgeon a year earlier, replacing another surgeon-apothecary, Josiah Baxendale (1761-1835). This position, an early form of prison medical officer, was the most lucrative salaried surgical position in Lancaster at that time, attracting an annual salary of 80 guineas (£84).⁵ Relatively little is known of Smith's early life though he was a Lancastrian: baptized in Lancaster, the son of another John Smith, a saddle, harness and trunk maker of Market Street, Lancaster.⁶ His brother William also became a surgeon (in Garstang) and both young men had been apprenticed to a local surgeon apothecary. In 1826, John was living on Chapel Street in the heart of Lancaster and his shop/office was on Church Street just a few minutes' walk away. Working solo as the Lancaster Castle surgeon, he would have been expected to take responsibility for organizing the public dissection of murderers hanged at the Castle.

1826: The Dissection of the McKean Brothers

The first record of a Book Club payment relating to a public dissection occurred on August 3rd, 1826. An advance payment of '10s / 6d' was paid to 'Mr Bond, Court Keeper for his attendance at the dissection'. ⁷ On August 21st 1826 two brothers, Alexander and Michael McKean, were

hanged in Lancaster for the brutal murder of Elizabeth Bate and the stabbing of publican Angela Bleares at the Jolly Carter in Winton.⁸ The men had been on the run for a week after the murder and large crowds were present when they were subsequently tried at Lancaster Castle. The Judge ruled that Alexander's body should be consigned to Manchester surgeons to dissect and that Michael's body should be dissected in Lancaster.^{9,10} The payment to Mr. Bond would have been to ensure public order and security during the public display of the murderer's corpse. John Smith appears to have used his position as LMBC Treasurer to provide Book Club resources for the payment of Mr. Bond's fee.

Four months later, on January 15th 1827, two new rules were proposed and unanimously accepted at a Book Club meeting; firstly, that the annual subscription for members be increased from half a guinea to one guinea and secondly, that 'all expenses which may hereafter be incurred in conducting the dissection of executed criminals be defrayed from the funds of the society by the Treasurer'. Although the Minute Book does not record who proposed these new rules, Mr. Smith was the only surgeon present and, as Secretary-Treasurer, it seems almost certain that they can be attributed to him.

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Photo 1: Page 74 of LMBC first Minute Book dated 1826

Two More Murderers

The next recorded payment simply states 'Mr. Bond (dissection acc^t) – 5s / 6d' and is dated April 4th 1827. Rachel Bradley, a 27-year-old woman from Ashton-under-Lyne had been convicted of the infanticide of her daughter Mary and was hanged at Lancaster Castle on Monday, March 26th 1827. An account of the execution was included in the Belfast Commercial Chronicle the following Saturday which confirmed that her body was handed over to the surgeons for dissection.¹¹

The third and final entry relating to dissection in the Minute Book is dated Sept. 17th 1827 and states: 'To cash paid, Doorkeepers at Robinson's Dissection - 3s. '. This is the only entry which specifies the need for doorkeepers, or names the person whose body was dissected. William Robinson had been arrested on suspicion of murdering his wife Ellen in their home near Claughton, south of Garstang. He was secured overnight in the Brockholes Arms Inn and the next morning, a hastily convened coroner's inquest was conducted with a local jury. Evidence from the autopsy carried out by two surgeons from Garstang, Mr. Bell and Mr. Smith (probably John's brother William) was available at the inquest and indicated that the victim had suffered both a head injury and strangulation. After his trial at Lancaster Castle, Robinson was hanged on September 10th 1827:

" Long before the hour of execution arrived, the Castle-parade and the churchyard of St. Mary's were thronged by persons from all parts of the county, particularly about Garstang and it's neighbouring townships, where the culprit had lived for many years, anxious to witness his final exit, and every place from which a view could be had of the scaffold was occupied.

The roof of a temporary shed, where some stonemasons worked, was thronged, but the high sheriff, fearing that by the weight of the crowd the building might give way, and serious accidents arise, ordered it to be cleared by the javelin men.

At about seven minutes past eight o''clock the unhappy man was led from the chapel, in the castle, towards the gallows, the castle bell tolling at intervals as he proceeded. He walked with a very unsteady step, and seemed very weak; his countenance presented a very ghastly appearance. His arms were pinioned very tight, and he walked to the platform with the fatal noose around his neck. On ascending the drop he glanced slightly at the assembled crowd, and then took his stand under the fatal beam, and at once surrendered himself up to the executioner. The cap was drawn over his face immediately, and the rope attached to the chain (which is constructed after the plan adopted at the Old Bailey). The unhappy man stood for nearly five minutes after these preliminaries had been gone through, in the most painful anxiety, before the drop fell — when it did fall the culprit dropped full four feet and was dead in an instant.

