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THE ANATOMY OF INEQUALITY: MEDICINE, MOURNING, AND SOCIOECONOMIC STATUS IN VICTORIAN ENGLAND

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To myself, for working hard, pushing through, and finishing what I started

I had a dream I was under the ground
My friends and family were buried all around and a
Worm took a bite of me
And then he washed it down with a bite of you

The same worms that eat me will someday eat you too

—Sebastian Murphy
Worms

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Abstract

"The Anatomy of Inequality: Medicine, Mourning, and Socioeconomic Status in Victorian England," examines the historic relationships between socioeconomic inequality, death, and medical practice during the Victorian period, with specific attention on London and surrounding areas. I argue that the extreme socioeconomic disparities of the time were deeply intertwined with the practices surrounding death, mourning, and medical care. The first chapter, "The Price of Sorrow," explores the elaborate mourning rituals and displays of status among the wealthy and upper to middle-class Victorians, detailing how these practices were not only expressions of grief but also conspicuous displays of social status and wealth. The second chapter, "A Collective Goodbye," focuses on the mourning and burial adaptations among the Victorian paupers and working-class, emphasizing how the poor developed their own mourning traditions, marked by collective grief and resource-sharing, despite economic constraints. In the third chapter, "Bodies and Bureaucracy," I explain the practices of graverobbing, the impact of anatomical legislation, and the role of the medical field in perpetuating social inequality. I primarily argue that the Anatomy Act of 1832, intended to regulate the supply of cadavers for medical study, disproportionately affected the poor, whose bodies became commodities for medical advancement. The final chapter, "The Last Resort," examines the conditions in Victorian hospitals and the consequences of forced hospital detentions and the cadaver trade on the working poor. It presents a detailed account of how the poor, who were often treated in hospitals under dire conditions, were exploited even in death for the benefit of medical education and research. The thesis combines multiple accounts and social histories of Victorian life and economic class disparities, and how the legal, medical, and social systems of the time worked in

tandem to exacerbate this inequality. My argument that the practices surrounding death and medical care during the Victorian era were not just reflections of existing social hierarchies, but active mechanisms that reinforced and perpetuated these divisions, is supported using a combination of primary and secondary sources, along with some data visualizations that I created using digital humanities methods.

Introduction

On March 19, 1875, general practitioner Doctor Edward Wrench received a letter from his mother, informing him that his dear old father had been losing strength, and that his health had been declining for some time. By mid-May, Edward could stand his worries no longer, so he travelled to London as quickly as he could, to find his father, bedridden and frail, his flesh pallid and gray with sickness.[1] That evening, Edward poured his emotions into his diary for consolation, writing:

> I left dear father better again this morning but in a precarious state. I tried to say that he might leave mother in my keeping but we both began to cry & we could only kiss each other over & over again. I have written to him tonight to say what I wanted & to tell him I only hope that at my death my children will feel as I do that I can wish nothing had been different in all he did for me as a boy.[2]

As a doctor himself, Edward was more than accustomed to death, but he was nonetheless wrecked with grief to watch his father slowly march towards the reaper, one step closer each day. His love for his father is apparent in his writing- he struggled to find the words to say to his dad, despite having no regrets in their entire relationship as father and son. Edward's father eventually passed, with his wife and family at his bedside. By Victorian standards, this was the ideal, perfect death-Mr. Wrench was lucid until his final moment, surrounded by his wife and generations of a loving family which he had brought into the world, neither suffering nor in any pain.[3] Edward's father was buried in a beautiful coffin, decorated with white flowers and evergreen wreaths, and his young grandchildren bid him farewell as his body was lowered into the ground of the

[1] Julie-Marie Strange, *Death, Grief and Poverty in Britain, 1870-1914* (Cambridge: Cambridge University Press, 2005). P. 320.
[2] IBID, P. 321.
[3] IBID.

churchyard.[4] Mr. Wrench's death, and his subsequent service, though still quite sad, was quiet, peaceful, and loving. However, there is one detail about this story which I have failed to include thus far: Mr. Wrench's last words. One might assume his final thoughts would have been consumed with hopes for his wife, son, and grandchildren, perhaps wishing them well, or expressing hope that they might meet again in the afterlife. However, his final words were, "Don't let me be opened."[5]

Mr. Wrench's fear of being dissected post-mortem, either for the purposes of an autopsy, or for anatomical study, was so great that he used his dying breath to instruct his son to keep his corpse in one piece. His fears were far from irrational. In 19th century Britain, the prospect of post-mortem dissection was a significant source of anxiety, especially for the poor and the vulnerable. The Anatomy Act of 1832, which intended to curb the gruesome practices of bodysnatching and graverobbing, inadvertently exacerbated these fears by legitimizing the dissection of unclaimed bodies from workhouses, hospitals, and prisons. This legislation effectively sanctioned the use of pauper bodies for medical research, creating a profound sense of dread among those who could not afford a proper burial. Edward Wrench, being a doctor, was likely acutely aware of the medical community's insatiable demand for cadavers to advance anatomical knowledge. He knew exactly what his father was talking about in his final words. Throughout this thesis, I explore this phenomenon in great detail, examining how societal and economic inequalities influenced who became subject to invasive post-mortem procedures. The

[4] IBID.
[5] IBID.

Victorian era's rapid advancements in medicine were built, quite literally, on the backs of the poor, whose bodies were often viewed as mere tools for scientific progress.

I argue that the practices surrounding death, mourning, and medical dissection in Victorian England were deeply intertwined with the socioeconomic disparities of the time. Through an examination of both wealthy and poor Victorians' experiences with death, I argue that the treatment of bodies post-mortem starkly mirrored the class divisions prevalent in life. Wealthy Victorians were able to afford elaborate funerals, mourning attire, and even post-mortem mementos such as hair jewelry, which served as public displays of their social status and respectability. Conversely, the poor often faced the indignity of pauper funerals, mass graves, and the very real possibility of their bodies being dissected against their wishes, either for a lack of resources or a lack of alternate options. This disparity was not merely a reflection of economic inequality but also reinforced societal hierarchies, as the bodies of the poor were commodified for the benefit of medical advancement. My research draws upon a diverse range of primary and secondary sources, including contemporary newspapers, novels, personal diaries, and official records, which provide firsthand accounts of Victorian death practices and societal attitudes towards post-mortem dissection. I also incorporate scholarly articles, and books that contextualize the primary materials within the broader framework of Victorian society. Works such as Julie-Marie Strange's *Death, Grief, and Poverty in Britain* and Ruth Richardson's *Death, Dissection, and the Destitute* have been particularly instrumental in shaping my understanding of the period's social and medical practices.

The first chapter, titled "The Price of Sorrow," explores the mourning and grieving practices of wealthy and middle-class Victorians, emphasizing how elaborate funerals and

mourning attire served as public displays of status. I use details, such as the societal expectations placed on women to adhere to strict mourning dress codes and the commercialization of mourning through items like hair jewelry, to argue this point. The second chapter, "A Collective Goodbye," focuses on the lower classes and examines the adaptations and unique mourning practices developed by poor Victorians. It highlights the significant challenges they faced in securing proper burials and the community-driven efforts to maintain dignity in death despite financial constraints. In the third chapter, "Bodies and Bureaucracy," I discuss the impact of graverobbing, anatomical legislation, and medical reform on the social class divide. This chapter illustrates how the bodies of the poor inadvertently became commodities in the pursuit of medical knowledge and how legislative measures like the Anatomy Act of 1832 institutionalized these practices. The final chapter, "The Last Resort," addresses the conditions in Victorian hospitals and the forced detentions that often led to poor patients' bodies being used for dissection. It also explores the visual representations of the cadaver trade across London and its lived reality and consequences. Through an analysis of burial reforms, the evolution of the medical profession, and the role of hospitals, this work uncovers the systemic inequalities that permeated the era. The Victorian obsession with death and the era’s rapid medical advancements were inextricably linked, each reinforcing societal hierarchies and highlighting the enduring legacy of class-based disparities in both life and death. My aim is that as this project unfolds, something like keeping a dead body in a kitchen cupboard will not seem entirely illogical, and Mr. Wrench’s final words will make sense.

Chapter 1. The Price of Sorrow
Death, Ritual, and Displays of Status in the Mourning and Grieving Practices of Wealthy and Middle-Class Victorians

A system of barbarous show and expense was found to have gradually erected itself above the grave, which, while it could possibly do no honour to the memory of the dead, did great dishonour to the living, as inducing them to associate the most solemn of human occasions with unmeaning mummeries, dishonest debt, profuse waste, and bad example in utter oblivion of responsibility.[6]

1.1. The Death of the Duke

A Londoner who happened to be awake between the hours of midnight and three in the morning on Thursday, November 11, 1852, might have peered out their window to witness a most unusual procession.[7] Three coaches, each drawn by four horses, paraded down the dark, empty streets of central London, following closely behind a slick black hearse containing the body of "the last great Englishman,"[8] Arthur Wellesley, the not-so-recently deceased Duke of Wellington. The Duke died two months earlier on September 14, and while funeral preparations were made, his corpse remained in his deathbed in Walmer Castle, constantly guarded by members of the Rifle Brigade that Wellington previously commanded.[9] His body moved for the first time on November 11 and was eventually placed in the Great Hall of the Royal Hospital in London, which was decorated lavishly for the occasion–black cloth draped elegantly across each window, and sparkling new candelabras hung from the highest points of the ceiling.[10] The next afternoon, Wellington's body was visited by Queen Victoria, Prince Albert, and their children,

[6] Charles Dickens, "Trading in Death," in *Plays, Poems, and Miscellanies,* standard library edition. Charles Dickens (Boston: Houghton Mifflin and Company, 1894), 1.

[7] Sir Charles George Young, *The Order of Proceeding and Ceremonies Observed in the Public Funeral of Arthur, Duke of Wellington Solemnized in St. Paul's Cathedral November 1852*. (London: Bentley, 1852).

[8] Alfred Tennyson, "Ode on the Death of the Duke of Wellington," in *Maud, and Other Poems*, (London: Edward Moxon, 1855).

[9] "The Duke of Wellington," *Daily News*, September 22, 1852.

[10] Young, *The Order of Proceeding.*

the first of many visitors to the Great Hall.[11] After a stream of notable debutants paid their respects, visitation opened to the public. Between the hours of nine and four, anyone could enter the hall to mourn before Wellington's casket, provided they had the means to purchase an entry ticket.[12] Londoners must have scraped together a few shillings for the occasion–when the body relocated for a second time, over fifteen thousand tickets had been sold.[13] After the Duke's stiff corpse made a tour of London, it was finally time for the long awaited funeral.

The procession on November 18 was led by the Chief Mourner, Wellington's son and successor, who wore a long black mourning cloak and an appropriately solemn expression.[14] Over ten thousand mourners marched behind him in carriages, on horseback, or on foot.[15] Over 1.5 million onlookers watched the spectacle,[16] some of whom had purchased a space in a window or balcony for a better view.[17] The audience craned their necks to catch a glimpse of Wellington's remains, which were sealed in not one coffin, but four, each made of a different type of wood, one stacked in the other like a set of Russian dolls.[18] These four coffins were a sign of military honor and respect, but also served to protect Wellington's body from external threats, much like how he protected his nation in the Napoleonic wars. Working-class attendees donned their best clothing for the occasion, as one newspaper reported that there was "hardly a fustian jacket or a tattered dress to be seen among them."[19] Wellington was finally laid to rest at

[11] IBID.
[12] IBID.
[13] "The Late Duke Of Wellington," Times, November 15, 1852, 3.
[14] Young, Charles George, Sir, *The Order of Proceeding.*
[15] Cornelia D. Pearsall, "Burying the Duke: Victorian Mourning and the Funeral of the Duke of Wellington," *Victorian Literature and Culture* 27, no. 2 (1999): pp. 365-393, https://doi.org/10.1017/s1060150399272026. 365.
[16] IBID.
[17] Charles Dickens, "Trading in Death," 463-465.
[18] Cornelia Pearsall, "Burying the Duke," 372.
[19] "The Late Duke Of Wellington," *Times*, November 15, 1852

St. Paul's Cathedral, since the graveyard at Westminster Abbey was "already inconveniently crowded with monuments."[20] In this moment, it seemed that all of England mourned together– Cornelia Pearsall notes that this unified, collective display of grief was the strongest possible symbol of a powerful nation.[21] In such a profound moment of togetherness, it seemed that no one had anything to complain about, except, unsurprisingly, Mr. Charles Dickens.

To voice his grievances on the funeral, Dickens drafted an essay in his journal entitled, "Trading in Death," in which he condemned those who had been seeking to profit from the Duke's death, especially the individuals selling relics of the Duke to the highest bidder. According to Dickens, one newspaper published an advertisement for "a lock of the late illustrious Duke's hair…the highest offer will be accepted,"[22] while another man was curiously selling scraps of "a book…torn up by the Duke and thrown by him from the carriage, in which he was riding, as he was passing through Kent."[23] Dickens claimed that these advertisements for bits of the Duke's hair and personal belongings evidence a "demoralizing practice of trading in Death,"[24] a shameful commodification of a deceased man. However, Dickens noted that the Duke of Wellington's funeral was not an isolated incidence, but rather, part of a larger system of inequality. He wrote:

> The competition among the middle classes for superior gentility in funerals-the gentility being estimated by the amount of ghastly folly in which the undertaker was permitted to run riot-descended even to the very poor; to whom the cost of funeral customs was so ruinous and so disproportionate to their means that they formed clubs among themselves to defray such charges.[25]

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[20] "The Duke of Wellington," *Daily News*, September 22, 1852.
[21] Cornelia Pearsall, "Burying the Duke," 369.
[22] Charles Dickens, "Trading in Death," 468.
[23] IBID.
[24] IBID. 463
[25] IBID. 461.

Dickens felt that funerals and mourning rituals correlated with one's socioeconomic status– middle-class families endeavored to host lavish ceremonies to honor their dead as if they were nobility, while poor families viewed death as an impossible expense. Certainly, most individuals could not have afforded a funeral procession as extravagant or lengthy as the Duke of Wellington's, but Dickens's claims are by no means hyperbolic. Throughout the Victorian period, death was an omnipresent threat, and mourning, loss, and feelings of sorrow were ubiquitous experiences shared by all people, regardless of status. When infant mortality rates are included in the calculation, in the mid-1840s, the average life expectancy of a professional man was around thirty, while for laborers and mechanics, the average lifespan was around seventeen.[26] Mothers, rich and poor, were always at risk of dying in childbirth, and those who lived the ordeal often suffered the loss of a child under five multiple times before their childbearing years ended. By 1870, someone died in London every eight minutes on average.[27] Constant death, then, created a great deal of sorrow. People spent a great portion of their life mourning the passing of someone close to them. However, because of wealth inequality, people could not mourn in the same way.

