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*Morbid Curiosities: Medical Museums in Nineteenth-Century Britain* by  
Samuel J. M. M. Alberti

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Rather than assembling a straightforward factual survey of British medical museums, Sam Alberti presents in this wholly admirable volume a notably well-documented account of the philosophical as well as the institutional progress of anatomical (often pathological) collections in his chosen period, with numerous backward glances to its origins in the 1700s and with thoughtful comments on its continuing resonances.

Following a scene-setting introduction, Alberti divides his text into five thematic chapters dealing respectively with situating, collecting, preserving, displaying, and viewing pathology, before concluding with a summary that extends his study to the present day, pondering the fate of the medical collections investigated (many of which have indeed vanished from the museum landscape) and touching on current debates surrounding the display and ethical treatment of human tissues. As demanded by such a comprehensive treatment, the author has been led well beyond the aspects of professional practice that articulate his volume to consider the influences wrought on his subjects by changing social attitudes, by the emergence of new disciplinary practices in, for example, the fields of ethnography and archaeology, and by the progress of museums of a more conventional stamp.

The ambivalent and fluid status of the anatomical specimen forms both a starting-point for Alberti's inquiry and a moving index of evolving public attitudes towards collections of this kind. The journey of any disembodied organ from a fragment of an identifiable human individual to anonymized and generalized type-specimen—'from him or her to *it*'—not infrequently was followed by a process of re-identification with the surgeon who had been responsible for its excision and preparation, since in the museum it was

the preparator's name that was more likely to be attached to the specimen, overlaying and obliterating those of donor: specimens became, in Alberti's words, 'biographical objects, but of the practitioner rather than the patient'. This process, in which 'new layers of meaning were wrapped around the materiality of the body', can already be traced in medical cabinets from the turn of the 18th century and would continue into the 1800s when there was a noteworthy tendency for even the most elite practitioners to maintain personal responsibility for 'putting up' specimens resulting from their operations (despite the inherent unpleasantness of the process and the dangers from infections and the noxious effects of chemical preservatives). As Alberti comments, this was at a time when naturalists working on zoological specimens, for example, had long-since delegated responsibility for the preparation of specimens and/or exhibits to technicians (whose involvement, of course, would find no such permanent memorial). Once it had entered a collection of particular repute, that fact too would attach to the specimen in much the same way that works of art gained added fame—a form of provenance, even—by association with a particular collector. Already the viewer was confronted by something of a dilemma in deciding what it was that was being displayed—part of a human body, a manifestation of a disease or trauma, a witness to surgical skill, a virtuoso creation on the part of the preparator, or a component of a renowned collection.

Complete bodies were rarities in the medical museum, where they would have served little purpose. As likely as not, the 'normal' form would be displayed in its ideal form, not in flesh and bone but in wax—anatomical figures still forming a prestigious feature of many museums up to the 1820s. The products of the best practitioners (perhaps especially those in Florence) provided many a collection with a starting-point of physical perfection against which the ranks of imperfect specimens that followed could be measured. This preoccupation with deviation from the physical norm (rather than celebration of the ideal form) represents an important discriminating factor for medical museums, for it was axiomatic that the aspiring physician could understand normality only by studying deviation: 'normality was simply the starting point for deviance.' As Alberti observes, while bodies or body-parts exhibiting 'normal' conditions might each be represented by a single healthy specimen, examples of deviance due to disease, deformity, or trauma could be almost limitless in number and, hence, came to be displayed in disproportionately large numbers in order to demonstrate the range of conditions

that might confront the physician. Even when the fashion for incorporating iconic specimens receded, wax continued to feature as an adjunct to preparations of, for example, the circulatory and the nervous systems, with waxes of different colors being injected into the specimen in order to make its component elements more legible and on occasion even lending them ‘splendor and consequence’ beyond their natural condition.

In the 1700s, major collections had been formed by individual practitioners, among whom William and John Hunter were the most outstandingly successful. As the 19th century progressed, practice changed: with the importation from Paris of regular autopsy, hospital post-mortem rooms increasingly took on the character of continuous production lines and the supply of body parts became almost routine. It became increasingly common for specimens to be preserved in museums associated with these institutions rather than in the private collection of the surgeon, who hitherto had relied on his professional influence to access specimens. Increasingly, private collections began to find their way on to the market—that of Joshua Brookes, sold over 24 days in 1828, was one of the largest with some 6,000 preparations—to the extent that collectors became sated: when George Langstaff sold his museum in 1842, it fetched one tenth of the expected price, bringing the comment that ‘The bottles would have sold for more if they had had neither spirit nor preparations in them.’ With a glutted market, other collections survived intact only by migrating into corporate ownership: John Barclay managed to stave off the dispersal of his collection (every collector’s nightmare) by depositing it in 1828 with the Royal College of Surgeons in Edinburgh.