The crowd, after some few minutes elapsed, gradually dispersed, and we are happy to say, without any accident occurring. His body hung for an hour and was then cut down and delivered over to the surgeons for dissection."¹²



Photo 2: Area on the northern side of Lancaster castle where executions took place between 1800 and 1865. A hinged stone at ground level allowed the criminal's corpse to be taken inside the Castle after the execution.¹³

The Public Dissection of Murderers in Lancaster

Although newspapers carried detailed accounts of the trials and executions of murderers, good information about the public dissections that followed is invariably lacking. This is especially true of Lancaster in the 1820s. However, a few facts can be gleaned from newspaper accounts and occasional reports of surgical activity in the town.

The body of the executed murderer would firstly be taken from the gallows and carried inside the Castle where an examination would be performed by the Lancaster Castle surgeon to confirm the fact of death. The body would then be placed in a 'shell' (a crude wooden container) to aid transportation. For those bodies scheduled to be dissected elsewhere in Lancashire, for example Alexander McKean in Manchester, the surgeons there would already have been notified to collect the corpse. If the dissection was to take place in Lancaster, it seems reasonable to assume that the Sheriff and the Lancaster Castle surgeon would be involved with making suitable arrangements. Lancaster had no public infirmary until December 1832. Although we cannot be certain that the relatively small Lancaster Dispensary was the chosen location for public dissections, it was ideally located for such events being located on Castle Hill, opposite the Castle gateway, and easily accessible to the public.

Public viewing of the murderer's corpse occurred after an initial anatomical preparation. This involved exposing only the cadaver's internal organs, usually using two long crosswise incisions and turning back the resulting flaps of skin. It was at this stage that the public were allowed to view the corpse, usually at some distance, and crowd control with 'doorkeepers' often required, especially if the friends or family of the dead might hope to reclaim the body for burial. Then, over the following several days, the body would be privately dissected and dismembered, body parts disposed of or kept by the surgeons for teaching purposes. The great interest in phrenology during the 1820s meant that the skulls of both Alexander McKean and Henry Griffith (the latter executed in March 1824 in Lancaster for a murder committed in Liverpool) were subject to phrenological examination.¹⁴ Skeletons were sometimes reassembled for medical teaching, private or medical school display, or sold on to students.

Who would have carried out the dissection of Michael McKean, Rachel Bradley and William Robinson in Lancaster? We can only speculate but it seems likely that the Lancaster Castle Surgeon, the surgical members of the Book Club and the surgeons working in the Lancaster Dispensary would have been most closely involved. The surgical members of the Book Club in January 1826, as listed in the first Minute Book, were: Mr. Smith, Mr. Johnson, Mr. Howitt, Mr. Harrison, Mr. Greenwood, Mr. Anderton, Mr. Foxcroft and Mr. Cock.¹⁵ Although little is known about the last four of the Book Club members listed here, the first four are known to have been actively interested in human anatomy:

- John Smith has already been introduced, and most likely had a significant role in the dissections.
- Christopher Johnson (1782 1866) had been the first Secretary-Treasurer of the Book Club and was also one of the senior surgeons at the Lancaster Dispensary. He later became Lancaster's first Consulting Surgeon in 1832 and his interest in anatomy is demonstrated by the fact that his subscription to the Book Club in 1824 purchased Xavier Bichat's Anatomy.¹⁶
- Thomas Howitt (1785 1846) was also a senior surgeon at the Lancaster Dispensary and founding member of the Book Club. He later served as Book Club Secretary-Treasurer for eleven years between 1832 and 1843. Evidence of his interest in anatomy relies on an elephant-folio-sized manuscript in his hand which resides in the archive at the Royal

College of Surgeons of England. Bernhard Albinus's "*Tabulae anatomicae musculorum hominis*", had first been published in 1747, and this copy, annotated by Thomas Howitt of Lancaster, was donated to the College by his grandson William Howitt Hastings in 1949.¹⁷ In addition, two of Howitt's sons, Thomas jr. and William, were apprenticed to surgeons in the mid-1820s, Thomas from 1825 and William from 1826. The dissections may have offered an opportunity for them to witness or even assist at a human dissection.

• James Stockdale Harrison (1779 - 1879) had been apprenticed to Josiah Baxendale, the Lancaster Castle surgeon before John Smith. He would have helped Baxendale with post-mortem examinations of any prisoners that had died in the Castle. He is known to have encouraged the young Richard Owen (1804-1892) to study anatomy during the latter's apprenticeship in the early 1820s. Harrison formed a formal partnership with John Smith in 1828 and it seems likely that he would have been involved in the dissections.¹⁸