The subject of death and mourning in the Victorian period has been widely discussed for many years. George Alfred Walker first studied the topic in 1839 with his book *Gatherings from Graveyards*, in which he detailed the burial practices of London's poor workers. Walker argued that because the number of dead poor far outnumbered the available burial spaces, the city must enact burial reform measures to prevent the spread of disease.[28] Modern scholars are similarly interested in Victorian death, and the existing historical literature on the subject demonstrates

[26] James Stevens Curl, *The Victorian Celebration of Death* (Stroud, Gloucester, UK: Sutton, 2004). 20.
[27] Peter Ackroyd, *London: A Biography* (London: Vintage, 2001). 576.
[28] George Alfred Walker, Gatherings from Grave Yards: Particularly Those of London...London: Longman, 1839.

that Victorian death and mourning were complicated and varied. Works such as James Curl's *Victorian Celebration of Death* highlight the ways that death was commemorated and celebrated throughout the Victorian period. Curl argues that the Victorians were obsessed with death and memorializing the deceased, to an extent that seems strange to modern audiences. Other scholars, such as Deborah Lutz in *Relics of Death in Victorian Literature and Culture*, argue that Victorian mourning was influenced by a myriad of sociocultural factors and that mourning was not just an obsession; it was a part of life. Moreover, historians have studied how death affected Victorian working-class families. Julie-Marie Strange's *Death, Grief and Poverty in Britain* and Patricia Jalland's *Death in the Victorian Family* both argue that death was particularly difficult for the lower classes, and that death was a central concern for Victorian families. In this chapter, I draw upon previous discussions of Victorian death to specifically focus on socioeconomic inequalities and how Victorian people of different classes adapted their mourning practices to meet their needs and abilities in their moments of bereavement.

The funeral of the Duke of Wellington was a grandiose display of grief that was inaccessible to even the wealthiest families, yet the ceremony serves as an extreme example of the lavish funerals that upper-class people could organize. While not every aristocrat could afford to have a funeral procession lasting several hours with the Queen in attendance, wealthy families in the Victorian period certainly were able to afford elaborate mourning rituals–rich individuals wore delicate jewelry containing pieces of their dead, took post-mortem photos of their loved ones, and grieved publicly by wearing black clothing for prolonged periods of time. Conversely, poor families were lucky to scrape together enough money to bury their family members in a pauper's grave, and those who could not afford a burial might have been left with no body to

mourn at all, as the bodies of the dead poor were prone to wind up in medical schools for dissection and study. Grieving was a significant cultural phenomenon in Victorian England, yet not all people could fully participate in it. Dickens's criticisms of the economic discrepancies surrounding death and mourning were much more than ill-tempered ramblings of a disgruntled writer–the larger socioeconomic inequality of the Victorian period permeated grieving rituals and mourning behaviors, and for the poorest families, the price of sorrow was simply too high.

1.2. Black is the New Black- Mourning Dress and Public Displays of Sorrow in Wealthy Victorian Women

In Victorian England, mourning rituals were a highly visible and performative practice, and women's clothing and attire played a vital role in publicly displaying grief and sorrow. This adherence to appropriate dress was especially important for the wealthy and upper classes, where strict rules of conduct could be intricate and challenging to navigate, governing how individuals in mourning should dress and behave to demonstrate respect for their deceased loved ones**.** When a wealthy woman lost her husband, for instance, she was expected to purchase an entirely new wardrobe to enter mourning. Cultural standards dictated that a widow must be in "full mourning" for approximately two years following the death of her husband. During this time, the woman was expected to wear all black clothing, a veil, and a crepe bonnet with no decoration or accessories.[29] After a month or two had passed, the widow could begin to wear black jewelry and dresses with simple black trim, and after three months, she could remove the crepe veil and adorn her black clothing with ribbon, lace, or embroidery trim.[30] Still, it was not uncommon for a

[29] Sonia A. Bedikian, "The Death of Mourning: From Victorian Crepe to the Little Black Dress," *Journal of Death and Dying* 57, no. 1 (2008): pp. 35-52, https://doi.org/10.2190/om.57.1.c. 38

[30] IBID. 39.

widow to be in a state of "half-mourning" for her entire life, in which she wore clothing that was tailored to the latest fashion trend, but in darker colors like gray, deep violet, or maroon.[31] When a widow remarried, she might have trimmed her white gown with black trim to recognize her deceased spouse.[32]

Wealthy women were not always happy to wear mourning attire, as it was unfashionable and often unattractive.[33] Yet, as time progressed, women began to enjoy their all-black costumes of sorrow. Romantic fantasies of a delicate, weeping widow, whose porcelain skin contrasted sharply against her black crepe gown, made the image of a mourning woman beautiful and desirable.[34] However, upper-class women did not have much choice over whether to wear mourning dress or not, for not donning the appropriate costume and behaving according to social custom caused a woman to lose face and status. A widow's dress and behavior following the death of her husband were meant to mirror the role of a dutiful and obedient wife that she had played while her husband was alive.[35] Sonia Bedikian posits that "those who tried to avoid the expense and restriction of the formal mourning dress were chastised and ostracized,"[36] while women who followed the strict customs of behavior and appearance were praised for their respect and devotion to their deceased loved ones. For the upper-class Victorians, mourning was in some ways an inward reflection of grief after the loss of a loved one, but on the other hand, it was an outward display of status, obedience to social norms, and wealth.

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[31] IBID.

[32] Rebecca N. Mitchell, "Death Becomes Her: On the Progressive Potential of Victorian Mourning," *Victorian Literature and Culture* 41, no. 4 (2013): pp. 595-620, https://doi.org/10.1017/s1060150313000132. 603.

[33] IBID. 599.

[34] IBID. 603.

[35] IBID. 599.

[36] Sonia A. Bedikian, "The Death of Mourning," 38.

These wardrobe changes were indeed expensive-only the wealthiest women could afford a new black dress with the appropriate level of trimmings every few months. Still, middle-class women sought to emulate the profound sorrow and mourning conveyed by wealthier women, and Queen Victoria herself, who wore mourning attire for the remainder of her life following the death of her beloved Albert.[37] Middle-class women could not often afford the new wardrobe dictated by social norms, and they often had to sell their colored clothing to afford their new all-black mourning dresses.[38] Overall, these adaptations evidence a desire for any woman who could afford it to meet social expectations and don the appropriate costume for the appropriate time of mourning following the death of a loved one. Middle-class women did their best to conform to the social expectations imposed on and by the upper class through emulating proper behavior and appropriate clothing. However, the popular trend of keeping relics and jewelry made from bits of the deceased was another practice that kept the price of proper mourning high.

1.3. Strands of Sorrow- The Accessories of Mourning

Wearing mourning jewelry was a popular and sentimental practice, and though these accessories were not limited to the upper classes exclusively, the custom was more common among Victorian aristocrats because of their ability to commission custom pieces. During mourning, women often wore brooches with symbols of death on them. Popular motifs included arrows and doves to symbolize emotional pain, ivy, to represent ever-lasting life, forget-me-nots, and the setting sun, a symbol of death and resurrection.[39] Another popular symbol was hair, which does not decay even years after death and therefore evokes immortality.[40] Jewelry made from hair

[37] IBID. 40.
[38] IBID. 39.
[39] Sonia A. Bedikian, "The Death of Mourning," 40.
[40] IBID.

became a popular and cherished accessory in the mid-Victorian period, and a booming industry developed around the making of hair jewelry, mementos, and relics.[41] After the death of her husband, Prince Albert, Victoria commissioned eight pieces of jewelry with locks of his hair inside, including a gold pin with a onyx cameo of Albert and a box at the back to hold a curl, woven hair bracelets clamped with gold, and a locket containing a piece of Albert's hair, which Victoria required her eight-year-old son to wear.[42]

The royal jewelers handcrafted Victoria's mourning jewelry,[43] which most certainly had a high price tag. However, there were many different types of hair jewelry which ranged greatly in value, with the simplest and least expensive option being to place a lock of hair behind a watch facing or inside a locket, as this required little to no customization. Bracelets and necklaces of a deceased loved one's hair were also popular, and these were made by weaving or plaiting hair into a rope and clasping the ends together with a bit of gold or silver. This was also a common way to produce men's watch fobs or chains, if he had a lover or close relative pass away. This trend is evidenced in Charles Dickens's last novel, *Our Mutual Friend,* when Dickens describes the character Bradley Headstone, writing that:

> Bradley Headstone, in his decent black coat and waistcoat, and decent white shirt, and decent formal black tie, and decent pantaloons of pepper and salt, with his decent silver watch in his pocket and its decent hair-guard round his neck, looked a thoroughly decent young man of six-and-twenty.[44]

[41] Deborah Lutz, "The Dead Still Among Us: Victorian Secular Relics, Hair Jewelry, and Death Culture," *Victorian Literature and Culture* 39, no. 1 (2011): pp. 127-142. 129.
[42] IBID. 132.
[43] IBID.
[44] Charles Dickens, *Our Mutual Friend* (Leipzig, Germany: Tauchnitz, 1865).

Dickens went on to characterize Headstone as far from decent, despite his "decent hairguard." Headstone was rigid, dull, and overall intolerable, yet his accessory as popular and in fashion. Watchbands made of hair, though they were seen as perfectly respectable, or "decent," accessories for one in mourning, were one of the less expensive ways to manufacture mourning jewelry. More expensive options included custom buttons or brooches with a cameo of the ones who had passed away, and handcrafted earrings and pins were also popular options. Rings were also a high-end option–hair might have been hidden behind expensive gemstones or backed by gold and encased under a layer of glass or crystal.[45] Though uncommon, teeth were also used in some of this mourning jewelry.[46] Victorians romanticized the sentimental and tragic action of snipping a lock of one's hair on their deathbed, but extracting a tooth postmortem would have been far less palatable.

Middle-class women also participated in wearing hair jewelry, even if they could not afford to have pieces custom made with the image of their loved ones. Several magazines published patterns and instructions that women could follow to make simple woven hair jewelry at home, and this became a notable cottage industry and hobby for homemakers.[47] Even upper-class women sometimes manufactured their own mourning jewelry–those who lived in the countryside often mailed pieces of hair with a description of their desired accessory, which led to anxieties that unscrupulous jewelry makers or hair artisans might put someone else's hair in the piece without the owner's knowledge.[48] The hair inside was not purely symbolic; it was a piece

[45] Deborah Lutz, *Relics of Death in Victorian Literature and Culture* (Cambridge: Cambridge University Press, 2017). 133.
[46] Lutz, "The Dead Still Among Us," 129.
[47] Lutz, *Relics of Death,* 133.
[48] Lutz, "The Dead Still Among Us," 129.

of a deceased loved one and proof that eternity can exist beyond death, and thus, it was necessary that the jewelry contained the correct lock of hair.[49] Hair jewelry served as a tangible and enduring way for those in mourning to honor the memory of those who had passed, and for the upper classes, it was another way to display socioeconomic status in a public-facing manner. Though mourning customs regarding dress and accessories were important signifiers of one's social position, wealthy families also sought to give their deceased a proper and exquisite funeral, as a final show of love for their dead, but also, as a conspicuous display of wealth.

1.4. The Final Act- Victorian Funeral Rituals as Public Displays of Wealth and Status

In the Victorian period, a funeral was an important event for families–a proper funeral served as a final gesture of love for a deceased family member and marked an important transition into their eternal life in heaven. The rituals and traditions that surrounded death and mourning were carefully followed, particularly by the upper class and wealthy families. On the day of the funeral, the blinds in the house were drawn shut, and in some cases, all clocks in the home were stopped to the time of death to signify that life itself could not continue in absence of the deceased.[50] Extremely wealthy families sometimes hired "mutes" to stand at the door outside of the home–these people wore all black and remained entirely silent for the entire day, behaving more like a decoration than an individual. These mutes symbolized death itself and signified that death had visited the home and taken a family member with them.[51] Black crepe adorned every

[49] IBID. 130
[50] Curl, *The Victorian Celebration of Death*. 7
[51] IBID.

doorknob and door knocker in the house, and in many cases, the family covered mirrors to signify that they were more concerned with their grief than their appearance.[52]

On the day of the funeral, it was customary to have a feast in the home. Wealthy families served sherry, pies, ham, wine, cakes, jellies, and trifles–food was a status symbol, and a table full of food equated to wealth and prosperity.[53] The shared meal honored the life of the person who had died, and consequently, a meager feast was seen as a disservice to the dead. Even middle-class families sought to have extravagant feasts on the day of the funeral wake, having many of the same dishes as the upper classes, but perhaps of a slightly lower quality.

When the time came to intern the dead into their grave, the family processed to the cemetery in a parade led by horse carriages containing the coffin and riding carriages for immediate family members. In some instances, the funeral procession included a band or some other musical accompaniment, and wealthy families sometimes commissioned special harnesses for the horses embroidered with a family monogram or insignia.[54] Some families rented out horses and carriages for a funeral, and some middle-class families chose to cut down on these costs by having a walking funeral,[55] which had its own set of rules and customs dictating how to properly walk and behave during the procession. Dickens describes such a ceremony in another novel, *Great Expectations*. When the main character, Pip, attends the funeral of his sister, he says:

> The remains of my poor sister had been brought round by the kitchen door, and, it being a point of Undertaking ceremony that the six bearers must be stifled and blinded under a horrible black velvet housing with a white border, the whole looked like a blind monster

[52] IBID.
[53] IBID. 12.
[54] IBID. 3.
[55] IBID. 2.

> with twelve human legs, shuffling and blundering along, under the guidance of two keepers — the postboy and his comrade. The neighbourhood, however, highly approved of these arrangements, and we were much admired as we went through the village.[56]

The mourners marching in the funeral of Pip's sister cry loudly and dab at their eyes with a handkerchief to appear sad, fully aware that they are at all times being observed by onlookers with a critical eye towards their outward performances of sorrow.[57] If Dickens's works of fiction are any indication of reality, these processions were certainly a way to honor the life of the deceased, but also, any observers could witness the procession, count the number of horse-drawn carriages, assess the behavior of the mourners, and understand the social status of the deceased and their surviving family.

Upon burial, wealthy people were lain to rest in individual plots with monuments erected above them, while the privileged few had an entire mausoleum just for their family, filled with ornate monuments and tributes to the dead.[58] For instance, one wealthy merchant named Mr. Huth erected a catacomb mausoleum just for himself, which cost over £1500, while the Lambs, a wealthy London family, built a monument for their lost daughter in the form of "an elegant column, on which is chiselled [sic] a withered lily; and on top, white as snow, is a young lamb, bound and dying."[59] After the funeral, family members sent out mourning cards as a reminder to offer prayers for the family and the deceased, which also functioned as a small keepsake for people too distant to want mourning jewelry or hair for a locket. These cards were often decorated with symbols of mourning, such as wreaths or other flowers, and they were displayed

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[56] Charles Dickens, *Great Expectations* (New York: Hurst & Co., 1885).
[57] IBID.
[58] Curl, *The Victorian Celebration of Death*. P. 17.
[59] Maximilian Scholz, "Over Our Dead Bodies: The Fight over Cemetery Construction in Nineteenth Century London," *Journal of Urban History* 43, no. 3 (December 2015): pp. 445-457, https://doi.org/10.1177/0096144215584152, p. 452.

in ornamental holders. For wealthy families, these card holders were expensive, elaborate decorations.[60] Albert's mourning card, for example, had symbols of ivy, dog roses, and English roses themed after the queen's personal feelings of sorrow and devotion to her deceased love.[61] The whole family went into mourning, including any servants in the household. The servants were given jewelry to wear, usually either of jet or onyx, [62] for a household filled with women in proper mourning dress and servants adorned with jewels was the ultimate symbol of wealth and status in the time after death.

