

“Indecent and Demoralising Representations”: Public Anatomy Museums in mid-Victorian England

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On 18 December 1873, at Marlborough Street magistrates’ court in London, Messrs Roumanielle, Davidson, and Dennison pleaded guilty to offences under the Obscene Publications Act 1857, and the magistrate Mr Knox ordered that their property, which had been held by the court since February, be destroyed. The prosecuting solicitor, Mr Collette, asked for the “privilege” of beginning the destruction himself, which was immediately granted, and, accompanied by Police Inspector Harnett and Sergeant Butcher, he proceeded to smash with a hammer a collection of wax anatomical models, the fragments of which were then handed back to the defendants. The destroyed models “which were of the most elaborate character, and said to cost a considerable sum of money” had formed part of Kahn’s Anatomical Museum, which for more than twenty years had been the best-known popular medical exhibition in Britain.¹

Jonathan Reinartz recently suggested that the museum was to nineteenth-century medical education what the clinic was to its practice: “museum medicine” focused students’ attention on particular anatomical sites of disease, dissected out from the rest of the body.² Museums were particularly important to anatomy teaching, as they allowed more prolonged and careful study than the dissecting room, and availability of specimens could be guaranteed. In 1836, the anatomist Frederick Knox wrote that “[w]ithout museums the profession [of anatomy] would be in the state of man without a language”.³ Unlike the dissecting room, museums were open to the non-medical public. Only the well connected had an entrée to the Royal College of Surgeons’ Museum, but there were smaller anatomy exhibitions in London and the provinces, open to anyone with the price of admission, in which models produced in Italy and France as aids to medical teaching were displayed to the public. The popularity of these museums suggests that, despite the concerns aired around the time of the 1832 Anatomy Act over the provision of cadavers for anatomists, the public regarded anatomy as an interesting and acceptable activity.

Public anatomy museums were tolerated, or even recommended, by medical men, until the mid-1850s, when museums at which treatments for venereal disease were sold became targets for anti-quackery campaigns, in the course of which the medical profession made much of the “obscene” content of anatomy shows. The Obscene Publications Act was first employed against an anatomy museum in 1860 in Leeds, but London police

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¹ *The Times*, 19 Dec. 1873, p. 11.

² Jonathan Reinartz, ‘The age of museum medicine: the rise and fall of the medical museum at

Birmingham’s school of medicine’, *Soc. Hist. Med.*, 2005, 18: 419–38, pp. 419–22. On the anatomical basis of disease, see Russell C Maulitz, *Morbid appearances: the anatomy of pathology in the early nineteenth century*, Cambridge University Press, 1987, esp. pp. 109–33.

³ Frederick John Knox, *The anatomist’s instructor, and museum companion*, Edinburgh, Adam and Charles Black, 1836, p. 7.

and magistrates remained indifferent until the medical profession funded private prosecutions in the 1870s, when the last of the public anatomy museums was closed down. At the same time, anatomy assumed increasing prominence in medical training and by 1875 the General Medical Council required all medical students to undertake dissection.

In the twentieth century, public anatomy museums received little attention from historians, and those who did discuss them tended to accept the medical profession's characterization of them as disreputable places, catering for those seeking eroticism and coarse humour. In 1924, a description of Antonio Sarti's exhibition, whose proprietor had been "so gentle, so quiet and patient in his explanations" of models that contemporary journalists and medical men had found unobjectionable, was included in an account of the *Judge and Jury* show, *poses plastiques*, and other "questionable" West End entertainments of the mid-nineteenth century.⁴ Later accounts of nineteenth-century public anatomy museums considered them primarily as popular entertainments or quack medicine shows.⁵ Rene Burmeister, however, re-evaluated them, accepting some of the educational claims made by their proprietors and noting that medical opposition arose after they had become linked with unorthodox medical practitioners.⁶

In this essay, I shall examine the content and purpose of popular anatomy museums and the medical profession's response to them. Though advertised after the Anatomy Act as a means of learning something of anatomy without the unpleasantness of dissection, by the 1850s anatomy museums were also dispensing medical advice and treatments for venereal disease: the museum setting gave the vendor an air of medical authority, and horrifying models of diseases alarmed patients and entertained casual visitors. The medical profession's labelling of public anatomy museums as obscene can be seen as a strategy for creating a medical monopoly of anatomy by categorizing it as knowledge from which laypeople could be excluded on moral grounds. Under English obscenity laws, professionals, by virtue of their education, social background and character, were deemed impervious to influences that could corrupt the weaker-minded public. By the 1870s, the practice of anatomy was the hurdle that initiated, and sometimes deterred, entrants to the medical profession. Though it enhanced the reputation of medical men as professional and dispassionate observers, anatomy was also seen as a potentially demoralizing science.

Anatomy Museums and Medical Education in the Eighteenth Century

In eighteenth-century England there were no prescribed courses to prepare pupils for medical practice. Anatomy was taught in private anatomy schools, whose pupils were

⁴ Alfred Rosling Bennett, *London and Londoners in the eighteen-fifties and sixties*, London, T Fisher Unwin, 1924, pp. 343–4. On Sarti, see *Scalpel*, 1851, 3: 118; *The Times*, 28 Mar. 1839, p. 5; 2 July 1847, p. 8.

⁵ Richard D Altick, *The shows of London*, Cambridge, MA, Belknap Press, 1978, pp. 54–6, 339–42; Roy Porter and Lesley Hall, *The facts of life: the creation of sexual knowledge in Britain 1650–1950*,

New Haven, Yale University Press, 1995, pp. 138–9. For an account of popular anatomy in America, see Michael Sappol, *A traffic of dead bodies: anatomy and embodied social identity in nineteenth-century America*, Princeton University Press, 2002, pp. 169–211.

⁶ Maritha Rene Burmeister, 'Popular anatomical museums in nineteenth-century England', PhD thesis, Rutgers University, 2000, pp. 209–39.

predominantly would-be surgeons acquiring the skills needed to practise, though in the late-eighteenth century physicians and scientific “gentlemen” also dissected cadavers.⁷ Professional anatomy teachers, most of whom were based in London, lectured to anyone who bought a ticket, including amateurs who did not intend to pursue a medical career; they had a financial incentive not to be too exclusive and some courted a non-specialist, and perhaps relatively uncritical, audience.⁸ Anita Guerrini has characterized these ventures into public anatomy teaching as an impolite and “absurd” activity, but seen in the context of the enlightenment enthusiasm for self-knowledge, anatomy was a legitimate component of a liberal education and, by revealing the work of the Creator, offered an argument against atheism.⁹

For those who wanted to see something of anatomy without attending a dissection, there were anatomical waxwork exhibitions in London from the beginning of the eighteenth century.¹⁰ In 1719, the cousins of the Italian-trained wax modeller Guillaume Desnoües (1650–1735) brought some of his anatomical waxworks, which, he claimed, could be seen “without exciting the feeling of horror men usually have on seeing corpses”, to London.¹¹ The models, advertised as providing “Instruction and Delight” to the “learned” and those “unskill’d in Anatomy”, were shown at a grocer’s in the Strand to anyone who paid the relatively high price of one shilling per model. A printed list of the labelled parts cost a further 1s 6d.¹² In 1733, the surgeon Abraham Chovet (1704–90) exhibited a model of “a woman . . . suppos’d opened alive” showing the circulation of the blood during pregnancy.¹³ Desnoües’s and Chovet’s models were bought by Rackstrow’s public museum in the Strand, which had “a large, and very valuable collection, of most curious anatomical figures”, advertised as educational, including “curiosities” preserved in spirits, “medical specimens” and a “figured

⁷Susan C Lawrence, ‘Anatomy and address: creating medical gentlemen in eighteenth-century London’, in Vivian Nutton and Roy Porter (eds), *The history of medical education in Britain*, Amsterdam, Rodopi, 1995, pp. 199–228, on pp. 200–2.

⁸Anita Guerrini, ‘Anatomists and entrepreneurs in early eighteenth-century London’, *J. Hist. Med. Allied Sci.*, 2004, **59**: 219–39, pp. 221–6.

⁹RC Dallas, *Elements of self-knowledge: intended to lead youth into an early acquaintance with the nature of man, by an anatomical display of the human frame*, London, Murray and Highley, 1802, pp. 3–4, 413.

¹⁰T Clive Lee and Elizabeth Allen, ‘Anatomical wax modelling and the Northumberland Museum of the Royal College of Surgeons in Ireland’, *J. Irish Coll. Phys. Surg.*, 1992, **21**: 213–18, p. 214.

¹¹Desnoües learned techniques from Gaetano Giulio Zumbo (1656–1701), whose waxworks, according to Desnoües, depicted “all the horror of a tomb”: Thomas Schnalke, *Diseases in wax: the*

history of the medical moulage, trans. Kathy Spatschek, Singapore, Quintessence, 1995, p. 29; Monika von Düring, Georges Didi-Huberman, and Marta Poggesi, *Encyclopaedia anatomica*, Cologne, Taschen, 2004, pp. 10–12, 20–25.

¹²Burmeister, op. cit., note 6 above, p. 31; Bodleian Library, John Johnson Collection (hereafter JJC), Waxworks 3 (45, 46, 64–6); G Thomson, *Syllabus: pointing out every part of the human system; likewise the different positions of the child in the womb, &c. as they are exactly and accurately shewn in the anatomical wax-figures of the late Monsieur Denouë[sic]; to which is added, a compendium of anatomy*, London, J Hughes, [1739].