The Lancaster Dispensary at Castle Hill

As there was no public infirmary in Lancaster in the 1820s, the Lancaster Dispensary fulfilled a major role as the central facility for healthcare provision in Lancaster. Apart from severe infectious diseases, which would have been dealt with at the small House of Recovery on the outskirts of town, and psychiatry, which would have been dealt with at the new Lancaster Moor Hospital, all other aspects of acute and chronic healthcare would have been treated at the Dispensary including surgical procedures, obstetrics/midwifery and drug dispensing. Murderers such as those detailed above were usually executed on a Monday and as modern preservatives were not available to embalm the murderer's body, the dissection would have taken place over the following few weekdays and would, almost certainly, have significantly disrupted the normal business of the Dispensary. Records from Lancaster Dispensary show that in the early 1800s well over a thousand patients were treated there each year.¹⁹ Why would the dispensary's governing body authorise such a disruptive activity as a public dissection? Official dissections only took place once or twice a year and the medical practitioners who had offices nearby could have absorbed some additional patients during these periods. It also seems likely that the Dispensary staff wanted to establish the institution as a location where apprentice surgeons could learn their craft. In the 1820s, the great majority of provincial surgeons still started their surgical education with a five-year apprenticeship to a surgeon-apothecary. After the 1815 Apothecaries Act, London's Society of Apothecaries had gained the power of examination and certification of apothecaries across the whole country and had started an accreditation system for provincial hospitals and dispensaries whose staff wanted to educate such apprentices. 20

Discussion

The 1820s was a remarkable period in British medical history, evidenced by the founding of the weekly publication The Lancet in October 1823. During that decade there was a developing crisis in the field of human dissection, as the public was increasingly resistant to the activities of 'body snatchers' whereas prominent surgeons continued to describe anatomical teaching as essential. This culminated in the Burke and Hare murders, which came to trial in Edinburgh at the end of 1828. Towns like Lancaster, which provided a judicial source of cadavers for human dissection, would have been greatly valued by local surgeons and their apprentices alike.²¹

John Smith appears to have used his positions as both the Lancaster Castle surgeon and as the Treasurer-Secretary of the LMBC to direct Book Club funds away from the purchasing of books in order to protect himself from the costs associated with the public dissection of murderers. Three LMBC payments in 1826 and 1827 can be directly linked to the dissection of three murderers. It is interesting to note the decreasing cost of each payment and that only the first payment took place in advance of the execution. The other eleven murderers that were executed in Lancaster between 1823 and 1832 cannot be linked to the Book Club in this way, though newspaper reports suggest that some of them were indeed dissected in Lancaster. Despite the precarious financial position of the Book Club in 1826, there is no indication in the minutes that these payments, or the new rule introduced in January 1827, authorising such payments from LMBC funds, provoked any disagreement within the Book Club's membership.

We believe that this could be a unique episode in which a provincial medical literature society became involved with the public dissection of executed murderers.

It is possible that the decreasing cost and lack of payment after September 1827 signifies that members of the public were charged to view the murderer's opened body after this date. In Leeds, where a new infirmary had opened in 1771, the surgeon William Hey had persuaded the governors to pay for the costs of the bodies of executed murderers at York. Hey then charged both the public and healthcare professionals who attended the dissection, with any profits being used to support the Infirmary. One of the best documented dissections in the north of England involved the corpse of Mary Bateman who had been hanged in York for murder and witchcraft in March 1809. Public interest was such that Hey raised £30 at '3d per person' from over 20, 000 visitors on the public viewing day. Local surgeons and their apprentices were charged a higher fee, while professionals and wealthy gentlemen paid the highest fees of all, up to five guineas per person. Hey used the body parts in a long series of anatomical lectures and altogether raised over £80 from the corpse, easily repaying the Governors' initial investment⁻²² Dissection of executed criminals in Preston, Manchester and Cambridge were also used as fundraising events.

In Lancaster, we believe that the use of human cadavers for anatomy teaching ceased with the repeal of the Murder Act and the passing of the Anatomy Act in 1832. Since then, the dissection of embalmed cadavers has been the primary means for teaching anatomy at British medical schools. However, some medical schools (Lancaster included) are re-envisioning medical education, moving away from dissection and utilising other approaches, including teaching with

autopsy, or the use of plastinated prosections along with complementary pedagogical innovations.²³ In 2007 longstanding LMBC member and founding Editor of this journal, Professor James A. Morris, initiated the use of autopsy teaching for Lancaster's medical students with the support of Prof. Colin Ockleford.²⁴ The aim was that each student would see three autopsies. This continued for over ten years but, sadly, the utilisation of autopsy teaching to supplement Lancaster's medical student learning has ceased with increased student numbers and changes in the way autopsies are conducted, moving to less invasive CT autopsies, meaning that this kind of teaching is no longer delivered. Today, Lancaster Medical School continues Lancaster's tradition of anatomical teaching through a multi-modal approach. Undergraduate students at the Clinical Anatomy Learning Centre (CALC) have exposure to living anatomy through ultrasonography, virtual dissection tables, state of the art models, medical imaging and histology but do not currently have access to human cadavers.

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Photos: 1. Lancaster Castle courtesy Quenton Wessels. 2. LMBC first Minute Book courtesy B Rhodes

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