Conforming to the elaborate mourning dress regulations necessitated that women not only be aware of what proper dress entailed, but also required the ability to regularly purchase new attire throughout the period of mourning, signifying that in the Victorian period, the action of grieving itself had a price tag. Similarly, the trend of wearing mourning jewelry, both those that were representative of a deceased relative through symbolic imagery, and those which were literally formed from pieces of the dead, show that although upper class Victorians were sentimental and cherished memories of the dead, the public-facing action of mourning was primarily a display of wealth. Elaborate mourning attire, funerary custom, and outward displays of grief served to display of one's dedication to the deceased loved one while simultaneously proving that one could keep up with their peers financially and socially in the aftermath of a death. Even the burgeoning middle class of the Victorian period sought to socially emulate those above them on the socioeconomic ladder by conforming to social expectations despite the

[60] Curl, *The Victorian Celebration of Death*. Pp. 13-15.

[61] See the mourning card of H.R.H Prince Albert, housed in the Victorian and Albert Museum, South Kensington, London. Available to view online at https://collections.vam.ac.uk/item/O78216/memorial-card-j-t-wood/.

[62] Curl, *The Victorian Celebration of Death*. P. 8.

financial burden. While mourning was, in many cases, a way to reflect the inward grief of a lost loved one, it was also an outward display of status, obedience to social norms, and wealth.

Chapter 2. A Collective Goodbye
Mourning and Burial Adaptations in Victorian Paupers and Working-Class

We do hope, too, to do something towards removing prejudices on the part of the lower classes, which stand in the way of amelioration, - the prejudice, for example, already referred to, which would lead the occupants of a single room, ill-ventilated and over-filled, to retain the body of a deceased relative amongst the living rather than deposit it in a fitting reception-place, to wait the appointed time for burial. The feeling which prompts it is a holy one: far be it from us to depreciate it, still less to scoff; but duty must overweigh feeling: the living have a stronger claim upon us than the dead.[63]

2.1. The Cupboard Under the Stairs

On August 22, 1883, Inspector Kemp, Sergeant Pickels, and Sergeant Wilson of the Southwark police division arrived at the business of local undertaker, Mr. William Camden.[64] The inspectors had received reports of a repulsive smell wafting out from the undertaker's building, and upon arrival, the three officers presented Mr. Camden with a warrant to search the premises for dead bodies.[65] A corpse in the care of an undertaker is not in itself a surprising find, but the inspectors found something so revolting that the event made it into the Times the next morning under the headline, "Horrible Discovery in Southwark." Mr. Camden, seemingly unbothered by the nauseating stench, compliantly led the inspectors to a small recess underneath the staircase.[66] Inspector Kemp and his Sergeants reached into the gaping hole and removed a container, which they opened to find three coffins emanating the odor in question. Inside these coffins lay the bodies of eleven stillborn infants–their tiny, distended bodies were tightly packed together like rotting sardines in an aluminum can, and the corpses were in such an advanced state of decomposition that only three or four of the eleven bodies could still be identified as male or

[63] George Godwin, *London Shadows: A Glance at the "Homes" of the Thousands* (London: G. Routledge, 1854). Chapter 5.
[64] "Horrible Discovery in Southwark," *Times*, August 23, 1883.
[65] IBID.
[66] IBID.

female. The local divisional surgeon concluded that the corpses must have been sealed away in the hole under the stairs for several months at minimum.[67]

Investigators busied themselves with locating the parents of the dead infants and preventing the angry mob assembled outside the undertaker's establishment from damaging the shop. Meanwhile, Camden was taken to the police station for questioning, where he assured investigators that nothing out of the ordinary had occurred. He explained that because there was a fee for the interment of bodies, he typically collected infants' corpses until enough had accumulated to bury them all "en bloc," thus saving on burial costs and avoiding a monetary loss.[68] Despite the fact that locals "would have given expression to their feelings by an appeal to lynch law had Mr. Camden put in an appearance," Reporters expected Camden to face charges, not for mistreatment of the dead, but for creating a public disturbance.[69] Ultimately, Camden was not charged with any wrongdoing, and he walked away from the ordeal with nothing more than a damaged reputation.

Camden's collection of dead babies, explained away as a fiscally conservative business decision, demonstrates that not every Victorian received a proper church burial. Though at the time of the incident in 1883, newspapers chided Camden's actions as "horrible," throughout the mid-Victorian period, it would not have been uncommon to find a decaying corpse stored in the home of the living. Poor, working-class London families often struggled to afford a grave for their dead, partially because London's cemeteries did not have enough room to accommodate the

[67] IBID.
[68] IBID.
[69] IBID.

high death rate, especially of children, but mainly because the average laborer simply did not earn enough to afford a proper funeral for their deceased family members.

The funeral of the Duke of Wellington and the "burial" of the eleven stillborn infants under the stairs in Mr. Camden's office could not be more different. The Duke's funeral lasted several days, and the whole nation, including the Queen, mourned and cried over the four caskets containing his body. When he was finally lain to rest, the Duke was lowered into a private grave, with the words of Alfred Tennyson's memorializing poem read aloud to commend the illustrious Duke for his service to the nation. In contrast, the infants under the staircase had no funeral service, no casket, and no one to mourn them. Not even the parents knew where their children's bodies were until the stench of decomposition revealed their location. The reason for this difference in treatment of the dead is simple: the Duke of Wellington was rich and well-known, while the infants and their families were poor and anonymous. While wealthy Victorians donned expensive mourning clothes and jewelry, poor people were lucky if their body was put in the ground before it was dissected or decomposed beyond recognition. Because of this inequality, the poor developed their own mourning traditions and rituals, which were modeled after the same rules that upper classes followed, adapted for people whose deaths were often sudden, quiet, and all too expensive.

2.2. Governing the Dead-The Consequences of Burial Reform and Legislation

Between 1800 and 1850, London's population doubled.[70] By 1900, five million people lived in London, a drastic increase from a population of one million at the beginning of the

[70] Maximilian Scholz, "Over Our Dead Bodies," p. 445.

century.[71] In his comprehensive study of the city, *London: A Biography,* Peter Akroyd argues that in the mid-Victorian period, London underwent a major transformation, becoming "the city of clock-time, and of speed for its own sake."[72] London's booming metropolis created economic opportunity for people from across the nation and abroad–people found work operating one of London's many restaurants, shops, boutiques, theaters, pubs, and entertainment halls, and those who could not find work could make a living in the streets. Contemporary author Henry Mayhew described a class of "habitual vagrants" in London's urban centers. He wrote:

> The nomadic races of England are of many distinct kinds—from the habitual vagrant—half-beggar, half-thief—sleeping in barns, tents, and casual wards—to the mechanic on tramp, obtaining his bed and supper from the trade societies in the different towns, on his way to seek work. Between these two extremes there are several mediate varieties—consisting of pedlars, showmen, harvest-men, and all that large class who live by either selling, showing, or doing something through the country...besides these, there are the urban and suburban wanderers, or those who follow some itinerant occupation in and round about the large towns. Such are, in the metropolis more particularly, the pickpockets—the beggars—the prostitutes—the street-sellers—the street-performers—the cabmen—the coachmen—the watermen—the sailors and such like.[73]

London's new eclectic populace lived in cramped quarters, especially on the East End in Whitechapel, where poor immigrants, prostitutes, and those on the fringes of society gathered. London's poor died of disease, malnutrition, and from drinking contaminated water, and inhaling the thick black fog lingering over the city did little to promote heath and longevity.[74] These poor conditions, coupled with the violence and dangers of living in a large

[71] Peter Ackroyd, *London: A Biography*. 575.
[72] IBID. 574.
[73] Henry Mayhew, *London Labor and the London Poor* (New York: Harper & Brothers, Publishers, 82 Cliff St., 1851). 2.
[74] See Judith Flanders, *The Victorian City: Everyday Life in Dickens' London* (New York: Thomas Dunne Books, 2015).

city, resulted in a high death rate. Thus, a major problem arose–there were not enough places to bury dead bodies.

This shortage of graves was not a new issue. Sanitation reformer George Alfred Waler wrote in 1839 that "the greater number of graveyards are crowded to excess; many, indeed, have been in this condition for an indefinite period."[75] By the 1830s and into the 1840s, surgeons and health reformers began to theorize that dead bodies carried infectious diseases. The majority of London's population lived in close proximity to one another in overcrowded quarters, and a disease outbreak spread quickly throughout the city. Thus, reformers, medical professionals, and parliamentary officials undertook various endeavors to create new burial spaces for the excess dead, giving special attention to the overwhelming inflow of dead paupers. For the first half of the Victorian period, the burial expenses of paupers could be taken out of the local Poor Rate fund; however, there were many stipulations imposed on the distribution of these funds to the families of the deceased, and at best, these endeavors did little to help the poor bury their dead. At worst, these attempts at reform only made things worse.

In 1840, secretary of the Poor Law Commission, Sir Edwin Chadwick, stated that the Commissioners would neither force nor prevent parishes from using the Poor Rate to inter paupers, instead leaving it to the discretion of individual guardians and overseers.[76] Further, Chadwick noted that if a pauper died in one parish and was transferred to another parish for

[75] George Alfred Walker, *Gatherings from Grave Yards: Particularly Those of London: with a Concise History of the Modes of Interment among Different Nations, from the Earliest Periods. And a Detail of Dangerous and Fatal Results Produced by the Unwise and Revolting Custom of Inhuming the Dead in the Midst of the Living* (London: Longman, 1839). P. IV.

[76] Edwin Chadwick, "Burial Fees on the Internment of Paupers," *Western Times*, December 26, 1840.

burial, cemetery officials were well within their right to demand a regular fee for burial, and if the family of the deceased could not afford the fee, burial could be outright refused.[77] For a poor family seeking to bury a recently deceased relative, this assertion from Chadwick demonstrated that the Poor Law Commission, one of very few institutions that existed to help the poor, was unwilling to intervene on matters of burial. Still, it was possible to get funding for a funeral using public assistance, but paupers generally had to be buried in their place of residence and could not choose to be buried elsewhere, unless they could pay for a plot out of their own pocket. Nine years later, Parliament passed the Burial Act of 1852, which completely overhauled burial practices, and made it even more difficult for the lower classes to properly bury their dead.

Firstly, the Act established that, if it were necessary for public health, the state could prohibit or limit burial in certain parts of the city.[78] Naturally, burials were banned more often in poor neighborhoods, where overcrowding was much worse. The Act further stated that if, for any reason, burial was disallowed in a certain parish, people who died there could not be buried in another parish, unless they already had family members buried there, and further, anyone who knowingly buried someone in an incorrect parish without proper permission would be guilty of a misdemeanor.[79] People who found themselves limited by this legislation often had few options left to bury their dead, and they were forced to pay additional fees to transport their loved ones' bodies elsewhere or purchase a more expensive grave elsewhere in town. In essence, the 1852 Burial Act gave the state the power to limit or prohibit burials in

[77] IBID.
[78] Burial Act, 1852 (c. 85), UK. Item II.
[79] IBID., Item V.

the most overcrowded parts of London, and though this Act intended to reform public health and sanitation, its unintended consequence was that the Act removed or restricted the already few burial options afforded to the working class and paupers. Families who could not afford a cemetery space for their loved ones were at the mercy of the state, which dictated received public aid for the burial, and if burials were allowed at all. Though these reform acts and legislative measures did serve to improve public health, the burial of poor people became increasingly governed by law throughout the mid-19th century. In fact, pauper burials were governed by many forms of authority, not just legislation and public service organizations. Individual cemetery proprietors also imposed codes and regulations to ensure that even in death, the poor were not treated above their rank.

For centuries prior, Englishmen buried their dead in the churchyard. Anglicans were buried at their church, while religious dissenters were lain to rest at their respective churchyards. Even Jewish temples had on-site burial grounds, but by the beginning of the nineteenth century, private metropolitan cemeteries were built across London. The first of these new cemeteries to open was Kensal Green, and though the cemetery had an Anglican chapel on the property, it was built as a cemetery first, not a church.[80] As burials shifted from local churchyards to private cemeteries in the city, cemetery owners offered a wider variety of spaces–people who paid more could have a bigger or better burial plot, and the poor got whatever spaces were left. By the second half of the 19th century, most cemeteries in London had reserved spaces for pauper's graves, where the poorest people could be buried using money from the Poor Rate or public aid. For working-class people who could pay a nominal

[80] For context, see Curl, *The Victorian Celebration of Death*, chapters 2 and 3.

fee, the graveyards also had public or common graves, where low-income people were buried en masse. However, even these public, anonymous graves were too costly for many working-class people. In the 1850s, a space in a common grave in London cost between £1 5s and £2 10s. Meanwhile, the average laborers earned a little over £1 per week, and after paying rent and other necessary living expenses, there would only be 1 or 2 shillings left for anything else.[81] Notably, these common graves, despite their high cost for working class people, were not private or individual. There was no guarantee that a person in a common grave would be interred in the same plot as their family; rather, the cemetery owners reserved the right to put anyone else who could not afford a private grave in the same space of ground.[82] Naturally, since each common grave contained an indeterminant number of unrelated individuals, most municipal cemeteries did not allow headstones on these spaces, and if a headstone was permitted, it remained the property of the cemetery, not the individual.[83] Furthermore, the cemeteries dictated what types of coffins could be used in the burial of paupers and destitute commoners.