¹³*A catalogue and particular description of the human anatomy in wax-work, and several other preparations; to be seen at the Royal-Exchange*, London, T White, 1736; Altick, op. cit., note 5 above, p. 56; Schnalke, op. cit., note 11 above, pp. 31–3.

moulding from a woman dissected for the muscles".¹⁴ In 1739, Desnoües's models were sold to the anatomy school of Trinity College Dublin.¹⁵

It has been estimated that thirty-nine anatomy museums were created in England between 1739 and 1800.¹⁶ Most were collections of bones and preserved dried or "wet" specimens, accumulated by medical men. They differed from old-fashioned cabinets of curiosities in that, although they included some wonders and rarities with curiosity value, typical specimens predominated. Instead of representing personal choices, these museums were attempts to include everything, and specimens were carefully chosen as "illustrations" of normal and morbid anatomy.¹⁷ Museums were venues for social interaction as well as for teaching pupils; the museum of the London surgeon John Heaviside (1748–1828), founded in 1793, became a fashionable salon: "Mr Heaviside, of Hanover Square, has a Friday evening meeting every week during the winter and spring of gentlemen of the medical profession and others in his noble museum of anatomy and natural history. A respectable stranger known to any of his friends may easily obtain access to this very agreeable and instructive assembly."¹⁸ The museum identified Heaviside, who published nothing and did not own a library, with scientific learning; a contemporary portrait of him included a museum specimen in the background. In the late-eighteenth century, performing anatomies and collecting specimens were gentlemanly pursuits.¹⁹

Gentlemanly anatomy was exemplified in the well-known museum assembled by John Hunter in the late-eighteenth century, which was open to gentry and scholars as well as medical men.²⁰ In 1799, the collection of more than 10,500 specimens was bought by the government for £15,000 and given to the Company (from 1800 the Royal College) of Surgeons in London, who spent £66,577 on it, including building work, between 1846 and 1856.²¹ This investment created a distinctive venue for entertaining London society: peers, "great officers of state", "dignitaries of the church", and flag officers could visit freely,

¹⁴ *A brief description of those curious and excellent figures of the human anatomy in wax . . . the works of the late celebrated Mons. Denoue[sic] now to be seen at Mr. Rackstrow's, statuary, opposite Serjeant's-Inn, in Fleet-Street, at one shilling each.*, n. p., n.d., pp. 3–12; JJC, *Waxworks* 3 (65); *A descriptive catalogue . . . of Rackstrow's Museum: consisting of a large, and very valuable collection, of most curious anatomical figures, and real preparations . . . with a great variety of natural and artificial curiosities. To be seen at no. 197 Fleet-Street*, London, 1782; Altick, op. cit., note 5 above, pp. 55–6; Burmeister, op. cit., note 6 above, p. 35.

¹⁵ T Percy C Kirkpatrick, *History of the medical teaching in Trinity College Dublin and of the School of Physic in Ireland*, Dublin, Hanna and Neale, 1912, pp. 130–1.

¹⁶ FJ Cole, 'History of the anatomical museum', in Oliver Elton (ed.), *A miscellany presented to John Macdonald Mackay, LL.D. July, 1914*, Liverpool University Press, 1914, pp. 302–17, on p. 305.

¹⁷ *Catalogue of the preparations illustrative of normal, abnormal, and morbid structure, human and comparative, constituting the anatomical museum of George Langstaff*, London, John Churchill, 1842, p. iii. On the function of museums, see Tony Bennett, *The birth of the museum: history, theory, politics*, London, Routledge, 1994, p. 35, and Michel Foucault, 'Of other spaces', *Diacritics*, 1986, 16: 22–7, p. 26.

¹⁸ George C Peachey, *John Heaviside surgeon*, London, St Martin's Press, 1931, p. 20, quoting from *The picture of London for 1806*.

¹⁹ After Heaviside's death, the museum's 2,644 specimens were sold for some £1,240: *ibid.*, pp. 25–6. On gentleman collectors and anatomists, see Lawrence, op. cit., note 7 above, pp. 202–5.

²⁰ Altick, op. cit., note 5 above, p. 27.

²¹ *Returns relating to medical museums in the United Kingdom*, PP 1857, XIV, p. 5.

whereas medical men and others needed written permission, or a personal introduction from a fellow or licentiate.²²

The Regulation of Anatomy Teaching in the Early-Nineteenth Century

In contrast to state-regulated medical training in early-nineteenth-century France and Germany, the nineteen medical licensing bodies in the United Kingdom set their own standards. This disadvantaged surgeon-apothecaries, the forerunners of general practitioners, who despite being the largest group were not represented on the governing councils of the royal colleges and universities. The apothecaries' calls for a common primary medical qualification went unheeded and reform of medical training proceeded piecemeal. The Apothecaries' Act of 1815 aimed to improve standards by requiring pupils to attend anatomy lectures and dissection classes before being admitted to the diploma examination of the Royal College of Surgeons, the usual qualification for surgeon-apothecaries.²³ When demand for classes increased, entrepreneurial anatomists without a substantial income from clinical practice or private pupils set up independent anatomy schools in competition with the London teaching hospitals, which they described as "monopolists" trying to exclude financially poorer students from the medical profession.²⁴ Anatomy teachers assembled their own collections or "museums" of material with which to illustrate lectures. Pupils' fees sometimes included the use of the tutor's collection, though theft and damage, accidental or deliberate, disinclined those with unruly pupils from making their specimens available.²⁵ Ownership of a museum indicated that a teacher was likely to be financially solvent and, in the 1820s, possession of a museum worth more than £500 was suggested as a prerequisite for an anatomy teacher to be recognized by the College of Surgeons.²⁶

While anatomy was useful training for the surgeon, there were concerns that, like all natural philosophy, it "meddled in things it should not" and unsettled men's minds.²⁷ William Hunter had urged his students to acquire a "Necessary Inhumanity"—necessary if they were to cope with the horrors of disease and surgery—by dissecting the dead, but by encouraging students to view the body as a machine, rather than as a creature with a soul, dissection might lead to atheism.²⁸ Anatomy was "a beautiful but seductive science" that

²²This was not difficult to obtain; on Easter Monday 1853 there were 200 visitors: *Med. Circ.*, 1853, 2: 277.

²³Charles Newman, *The evolution of medical education in the nineteenth century*, London, Oxford University Press, 1957, pp. 74–5. Candidates for the diploma had to attend at least three courses of anatomy and two of dissection: *The medical calendar: or student's guide*, Edinburgh, Maclachlan and Stewart, 1828, p. 119.

²⁴Adrian Desmond, *The politics of evolution: morphology, medicine, and reform in radical London*, University of Chicago Press, 1989, pp. 102–10, 152, 157–65. London anatomy schools charged between three and seven guineas for a course of dissection:

Medical calendar, op. cit., note 23 above, pp. 80, 83, 89, 94, 102, 107, 108.

²⁵Knox, op. cit., note 3 above, p. 3.

²⁶Desmond, op. cit., note 24 above, pp. 162–3.

²⁷R H Syfret, 'Some early reactions to the Royal Society', *Notes Rec. R. Soc. Lond.*, 1950, 7: 207–58, p. 233.

²⁸S T Coleridge, *The statesman's manual: a lay sermon*, London, s.n., 1816, p. xvi; [W A Greenhill], *Address to a medical student*, London, Rivingtons, Churchill, 1843, p. 137; Ruth Richardson, 'A necessary inhumanity?', *J. med. Ethics*, 2000, 26: 104–6; Roy Porter, 'Happy hedonists', *Br. med. J.*, 2000, 321: 1572–5, p. 1573.

had to be approached with “the right exercise of reason” if it were not to lead its followers “to entertain inferior ideas of the Deity”.²⁹ Medical anatomy teachers and museum proprietors argued that, by promoting self-knowledge and revealing created order, anatomy was in fact an argument against atheism.³⁰ An early-nineteenth-century claim that medical pupils ought to study anatomy because no one could “repair a Watch without first being acquainted with the structure of it” used a common Paleyite metaphor of the body as a machine designed by an intelligent creator.³¹

By the 1830s, creationist anatomy that revealed structures perfectly designed for their functions was being challenged by transcendental or “higher” anatomy taught by followers of Étienne Geoffroy Saint-Hilaire (1772–1844), who had described a unity of vertebrate body plan, from the lowest vertebrates to man, and postulated the existence of laws regulating development across the animal kingdom. Geoffroyan transcendental anatomy favoured a controversial transmutationist interpretation of the chain of being, in which species developed from lower forms by the operation of natural laws, rather than being separately created. Transcendental anatomy was more than just a challenge to creationists; it could be applied, by analogy to social development, as an argument in favour of progressive self-advancement, and against a rigid social hierarchy. The wide ranging radical implications of these ideas made anatomy the most controversial and forward-looking of the medical sciences and led to an upsurge of interest in the medical schools which peaked in the 1830s; one reason why, despite the scandals preceding the Anatomy Act, medical men remained keen to pursue anatomy.³² Men such as Thomas Wakley (1795–1862), the radical MP and editor of the *Lancet*, who wrote that “morbid appearances seldom, if ever, furnish any useful practical lessons”, praised the “triumphs” of transcendental anatomy.³³

Adrian Desmond has characterized independent anatomy schools as places where Paris-trained comparative anatomists taught “republican” science to, perhaps, “rowdy” audiences, in contrast with the “gentlemanly” creationist anatomy of the teaching hospitals and royal colleges.³⁴ In London, the élite and conservative College of Surgeons, governed by teaching hospital consultants, favoured the hospital anatomy schools. In the 1820s the College changed its regulations to force the successful private school run by Joshua Brookes (1761–1833) out of business—an action, in the opinion of London apothecaries, “calculated to establish a monopoly in the teaching of anatomy . . . in favour of a very limited number of individuals”—and until 1839 the College refused to accept certificates of attendance from provincial or foreign schools.³⁵

²⁹ “Aesculapius”, *The hospital pupil's guide*, 2nd ed., London, E Cox and Sons, 1818, p. 38.

