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The dangerous dead: dissecting the criminal corpse

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The Life of John Buncle (1756) professed to be a best-selling account of the moral predicaments of a young surgeon trying to make a medical living in 18th-century Yorkshire. The reading public were sold a salacious storyline that featured the lucrative but disquieting work of resurrection men in unearthing corpses for dissection. Disturbingly the bodies supplied were not always, strictly speaking, medically dead: on arrival the exhumed were sometimes found to be either in “extreme hypothermia” or “suspended animation”. In one surprising case related in the book, John Buncle purchased the sensual body of a beautiful young woman. Nicking her breast-bone with a lancet stimulated her dormant senses; later, in gratitude, she accepted his proposal of marriage.

Although most contemporary critics were sceptical that anatomy could play cupid on the dissection table, they did accept that the sensational claims were penned “with modesty” and a “purpose to do Good”. *The Life of John Buncle* depicted the medical collusion with grave robbers as commonplace, taking place for plausible reasons. Although the Murder Act in 1752 decreed that criminal corpses hanged for murder were to undergo “anatomisation and dissection”, there was a supply shortage. Anatomical demand exceeded homicide rates, creating a black market for body-dealers. Surgeons wanted to act legally, but then had the unenviable task of being the public face of a much-resented criminal justice system. Rethinking the professional quandary of surgeons at this time involves re-examining a surgeon’s duties when he received a gallows body—popularly known in Georgian England as the “dangerous dead”.

Archive research from the University of Leicester’s *Harnessing the Power of the Criminal Corpse* project has revised how medical historians interpret the Murder Act. The traditional view of the Bloody Code is that the statute had a general clause about executed criminal corpses being subjected to “anatomisation and dissection”. The two terms are elided together as post-mortem punishment in the literature, whereas the contemporary meaning of the medico-legal terminology was more precise. There were three distinctive penal stages: first, a death penalty (legal death, to be hanged); second, a sentence to be anatomised (medical death) to look at the major organs expiring; and finally, dissection (post-mortem punishment). This medico-penal choreography reflected the material fact that sometimes those executed for homicide did not expire on the gallows.

Surgeons acquired bodies that looked lifeless, near-to-death, but, not were necessarily clinically deceased. Some of those executed in winter displayed symptoms of extreme hypothermia (akin to the exhumed bodies that John Buncle bought in Yorkshire). Surgeons learned by hands-on experience to check for vital signs. This meant that in some cases the first anatomical cuts were technically a form of euthanasia that contravened the Hippocratic Oath. The uncomfortable reality was that it was the surgeon, and not the hangman alone, who ensured that the condemned became legally, socially, and medically dead. Contemporaries took the view that that there was space between life and death. Penal surgeons called this critical threshold, the “Name of Death” (dying), and their official role was to ensure that the criminal crossed a fatal medical-death boundary, known as “Absolute Death” (expired). Records retrieved from Yorkshire illustrate the complex medical dilemmas that these surgeons faced.

William Hey (1738–1819), a surgeon who worked at Leeds Infirmary, dissected dangerous criminals executed at York. In a letter written to his son, Richard, a medical student, he reflected on his challenging work: “Dead bodies are much more innocent companions than living ones. I have often had very solemn reflections in the dissection room; and have when the company was gone, knelt down in prayer in the midst of these silent preachers of our guilt and misery.” Hey was an evangelical who espoused creationist anatomy (the human body is seen as God’s sacred-design). He was also a natural scientist who believed that dissection was in the public interest, despite northern European sensibilities that cutting the corpse might interfere with the soul’s afterlife on the Biblical Day of Judgement. Such cultural and theological taboos, Hey maintained, did not apply to murderers. Their eternal destination was hell, not heaven. He wrote that learning from criminal corpses in the dissection room was a “God-given opportunity”. Yorkshire anatomists experienced nonetheless mixed-emotions, for, as Hey admitted to his son, he prayed not simply for the departed soul but because death was mystifying. He was sometimes in a medical quandary about whether a condemned criminal really had expired.