Anyone who turned to the state for burial assistance had one coffin option–a simple wooden casket, the quality of which "was so poor that they cracked when a nail was driven in, and unless bodies are carefully handled, they fall out of them."[84] The shoddy craftsmanship of these caskets was intentional. Thin, unprotected wood decomposes in the ground relatively quickly, which further accelerated the decomposition of the body, allowing

[81] Scholz, "Over Our Dead Bodies," p. 450.
[82] Julie-Marie Strange, *Death, Grief and Poverty in Britain, 1870-1914* (Cambridge: Cambridge University Press, 2005). P. 134.
[83] IBID. P. 147.
[84] IBID. P. 149.

the cemetery to reuse the plot after a relatively short while.[85] Julie-Marie Strange notes that these parish-provided coffins were manufactured in such a poor quality, that no one would buy them except for the parish itself, for the express purpose of interning paupers, stating that,

> Such was the flimsiness of the parish coffin that suppliers were usually unable to sell them to anyone else. This not only points to their appalling quality, it implies that, like the workhouse uniform, they were readily identified as belonging to the parish.[86]

The sum of these burial policies, coupled with the legislation pushed by sanitation reformers like Edwin Chadwick, resulted in a highly regulated, state-dictated burial for paupers and the poor working class. When a person died in Victorian London with little money to their name, their family, by applying for state assistance, sacrificed their ability to make an autonomous decision regarding where and how to bury their loved one. Even those who did have a bit of money were laid to rest in the same plot of earth as several other poor people, signifying that just as in life, the bones of the poor were anonymous. Because of these burial regulations and constant state interference, lower-class Victorians could not mourn in the same way as their upper-class counterparts. While the wealthy elites donned mourning clothing and cried over a monumental mausoleum, perhaps crying a bit louder in the presence of on-lookers, working-class people were lucky enough if they even remembered which unmarked common grave their loved one was buried in, along with any number of other deceased. Because of this regulation, and the anonymity and loss of identity that came with it, poor Victorians often rejected this state-approved for of burial, and instead, developed their own rituals and customs surrounding

[85] IBID.
[86] IBID.

mourning, which afforded them a chance to grieve, remember, and celebrate the lives of the dearly departed without paying a high price.

2.3. A Toast to the Dead-Working-Class Funerals and Community Sorrow

In Victorian London, a society which so highly valued status and respectability, there was almost nothing more shameful than a pauper's funeral. A pauper's grave was anonymous and unloving, and anyone who mourned a pauper in a mass grave was a sad creature deserving of pity.[87] Even paupers themselves agreed with these sentiments in some ways, and they generally tried to avoid giving their loved one this kind of service if at all possible. If the stigma of a public aid funeral was not enough of a deterrent, poor, working-class Victorians also knew that the bodies of their loved ones may not get the respectful sendoff that they deserved. In 1866, *The Yorkshire Gazette* detailed an instance where the proper procedures of a funeral were, allegedly, not followed for paupers. In a traditional Anglican service, the bodies to be buried were supposed to be taken into the chapel, where a chaplain would read the appropriate service over each person individually. The newspaper reports that, on a day when five paupers were to be buried at once, the bodies were not taken into the chapel, but instead, were taken straight from the hearse and lowered directly into the ground. The pallbearers and a few mourners waited near the open graves for the chaplain to arrive, as he was not already on the premises. Upon his arrival, the chaplain hastily read out the funeral service over all five bodies at once, and with that, the funeral was over, and the paupers' cracked and crooked wooden coffins were covered with dirt.[88]

[87] IBID. P. 2.
[88] "The Burial of Paupers at the Cemetery," *Yorkshire Gazette*, May 26, 1866.

A poor, working-class family would do everything they could to avoid giving their deceased a service like this, which was so impersonal and hasty that it afforded neither respect to the dead nor condolences to the living. In *Oliver Twist,* Dickens conveys awareness of this rejection of public aid funerals through Mr. Bumble's declaration that: "the great principle of out-of-door relief is, to give the paupers exactly what they don't want; and then they get tired of coming,"[89] and that is precisely what happened. In order to get exactly what they did want, the working class adopted the practice of keeping the dead in the home of the living.

George Godwin, a London architect and journalist, in 1854 published *London Shadows: A Glance at the "Homes" of the Thousands.* The book, part of a larger series examining London's poor neighborhoods, offers an account of the homes and living conditions of London's poorest families. The quotation marks in the title are intentional–Godwin condemned the pauper home as a miserable and squalid dwelling unfit to be called a 'home.' Notably, he described the practice of keeping dead bodies in the home, which he found quite disturbing and barbaric. He wrote:

> A startling example of the practice came before us the other day, when opening a cupboard in a miserable room in the neighbourhood of Gray's-inn-lane, we found, shut up with the bread and some other matters, the body of a child, without a coffin, but decently disposed. The child had been dead a week: on one of the shelves was its little mug, marked "Mary Ann," with some broken crockery. The man's wife had died a few weeks before, and had been kept in the same room fourteen days amidst a family of children. The opponents of legislative interference in such cases should reflect on the wide injury to health committed by this permissive poisoning, to say nothing of its effect on the character of the people. We had prepared a sketch of the closet, but its aspect was so painfully repulsive that we have withheld it. Truth is often less truth-like than fiction.[90]

[89] Charles Dickens, *Oliver Twist* (London: Lacy, 1838). P. 153.
[90] George Godwin, *London Shadows: A Glance at the "Homes" of the Thousands*, Chapter 5.

This event speaks volumes to the adaptable burial practices of London's poor Victorians. Perhaps the father of the family needed time to save money to properly bury his wife and daughter, or perhaps he wanted time to grieve on his own without state interference. Strange argues that keeping dead bodies in the family home allowed relatives and friends of the deceased to care for the body, enact customs and view the dead on their own terms, and ensure that the body was treated with as much dignity as possible.[91] Though, there was certainly a tipping point where, if the body were kept in a home for too long, the whole thing could become quite undignified rather quickly, the poor did strive to achieve this balance and do what they thought best for the dead. Just like their wealthy counterparts, poor Victorians were also concerned with respectability. For the poor workers, the best way to respect a dead family member was to ensure that they were not thrown into a cheap, parish coffin and buried in a mass, unmarked grave, without so much as a prayer for their soul. The Victorian poor endeavored to avoid this treatment of their dead at all costs, even if it meant sharing a room with a corpse for a few weeks. This reluctance to accept public aid for burial, coupled with the overwhelming struggles of abject poverty and overbearing burial regulations, resulted in an altogether unique way to mourn and bury the dead.

Because of the aforementioned factors, poor Victorians put less emotional emphasis on the grave itself than wealthier people did. Though pauper graves were looked down upon, there was sometimes no other choice, and despite a strong desire not to, many people had to bury their loved ones in common graves. In some rare instance, families might bury their dead in a

[91] Strange, *Death, Grief and Poverty in Britain.* P. 150.

common grave until they saved up enough money to purchase a private grave, at which point, they had the body exhumed and relocated with the permission of local burial authorities.[92] Even if they could only afford a public grave, families and friends still made an effort to adhere to commonly accepted social norms at the funeral. Working-class families strove to wear black at funerals to signify loss and sadness. A workmen, for example, might not have enough money to buy a black tie to wear with their regular clothing.[93] Those who could not even afford a black tie might craft one using black tape or a bit of cloth, and in some cases, families attempted to dye their normal attire black for the occasion, to varying degrees of success.[94] Low-income workers also joined a friendly society to give and receive support from their peers in the aftermath of a death. Everyone in the group contributed a bit of money for one nice set of mourning clothes, and whenever a member of the organization suffered a loss, they wore the clothing to the funeral and for a short mourning period afterwards, until someone else in the club needed to borrow the outfit for a funeral of their own.[95] Just like the wealthy, the poor understood that wearing black to a funeral was a non-negotiable custom, and rather than abandoning the tradition, they adapted to it.

The working poor also adapted other elements of a high society funeral, including funeral feasts, processions, and mourning in the home. When a poor factory worker mourned a family member's passing, he did not own clocks to freeze in time, nor did he have the means to hire out mourners, but he did have blinds or curtains, and so did everyone else in the neighborhood. Following a death in the family, the poor darkened their windows to show their sorrow, and in a

[92] Strange, *Death, Grief and Poverty in Britain.* P. 139.
[93] IBID. P. 120
[94] IBID.
[95] Curl, *The Victorian Celebration of Death*. P. 6.

display of solidarity, everyone else on the street did the same.[96] Death was not simply a family matter for the working-class–it was felt by the entire community. Some in the neighborhood had lost a family member, some lost a friend, but everyone had lost a neighbor and kinsmen, and they drew their blinds to mark their loss as a group. Funerals generally took place on Sundays, when the most people could attend without missing a day of work, and in cases where cemeteries did not allow for Sunday burials, the poor buried their dead on their lunch break.[97] Just as the wealthy had elaborate processions to the graveyard, so too did the poor, though there were no carriages nor horses in embroidered harnesses. Instead, people walked together as a community, wearing whatever black clothing they could borrow or create.[98] Following the burial, funeral attendees typically visited the nearest pub to share a pipe and a glass of gin as they reminisced about the deceased. These post-funeral pub crawls could get quite rowdy and debaucherous, and the upper-class tended to look down on these drunken rows. For the wealthy, the workmen's boisterous celebrations so soon after a death evidenced the lack of respectability found amongst the working poor.[99] However, for the working poor themselves, these drunken moments of debauchery were the ultimate way to celebrate the lost life of a neighbor or family member–by sharing stories and memories of the dead over a bottle of gin, it was as if the dead were still among them, sharing one final drink among friends and loved ones, just as they had in life.

2.4. Conclusion- Those who Die in Poverty

The extreme socioeconomic inequality of the Victorian period affected all aspects of life, and naturally, this inequality affected death as well. Upper-class Victorians worried about

[96] Strange, *Death, Grief and Poverty in Britain.* P. 121.
[97] IBID.
[98] IBID.
[99] IBID.

‘keeping up with the Joneses’ in the aftermath of a death. Wealthy women purchased a new black dress every few weeks, carefully following the unspoken social rules of appropriate mourning dress. They commissioned elaborate jewelry containing locks of hair encased under gold, crystal, and gemstones, and when it came time to bury their dead, the rich made sure that throughout the funeral process, they conveyed a message of wealth, status, and respectability. The middle classes similarly sought to convey status, and they endeavored to follow the mourning rituals and customs of the elites to the best of their economic ability. Meanwhile, London’s poor working class and paupers did not desire social emulation; rather, they actively created their own traditions surrounding death, burial, and mourning. In some cases, these rituals were similar to those of the upper classes, such as wearing black, drawing shutters, and having a solemn funeral procession. In other instances, the traditions of the poor radically diverged, as they often kept dead bodies in the home of the living to save for a funeral or avoid the everlasting shame of an unmarked collective grave and the disrespect and mistreatment of a pauper’s funeral. Though not nearly as ostentatious as the death of Wellington, the story of death in London’s working poor is one of collective grief and struggles to preserve mourning traditions, despite external hardships. However, this sort of death was only for the more privileged poor–those who had family, community, and people who loved them in life. Not everyone was so lucky, and many Victorians who lived in abject poverty died alone, and their death was mourned by no one at all. For these people, even a common public grave would have been a luxury, for at the end of their life, nothing awaited but dissection under a surgeon’s knife.

In the early Victorian period, the field of medicine was rapidly developing, and increasing anatomical knowledge was crucial to improving surgical techniques and practices. Since the

passage of the Anatomy Act of 1832, this knowledge was primarily supported by the bodies of the dead poor. The Act was a direct attack on the burial and mourning traditions of the poor, and throughout the 19th century, London hospitals only served to widen the socioeconomic inequality of death, for while wealthy and middle-class Londoners were nursed back to health in the comfort of their own homes, the poor were butchered on the operating table, only to die in surgery and get dissected in death. Subsequent chapters detail and evaluate the state of London's medical field, arguing that the study of medicine and anatomy not only affected the mourning traditions of the poor, but also, that the medical field itself was funded, expanded, and supported, by the corpses of anonymous paupers.

Chapter 3. Bodies and Bureaucracy
Graverobbing, Anatomical Legislation, Quackery, Medical Reform, Rising Professionalism, and the Impact on the Social Class Divide

Many poor creatures have been sacrificed in consequence of the ignorance, carelessness, and self-sufficiency even of scientific professors, who have either despised or neglected the study of surgical anatomy, the considerations of what may arise during this or the other operation, and the due education of their fingers. The infliction of unnecessary pain…the hazarding in the slightest degree the safety of anyone who puts confidence in us, who trusts us with his life, or of one who…without the means of appeal, [is] thrown into our hands, cannot by any means by palliated, or defended-it is in point of fact highly criminal.[100]

3.1. The Slicing of Isaac

On November 5, 1868, Isaac, a sixty-one-year-old employee of the Metropolitan Railway in Hammersmith, suffered a terrible accident on the job.[101] Isaac stood over the tracks, swinging his pickaxe between the rails, when he suddenly glanced up from his labor to notice an approaching train. The engine was barreling towards him with such speed that Isaac feared he could not move out of the way, and, in his moment of panic, Isaac decided to throw himself down on his back in hopes that the train would pass over his body unscathed.[102] Unfortunately, Isaac's hopes were quickly dashed when the train's engine struck him in the forehead, leaving a deep gash which bled profusely down Isaac's face. Even worse, the force of the impact knocked him over to his side, and Isaac could do nothing more than watch in horror as the wheels of the carriage rolled right over his left foot.

He was immediately brought to the West London Hospital, where doctors assessed his injuries to find that "the toes and the metatarsal bones of the left foot were found to be broken to

[100] Robert Liston, *Practical Surgery: With One Hundred and Twenty Engravings on Wood* (London: J. Churchill, 1837). Pgs 3-4.

[101] "Partial Amputation of the Foot (Under the Care of Mr. Fairlie Clarke)," *The Lancet*, November 20, 1869, 706–706.

[102] IBID.

pieces, and the soft tissues were completely crushed."[103] Further, the gash in Isaac's forehead cut straight to the "outer table of the skull,"[104] meaning that the engine had cut through Isaac's flesh, muscle, and tissue to lacerate the surface of his cranial bone. Had the gash been just a few centimeters deeper, Isaac would likely have died on impact. He was, by all considerations, very lucky to be alive. The head surgeon, Dr. Fairlie Clarke, administered chloroform to Isaac, a relatively new technology, and began amputating the foot, aiming to keep as much of the appendage intact as possible. Though the bones were crushed completely, Isaac still had a fair bit of workable skin, which allowed Dr. Clarke to preserve a decent sized stump. The surgery went rather well, though Isaac's recovery proved long and arduous. Three days after the procedure, the wound began swelling and filling with fluid. Doctors did what they could, and Isaac stayed in the West London Hospital until February 15, 1869, when he was finally transferred to the Walton Convalescent Institution to stay for another month. At this point, his wound was mostly healed, save for a "small spot the size of a shilling."[105] However, when he was transferred back to the West London Hospital, Isaac's leg now sported a larger open wound, and he complained of both oedema and eczema on his leg. With nothing else to do for poor Isaac, doctors allowed him to simply rest in bed, until he was finally discharged on the 15th of April. By June, he was finally beginning to bear some weight on the stump.[106]

Though the medical records make no mention of Isaac's economic status, he was likely a member of London's poorer working class, still toiling on the railroads at age sixty-one. Though Isaac did survive the procedure, one can only imagine what became of him, after missing eight

[103] IBID.
[104] IBID.
[105] IBID.
[106] IBID.

months of work, only to return without his left foot. Could he still work? Did he have a wife, children, or perhaps even grandchildren who suffered greatly from the loss of his income? It is impossible to know for sure, though, considering trends of the time, it may be safe to assume the worst.