³⁰ *Ibid.*, pp. 38–44; Anon., *Signor Sarti's celebrated Florentine anatomical Venus: together with numerous smaller models of special interest to ladies, showing the marvellous mechanism of the human body*, n.p., n.d., p. 2 and [Joseph] Kahn, *The evangel of human nature; being fourteen lectures, on the various organs of the human frame, in health and disease*, London, James Gilbert, 1855, p. 1.

³¹ William Chamberlaine, *Tirocinium medicum; or a dissertation on the duties of youth apprenticed to*

the medical profession, London, privately printed, 1812, p. 65.

³² Desmond, *op. cit.*, note 24 above, pp. 8–9.

³³ *Lancet*, 1831–32, i: 481–6, p. 481; 1836–37, i: 280.

³⁴ Desmond, *op. cit.*, note 24 above, p. 9.

³⁵ *Lancet*, 1826–27, 11: 295–301; *The Times*, 20 Feb. 1826, p. 3; Zachary Cope, ‘The private medical schools of London (1746–1914)’, in F N L Poynter (ed.), *The evolution of medical education in Britain*, London, Pitman, 1966, pp. 89–110, on pp. 95–6.

Despite the ostensible independence of the inspectorate set up to administer the Anatomy Act of 1832, which provided for all licensed anatomy schools to receive a lawful supply of subjects for dissection, Ruth Richardson has shown that the Act did not increase the total number of bodies available for dissection but favoured hospital schools over private ones. In 1832, there were six hospital anatomy schools and thirteen independent ones in London; by 1871 there were eleven hospital schools and no independents.³⁶ Students expected an anatomy school to possess a museum, and, as independent schools closed down or were absorbed by hospitals, colleges and teaching hospitals acquired collections of anatomical specimens for their students' use: University College, London in 1828 (including part of Joshua Brookes's collection), Cambridge University in 1834, Leeds Medical School in 1836, Westminster Hospital School in 1838, the Middlesex Hospital in 1839 (Thomas Sweatman's collection was purchased for 350 guineas) and Newcastle Medical School in 1851 (2,547 specimens cost £167 8s 2d).³⁷

Nineteenth-Century Public Anatomy Museums

Recent emphasis on public outrage at the body-snatching and Burking scandals of the early-nineteenth century prior to the Anatomy Act and on the subsequent insensitivity and medical paternalism of pauper cadaver acquisition, which have been likened to "Victorian Alder Heys", has tended to foster a view of anatomy as disliked and resented by the public.³⁸ It was at least tolerated, as it had been since the eighteenth century, and anatomists practised their trade openly and advertised in the press.³⁹ Certainly the public were not averse to seeing anatomized bodies: when John Bishop and Thomas Williams, who murdered the "Italian boy" for dissection, were hanged in 1831 and their bodies dissected at King's College and the Windmill Street theatre of anatomy respectively, "immense crowds" were admitted afterwards to see their remains, and waxworks of their heads, with "[t]heir own hair, eyebrows, and eyelashes, preserved and arranged in their respective places" were exhibited in Leicester Square.⁴⁰

When the 1832 Anatomy Act ended public dissection as a judicial punishment, popular interest in anatomy turned towards models and museums. In the early-nineteenth century the lay press had been suspicious of continental wax anatomical figures; the *Literary*

³⁶In 1832, hospital schools were at the London Hospital, St Bartholomew's, Guy's, St Thomas's, King's College and London University; private schools were in Aldermanbury, Aldersgate Street, Charterhouse Square, Dean Street, Little Dean Street, Gerrard Street, Giltspur Street, Golden Square, Greville Street, Grosvenor Place, Great Windmill Street, Little Windmill Street and Webb Street: National Archives, Kew (hereafter NA), HO 44/25. For 1871, see Ruth Richardson, *Death, dissection and the destitute*, London, Routledge and Kegan Paul, 1987, p. 287.

³⁷*Returns relating to medical museums*, op. cit., note 21 above, pp. 8, 11; Desmond, op. cit., note 24 above, p. 83; S T Anning and W K J Walls, *A history of the Leeds School of Medicine: one and a half*

centuries 1831–1981, Leeds University Press, 1982, p. 34; John Langdon-Davies, *Westminster Hospital: two centuries of voluntary service, 1719–1948*, London, Murray, 1952, pp. 116–17; H Campbell Thomson, *The story of the Middlesex Hospital Medical School*, London, John Murray, 1935, pp. 34–5.

³⁸Elizabeth T Hurren, 'A pauper dead-house: the expansion of the Cambridge anatomical teaching school under the late-Victorian poor law, 1870–1914', *Med. Hist.*, 2004, **48**: 69–94, pp. 93–4.

³⁹Lawrence, op. cit., note 7 above, pp. 200, 207–8.

⁴⁰British Library, 1269.h.38., 'Exhibitions of mechanical and other works of ingenuity' [newspaper cuttings], p. 109.

Gazette of 1825 claimed that one anatomy exhibition was “a pretence” for showing off a “filthy French figure”. French waxwork-makers produced erotic nudes as well as anatomical moulages, and when English exhibitors of anatomical waxworks described them, correctly, as “French”, or “Parisian”, they were probably intentionally, if misleadingly, hinting at continental naughtiness.⁴¹ After the Anatomy Act, the press looked more favourably on anatomical waxworks as an alternative to dissection. In November 1832, an anatomical Samson (probably acquired after anatomical waxwork shows had fallen out of favour towards the end of the eighteenth century), said to weigh 300 lbs and to have taken two years to make at a cost of 500 guineas, was languishing in “Mrs. Hoyos’s Royal exhibition of Wax Work” as part of a scene “Samson and the Philistines”. Only when a reviewer wrote that the “main value” of the exhibition was “an excellent Anatomical Figure” was it re-advertised, the following month, as “Very Interesting to the Faculty Medical Students and the Public”, to whom it was demonstrated “with a view to superseding the use of dead bodies”.⁴² In the same year, Louis Auzoux (1797–1880) exhibited a new anatomical model in London. “The dreadful murders committed to procure subjects for dissection” led him to hope that English medical teachers would purchase his 129-piece anatomical Antinous, but only two were sold. Even those medical men who admired Auzoux’s “ingenuity” maintained that anatomy ought to be learned from dissection, with models used only as an aide memoir or for public lectures.⁴³ Having benefited from the Anatomy Act’s restriction of dissection to licensed schools, teachers at these schools belittled the value of learning by means of anatomical models alone, the only means of anatomical training open to “quacks”.⁴⁴

By the mid-nineteenth century there was sufficient public interest in anatomy for models to be imported from Italy, France and Germany, where they were being created for medical teaching as well as public display.⁴⁵ When Antonio Sarti (d. 1851) opened London’s first dedicated public anatomical “museum” in March 1839, improved public transport enabled the growing numbers of clerical and skilled workers with spare time and money to visit museums as entertainment. London museums of the time had limited opening hours; the British Museum and the National Gallery were open only during the working week,

⁴¹ Altick, *op. cit.*, note 5 above, p. 339. On French waxwork makers and pornography, see Pamela Pilbeam, *Madame Tussaud and the history of waxworks*, London, Hambledon and London, 2003, pp. 5, 16, 29.

⁴² ‘Exhibitions’, *op. cit.*, note 40 above, pp. 52–3.

⁴³ G Knox, *Description of an artificial anatomical figure, constructed by the Chevalier Auzoux, M.D. exhibited in 1832 before the King, in London*, Madras, Church Mission Press, 1834, pp. 3–11, 19–20.

⁴⁴ In 1830s Edinburgh, Dr Shirreff advertised a course of anatomy taught using plaster casts to avoid the “terrible and disagreeable duty” of dissection, only to be lampooned by Robert Knox: Thomas Brown, *Alexander Wood M.D., F.R.C.P.E., &c. &c.: a sketch of his life and work*, Edinburgh, MacNiven and Wallace, 1886, pp. 37–8. Wax models were seldom

used in medical schools: NA, HO 45/4884, letter from the London and provincial inspectors of anatomy, 14 July 1853. A life-size model cost £120 in 1832:

‘Teaching anatomy by means of an artificial human body’, *Ann. Rev.*, 1832: 20.