In provincial England, notably in the North and Midlands areas, anatomists checked expiration by applying a cloth dipped in hot water to the face of the corpse. It was conventional to then take a large swan’s feather and caress it gently along the neck. If the pupils remained fixed and dilated, most anatomists still double-checked their prognosis. They made a small incision with the lancet at the breast-bone to watch to watch heart and lung failure until visible life-signs ceased. These precautions reflected a popular notion that notorious criminals sometimes had an extra life-force such was their willpower to defy penal punishment.

It is noteworthy that London anatomists were troubled by medical death, too. In March, 1815, a leading English surgeon, Sir William Blizard (1743–1835) left detailed dissection notes about his methods of checking medical death. “William Sawyer’s final death, hanged for murder at Tyburn”, recounted how he was executed at “8 o’clock in the morning”, arrived at Surgeon’s Hall at “9.20”, and then from “9.40am until 11.00am” Blizard monitored him expiring at 10-minute intervals. At “11.40am” Blizard was still not satisfied that he expired and so he took a final precaution: “Heart and Lungs were immersed in heated water to about 100 degrees but no motion whatever was produced by the immersion, nor by

any future application of the stimulus [anatomist's hand]." At noon, 4 hours after execution, the "29 year old, 5 foot 10 or 11, dark hair and remarkably delicate skin, well-grown man" with a strong neck was finally declared "truly dead".

To be a trend-setter in the anatomical sciences, whether based in London or Leeds, required good public relations skills: the work of some penal surgeons was part of a profitable public spectacle. Hey made his reputation in front of crowds that often exceeded 20 000 people. He normally staged his public post-execution demonstrations over 3 days, so that justice was seen to be done. On day one, he charged each spectator "three pence" to view the laying-out in Leeds, but nobody was permitted to touch, or take souvenirs like clothing, nor a body part. In one notorious case, that of Mary Bateman who was executed in March, 1809, at York for murder and witchcraft, Hey raised a total of "thirty pounds" at "3d per person" from some "24 000 spectators" in the first few hours. Once the corpse looked lifeless and had been declared medically dead, the crowd departed and medical students then paid to see the post-mortem punishment for a fee of "10s 6d each". On day two, Hey sold special tickets to the professional men of Leeds: "about 100 tickets were available to gentlemen who paid five guineas" each to see the post-mortem dissection of the muscles. Women, by day three, could buy a tick for Hey's "special lectures for ladies upon the eye": a fitting spectacle for female sensibilities. Hey's private notes reveal his fascination with "the body of the malefactor... entering largely into the physiological remarks, and more slightly into the diseases and accidents to which the various parts of the body were liable". Overall, Mary Bateman's 3-day dissection made a profitable "£80 14s 0d" for Leeds Infirmary.

Elsewhere equivalent profit margins were made by similar provincial surgeons in the first 3-days after execution at Cambridge, Manchester, and Preston. Those financial findings revise traditional views of anatomy and dissection being a closed, corporate, and closely defined form of penal punishment. At Leeds, and equivalent Georgian cities, cutting the criminal corpse disturbed, excited, entertained, educated, and entranced its visiting public. There was a persistent contemporary belief in the power of the criminal corpse. In Mary Bateman's case the court recorder emphasised: "The curiosity excited by the singularity and atrocity of her crimes, extended to the viewing of her lifeless remains". There was something chilling, he wrote, "gruesome", but "fascinating" about "seeing a body filled with guilt". The viewing public and surgeons shared an intense interest in engaging with the medical nemesis of the "Dangerous Dead" at each choreographed performance of the execution spectacle.

Medical death was indeterminate, disquieting the medical profession and disconcerting 18th-century officialdom. Hence the criminal justice system relied on surgeons, not the executioner alone; for, as the cultural historian Thomas Laqueur reminds us, in the early modern era "becoming really dead...took time". The 18th-century executioner had a surgical accomplice with a medical-death function who sometimes contravened the Hippocratic Oath. Medical death—"anatomisation"—was seen as a humane and sensible penal procedure that legitimised post-mortem punishment—"dissection". It was the skilled lancet, made popular in John Bunce's writings, that "truly excised the dangerous dead" in Georgian England.