Surgery was an omnipresent threat for a person living in 19th century England. Victorian people, especially those belonging to the lower-class, were constantly aware that if they happened to fall and break an arm, take a bullet in the Crimean war, or suffer injury at their place of work, as Isaac did, there was a reasonable chance amputation would be necessary. Other ailments, such as tumors, growths, deformities, and infections, could also require surgery, resulting in a lost limb, lifelong pain, disability, or even death, perhaps at the hands of a surgeon. A wealthy individual might be lucky enough to have surgery at home atop their own kitchen counter–the clean, familiar atmosphere provided comfort for the patient and increased survivability. On the other hand, lower-class people might have to go to an insect-infested hospital, where they would meet a doctor in a bloody apron, wearing neither gloves nor a mask, and sometimes, their surgery would be performed in an operating theater for medical students to watch. As thousands of students peered down at the patient, procedures were done as quickly as possible. Rapid surgeries prevented patients from dying of blood loss and reduced both physical suffering and mental anguish–before the emerging use of ether as a surgical anesthetic in 1843, patients were fully awake during surgery. The development of ether, and chloroform gas in 1847, spared patients from agony and gave surgeons a bit more time to work, yet these dangerous anesthetics further reduced the survivability of most procedures. Moreover, anyone who survived the traumas of the surgery would still have to battle sepsis and gangrene caused by bacteria-

riddled medical tools. Isaac managed to avoid these horrors, finding himself at a well-equipped hospital in West London with a competent and trained doctor, yet he still was incapacitated for over half of the year, only to be released as an aging amputee.

In this section, I will explore the historical context and practices surrounding Victorian surgeries and the peculiar methodologies employed during this era, including things such as public surgeries or operating theaters in medical schools. Additionally, I will survey how these public perceptions influenced the Victorian populace's attitudes toward death, mourning practices, and the significance attributed to loss of life. Within this framework, a common theme emerges, displaying that the same inequalities that emerged in mourning rituals were also present in the medical field, which also played a part in shaping disparate experiences and understandings surrounding death in Victorian society.

3.2. Barbers and Bodysnatchers- The Tangled Roots of Victorian Medicine

From the 16th century onward, English surgeons were classified in the same professional group as barbers. These barber-surgeons, in addition to providing beard trimmings and haircuts, also performed minor surgical procedures such as tooth extractions or abscess removals. The two occupations were effectively combined until 1745, with the creation of the Company of Surgeons in London in 1745. Members of this company, though esteemed as skilled craftsmen, mostly lacked formal education, and were more often than not of lower socioeconomic status. This organization later evolved into the Royal College of Surgeons in London in 1800, though this transition did little to standardize or regulate the field, as the charter's jurisdiction was limited to surgeons in London who were members of the Royal College of Surgeons.[107] Thus, in the early

[107] Mary Wilson Carpenter, *Health, Medicine, and Society in Victorian England* (Santa Barbara, California: ABC-CLIO, 2010). P. 15

19th century, surgeons, having ceased their barbering services, predominantly generated income by selling pharmaceutical drugs, now serving as apothecaries as well as surgeons. This medical multi-tasking was possible because for so many years, the medical field suffered from a serious lack of regulation. The prevailing view was that local corporations, not the government, should oversee medical affairs.[108] The Apothecaries Act of 1815, enacted by Parliament, marked the first legislative effort to regulate the medical field. The act prohibited apothecaries from selling drugs which were not prescribed by a physician, and required apprenticeship training for apothecaries, in addition to rudimentary medical education, which could be anything from sitting in lectures, internships at a hospital, or the passage of an oral exam. Additionally, anyone wishing to sell drugs in England, or Wales, had to obtain an LSA, a License of the Society of Apothecaries. The act affected surgeons in two ways– firstly, the act encouraged apothecaries to also seek dual licensure in surgery, which further supported the professional entanglement between surgeons and apothecaries.[109] Secondly, the act was nearly impossible to enforce, meaning that apothecaries, including those who also identified themselves as surgeons, continued prescribing and selling drugs as their main income source, despite many of them not having the appropriate training or credentials established by the act.[110] A doctor writing for The Pr*ovincial Medical and Surgical Journal* in 1851 spoke retrospectively about the Act's effects on the medical field, writing that:

> No Act of Parliament can raise the relative condition of the sedimentary portion of the profession. Let us not be deluded into the hope that any British Legislature will ever consent so to restrict the practice of medicine as effectually to put down quacks or ignorant practitioners. This will never be done ; and the wonder is, that any thinking man should cherish so hopeless an expectation. The Act of 1815 was never intended for

[108] IBID. 14.
[109] IBID. 16.
[110] IBID.

> this purpose. Its "imperfections," as they are called, were carefully devised evasions. The provisions of the Act were well canvassed by the medical practitioners of the day, and although they succeeded in erasing many objectionable clauses, not one of them suspected that mere druggists, or quacks calling themselves druggists, were *intended* to be left with as full liberty to practise as before.[111]

These Apothecary-Surgeons diversified their roles further in attempt to earn a living, some even becoming "man-midwives" or drug manufacturers. With no laws prohibiting such, any person could manufacture, prescribe, and sell drugs, deliver a baby, or perform surgery, with or without any medical knowledge.

Historian Mary Wilson Carpenter, in her *Health, Medicine, and Society in Victorian England*, highlights that because of "the lack of national standards for medical qualification…anyone could call themselves an apothecary, or for the matter, a surgeon,"[112] Carpenter labels these practitioners "hucksters, itinerants, and quacks," noting that they were also generally people of low or middle societal status in early 19th century England. While university-educated physicians received the title 'Doctor,' apothecaries and surgeons were only accorded the honorific of 'Mister.'[113] At this time, women also found opportunities in the medical field as midwives, apothecaries, or unlicensed physicians, albeit many were as unqualified as their male counterparts. By 1826, apothecaries and surgeons remained effectively merged under the Associated General Medical and Surgical Practitioners society, and these unqualified and unlicensed individuals continued practicing well into the 1850s. However, the field of Victorian surgery had two different sides. Members of the working class and other poor Victorians continued to receive medical care from uneducated men, and women, who awarded

[111] "The Apothecaries' Act of 1815," *Provincial Medicine and Surgical Journal* 15, no. 5 (March 5, 1851): 138–39, https://doi.org/https://www.jstor.org/stable/25492885.

[112] Carpenter, *Health, Medicine, and Society,* 15.

[113] IBID.

themselves several different medical titles, despite having training for none of them. Yet even though theoretically anyone could claim to be a surgeon, apothecary, midwife, or any combination of these, there still existed competent, formally educated surgeons who practiced in actual hospitals. Even the poor could sometimes seek medical attention from these hospital surgeons, though many chose, when possible, to take their chances with their local quack instead-the reasons for which will become increasingly clear as the chapter develops. The medical profession faced its own set of challenges, beyond unenforced regulations or a surplus of mountebanks and charlatans. For starters, Victorian surgeons generally lacked anatomical knowledge and dissection experience, a problem which, not only resulted in increased perioperative mortality and patient discomfort, but also created a quite profitable criminal enterprise in the form of graverobbing.

In 1540, Henry VIII granted royal permission for the company of barber-surgeons to dissect the bodies of four hanged felons, which became an annual right.[114] For centuries, dissection was regarded as the ultimate punishment, even worse than death itself. To have one's remains butchered posthumously was an enormously bad fate, reserved only for the worst criminals, which was to be avoided at all costs. In the 16th and 17th centuries, it was even common for crowds to riot at the gallows at perceived injustice at the prospect of the executed criminal's dissection.[115] Even if it were legal, the same people who protested a convicted criminal's dissection would certainly not have donated their loved one's bodies to medical researchers, and this was still the case by the time Victoria took the throne. As previously mentioned, funerary customs were sacred to Victorian people and their predecessors, the poorest

[114] Ruth Richardson, *Death, Dissection and the Destitute* (Chicago: Univ. of Chicago Press, 2009). P. 32
[115] IBID. 53.

of whom went to extreme lengths to ensure that their deceased family members were given respect and care in death. To imagine a loved one's corpse being chopped into several pieces and distributed to medical students was, for many, the worst thing imaginable. Thus, medical colleges were faced with quite a predicament. Surgeons-to-be needed hands-on experience with dissecting cadavers, but there was not a consistent, legal way to obtain enough bodies for all students. Bodies could, however, be obtained through illegitimate means.

As far back as the 1720s, graverobbing in London was commonplace. In *Death Dissection and the Destitute,* historian Ruth Richardson details the complex nature of bodysnatching and graverobbing, stating that:

> Anatomists and surgeons had begun to establish school, and probably sold dismembered parts of bodies to pupils. In this period, too, the foundations of the great collections of medical specimens were established, and it is more than likely that–just as was the case with natural history specimens–private auctions began to serve as a means of promoting exchange.[116]

Graverobbers, sometimes called "Resurrectionsists," worked in small groups, sneaking into the cemetery under the cover of darkness with wooden shovels to exhume a corpse and steal it away as quickly as possible to avoid detection. This no doubt instilled a sense of fear and panic in the public–one newspaper in 1801 even advertised a special type of coffin which could not be broken into.[117] Without any legislation preventing such, and with the majority of crimes remaining relatively undetected, graverobbers profited from the sale of stolen bodies for quite some time. Years later, in 1822, the *Stamford Mercury* published an article warning readers that, "the practice of robbing graves to supply surgeons with subjects for anatomy is carried on in all

[116] IBID. 55.
[117] "Advertisements and Notices," *Morning Chronicle*, May 12, 1801, Issue 9976.

the country within 20 or 30 miles of London to an extent truly revolting."[118] One eyewitness, whose father's corpse was stolen, claimed to have seen "the mangled bodies of upwards of 20 persons, from the age of 12 months to 60 years" at an unspecified dissecting establishment.[119] In a particularly infamous and extreme example, two Edinburgh men, William Burke and William Hare, apparently finding that there were not enough corpses to exhume, took to murdering people over the course of ten months in 1828. Their victims were sold to an anatomist to dissect during his lectures. Though Burke and Hare were eventually caught and brought to justice, the crime of "Burking," killing some poor, lonely soul to sell to anatomists, became a legitimate fear for paupers in workhouses and shared lodging houses in Edinburgh, London, and throughout. [120]

In the earliest part of the 19th century, the medical field in Victorian England was defined by these two distinct issues: far too many unqualified practitioners and far too few cadavers. Despite the establishment of the Royal College of Surgeons and failed legislative efforts like the Apothecaries Act of 1815, the medical field remained rife with quacks who worked as apothecaries, prescribers, midwives, and even surgeons, despite having little to no education or training. This situation, exacerbated by a lack of effective enforcement mechanisms, blurred professional boundaries among medical practitioners, perpetuating a system in which the poor often had no choice but to seek treatment from individuals lacking proper qualification. Yet, because of the centuries-long cadaver shortage, even surgeons with the appropriate educational credentials did not necessarily have experience. Graverobbing was directly driven by this shortage of legal cadavers, and though these crimes did feed the burgeoning medical education

[118] "Sunday and Tuesday's Posts," *Stamford Mercury*, December 13, 1822, Volume 9, Issue 4786.
[119] IBID.
[120] Elizabeth T. Hurren, *Dying for Victorian Medicine: English Anatomy and Its Trade in the Dead Poor, c.1834-1929* (Basingstoke, Hampshire: Palgrave Macmillan, 2014). P. 5.

sector, they also instilled fear and horror among the Victorian populace, particularly the poor, who were prime targets for Resurrectionists and Burkers. These men spent backbreaking hours in a cemetery with a shovel, digging through six feet of cold, hard dirt, and some even went as far as to commit homicide, all for the financial incentive that selling a dead body to a medical institution provided. London's working poor, who were worth nearly nothing in life, became quite valuable commodities in death, as these ingrained flaws within the medical field exacerbated the deep societal divide between classes through the commodification of the dead poor.

Thus, Victorians were tasked with a challenging situation–the need to prevent graverobbing while also promoting progress within a medical field that was overflowing with incompetency, and which was only half regulated at best. The Anatomy Act of 1832 was a quasi-solution to this conundrum, but unsurprisingly, it came with a consequence in the form of more indignities against the dead poor. This landmark legislation, while aimed at curtailing the grisly trade of bodysnatching, had far-reaching implications for both the medical profession and the poor. The Act's impact on the working poor and paupers, alongside its influence on medical education and professional ethics, offers a lens through which to examine the interconnections between social policy, medical practice, and the lived experiences of the Victorian working poor.

3.3. From Graverobbing to Governance: The 1832 Anatomy Act, Reform, and the Making of Medical Elites

In 1828, Doctor Herbert Mayo, a Fellow of the Royal Society, wrote a letter to the Council of King's College advocating for some kind of anatomy legislation to allow surgeons and anatomists to legally obtain cadavers. Responding to recent disease outbreaks, as well as the increasing intensity of graverobbing, he wrote:

> The public mood is so occupied with the engrossing subjects of cholera and reform that a bill for legalising dissection, which 3 years ago might have produced a riot, would now scarcely occupy a day's attention. Under these circumstances, I venture to hope that the Council of King's College will take into their present consideration, whether grounding their request upon the incident which has lately occurred [referring to one of many murders committed by London Burkers], they may not with some prospect of success solicit the Government to adopt some measure, through which the serious evils may be removed, that not only most prejudicially interfere with the advancement of the study of medicine, but have at the same time led to the darkest criminality in modern times.[121]

Perhaps the Council of King's College followed Mayo's advice and spoke to Parliament. Regardless, Parliament did act on these calls for anatomical legislation, passing the Anatomy Act on August 1, 1832. The Act was not passed to advance medical study as much as to prevent murder and graverobbing, as the Act begins with the rationale that "it is highly expedient to give Protection, under certain Regulations, to the Study and Practice of Anatomy, and to prevent, as far as may be such great and grievous Crimes and Murder."[122] Parliament's main goal was to reduce crime and murder, with anatomical knowledge being a secondary, yet positive consequence. Though the imagery surrounding dissection was still quite horrifying and gruesome to most, the need to prevent Burking and graverobbing was evidently more pressing.

Most importantly, in addition to regulating some elements of anatomical study, the Act allowed for the legal dissection of unclaimed bodies from workhouses, hospitals, and prisons, specifying that if a body remained unclaimed by a spouse, relatives, or friends of the deceased within forty-eight hours, it could be used for anatomical research.[123] For surgeons and officials in medical colleges, this meant that they could have a consistent, timely stream of legally-obtained cadavers for the first time in centuries, yet for the working poor, this section of the Act was

[121] Herbert Mayo to Council of King's College London: King's College Archive, 1828.
[122] Anatomy Act, 1832, 2 & 3 Will. 4, c. 75.
[123] IBID.

catastrophic. Those who died with no relatives or funeral preparations now had a ticking clock counting down to the moment when their greatest fears would become reality. The possibility that one's grave would be robbed was previously omnipresent, yet there were ways to prevent this from happening, so it was never guaranteed to occur. Now, with the Anatomy Act in place, a poor, lonely workmen could assume with near certainty that they would be dissected within two days of their death. Still, from the perspective of surgeons, this piece of legislation was exactly what they wanted, and from a purely scientific standpoint, the Act was monumental in terms of anatomical advancement.