⁴⁵ In 1832, Dr Halma-Grand, professor of anatomy in Paris, recommended a display of anatomical waxworks for the “unprofessional” public in England: *The Times*, 1 Feb. 1832, p. 3. On continental modellers, see Schnalke, *op. cit.*, note 11 above, pp. 27–92. The most notable British anatomical modeller, Joseph Towne, worked at Guy’s Hospital from 1826: Thomas Bryant, ‘Joseph Towne: modeller to Guy’s Hospital for 53 years’, *Guy’s Hosp. Rep.*, 3rd series, 1883, 26: 1–12; D Mendis and H Ellis, ‘Joseph Towne (1806–1879), master modeller of wax’, *J. med. Biog.*, 2003, 11: 212–17.

effectively excluding those in ordinary employment.⁴⁶ Unlike the College of Surgeons' museum, which was open to the public only during May and June, and then only with advance notice, anyone who paid a shilling could walk into Sarti's waxworks at almost any time of the day.⁴⁷ The centrepiece of Sarti's "artistic" exhibition was a Florentine "anatomical Venus", said by the American medical journal *The Scalpel* to be "better than nature".⁴⁸ Sarti urged visitors not to be put off by "fastidiousness or delicacy", and ladies were encouraged to attend. He advertised the museum as an opportunity for the "humble artisan" to learn "the laws of health" and as "an unanswerable argument against Atheism", gaining the support of Erasmus Wilson and George Birkbeck, who wrote to the Treasury to persuade them to waive import taxes on the waxworks "in the interests of education".⁴⁹

There were several sources of medical and anatomical information for the working-class student. Birkbeck's London Mechanics' Institution offered a course in human anatomy in 1827, which included a demonstration of a dissected body.⁵⁰ Non-specialist anatomy books were expensive, but there were cheap periodicals such as *The Doctor*, a penny magazine issued in the early 1830s, which contained anatomical articles and diagrams, and printed diagrams of the human body could be bought for a few shillings.⁵¹ These publications took a traditional view of anatomy as the work of the creator, and in the early 1830s the Society for the Diffusion of Useful Knowledge produced pamphlets on anatomy that were emphatically Paleyite.⁵² The most widely read book to put forward the ideas of transcendental anatomy was Robert Chambers' (1802–71) anonymous *Vestiges of the natural history of creation* (1844). While some Geoffroyan anatomists were unimpressed that *Vestiges* resorted to a divine creator, creationists objected to its transmutationist thesis being read by "maidens and matrons", whose minds would be contaminated by "the dirty knife of the anatomist".⁵³

In the 1850s and 1860s, at least seven more public anatomy museums opened in England (Table 1). The most successful was established in London at 315 Oxford Street in 1851 by a German-born self-styled "medical doctor" named Joseph Kahn (b. 1820).⁵⁴ Kahn claimed to have been a pupil of Ignaz Döllinger in Munich, and to have worked with the embryologist Michael Pius Erdl, before setting up his own museum of anatomy in Germany in 1848.⁵⁵ His London museum comprised some 340 specimens including "natural"

⁴⁶ Peter Cunningham, *Hand-book of London: past and present*, London, John Murray, 1850, pp. 74, 348.

⁴⁷ *The Times*, 28 Mar. 1839, p. 5; *Tussaud's economical guide to London, Paris, and Brussels*, London, W J Cleaver, 1852, pp. 19–20.

⁴⁸ *Scalpel*, 1852, 4: 510–11.

⁴⁹ Anon., *Signor Sarti's celebrated . . . Venus*, op. cit., note 30 above. This explanatory pamphlet cost 6d.

⁵⁰ Thomas Kelly, *George Birkbeck: pioneer of adult education*, Liverpool University Press, 1957, pp. 114–15.

⁵¹ Kahn, op. cit., note 30 above, pp. 3–4. Non-specialist books on anatomy included William Burke's *A popular compendium of anatomy*, 2nd ed., London, Highley and Son, 1813, and the anonymous

A catechism of anatomy; for the instruction of youth in the first principles of that science, London, G B Whittaker, 1825; the latter contains some basic errors, e.g., the diagram on pp. vi–vii.

⁵² Desmond, op. cit. note 24 above, pp. 203–4.

⁵³ Robert Knox, *The races of men*, 2nd ed., London, Henry Renshaw, 1862, p. 27; A Sedgwick, 'Vestiges of the natural history of creation', *Edin. Rev.*, 1845, 82: 1–85, p. 3.

⁵⁴ NA, HO 107/1475, fol. 4–9, 1851 census.

⁵⁵ Paul S Ulrich, "'Hunderttausend Thaler'—Öffentliche Vergnügungen in Berlin 1848" [<http://www.zlb.de/projekte/theater/1848/november48.htm>], viewed 15 Aug. 2007].

Table 1
Public anatomical exhibitions in nineteenth-century England

Proprietor	Location	Dates
Sarti	London: Margaret Street, Regent Street; Huddersfield; Boston (Lincolnshire)	1839–50, 1854
Kahn	London: 315 Oxford Street; 232 Piccadilly; 4 Coventry St; 3 Titchborne Street	1851–72
Caplin	58 Berners Street, London	1851–63
Reimers	Leicester Square, London	1852–3
Woodhead	Sheffield; Liverpool; Manchester	1854–74
Marston	369 Oxford Street, London	1859–62
Hamilton	404 Oxford Street, London	1865–6
Harvey and Co.	Hanover Square, London	1867

Sources: *The late Sarti's new Florentine anatomical model*, Boston, Joshua Beverley, 1854; British Library, Evan.710, 'Lectures by Dr Marston, 1859'; *Short account of the vital restorative*, London, Harvey, 1867. Marston bought Kahn's museum in 1862 for £1,500: 'Great Windmill Street area', in F H W Sheppard (ed.), *Survey of London: the parish of St James, Westminster, part 2*, London, London County Council, 1963, vol. 31–2, pp. 41–56, on p. 55.

preparations “preserved in spirits” and anatomical models “in wax and leather, copied from nature with the utmost fidelity”, among which were an “Anatomical Venus”, human foetuses from two weeks to full term, and waxworks showing “obstetrical operations”, syphilis, and the “dreadful result of tight lacing”.⁵⁶ Admission cost one shilling and included “popular lectures by a medical gentleman every hour”; though initially for men only, after two months, “in response to applications”, part of the museum was opened to “ladies”.⁵⁷

Reviews in the general and medical press were favourable. Both the *Lancet*, read by general practitioners and private teachers, and the *Medical Times and Gazette*, favoured by teaching hospital staff, were “much gratified” with the collection, especially the anatomical Venus and the embryos, the *Lancet* noting that: “A room is set apart for members of the medical profession, in which the ravages of syphilis and gonorrhoea are very well shown. There are a few other specimens only fit for the medical eye, which would not be out of place in this room.”⁵⁸ The museum toured Manchester, Liverpool, Preston and Newcastle upon Tyne, winning “golden opinions” before returning to London in 1853.⁵⁹

⁵⁶ *Catalogue of Dr. Kahn's Anatomical Museum, now exhibiting at 315, Oxford Street, near Regent Circus*, London, W J Golbourn, 1851, pp. iii, 5–6, 26, 28, 30.

⁵⁷ *Daily News*, 28 Apr. 1851, p. 1; 23 May 1851, p. 1; 30 June 1851, p. 1; *Weekly Dispatch*, 29 June 1851, p. 17.

⁵⁸ *Lancet*, 1851, i: 474; *Med. Times Gaz.*, 1851, 23: 496. On the readership of these journals, see Desmond, op. cit., note 24 above, pp. 15–16.

⁵⁹ *News of the World*, 21 Sept. 1851, p. 1. Kahn added a gallery of ethnological models: John Conolly, *The ethnological exhibitions of London*, London, John Churchill, 1855, p. 38.

where the short-lived Reimers' Museum was exhibiting a similar range of wax models.⁶⁰ Despite allegations of sexual misconduct against Kahn, the *Lancet* remained supportive, dismissing the claims as a "foul conspiracy".⁶¹

Wakley's early enthusiasm for Kahn's museum may have been due to its radical agenda; despite nodding references to the work of the Creator, Kahn exhibited waxworks of Niam-Niams, "men with tails", with notes on their significance for those who claimed that men were not "allied to the monkey tribe".⁶² The *Lancet* recommended Kahn's to medical men but gave little consideration to its educational effect on the public. Other medical journals either denied that public anatomy museums possessed any educational value—they only "pretended" to be educational and the audiences were "gaping fools"—or claimed institutional museums rendered them superfluous on the grounds that: "if any lay persons possess sufficient curiosity to desire an acquaintance with anatomy and pathology, the splendid museums of the Colleges of Surgeons in the different capitals of Great Britain are open to their inspection, and that the introduction may be easily obtained".⁶³

In 1853, Wakley wrote that his "only objection" to Kahn's was that "on certain days females are admitted".⁶⁴ Anatomical museums were among the relatively few popular attractions in nineteenth-century London open to unaccompanied women, who were admitted separately to Sarti's and Kahn's and exclusively to the museum of Madame Caplin, an "anatomical" corset maker.⁶⁵ Museum proprietors employed female lecturers to explain the displays to women visitors, who, they argued, as "nurse" and "teacher" to the family ought to understand the "laws of health" and whose presence increased a museum's audience and demonstrated its respectability.⁶⁶ Wakley's criticism of Kahn for admitting women to the "medical room" may have been because their presence there undermined one of the commonest arguments against permitting women to study medicine, that they would find anatomy distressing.⁶⁷ Anatomy was considered too indelicate an activity for respectable women to pursue openly, and in America, and later in Britain, women admitted to medical schools were required to dissect separately from the men.⁶⁸

⁶⁰ *Lancet*, 1853, i: 590. Reimers' museum toured northern England before moving to Saville House in London. There is no record of it in England after 1853, though it toured Europe until at least 1869: J W Reimers, *Catalogue of J. W. Reimer's [sic] Gallery of All Nations and Anatomical Museum*, Leeds, Jackson & Asquith, 1853; *J. W. Reimers Anatomiska och Ethnologiska Museum*, Stockholm, Associations-Tryckeriet, 1869.