In subsequent years, medical knowledge in 19th-century England rapidly expanded, as did the size of the medical field itself. By 1834, there were at least thirteen medical colleges in England, and the average provincial town had around one licensed general practitioner for every one thousand persons, along with a surgeon or two.[124] These new doctors were more qualified than their predecessors–they were able to learn from an increasing number of instructional manuals and educational books, built on the burgeoning study of cadavers that the Anatomy Act allowed. For instance, in 1837, Doctor Robert Liston, famous for his fabled ability to amputate a limb in about two-and-a-half minutes,[125] published a book entitled *Practical Surgery: with One Hundred and Twenty Engravings on Wood.* The book featured detailed illustrations of anatomical structures along with instructions for how to perform operations on joints, limbs, growths and tumors, and other deformities and abnormalities. Notably, Liston argued that in many cases, such as fractures for instance, surgery could sometimes be dispensed with altogether in favor of other

[124] Carpenter, *Health, Medicine, and Society,* 15.

[125] Andrew J. Jones, Robert R. Nesbit, Jr., and Steven B. Holsten, Jr., "Time Me, Gentlemen! The Bravado and Bravery of Robert Liston," *CC2016 Poster Competition*, American College of Surgeons, 2016, 5-30.

healing methods, thanking recent advancements in anatomical knowledge for this revelation.[126] Other works such as Dr. Henry Gray's *Anatomy of the Human Body*, published in 1858, which became a foundational text for medical students and professionals alike, offered detailed descriptions and illustrations of human anatomy that were unprecedented in both their accuracy and comprehensiveness–the work is still referenced today as 'the doctor's bible'.[127]

Despite these advancements, the English medical field was still very much in a transitionary period–university educated men of science existed alongside the increasingly outdated apothecaries, druggists, and outright quacks, and both continued to treat patients in a variety of settings. Recognizing the growing number of doctors, Parliament passed the Medical Act of 1858, which created the General Council of Medical Education and Registration, an organization which registered all qualified practitioners annually.[128] In order to earn and maintain their medical license, the practitioner had to provide the Council with evidence of their qualification and pay a registration fee, and if the practitioner committed a felony or had been deemed "guilty of infamous Conduct in any professional Respect," their license could be revoked.[129] This act, however, only governed those who had or were seeking a license; it did not enshrine that everyone who worked as a medical provider must be licensed. Just as it was centuries earlier, virtually anyone could still call themselves a surgeon or apothecary and offer medical services to people, licensed or not.[130] The 1858 Medical Act did not clean up the medical field of incompetency, but it did create a new type of doctor, a licensed medical practitioner,

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[126] Liston, *Practical Surgery*, P. 2.

[127] Henry Gray and Henry V Carter, *Anatomy of the Human Body* (London: John William Parker, 1858).

[128] Medical Act, 1858, Chapter 90. Available at: https://www.legislation.gov.uk/ukpga/Vict/21-22/90/enacted

[129] IBID.

[130] Carpenter, *Health, Medicine, and Society,* 23.

which helped legitimize of the medical profession as a whole.[131] This increased legitimacy reshaped the profession into one of competition, hierarchy, and class conflict.

In *The Transformation of Intellectual Life in Victorian,* historian T.W. Heyck explains that the later Victorian period, from the 1870s onwards, witnessed a profound social shift dominated by ideas of professionalism and intellectualism. He notes that in the early 19th century, educated men referred to themselves with terms like "men of letters" or "cultivators of science," yet over time, they began calling themselves "intellectuals," thus, distinguishing themselves as a distinct social class characterized by the specialized knowledge and skills which they possessed, which others did not.[132] Though the medical field had long been regarded as one of the elite "professions," this spirit of bureaucracy and professional hierarchy emerged in the medical field as well; medical men were always "in a profession, " but they now wanted to be "professionals" too.[133] Heyck argues that by joining one of the "professions," the church, law, or medicine, these young men could expect a successful career, thus maintaining, or perhaps elevating, their existing social standing.[134] This desire to preserve one's status in the increasingly hierarchical social structure characteristic of the Victorian period created quite a bit of competition within the professions. Universities like Oxford and Cambridge were small, expensive, and incredibly exclusive[135], and this spirit of exclusivity extended into the medical field itself. Female midwives and apothecaries were effectively pushed out–they might still practice on the fringes of the

[131] Carol Anne Beardmore, "Death, Grief and the Victorian GP: A Case Study of Edward Wrench of Baslow, Derbyshire, 1862 - 1898," *Midland History* 47, no. 3 (September 2, 2022): 313–30, https://doi.org/10.1080/0047729x.2022.2126241.

[132] Thomas William Heyck, *The Transformation of Intellectual Life in Victorian England* (Chicago: Lyceum Books, 1989). P. 15.

[133] Carpenter, *Health, Medicine, and Society,* 18.

[134] Heyck, *Transformation of Intellectual Life*, 51

[135] IBID. 69-70

medical field but could never hope to attain the status that being a "licensed practitioner" carried.[136] This new class of medical men wanted to be regarded as an elite with special qualifications, so the fact that basically anyone could refer to themselves as a "medical practitioner" was a problem-there was an increasing desire to set oneself apart from the unlicensed and uneducated riff-raff. Properly licensed physicians now considered themselves members of a professional elite, or as Heyck puts it, "the new gentry."[137] Thus, as elites themselves, these practitioners mainly served the wealthy, offering the high-quality, attentive bedside medical care to those who could afford it.

What then, became of the poorer classes, whose very bodies made this type of care possible? The Victorian working poor, despite being the unwilling providers of the bodies that fueled medical advancements, saw little to no benefits from these developments. While the Anatomy Act of 1832 facilitated a steady supply of cadavers for anatomical study, it came at the cost of their dignity and peace of mind. The Act, as an unintended consequence, effectively stripped them of agency over their own bodies, relegating them to the status of mere commodities to be dissected and studied by the medical elite, for virtually no trade-off. Moreover, the subsequent professionalization and elitism within the medical field further marginalized the poor, denying them access to the quality healthcare that they inadvertently contributed to advancing. The idea was that the advanced ability to study cadavers would lead to some improvements in the quality of medical treatment that all people could receive, but the poor mostly continued to visit their local druggist or apothecary whenever they fell ill. How could these unlicensed quacks and untrained apothecaries continue to prescribe medicine extralegally

[136] Carpenter, *Health, Medicine, and Society*, 18.
[137] Heyck, *Transformation of Intellectual Life*, 226

and maintain a profitable business well into the later 19th century, if not for a continuous and steady consumer demand? This begs the question, though, of why such a demand existed. Theoretically, the quality of care in hospital was supposed to be improving. In reality, the poor avoided the hospital entirely, and in fact, they widely viewed it as akin to a prison that would possibly become their final resting place.

Chapter 4. The Last Resort
Death in Victorian Hospitals, Forced Detentions, and Visual Representations of the Hospital's Role in the Cadaver Trade

Yet am I tremulous and a trifle sick,
And, face to face with chance, I shrink a little:
My hopes are strong, my will is something weak.
Here comes the basket? Thank you. I am ready.
But, gentlemen my porters, life is brittle:
You carry Caesar and his fortunes — steady![138]

4.1. Tragic Meanness: Neglect, Disease, and Infection in Hospitals

During an extended hospital stay in the 1870s, English writer W. E. Henly drafted a lengthy poem, aptly titled "In Hospital." In the opening stanzas, Henly described the atmosphere of the hospital:

> The morning mists still haunt the stony street;
> The northern summer air is shrill and cold;
> And lo, the Hospital, grey, quiet, old,
> Where Life and Death like friendly chafferers meet…
> …And on I crawl, and still my spirits fail:
> tragic meanness seems so to environ
> These corridors and stairs of stone and iron,
> Cold, naked, clean — half-workhouse and half jail.[139]

Henly describes the hospital as a dreary, desolate place, where people went to die rather than to recover. Henly was in a somewhat rare situation–as a writer, he had enough money to afford a hospital stay, which could cost between 2 shillings, 6 pence and 7 shillings, 6 pence per day,[140] but he was not quite wealthy enough to afford personal home treatment, which would have been vastly preferable. London's upper classes were, to some degree, obsessed with maintaining

[138] Henley, W. E. "In Hospital." *Poems*. 2nd edition. London: David Nutt, 1889
[139] Henley, W. E. "In Hospital."
[140] Michelle Higgs, *Life in the Victorian Hospital* (Stroud, Gloucestershire: History Press, 2009). P. 44.

perfect health, and they could call out a doctor to their home to treat any minor ache, pain, or illness.[141] As he approaches the hospital, Henly mentions losing hope, though in many cases, people would not resort to hospitalization until hope had already been lost–the poorest Victorians avoided the hospital until they felt reasonably assured that they would die otherwise. For members of the lower class, seeking a doctor was an act of desperation, when the patients felt they were past the point of finding a cure, and were perhaps only marginally hopeful that they might alleviate their symptoms. The poor were, on the one hand, afraid that if they died in hospital, and no one came by to claim their body, they might end up being dissected or posthumously experimented upon. On the other hand, the poor were also aware that if they stayed in hospital, they may emerge sicker than when they entered.

In *Life in the Victorian Hospital*, Michelle Higgs details the story of a man named Duncan Ritchie, which she discovered in the NHS Greater Glasgow Archives. Mr. Ritchie was a farm servant and underploughman, who, in 1869, was thrown out of a horse cart. He landed on his spine, and in addition to experiencing partial paralysis, suffered some sort of concussion.[142] He was sent to hospital, despite his family's concerns about "the prejudices generally entertained by people of their class against such institutions."[143] When Duncan's family visited him to check on him a week later, he had developed a very large bedsore on his back, which was already gangrenous, and one week after that, Duncan was dead. Mr. Ritchie, a man who was clearly loved by his family, was paralyzed and helpless in a bed, where he was neglected to the point that he developed bedsores which resulted in his death.[144] This case demonstrates exactly what

[141] Carpenter, *Health, Medicine, and Society,* 23.
[142] Higgs, *Life in the Victorian Hospital*, p. 70.
[143] IBID.
[144] IBID.

the poor were afraid would happen to them if they went to a hospital, that they would meet a painful, miserable end wasting away in a dirty bed, when they could have been at home with family, dying surrounded by loved ones. It is also possible that Duncan's suffering might also have affected other patients because of how unhygienic hospitals were. In many hospitals, the patient beds were very close together, and in specific cases, "the water closets [were] offensive and open immediately out of the wards so that in certain states of the wind the bad odour [was] plainly perceived in the wards."[145] If this was true, then certainly other patients would have been able to smell the infection emanating from the neglected Mr. Ritchie as he rotted in his bed. The hospital smelled of death and infection, but these smells were more than unpleasant–infections were a major problem in hospitals throughout the 19th century.

In the first half of the 19th century, some attempts were made to establish separate hospitals for individuals with infectious diseases, such as typhus fever, smallpox, scarlet fever, tuberculosis, measles, or diphtheria. However, until the late 1860s, these patients could, and did, receive treatment in general hospitals. Westminster, St. Bartholemew's, St. Thomas', Nottingham General Hospital, and Manchester Royal Infirmary were among the hospitals in London and surrounding areas to allow such patients, and some of these did not have a separate ward for contagious patients.[146] One person with such an infection could spread the disease to everyone in the hospital. In one instance in 1840, a sixty-seven-year-old man survived an operation to remove gallstones, only to contract typhus fever in the hospital and die.[147] Typhus, especially, was a significant concern for hospital patients–it was sometimes even referred to as "hospital

[145] Higgs, *Life in the Victorian Hospital*, p. 69.
[146] Higgs, *Life in the Victorian Hospital*. p. 33
[147] IBID.

fever" or "jail fever", according to the writings and observations of British army officer Sir James Carmichael Smyth, as far back as 1799.[148] In 1859, fevers of this nature were thought to originate from unclean air or "effluvia" emanating from chamber-pots. Nurses and hospital workers attempted to keep the units as clean as possible to prevent the spread of disease via these bad smells, but of course, patients and nurses alike commonly succumbed to contagious illnesses in hospital.[149] Moreover, disease was transmitted by medical instruments and doctor's hands– gangrene, sepsis, pyaemia, and erysipelas heightened the already high mortality rate in hospitals.[150]

These realities demonstrate that, regardless of any external concerns of dissection or experimentation, which were valid, the nineteenth-century poor understood that hospitals were places where the dying went to die, and the sick went to get sicker. People who spent time in hospital for a minor surgery or some form of treatable influenza understood that they might survive the surgery or cure their original ailment, only to contract another illness in the hospital and die. There were also cases like the story of Duncan Ritchie, in which people died because of negligence and neglect in an overcrowded and understaffed hospital. For the sick or injured poor, going to hospital was not only an extra expense that they likely could not afford, but it was also oftentimes a risk that simply was not worth taking. The poor preferred to deal with their original illness in alternative ways, rather than enter a hospital and contract a whole new set of ailments, and in many cases, this was likely a logical decision. If they were going to die, many preferred to die at home surrounded by loved ones, rather than surrounded by sick, dying strangers, and

[148] Smyth, James Carmichael. The Effect of the Nitrous Vapour, in Preventing and Destroying Contagion, Ascertained, from a Variety of Trials …p. 104.

[149] Carpenter, *Health, Medicine, and Society,* 15.

[150] Richardson, *Death, Dissection and the Destitute.* P. 44

disgusting smells to boot. However, this ability to choose to avoid the hospital was not available to everyone. W.E. Henly mentioned in his poem that the hospital was "half jail," and though Henly himself was not in hospital involuntarily, there `were instances where people, especially women, would be forcibly locked in hospitals against their will.