⁶¹ *Reynolds's Newspaper*, 11 Sept. 1853, p. 9; *The Times*, 14 Sept. 1853, p. 10; *Central Criminal Court: sessions' paper*, London, George Herbert, 1853, 38, p. 568; *Lancet*, 1853, ii: 329.

⁶² [Joseph] Kahn and Dr Sexton, *Men with tails: remarks on the Niam-Niams of Central Africa*, London, W J Golbourn, [1855], p. 6.

⁶³ F B Courtenay, *Revelations of quacks and quackery: a series of letters by "Detector" reprinted from "The Medical Circular"*, 7th ed., London,

Baillière, Tindall and Cox, [1877], preface and pp. 57, 74; 'The indecent advertising quacks', *Med. Press.*, 1867, 3: 192–3.

⁶⁴ *Lancet*, 1853, ii: 156.

⁶⁵ Caplin's museum of "science applied to the female form" warned against tight-lacing: *Weekly Dispatch*, 8 June 1851, p. 14; *Med. Circ.*, 1854, 5: 167; *The Times*, 4 Nov. 1854, p. 1; 30 July 1863, p. 1. Sarti's was open to "ladies only" on two days a week and Kahn's on three afternoons.

⁶⁶ Bennett, op. cit., note 17 above, p. 30, argues that the presence of women "sanitized" public spaces.

⁶⁷ On women and the "dismal horrors of the dissecting room", see 'The lay press on female physicians', *Students J. Hosp. Gaz.*, 1874, 2: 241–2, p. 241.

⁶⁸ Jane Clapp, *Art censorship: a chronology of proscribed and prescribed art*, Metuchen, NJ,

In 1854, though he still acknowledged the museum as “valuable”, Wakley thought that it was “damaged by specimens degrading to the mind of the student or visitor”.⁶⁹ When a representative of the *Lancet*, perhaps Wakley himself, visited Kahn’s and pointed out several models that “ought to be removed”, Kahn acquiesced but, writing as an MD of Vienna, he defended his museum in a letter to the *Lancet*, which continued to recommend it to students until 1855.⁷⁰

Shortly afterwards, Kahn aroused the antipathy of the *Lancet* when he aligned himself with quacks by entering into partnership with Perry and Co., sellers of venereal disease cures, whose family name was Jordan.⁷¹ Treatments for venereal disease had formed a large part of the medical market since the eighteenth century; there was a wide range available, and they tended to be expensive. Like earlier pox doctors, Kahn advertised in handbills and sent discretely packaged remedies through the post; he also took advantage of the abolition of the tax on newspaper advertisements in 1853 and advertised regularly in London’s papers.⁷² The diagnosis of venereal disease was shaming, and patients did not want home visits but brief, anonymous consultations. Kahn’s museum could be visited at any time and its displays of the pathology of venereal disease and onanism may have frightened casual visitors into believing they had these “secret diseases”. Kahn continued to lecture on anatomy and other medical topics but it was the quack medicine trade that made him wealthy; he rented a large house in Harley Street, furnished it lavishly, kept a carriage and pair, and rode in the park. His visible financial success “disgusted” orthodox practitioners, who attributed it to widespread newspaper advertising, which was pathognomonic of quackery.⁷³

In 1857, a dissatisfied patient brought a civil claim for damages against Kahn to recover the cost of expensive treatment for spermatorrhoea and venereal disease. Spermatorrhoea was a controversial diagnosis, on the fringes of medical orthodoxy; some qualified medical men treated it, often with radical measures such as urethral cauterization, but the lack of consensus within the medical community and the painful orthodox treatments encouraged quacks to offer proprietary remedies, which were widely advertised to the worried well.⁷⁴ It was alleged that Kahn made the diagnosis fraudulently and threatened to expose the patient as a masturbator when he asked for his money back. Kahn lost the case and

Scarecrow Press, 1972, p. 135; *The Times*, 5 June 1873, p. 10.

⁶⁹ As a result of correspondence from Dr Leach, a disaffected ex-employee of Kahn: *Lancet*, 1854, ii: 22; i: 654, 684, 700.

⁷⁰ *Lancet*, 1854, i: 654, 700; ii: 22; 1855, ii: 483.

⁷¹ R and L Perry and Co. [sic], *The silent friend; a Anatomical work, treating on the anatomy and physiology of the organs of generation, and their diseases*, London, published by the authors, 1847, was substantially the same as *Catalogue of Dr. Kahn’s Anatomical and Pathological Museum . . . To which is added, a series of lectures, under the title of “Shoals and quicksands” of youth, as delivered by Dr. Kahn, every evening, at a quarter-past eight precisely. Admission, one shilling. Catalogue, etc., free, n.p., [1856].*

⁷² Kevin P Siena, *Venereal disease, hospitals, and the urban poor: London’s “foul wards,” 1600–1800*, Rochester, NY, University of Rochester Press, 2004, pp. 30–1, 46–8.

⁷³ Courtenay, op. cit., note 63 above, p. 2.

⁷⁴ The best-known spermatorrhoea remedy was Jordan’s Triesemar: *Daily News*, 25 Jan. 1856, p. 8; *News of the World*, 17 Feb. 1856, p. 8. On spermatorrhoea as a diagnosis, see Michael Mason, *The making of Victorian sexuality*, Oxford University Press, 1994, pp. 295–8, and Robert Darby, ‘Pathologizing male sexuality: Lallemand, spermatorrhea, and the rise of circumcision’, *J. Hist. Med. Allied Sci.*, 2005, **60**: 283–319.

was ordered to pay damages of £20.⁷⁵ The plaintiff may have been a cat's paw for the anti-quackery campaign, as few men would have risked the shame of being known to have sought treatment for such a disease. In reporting the case, the *Lancet* severely criticized the content and purpose of Kahn's museum, deprecating "the disgraceful purpose to which this man . . . turned his collection of wax models", which was "principally used as a trap to catch victims", and, though "of professional interest", was "totally unfit for general exhibition".⁷⁶

Popular Anatomical Museums Suppressed under the Obscene Publications Act

The earliest legal challenge to the content of a public anatomy museum was in 1854, when Joseph Woodhead, the proprietor of a museum in Sheffield, was indicted for committing a public nuisance by exposing to public view "certain filthy, obscene, and indecent figures, calculated to offend public decency and demoralise society".⁷⁷ In 1859, the London Medical Registration Association urged the newly formed General Medical Council (GMC) not to admit proprietors of "unseemly" exhibitions such as Kahn's to the *Medical Register*, and on 6 August 1859 his application for registration was refused. This had little practical effect, however, as unregistered practitioners could legally operate anatomy museums and sell quack remedies.⁷⁸ Kahn was the only museum proprietor to apply for registration; most did not purport to be medical men and their activities fell outside the purview of the GMC.⁷⁹ Local councils who objected to museums relied on obscenity legislation to close them down.

Prosecutions for obscenity were not merely a strategy to prevent irregular practitioners from opening museums; there seem to have been genuine anxieties amongst magistrates and medical men that anatomy museums were a corrupting influence. Sexual anatomy was an obviously contentious area, and anatomists in the nineteenth century did not enjoy the freedom of the eighteenth, when descriptions and models of sexual organs had been offered to the public without, apparently, any offence being taken.⁸⁰ In 1813, the surgeon William

⁷⁵*Lancet*, 1857, ii: 150–3.

⁷⁶*Lancet*, 1857, ii: 175, 557–8. The claim that a "poor" clerk had eighteen consultations with Kahn, and paid £51 for treatment of a condition he did not believe he had, before obtaining a second opinion seems unlikely.

⁷⁷*Med. Circ.*, 1854, 4: 84. The content of the museum resembled Kahn's: J T Woodhead, *Parisian Gallery of Anatomy: descriptive catalogue of the anatomical and pathological models in the above-named museum: this rare and scientific collection consists of upwards of 400 models and diagrams brought from Paris, Munich and Florence*, Liverpool, E Matthews, n.d.

⁷⁸*Lancet*, 1859, i: 569–71; *Minutes of the Medical Council, London*, 1863, 1: 45. Kahn sold his museum in 1862 and had left England by 1864: *Lancet*, 1864, ii: 389.

⁷⁹Hamilton sold quack remedies and fraudulently claimed to be an MD: *The Times*, 18 Apr. 1866, p. 11; *Br. med. J.*, 1866, i: 428–9.

⁸⁰The French were less permissive; in 1712 Desnoües was instructed by the Parisian *parlement* to remove the genitalia from his waxworks: Jonathan Simon, 'The theatre of anatomy: the anatomical preparations of Honoré Fragonard', *Eight. Cent. Stud.*, 2002, 36: 63–79, p. 65.