4.2. Falling through the Cracks: The Health and Helplessness of Victorian Women

For much of the nineteenth century, women could not own any property or money of their own–everything they had would belong to their husband. Thus, when a poor or low-income woman fell sick, it was incredibly unlikely that she would be able to seek treatment, as whatever little money the family had would have been reserved for rent, food, children, and the needs of the breadwinner, before her.[151] In the eyes of nineteenth-century British society, which already had a long-established history of patriarchy, women were a different kind of being entirely, separate and distinct, almost like a different species than men, and this notion "had reached ridiculous and dangerous extremes in the medical realm."[152] Women were generally limited to becoming nurses rather than doctors, and with the increasing tendency for doctors to become specialists of something, it was rather unlikely that a male doctor would work his way through medical school, only to specialize in women's medicine; there was less demand for it and less prospects to advance one's career in the field. Some hospitals did exist for women, like the Birmingham Women's Hospital, which had only four beds for paying patients and four beds for patients receiving free treatment. This hospital attempted to reduce infection by performing

[151] Higgs, *Life in the Victorian Hospital*. p. 44.
[152] Carpenter, *Health, Medicine, and Society,* 149.

operations in a shed in the garden next door to the hospital.[153] Between 1871 and 1877, these surgeries, including ovariotomies, had a death rate between 30 and 100 percent.[154]

The state of women's healthcare in the nineteenth century was also shaped by the rising field of gynecology and obstetrics. Doctors had begun to think more about women's bodies, menstruation, and childbirth from a more medical perspective than before, though these ideas were not only put forth by medical doctors or surgeons. In 1874, one British psychiatrist named Henry Moudsley wrote about menstruation and how he believed it prevented women from getting a proper education.[155] With the new anatomical knowledge gained in the early part of the nineteenth century, surgeons grew increasingly confident in their ability to perform ovariotomies, a procedure which removes the ovaries and fallopian tubes. In 1855, the mortality rate for ovariotomies was about 44.5 percent.[156] Despite this, ovariotomies were performed at higher and higher frequency, to the point that the surgeries became somewhat of a fad, a go-to remedy for any ailments of the female reproductive organs. Some surgeons would even perform these surgeries on perfectly healthy organs for the perceived benefits it could supposedly offer to women, and the women who could afford the procedure would happily agree. For centuries prior, women could not always make their own medical decisions, and within the medical field itself, women were an afterthought. Women could sometimes make medicines or help deliver babies, but their position was still very much on the fringes of the medical field, as it had been for a long time. Now, in the nineteenth century, doctors and psychiatrists alike were telling women that their ovaries were preventing them from getting an education, and that they could be safely and

[153] Higgs, *Life in the Victorian Hospital*. p. 20.
[154] IBID.
[155] Carpenter, Health, Medicine, and Society, 154.
[156] IBID, 153.

easily removed.[157] The early days of gynecology were characterized by this sort of power imbalance-doctors were male, and they were eager to professionally diversify themselves by gaining skills in the novel field of women's medicine. Their female patients, however, may not have always understood the risks associated with ovariotomies and similar procedures.

Overall, the state of the medical field for women was quite different than it was for men– they had far fewer options to engage actively with health as either a practitioner or patient. While wealthier women could have a private doctor visit their home to assist with delivering a baby or any other medical conditions, poor women, in Birmingham for instance, could go to one of four hospital beds and receive treatment in a garden shed. This was still better than the experience of women who worked as prostitutes. For these women, they could not even choose whether they went to the hospital–they were forcibly detained there.

In July of 1864, Parliament passed the Contagious Diseases Act, which was met with little resistance, and passed without much noise from the public. The Act permitted police to arrest any woman whom they suspected of being a prostitute, though the Act did not specify any criteria or evidence for this suspicion. Thus, many poor, homeless, or otherwise undesirable women who were, in fact, not prostitutes, could also be detained. The Act was driven by a desire to keep military men healthy and free from sexually transmitted disease, and contra to the advice of Florence Nightingale, Parliament believed that regulating prostitutes was the key to preventing the contraction of venereal disease.[158] Once these women had been arrested, they were subject to compulsory testing, and if the inspecting physician determined a woman to have some sort of disease, she would be transferred to one of eleven garrison or port towns in south

[157] IBID, 154.
[158] IBID, 85.

England or Ireland, including Chatham, Colchester, Cork, Curragh, Portsmouth, Plymouth, Shorncliffe, or Woolwich.[159] She would then have to stay in a "lock hospital" or "lock ward" for up to three months.[160]

These "lock hospitals" were first established in 1746 and were originally reserved for people with leprosy–Peter Cunningham, in his 1850 *Hand-Book of London*, notes that this term came from the French word *loques*, for a rag applied to a wound or sore. He also mentions that the current lock hospital in London is reserved for "the cure of females suffering from disorders contracted by a vicious course of life."[161] This suggests that hospitals of this nature existed prior to the passage of the Contagious Diseases Act, and that the Act's major change was that it now allowed police to send women there involuntarily. Cunningham also notes that there is an asylum in Westbourne Green, partnered with the lock hospital on Harrow Road, "for the reception of penitent females recovered in the Hospital."[162] Cunnigham's use of the word "penitent" is interesting, as it implies that women were released from the lock hospital not when they were cured, but when they were sufficiently apologetic and remorseful of their salacious lifestyle. Historian María Isabel Romero Ruiz, in her studies of lock hospitals and asylums, argues that in these institutions, "women were moulded according to middle-class assumptions of respectability and to religious values which put the emphasis on a life of exclusion and atonement for these fallen women. The aim was to indoctrinate these women and prepare them

[159] "The Contagious Diseases Acts," *The National Archives*, accessed July 1, 2024, https://webarchive.nationalarchives.gov.uk/ukgwa/+/http://yourarchives.nationalarchives.gov.uk/index.php?title=The_Contagious_Diseases_Acts.

[160] IBID.

[161] Peter Cunningham, *Hand-Book of London: Past and Present* (London: John Murray, 1850). P. 295

[162] IBID.

for a decent job to be included again in society."[163] Ruiz goes on to say that those who ran the lock hospital were determined to make women feel sinful and unclean, and many of them would leave the hospital because this constant, targeted shaming was too much to stand.[164] Lock hospitals, and the asylums women were sent to after their release from the hospital, were used to punish women or teach them a lesson, rather than to administer care or treatment, or as a sincere quarantine measure. The Act solidified the idea that, although prostitution itself was not illegal, apparently, having a venereal disease was, as it could result in being arrested, sent to another area of the country, and placed in a hospital (and allegedly an asylum as well) for up to three months.

In 1866, the Contagious Diseases Act was renewed, with the addition of mandatory fortnightly inspection of prostitutes, Now, if a woman was found to be diseased, the time she would stay in a lock hospital was extended to six months, from the previous three months.[165] This second iteration of the Act also added new lock hospitals in Canterbury, Devonport, Dover, Gravesend, Maidstone, Southampton and Winchester.[166] The Act did not specify that these women had to submit for examination, the idea was that they would consent voluntarily, but records were kept by the Metropolitan Police Office for those that did receive an exam to ensure that they would keep up with their examinations every fortnight. Still, the National Archives suggest that some element of coercion seemed to be taking place to get more women to sign up for exams, which makes sense, as the police seemed to have a high level of involvement with the enforcement of this Act.[167] The overwhelming and aggressive efforts by lock hospital staff to

[163] María Isabel Romero Ruiz. 2010. "Fallen Women and the London Lock Hospital Laws and By-Laws of 1840 (Revised 1848)." *Journal of English Studies*. P. 156.
[164] IBID. 155.
[165] Carpenter, *Health, Medicine, and Society,* 85.
[166] "The Contagious Diseases Acts," *The National Archives*.
[167] IBID.

make women feel dirty and sinful worked behind the scenes to compel women to sign up for examinations. The police did not always have to take them by force, though they certainly could have. Convincing these women that they were diseased, disgusting, and looked down upon by God Himself, may have been enough to appeal to their religious and personal guilt, and to make these women sign up for treatment as a form of self-flagellation and penitence.

The Contagious Diseases Acts and their enforced examinations were invasive, targeting vulnerable women who often had no other means of earning an income than to work as a prostitute. More broadly, the Acts allowed the police to target, bully, and capture any poor or otherwise undesirable women that they might find on the street or in a workhouse. Whether this bullying occurred on a large scale, whether it was merely a series of isolated incidences, or whether it even occurred at all, is unclear; however, the way the Contagious Diseases Acts were designed certainly allowed for this to happen, which, at the very least, serves as evidence that lawmakers did not care, or did not consider, how their actions might subject poor women to abuse or mistreatment. Once detained, these women were confined to lock hospitals, which were essentially jails under the guise of medical care. The treatments administered in these hospitals were often ineffective and painful, including using mercury to burn off sores, further contributing to the indignity and suffering that these women would have to endure in a lock hospital. W. E. Henly's depiction of hospitals as "half-workhouse and half jail" resonates deeply with the experiences of these women, who were forcibly subjected to medical control and societal stigmatization, along with forced relocation to another region of the country, away from their families and community. The lock hospitals were just one part of a larger system that medically

marginalized and punished poor people, stripping them of dignity and autonomy over their medical treatment.

The quality of hospitals, and the likelihood that one might catch an infection and die in one, were only part of the reason why poor people avoided the hospital. The other reason was a fear that when they inevitably died in hospital, their body would be sent away for dissection. This was permissible under the Anatomy Act, but as we have seen, things often happened to the poor which circumvented, or at least tiptoed on the border of the law. Beyond that, the laws were not designed with the intention to protect them or promote equal treatment between classes, so even legal actions were often abusive or unfair. The poor were right to be concerned, as the number of bodies which were sold from hospitals for dissection across London was substantial.

4.3. Visualizing the Problem: Data Representations of Cadavers Sold to St. Bartholemew's Hospital 1832-1872

The data used for the visualizations below comes from Elizabeth *Hurren's Dying for Victorian Medicine: English Anatomy and its Trade in the Dead Poor, c.1834-1929,* a crucial secondary source that offers a detailed account of the Victorian cadaver trade for medical dissection purposes. Hurren's work includes statistical data, which she sourced from archival documents at St. Bartholemew's Hospital in London, on the number of cadavers transferred from workhouses across London, categorized by gender and causes of death over various periods. I have transformed her data into interactive narratives using Tableau software, which has not only allowed me to present her data in an engaging visual format but has also revealed a trend in the data which would not have otherwise been apparent.

To design these data visualizations, I first extracted the relevant numerical data from Hurren's tables and organized it into a structured spreadsheet format compatible with Tableau, a

data visualization software, which I selected for its user-friendly interface and visualization capabilities. This preparation required precise attention to detail, ensuring that each column was correctly labeled and formatted in Excel, so that Tableau would be able to read the data when I transferred it.

Hurren grouped her data according to the hospital or infirmary locations that provided cadavers to St. Bartholomew's Hospital. In order to map this data, I had to identify and geolocate these workhouses and infirmaries, though this task was complicated by historical changes in the locations and names of these institutions, necessitating thorough research to obtain accurate coordinates. These coordinates were then inputted into Tableau, creating an interactive map where the size and color of points visually represented the number of cadavers sourced from each area. This map was further enhanced with filters, allowing users to view data from different time periods. Hurren divided her dataset into two broad periods: 1832-1872 and 1885-1930. My visualizations only feature data from the earlier set of datapoints, so as not to confuse the reader with temporal gaps which extend beyond the scope of my research. By translating statistical data into a visual format, the project not only made the data more accessible but also highlighted the human stories behind the numbers, illustrating how the bodies of the working poor contributed to medical progress.

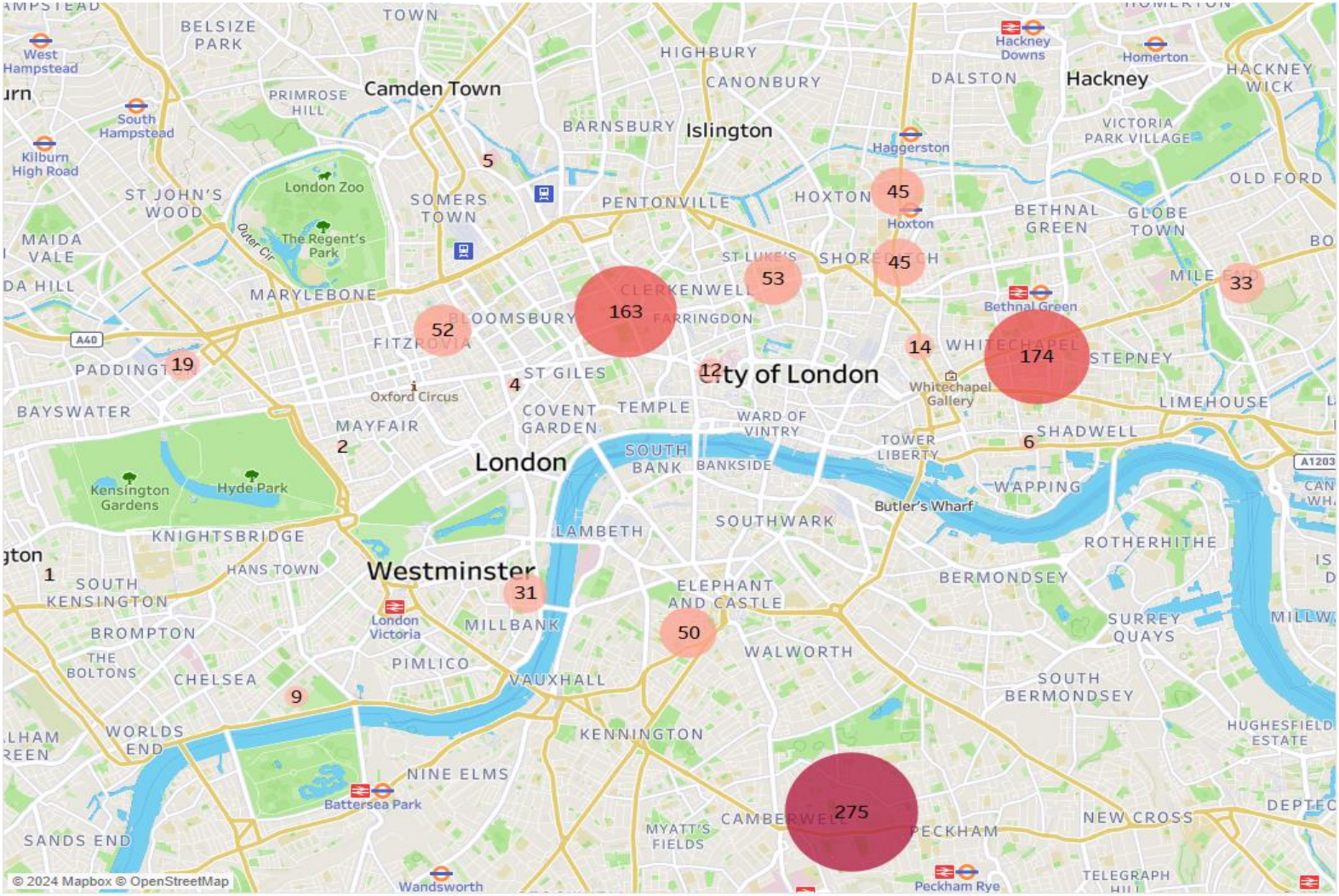

Figure 1. Number of Cadavers Sold to St. Bartolomew's, 1832-1872

This map is a still image taken from the interactive map I designed. The bubbles are weighted in size and shade, to correlate with the number of bodies taken from each area. St. Bartholomew's, located north of the Thames, south of Islington, received these bodies from all across London, showing that this cadaver trade was centralized and large-scale, rather than a series of localized or isolated incidents. Oddly enough, the region with the highest number of sold cadavers was Camberwell, which is about five miles away from St. Bartholomew's. In the modern day, this is about a twenty-minute drive, or an hour's walk, but in the 19th century, with less modern roads, this distance would have been much more significant. Visualizing the data on a map demonstrates the lived reality of poor Victorians-their deceased loved ones were dying in hospitals and workhouse infirmaries, being bought and sold as commodities, and sent all the way to Saint Bartholomew's Hospital to be dissected in an area of London they had likely never visited in life.

The number '275' in Camberwell is not just a number-these were real people who were dissected away from their home. Perhaps one of these bodies was Sophia Chinner, whose death was reported in the *Bristol Mercury* on February 21, 1832.[168] Her husband, Mr. W.H. Chinner, was an army officer, but perhaps he was stationed overseas at the time of her death, and with no one around to claim Sophia's body, maybe she became one of the 275. Another of these bodies might have been Mrs. Sarah Mercy Duncombe, a seventy-six-year-old widow, who died in Camberwell on the 29th of December 1857.[169] She had no husband to arrange her funeral affairs,

[168] "CALAMITIES OF CARVING." *Bristol Mercury*, February 21, 1832. British Library Newspapers (accessed July 12, 2024). https://link-gale-com.libezp.lib.lsu.edu/apps/doc/Y3206651558/BNCN?u=lln_alsu&sid=bookmark-BNCN&xid=df732365.

[169] "Births, Deaths, Marriages and Obituaries." *Morning Post*, January 1, 1858, 8. British Library Newspapers (accessed July 12, 2024). https://link-gale-com.libezp.lib.lsu.edu/apps/doc/R3212063215/BNCN?u=lln_alsu&sid=bookmark-BNCN&xid=48b038e9.

and if she had any children, they had already grown up, moved away, and started their own families; perhaps they were too busy or too poor to gather enough shillings to bury their elderly mother. Alternatively, maybe they had enough money, but not enough time to get to the site of their mother's death to collect her. After all, both of these women died during the time in which the Anatomy Act was still active, so they only had forty-eight hours to claim the bodies before they could be sent off to a place like Saint Bartholomew's. It would have taken longer than that for the families of Mrs. Chinner or Mrs. Duncombe to hear the news of their loved one's passing, much less to travel back to Camberwell from wherever they were before. On first glance at the data, one might imagine that this dissection and transfer only happened to the poorest of the poor, those who absolutely could not afford any sort of funeral, or those who had not a single living friend or relative. When looking at the data geographically, though, it becomes clear that post-mortem sale and dissection could happen to any ordinary person whose family could not cross the geographic distance to retrieve their corpse, and that was the abusive reality of the Anatomy Act of 1832. The law did what it was designed to do-it provided a steady stream of bodies available for dissection at hospitals and universities across London. To achieve this, the law imposed a very short time frame which ensured that many members of the working class, even those who could theoretically afford a funeral, would not be able to meet the time constraint imposed on them. I would argue that this component of the law, rather than an oversight or poorly considered decision, was an unintentional attack on everything the working poor held dear-their families, their lives, their deaths, and even their bodies

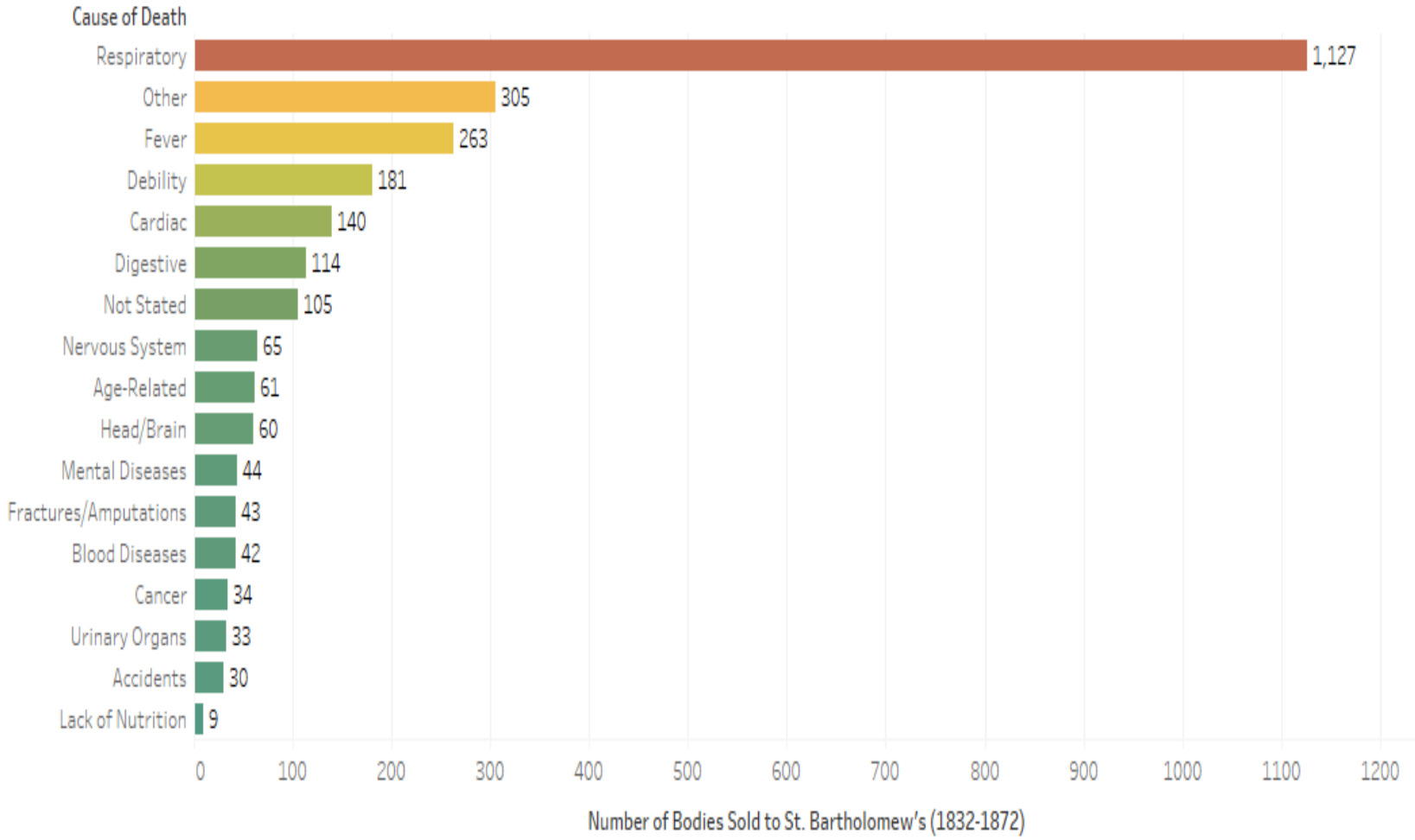

Figure 2. Disease Categories

This chart breaks down the causes of death of the bodies in the dataset. Respiratory illnesses were common and widespread in this period, so it is unsurprising that respiratory conditions were the most common cause of death in the dataset. The 'other' category includes those who did not have an official cause of death listed. It can be safely assumed that many of the respiratory deaths were from Tuberculosis, which was the greatest killer of all the infectious diseases in the period.[170] This is relevant, though, because tuberculosis disproportionately affected the poor. While Tuberculosis is contagious and spreads through airborne droplets, not everyone who is exposed to the bacteria will contract TB. Whether or not one did get sick upon first expose was dependent on their general health; those who were in a better state of health could fight off the bacteria before it developed into Tuberculosis.[171] The poor, who were more likely to be frail, malnourished, and sickly, were more susceptible, and because they also lived in closer proximity to others than the upper class did, the disease was also more likely to spread in poor areas. By the turn of the century, TB was widely regarded as a poor man's illness, affecting those "who are mentally and morally poor, and lack intelligence, will power, and self-control."[172] In hospitals, too, the poor could contract TB and die, even if they went to the hospital for another ailment originally. Over one thousand people who died of respiratory illnesses had their bodies sold, more than three times the second-place cause of death. The data allows a connection to be made- most of the cadavers that were sold died from respiratory illness, most of which were likely Tuberculosis, which greatly affected poor people. So, the data suggests that most of the bodies belonged to the poor.

[170] Carpenter, *Health, Medicine, and Society,* 55.
[171] IBID.
[172] IBID, 70.

Figure 3. Gender Ratio Over Time (Male to Female)

This chart shows a gender ratio of male to female bodies over time. For instance, 1.26 means that for every female cadaver, there were roughly 1.26 male cadavers. Considering that women went to the hospital at a much lower frequency, this ratio seemingly should be lower. This speaks to the inherent neglect and abuse of women in the climate of the 19th century medical field; when considering the number of women in hospital versus men, women's bodies were donated at a higher relative rate.

The gender ratio chart reflects a broader narrative of systemic inequality and gender bias within the Victorian medical establishment. As explored in the section on women in hospitals, women were often marginalized in medical care, receiving less attention and fewer resources compared to their male counterparts. This neglect extended to the post-mortem treatment of their bodies. Despite being less frequently admitted to hospitals, women's cadavers were disproportionately used for anatomical study, and this discrepancy underscores the societal devaluation of women's lives and bodies, both in life and death. Women from lower socioeconomic backgrounds were particularly vulnerable, as they were less likely to receive adequate medical care and more likely to have their bodies used for dissection after death. This pattern is indicative of the broader exploitation and objectification of women within the Victorian medical system, where their bodies were treated as tools for advancing medical knowledge. Again, the data corroborates the idea that medical practices were deeply intertwined with preexisting social hierarchies, and that, the medical field inadvertently perpetuated the systemic discrimination faced by women in Victorian society, just as it did to the poor as a whole.

Conclusion

The ostentatious funeral of the Duke of Wellington seems to be entirely unrelated to the story of random paupers who died and were dissected in a London hospital. However, these stories are all part of a larger system in which the law, medicine, surgery, and mourning rituals worked together, concurrently and sequentially, to exacerbate inequality. In nineteenth-century Britain, socioeconomic inequality permeated every aspect of life, including death, mourning, and medical care. The elaborate rituals and customs of mourning among the wealthy served not only as expressions of grief, but also, as conspicuous displays of social status and wealth. Upper-class Victorians adhered to intricate mourning dress codes, commissioned custom jewelry containing locks of the deceased's hair, and held lavish funeral processions to give their loved ones the best final goodbye money could buy. These practices reinforced social hierarchies, emphasizing the wealth and power of the elite while excluding the poor from participating in similar forms of public mourning.

Conversely, the poor developed their own mourning traditions adapted to their economic constraints. Unable to afford elaborate funerals, they would do things such as keep deceased loved ones at home until they could gather enough money for a proper burial. This practice, though starkly different from that of the upper classes, reflected a deep respect for the deceased and a desire to provide a dignified farewell. The communal nature of grief among the poor, marked by collective mourning and shared resources, highlighted their resilience and solidarity in the face of systemic inequality. However, the Anatomy Act of 1832 imposed significant barriers to these mourning practices.

The Anatomy Act of 1832 acts as a sort of hinge between the concepts of mourning and grieving, and the medical field and its consequences. The Act, by imposing a forty-eight-hour window for relatives to claim the bodies of their deceased loved ones, inadvertently attacked the mourning customs of the poor. Funding a proper burial within such a short period was often impossible, as was traveling across geographic distances to claim bodies, leading to the inevitable consequence of unclaimed bodies being used for dissection. Thus, the unintended consequence of the Anatomy Act was that the medical field and anatomical study became dependent on the bodies of the dead poor. In a legal sense, the poor's desire to adhere to mourning practices, mirroring those of the wealthy, was less important than the need for their bodies to fuel medical advancement. In essence, the Anatomy Act, as an unintended consequence, established that the poor were worth more dead than alive. The dead poor became tools, commodities with no dignity or autonomy over their own bodies, dead or alive, and this perpetuated a cycle of exploitation, even in death.

Hospitals too played a crucial role in this system of inequality. For the wealthy, hospitals were a distant reality which had little to no impact on their life. Members of the upper class could opt for home treatments, which were private, respectful, and in a more tangible sense, safer and less risky. The poor viewed hospitals as a last resort, a place to be avoided at all costs. They preferred to receive treatment from local apothecaries and druggists, most of whom were untrained and lacked any medical education. As these unlicensed practitioners were gradually pushed out, as a result of the growing sense of professionalization within the medical field, hospitals became more of a looming threat. These hospitals were places of neglect, disease, and infection, with overcrowded wards, unsanitary practices, and a lack of proper medical care. The

poor knew that hospital buildings were communal caskets in a mass grave, and they avoided them when possible, leaving them with nowhere to turn if they wanted safe, sanitary medical care from someone with medical education or experience. Wherever they turned, the poor were at risk.

Nineteenth-century British society was caught in a cycle of inequality. The poor, when faced with illness or injury, either avoided the hospital and died from lack of treatment, or entered the hospital and died from gangrene, neglect, or a respiratory illness which they contracted in the hospital ward. After dying, this person's family made every effort to scrounge enough money for a funeral which aligned with their values and history of mourning traditions. However, the Anatomy Act took away one of the things they needed most: time. With this Act, many poor Britons, after having suffered the loss of a loved one, often desperately tried to finance a funeral, or rush to journey from one side of the country to another, only to arrive too late. Their loved one was already on the way to another hospital or medical college to be dissected, their worst fears a living reality. The doctors and students used this corpse to gain new medical knowledge, which the poor would not receive the benefits of, at least not to the extent that the wealthy did, even though it was the bodies of the poor that fueled this knowledge and progress. They still had nowhere to turn, and only the illusion of options. The various practices surrounding death, mourning, and medical treatment in Victorian England were not isolated phenomena but interconnected elements of a larger system of socioeconomic inequality. The law and the entirety of medical study was against them, without necessary meaning to be, targeting both their actual life, and their way of life. Victorian society functioned as a machine, designed to produce the dead bodies of poor people for study, regardless of their desires and wishes for the

treatment of their body postmortem, and everyone played a part in this cycle, from the illustrious Duke of Wellington to Isaac, the lonely, dying pauper who had been crushed by a railroad car.

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Vita

Molly Grace Decker, born in Slidell, Louisiana, graduated from the University of Southern Mississippi with a bachelor's in history, with an additional credential to teach social studies to grades seven through twelve. She then attended graduate school at Louisiana State University, pursuing a double master's degree in both history and library sciences, with an anticipated graduation in August 2024. She is slated to begin a new career as a school librarian, combining her interests in teaching and pedagogy with her love of library systems and management. She currently resides in her hometown with her fiancé and her cat, Finn, named after Huckleberry Finn. Looking forward, she is excited to make a positive impact on the community of Slidell, which she has always cared deeply for, and eventually, she hopes to write and publish a novel.