Burke omitted description of the sexual organs from *A popular compendium of anatomy*, eschewing “all idea of wishing to gratify the prurient curiosity of a polluted imagination”.⁸¹ Whereas popular anatomical exhibitions in the eighteenth century had used everyday terms, such as “yard” for the penis, in the nineteenth century they used medical Latin words for the *genitalia*. One of the educational benefits claimed by Sarti for his museum was that it would enable visitors to communicate intelligibly with their medical advisors, presumably by providing them with a “respectable” vocabulary with which to discuss “disreputable” matters.⁸² By the mid-1850s, medical books written for the public could be regarded as obscene and were being sold in Holywell Street alongside pornography.⁸³ The reading of medical texts by laymen was seen as a morally questionable activity, and in the middle-class home such books might be hidden from the children.⁸⁴ Artistic nudes had also become unacceptable if displayed too publicly; in 1854, an exhibition of nude sculptures at Crystal Palace caused such controversy that fig leaves were added.⁸⁵

In 1860, Louis Lloyd’s anatomical museum in Leeds became the first museum to be prosecuted under the Obscene Publications Act. The 1857 Act had introduced no new offence, but empowered magistrates to order the destruction of books, prints and other materials judged obscene; this included medical works, notwithstanding there being no intention to corrupt.⁸⁶ Lloyd’s anatomical models were destroyed on the grounds that they were “dangerous to public morality”, his defence that the exhibition was educational and so “would rather prevent than increase immorality” having been rejected.⁸⁷ The educational potential of exhibits was no defence against obscenity charges if a museum was open to the public. In 1865, the British Museum officially segregated books and antiquities deemed pornographic from those on public view; the contents of the “secretum” could be seen only by approved scholars.⁸⁸

Obscene material did not have to be pornographic; it was sufficient that it tended to “corrupt” the viewer. When F B Courtenay (1811–86), an advocate of urethral cauterisation for spermatorrhoea, called Kahn’s a “Priapeian Establishment”, he implied that, by providing information about, or treatments for, venereal disease, Kahn’s encouraged a lack of sexual

⁸¹ Burke, op. cit., note 51 above, p. 242.

⁸² Sappol, op. cit., note 5 above, p. 203.

⁸³ “Obscene” books seized by the police in 1856 included “Dubois on Marriage”, a “medical work of great note”, “Aristotle’s works” and “Sam Hall Songster”: *News of the World*, 20 Apr. 1856, p. 5. The Victorian *Aristotle’s master-piece* was a “moral tract lacking the frankness of the eighteenth-century original”: see Roy Porter, “The secrets of generation display’d”: Aristotle’s master-piece in eighteenth-century England’, *Eight. Cent. Life*, 1985, 9: 1–21, p. 4.

⁸⁴ Montague Summers, in later life a translator of banned books, recalled his disappointment on discovering that a hidden book in the library of his

childhood home was a medical encyclopaedia: Montague Summers, *The galanty show*, London, Cecil Woolf, 1980, pp. 79–80.

⁸⁵ *The Times*, 8 May 1854, p. 9.

⁸⁶ *Regina v. Hicklin* (1868 LR 3 QB 360), see Norman St John-Stevan, *Obscenity and the law*, London, Secker and Warburg, 1956, pp. 66–70.

⁸⁷ *Br. med. J.*, 1860, i: 15. I have been unable to locate any other references to Lloyd, possibly a pseudonym.

⁸⁸ David Gaimster, ‘Sex and sensibility at the British Museum’, *History Today*, 2000, 50 (9): 10–15.

restraint. The fear of venereal disease, which was sometimes described “in the language of the Book” as a punishment for sin, was a powerful deterrent to promiscuity; a pamphlet for “men about town” published in 1840 advised the reader to “hasten home” to wash after intercourse, before the “poison” was absorbed.⁸⁹ Quack remedies could lessen this anxiety; Perry and Co., who operated from Kahn’s museum, sold a “Preventative Lotion”, the use of which enabled men “to have connexion without any reason to dread the consequences”.⁹⁰ On the other hand, the “revolting” models and descriptions of venereal diseases used by museums to prompt the sick, or the worried well, to seek help, probably justified their proprietors’ claims that they promoted moral restraint; Kahn’s descriptions and models of the horrible consequences of venereal disease and onanism are likely to have had an anaphrodisiac effect.⁹¹

Most of those prosecuted under the Obscene Publications Act were pornographers, and anatomy museums were probably tainted by association.⁹² Medical men, provoked by museum proprietors who belittled conventional remedies and abused the medical profession,⁹³ claimed that museums disseminated “filthy” and “dirty” literature that promoted the sexual behaviour of which it purported to disapprove. Publications such as *The guardian of health*, *Mirror of health*, *Life’s renovator*, *Control of the passions* and *The medical preceptor*, wrote one anonymous medical journalist, would be better named *The youth’s preceptor in the paths of vice*.⁹⁴ When one of Kahn’s former partners, Robert Jacob Jordan, produced a catalogue of the museum with an appendix on spermatorrhoea, he was erased from the *Medical Register* for “conduct unbecoming the character of a physician”, and the catalogue was described in the medical press as a “dirty pamphlet”, which implied to those who had not seen it that its purpose was titillation rather than advertisement.⁹⁵ Obscenity laws enabled the medical profession to recommend prosecution of museums in an apparently disinterested manner, by claiming their advertisements contained “descriptions suggestive to the youthful imagination of the very evils they pretend to deplore” and that readers would be “contaminated by . . . this moral poison”, though London police and magistrates remained apparently unconcerned, despite an appeal to the new Metropolitan Commissioner of Police from the British Medical Association in 1869 to close down

⁸⁹ *The Doctor, a Medical Penny Magazine*, 1835, 3: 126; ‘The Old Medical Student’, *Hints to men about town: part I*, Liverpool, George Davis and Co., 1840, pp. 61–71.

⁹⁰ Perry and Co., op. cit., note 71 above, p. 168.

⁹¹ When asked during the Bradlaugh case of 1877 whether *The fruits of philosophy* was “calculated to excite sensual or libidinous feelings”, Dr Drysdale of the Royal Free Hospital replied: “on me it had the contrary effect”: St John-Stevas, op. cit., note 86 above, p. 154. On moral restraint as an objective in opening museums to working-class visitors, see Bennett, op. cit., note 17 above, pp. 20–21.

⁹² The most notable was the publisher William Dugdale: Geraldine Beare, ‘Dugdale, William (1799/

1800–1868)’, in H C G Matthew and Brian Harrison (eds), *Oxford Dictionary of National Biography*, 60 vols, Oxford University Press, 2004, vol. 17, pp. 157–8.

⁹³ *The Times*, 26 May 1865, p. 11.

⁹⁴ ‘Anatomy of quackery: quack medicines, their history, composition, and qualities; no. xxxvii; provincial Calcrafts’, *Med. Circ.*, 1854, 4: 8–9.

⁹⁵ *Med. Press*, 1866, 1: 289–90. Jordan qualified in 1859; his name was erased from the *Medical Register* on 4 May 1864 for publishing an “indecent” work: *Min. med. Coun., Lond.*, 1864, 3: 66.

the West End anatomy museums.⁹⁶ In 1872, Kahn's museum advertised new models and lectures "as attractive as ever", and the *London Medical Press and Circular* complained that the police ought to have closed it down "years ago".⁹⁷

Kahn's was among three quack establishments privately prosecuted in 1873, ostensibly by the evangelical Society for the Suppression of Vice, though the Quack Prosecution Fund, a group of medical practitioners, funded the actions by subscription.⁹⁸ The Obscene Publications Act was a powerful instrument for medical anti-quackery campaigners, because material deemed obscene if placed before a general audience was considered acceptable for professional men. In 1867, the Chief Justice had stated that: "A medical treatise, with illustrations necessary for the information of those whose education or information the work is intended, may, in a certain sense, be obscene, and yet not the subject for indictment; but it can never be that these prints can be exhibited for anyone, boys or girls, to see as they pass."⁹⁹ The police seized some of the Kahn's models and charged the museum's proprietors with "exhibiting certain indecent and demoralising representations for the purpose of gain". Though the proprietors argued in the magistrates' court that the museum "was of a scientific and medical character", they retracted their "not guilty" pleas after the case was referred to the Queen's Bench, and the models were destroyed.¹⁰⁰ Woodhead's museum, which had re-opened in Liverpool, was tolerated by the local Medical Reform Association, who in 1871 used it as a venue for examinations, but it was prosecuted under the Obscene Publications Act in 1874, after it moved to Manchester.¹⁰¹ To Woodhead's justification "that the Royal College of Surgeons possesses, and admits the public to, an exhibition similar to his own", the magistrate replied that "he could understand museums of the character of the defendant's being connected with the hospitals and medical colleges, but when they came into the hands of private individuals they were likely to produce serious evils".¹⁰²

The Content of the Anatomical Museum

What kind of experience awaited the visitor to an anatomical museum? The centre-piece was often an anatomical Venus or Adonis, a life-sized recumbent wax figure with removable viscera, and there was usually a lecturer to take out the organs and

⁹⁶ *Med. Press*, 1867, 3: 107, 171, 252–3; *Br. med. J.*, 1869, i: 78.

⁹⁷ *Reynolds's Newspaper*, 8 Dec. 1872, p. 4; *Med. Press*, 1872, 14: 532.

⁹⁸ *Med. Press*, 1872, 14: 468–9; 1873, 15: 37.

⁹⁹ In 1877, the Solicitor General gave an opinion that the general publication of medical works was obscene, though publishing them for "doctors" was not: St John-Stevas, op. cit., note 86 above, pp. 70–2, quote on p. 129.

¹⁰⁰ *Br. med. J.*, 1873, i: 295, 413; *The Times*, 1 Dec. 1873, p. 11; 19 Dec. 1873, p. 11. Quacks continued to practise under the name of Kahn until 1876: *The Times*, 14 Oct. 1876, p. 11; *Lancet*, 1876, ii: 593, 701.

¹⁰¹ *Descriptive catalogue of the Liverpool Museum of Anatomy*, 29, Paradise Street, Liverpool, Matthews Brothers, n.d., p. 65.

¹⁰² *Lancet*, 1874, i: 915–16.

explain them. Recent accounts of anatomical models in the nineteenth century have interpreted them as gratifying “prurient” tastes, and attention has been drawn to the preponderance of female anatomical figures and of models of the sexual organs.¹⁰³ Ludmilla Jordanova read the recumbent posture and pleasing, relaxed expressions of anatomical Venuses, sometimes clothed and reclining on beds with linen and pillows, as sexual, arguing that their exhibition was “knowingly erotic”.¹⁰⁴ Anatomical Venuses displayed some of the sensuality of artistic representations of the body, such as Titian’s *Venus of Urbino*, which they were made to resemble.¹⁰⁵ The intentional evocation of classical beauty, emphasized by calling the models Venuses, Samsons or Adonises, further distanced them from real bodies; they were, in effect, copies of copies.¹⁰⁶ By the end of the eighteenth century, realistic anatomical models had come to be seen as “perverted” by the French because the depiction of decay seemed sensual (the Marquis de Sade found them so) or repulsive rather than a dignified *memento mori*.¹⁰⁷ The representation of anatomical Venuses as living avoided the unpleasant suggestion of viewing a corpse; an anatomical Venus or Apollo was a “beautiful work of art”, the “*chef d’oeuvre* of anatomical perfection”.¹⁰⁸ The recumbent posture of anatomical Venuses and Adonises was also influenced by practical considerations, as modelling a life-size, standing wax figure that could be taken apart would have been technically prohibitive. The predominance of female anatomical figures can be partly explained by the display of models made for obstetric instruction, showing different presentations of the foetus, and their relaxed expressions, Burmeister has argued, showed that they were not experiencing pain and “submerged” the association between death, dissection, and anatomical knowledge.¹⁰⁹

Other items in the museum, such as models of the pathology of venereal disease and eruptions of the skin, were intended to shock the visitor. Like the medical adage

¹⁰³ Altick, op. cit., note 5 above, p. 339; Porter and Hall, op. cit., note 5 above, p. 138.

¹⁰⁴ Ludmilla J Jordanova, *Sexual visions: images of gender and science in medicine between the eighteenth and twentieth centuries*, New York, Harvester Wheatsheaf, 1989, pp. 43–50; also Pilbeam, op. cit., note 41 above, pp. 4, 133–4, and Sheila Shaw, ‘Spontaneous combustion and the sectioning of female bodies’, *Lit. Med.*, 1995, **14**: 1–22, p. 5.

¹⁰⁵ A W Bates, ‘Anatomical Venuses: the aesthetics of anatomical modelling in 18th- and 19th-century Europe’, in János Pusztai (ed.), *40th international congress on the history of medicine: proceedings*, 2 vols, Budapest, Societas Internationalis Historiae Medicinae, 2006, vol. 1, pp. 183–6. On anatomy and classical proportions, see Deanna Petherbridge, ‘Art and anatomy: the meeting of text and image’, in Deanna Petherbridge and Ludmilla Jordanova (eds), *The quick and the dead: artists and anatomy*, London, South Bank Centre, 1997, pp. 7–98, and Francesco Paolo de

Ceglia, ‘The rotten, the disembowelled woman, the skinned man’, *J. Sci. Commun.*, 2005, **4**, 1–7: p. 3 [http://jcom.sissa.it/archive/04/03/A040301/, viewed 15 Aug. 2007].

¹⁰⁶ For photographs of eighteenth- and nineteenth-century anatomical models see Michel Lemire, *Artistes et mortels*, Paris, Chabaud, 1990, esp. pp. 27–251; von Düring, Didi-Huberman, and Poggesi, op. cit., note 11 above, pp. 18–115, and *The William Bonardo collection of wax anatomical models*, London, Christie’s, 2001, esp. pp. 23, 49, 52, 56.

¹⁰⁷ de Ceglia, op. cit., note 105 above, pp. 2–3.

¹⁰⁸ *Catalogue*, op. cit., note 71 above, p. 45; Knox, op. cit., note 43 above, pp. 19–20; W Mawhinney, *Anatomical and physiological description of Signor Sarti’s Florentine Venus, together with the causes, symptoms, and treatment of the diseases of the principal organs*, Bury, John Heap, 1851, p. 3.

¹⁰⁹ Burmeister, op. cit., note 6 above, pp. 29, 47. Desnoües’s twenty-four models in London comprised twelve females, seven males and five of undefined sex:

“an evening with Venus and a lifetime with Mercury”, the juxtaposition of the goddess of love with models of sexual pathology can be seen as intentionally associating sexual indulgence with diseases that visitors might suspect, or fear, that they had, and that museum proprietors offered to treat.¹¹⁰ Kahn, like many pox doctors before him, “traded on fear”, emphasizing the sensational or “horror” aspects of the syphilitic models by keeping them in a separate room.¹¹¹ According to *The Times*, the “mystery” of admitting men and women separately gave this room a “charm” akin to that of Madame Tussaud’s “Chamber of Horrors”.¹¹² Tussaud’s “adjoining room” (called the Chamber of Horrors by *Punch*) had been created for models of “those horrible monsters” the “French Revolutionists”, whose waxworks had seemed incongruous beside those of respectable royalty and politicians, and the mimicking of this arrangement in Kahn’s museum implied that venereal pathology was similarly monstrous.¹¹³ The syphilitic models were intended to shock in order to increase the force of the moral warning and, one supposes, the sale of anti-syphilitics. Courtenay recalled a museum doctor showing “a most horrible bust exhibiting the head of one in a state of salivation” to discourage a patient from taking the orthodox mercury treatment for syphilis.¹¹⁴ The gruesome reputation of salivation, and the impossibility of hiding its effects, made patients turn eagerly to alternative remedies.¹¹⁵

Although the syphilitic models were as sensational as anything in the Chamber of Horrors, anatomy museums had a stronger educational ethos than waxwork shows such as Tussaud’s, which catered mainly for the public’s interest in famous people.¹¹⁶ Kahn’s museum included dozens of anatomical, surgical and embryological models and more than a hundred microscopical preparations, intended “to present the scientific observer with a general and correct view of the perfect and wonderful structure of the body”, and “[p]opular explanations of the structure and function of the human body, illustrated by wax-models” were given every hour.¹¹⁷ Kahn noted with satisfaction that his museum had evoked the “greatest interest” in “physiological science” and “microscopic embryology”, “even” in the provinces.¹¹⁸ The admission fees of curious visitors were, however, insufficient to keep the museum in operation; the sale of venereal disease cures made it a going concern.

six of the females were pregnant and in two malpresentations were shown: *A brief description*, op. cit., note 14 above, pp. 3–12.

¹¹⁰ Elaine Showalter, *Sexual anarchy: gender and culture at the fin de siècle*, New York, Viking, 1990, p. 128.

¹¹¹ Roy Porter, *Health for sale: quackery in England 1660–1850*, Manchester University Press, 1989, p. 151.

¹¹² *The Times*, 27 Dec. 1854, p. 10.

¹¹³ ‘Exhibitions’, op. cit., note 40 above, p. 64. On the monstrous defined by transgression of social and

moral laws, see Michel Foucault, *Abnormal: lectures at the Collège de France 1974–1975*, transl. Graham Burchell, London, Verso, 2003, pp. 49–94.

¹¹⁴ Courtenay, op. cit., note 63 above, p. 46.

¹¹⁵ Siena, op. cit., note 72 above, p. 40.

¹¹⁶ Pilbeam, op. cit., note 41 above, pp. 97–130.

¹¹⁷ *Catalogue*, op. cit., note 56 above, p. 3; *Daily News*, 28 Apr. 1851, p. 1.

¹¹⁸ Joseph Kahn, *Atlas of the formation of the human body, in the earliest stages of its development, compiled from the researches of the late Dr M. P. Erdl*, London, John Churchill, 1852, p. v.

Anatomy as Professional Knowledge

Between 1830 and 1870, anatomy occupied an increasingly prominent place in an ever more standardized medical training, but, despite high-sounding medical claims that anatomy was the “foundation of medical science”,¹¹⁹ medical studies required little more than learning topographical anatomy by rote, students being “catechised” by instructors to fix the knowledge in their minds.¹²⁰ Dissection was not necessary to pass the easy diploma examination of the College of Surgeons, and anatomy teachers in London and Edinburgh sold certificates to pupils who seldom, or never, attended classes.¹²¹ Those who shunned dissection learned from “crammers”, one of whom boasted that he “could take any cabman off his stand, and enable him to pass the College of Surgeons in three months!”¹²² When the GMC further regulated medical training in 1867, a task they considered of “great and urgent importance”, they placed anatomy at the head of the list of subjects pupils should study.¹²³ The Professor of Anatomy at Cambridge defended the memorizing of anatomical minutiae on the grounds that it cultivated “habits of accurate observation and of reflection”,¹²⁴ but students complained that anatomy was “all but useless”, as they were not expected to understand “higher” anatomy but to learn facts “like parrots or learned pigs”.¹²⁵

In 1875, in an attempt to force students to learn from dissection rather than by rote, the GMC passed a motion that, where possible, candidates in anatomy examinations should expect to perform dissections.¹²⁶ Compulsory anatomy classes became a professional initiation that students often found unpleasant or worthless, and were arguably ritual and theatre rather than genuine learning, but at least medical men who had acquired their professional knowledge in the dissecting room could dismiss self-taught practitioners who had learned their anatomy from books and models as plausible charlatans.¹²⁷ Quacks, on the other hand, made a virtue of not having dissected, claiming it was both unnecessary and “repulsive”.¹²⁸

¹¹⁹ Frederick Tyrrell, *An introductory lecture on anatomy: delivered at the new Medical School, Aldersgate Street. October 2nd, 1826*, London, Longman, 1826, p. 8; E A Barton, *A doctor remembers*, London, Seeley, Service, 1941, p. 22.

¹²⁰ *Medical calendar*, op. cit., note 23 above, p. 83; General Medical Council, *Report of the Committee on Professional Education (1869), with three appendices*, London, General Medical Council, 1869, p. 64.

¹²¹ An anatomy tutor writing to *The Times*, 26 Nov. 1866, p. 8; he did not name the London schools involved. In Edinburgh, Robert Knox was accused of signing certificates for students who had not attended classes: *Lancet*, 1847, i: 567–71. Until the mid-nineteenth century the examination was a *viva voce* only: Newman, op. cit., note 23 above, pp. 20, 245.

¹²² *Med. Circ.*, 1854, 5: 187.

¹²³ *Min. med. Coun., Lond.*, 1868, 5: 238.

¹²⁴ Dr G M Humphry, FRS, quoted in General Medical Council, op. cit., note 120 above, p. 69.

¹²⁵ W Mitchell Banks, ‘The teaching of anatomy’, *Br. med. J.*, 1874, i: 466–7. Newman, op. cit., note 23 above, p. 285, dismissed anatomy as: “a mass of facts . . . of little educational value”.

¹²⁶ *Min. med. Coun., Lond.*, 1876, 12, p. 54; *Br. med. J.*, 1875, i: 848–57.

¹²⁷ Barton, op. cit., note 119 above, p. 23. On ritual aspects of anatomy, see Sappol, op. cit., note 5 above, pp. 1–3.

¹²⁸ ‘A Physician’ [Samuel Dickson], *London medical practice: its sins and shortcomings*, London, Simpkin, Marshall and Co., 1860, p. 61.

Conclusion

Public anatomy museums were a short-lived and peripheral part of the Victorian medical landscape but reached a relatively wide audience. Kahn's alone boasted 2000 visitors a week, and for many of them the museum would be the closest they came to the scientific foundations of medicine. In their heyday, it seemed to their proprietors that public museums might defeat the "ignorance" that led to misery and illness:

Anatomical Museums for the public are becoming established in large towns, and visited by vast numbers of those who, twenty years ago, would have felt no interest in the models thus shown, or the lectures thus delivered . . . From all this, we infer a progressive movement in regard to the knowledge possessed by the masses in anatomical and physiological subjects. But there is still much more to be done; evils of enormous magnitude, and of the growth of centuries, still affect society, whose existence is dependant entirely upon the ignorance of men as to the structure and functions of their own bodies.¹²⁹

The prosecution of museums under the Obscene Publications Act effectively ended their potential for public education. What survived of Kahn's collection was shipped to New York, where it competed with increasingly sensational dime museums in the Bowery, and the Liverpool anatomy museum was absorbed by Louis Tussaud's waxwork show, which offered "true-to-life representations of prominent people".

Much has been written in recent years on the transgressive aspects of anatomy, in particular dissection, as a source of medical authority.¹³⁰ In England, public unease related particularly to the source and fate of cadavers dissected: incidents of body snatching or disrespectful treatment of cadavers caused indignation in the popular press.¹³¹ However, the medical profession would not have taken up, and monopolized, anatomy so readily had it repelled patients, and if some thought dissection gruesome, this probably enhanced the reputation of doctors as dispassionate observers; the proverbial "cold scientific eye" of the physician was a desirable attribute.¹³² In America, popular anatomy museums aroused strong opposition from moral reformers and anti-vice campaigners. In England, however, opposition to anatomy museums was largely confined to the medical press; there was little public unease about them, or concern at their passing.¹³³ Criticism of anatomy as obscene came, as we have seen, principally from the

¹²⁹ Kahn, op. cit., note 30 above, pp. 3–4, quote on p. 4.

¹³⁰ On possible erotic connotations of dissection and the collection and display of anatomical specimens, see Sappol, op. cit., note 5 above, pp. 4, 22, 85, 87, 233–4, 276.

¹³¹ *The Times*, 4 Dec. 1833, p. 2; 26 Sept. 1842, p. 7; 2 Feb. 1858, p. 11. Reports of "gross indecency" implied disrespectful treatment of cadavers rather than sexual misconduct: *The Times*, 10 Oct. 1859, p. 6; 22 Nov. 1866, p. 7. Henry

Ashbee's pornographic *Index librorum prohibitorum* included a story of corpse "profanation" by a porter in a Victorian dissecting room (Richardson op. cit., note 36 above, p. 96), but this was not a subject raised in newspapers of the period.

¹³² Edward Bulwer Lytton, *Caxtoniana: a series of essays on life, literature and manners*, London, Blackwood, 1863, p. 185.

¹³³ Anatomy museums were included in guides for middle-class visitors to London, for example John Timbs, *Curiosities of London*, London, David

medical profession itself, in response to the threat posed by public anatomy museums to the status of anatomy as exclusively professional knowledge.

Medical teachers were concerned that compulsory dissection deterred students rather than patients: “the features of the dissecting-room tend to cast some shadow over the profession, and prevent many from entering it whose names we should be glad to see in its lists”.¹³⁴ Those who did enter approached dissection with a reluctance that is easily appreciated by those who have practical experience of it;¹³⁵ it was a “disagreeable duty” that many of them shirked, while only the most diligent persevered with the “appalling” work.¹³⁶ Distaste was soon replaced by indifference and students behaved as badly in the dissecting room as they did elsewhere.¹³⁷ A number of medical men later recalled a want of “ordinary decency”, complaining of drinking, smoking, brawling, throwing of body parts, wrestling, rat hunting and “disgusting conversation”.¹³⁸ This behaviour was hardly new; indeed it reflected the popular view of the nineteenth-century medical student expressed in *Punch* and the *Pickwick papers*, though it was ironic that the experience of dissection, vaunted by the profession as a mark of proper medical training, was subsequently perceived by some of its members as having led to “deterioration of character” in their colleagues, by destroying “a proper regard for the decencies of life”.¹³⁹

The actions instigated by the medical profession against public anatomy museums stigmatized anatomy as a dangerous science, able to “excite disgust in one class of minds, or the lowest passions in another”.¹⁴⁰ Prosecutions of museums relied on enlisting the moral and practical support of magistrates and others in authority, by fuelling their own anxieties over the demoralizing effects of anatomy on the lower classes. Such fears could seem ridiculous: in W H Mallock’s *The new republic*, published in 1877, Mr Herbert, a parody of John Ruskin, plans to blow up

Bogue, 1855, pp. 529–30. Kahn’s was listed among Christmas attractions “to amuse the holiday folks” in *The Times*, 27 Dec. 1854, p. 10, and was treated humorously in *Punch*, 1856, 31: 108. The closure of Kahn’s was reported in the medical press but not the *News of the World*, *Reynolds’s Newspaper*, or the *Illustrated Police Gazette*.

¹³⁴General Medical Council, op. cit., note 120 above, pp. 69–70.

¹³⁵Raymond Tallis, *Hippocratic oaths: medicine and its discontents*, London, Atlantic Books, 2004, pp. 245–6, argues that the “distasteful” attainment of “objectivity over repulsion” in medicine has been “frequently represented as an enjoyable exercise of power”.

¹³⁶General Medical Council, op. cit., note 120 above, p. 238; *Br. med. J.*, 1862, i: 372; J B Atlay, *Sir Henry Wentworth Acland, Bart., K.C.B., F.R.S., Regius Professor of Medicine in the University of Oxford: a memoir*, London, Smith, Elder, 1903, pp. 82, 91.

¹³⁷Thomas Neville Bonner, *Becoming a physician: medical education in Britain, France, Germany, and the United States, 1750–1945*, Baltimore, Johns Hopkins University Press, 2000, p. 75.

¹³⁸William Dale, *The present state of the medical profession in Great Britain and Ireland*, London, A W Bennett, 1860, p. 42; Herbert Hutchinson, *Jonathan Hutchinson: life and letters*, London, Heinemann, 1946, p. 25; John Bland-Sutton, *The story of a surgeon*, 4th ed., London, Methuen, 1931, p. 39; Macdonald Critchley and Eileen A Critchley, *John Hughlings Jackson: father of English neurology*, New York, Oxford University Press, 1998, p. 27. See also Newman, op. cit., note 23 above, pp. 41–5.

¹³⁹S Squire Sprigge, *The life and times of Thomas Wakley*, London, Longmans, Green, 1897, p. 18; General Medical Council, op. cit., note 120 above, pp. 69–70.

¹⁴⁰*Br. med. J.*, 1860, i: 15.

“every anatomical museum in the land, save such as were absolutely necessary for the use of professional doctors” in order to prevent their visitors developing “an appetite for beastly knowledge”.¹⁴¹ However, concerns about obscene anatomy would provide a pretext for medical opposition to public anatomy museums for many years to come.¹⁴²

¹⁴¹ [W H Mallock], *The new republic; or, culture, faith, and philosophy in an English country house*, 2nd ed., 2 vols, London, Chatto and Windus, 1877, vol. 1, pp. 182–3.

¹⁴² When Spitzner’s museum, founded in 1856, came to London in 1903, it was immediately indicted

for “publishing indecent libels”: Burmeister, op. cit., note 6 above, p. 209–10. In 2002–3, Professor Gunther von Hagens’ “Bodyworlds” provoked criticism from the medical profession and parliament: *Bull. R. Coll. Pathol.*, 2002, **119**: 4–5; *Independent*, 16 Mar. 2002, p. 2; *Hansard*, 28 June 2004, col. 110.