The medical museum was constantly reminded of its close relatives of less salubrious character—the many 18th-century cabinets that had included shelves-full of deformed fetuses, or the keratinous ‘horns’ that grew on the skin of afflicted individuals (many of whom eked a living from being exhibited in freak-shows), or the public displays of anatomical waxes of a prurient nature, in which the exhibits very often had been displayed in medical museums before falling on hard times and serving merely to titillate. Other areas of awkwardness in public perceptions of the medical museum included not least of all an awareness that it was generally the bodies of the poor that fed the appetites of the anatomists and which populated their museums, harvested from the mortuaries of the poor house or wrenched from an early grave by the body-snatchers who acted as middle-men. At

times, these considerations turned incendiary: a hostile crowd in Sheffield is said to have demolished the entire anatomy school, while another in Cambridge stormed the department to liberate the body of a pauper about to be anatomized before venting its outrage on the museum's Florentine waxes.

Preoccupations among medical men with craniology and phrenology led to medical museums' becoming sites in which racial typologies were elaborated—often along lines that proved quite unsustainable: pathological museums became in the later 19th century, Alberti tells us, 'material encyclopedias of difference' in which non-European specimens were classified as 'deviations from the norm'. Sexual as well as racial difference was explored in the medical museum by a profession still exclusively composed of males for whom, it is suggested, 'The museum was a key site in the construction of the nature of woman.' Added to the hazards surrounding this little-understood territory was the fact that comparative collections routinely featured animal preparations in conjunction with humans—'a veritable stampede of quadrupeds' in the case of the Royal College of Surgeons in London—an association that gave cause for further unease among a populace already struggling to grapple with the implications of evolutionary theory.

The degree to which such museums were indeed sites of wide public interest is itself a topic for consideration. The principal user of the medical museum was undoubtedly anticipated to be the student of medicine and the primary character of such institutions was invariably didactic. The preparations on display had become standard teaching aids with the development of pathological anatomy in the middle of the 18th century and they would remain so until the inter-war years of the 20th century. Museum displays constituted an essential factor in medical education, offering a complementary alternative to the experience gained in the laboratory and the clinic.

Private owners of such museums naturally took a broader view that would accommodate their fee-paying public and which would offer the visitor the opportunity to 'know thyself', a process that Alberti equates with the democratization of medical knowledge. Particular themes inevitably laid claim to broader public attention—the mysteries of the reproductive system constituting a perennial favorite—while particular hobby-horses might be exercised by certain owners, as in the campaign against the deleterious effects of tightly-laced corsets waged by J. W. Reimers in his Gallery of All Nations Anatomical Museum. For a time, the success of these private displays

prompted a widening of access more generally, as when the museum of the Royal College of Surgeons in Edinburgh opened its doors in 1832 and found itself attracting some 50,000 visitors of all classes and of both sexes, only a quarter of whom had any connection with the medical profession. These glimmerings of liberalization proved short-lived, however, for in the later 19th century the great spread of accessible civic museums, following the passing of the Public Libraries and Museums Act, which received royal assent in 1850, was matched by a corresponding decline in the accessibility of medical museums as the physicians sought to reassert their professional status: many museums within institutions closed their doors to the general public at this time, while those in private ownership went out of business in droves.

While the medical museum is by no means extinct, its fall from popularity has been striking: there were, Alberti observes, over 100 of them in Britain in the first half of the 19th century, whereas today there remain only a handful. Their demise he attributes not to the vagaries of public taste but primarily to changes in laboratory practice, since, as pathology became increasingly the province of chemistry and microscopy, the preserved specimen in a jar-full of spirits had less and less to contribute. The advent of the National Health Service meanwhile, with priorities more narrowly focused on the delivery of health care, resulted in many museums being starved into extinction from lack of funds. Ownership of the dead was also increasingly asserted by family members and antipathy to the unregulated harvesting of organs increased just as, contrariwise, concerted efforts were being made to encourage the living to routine organ donation. A further inverse process resulted, Alberti observes, in public approbation of Gunther von Haagens's *Body Worlds* show, featuring whole human corpses preserved and reanimated in dramatic poses through his 'plastination' process, at just the time when medical museums were being closed as outmoded. Certainly the most spectacular survivor in Britain is the Hunterian Museum of the Royal College of Surgeons in London, for although its exhibits for years were treated almost with embarrassment and were shut away from public view, in 2005 it re-emerged butterfly-like from its cocoon with spectacular new presentations of the historic specimens re-contextualized for a 21st century audience. Today it remains one of the undisputed treasures of the museum world. How fortunate that it has as its director Sam Alberti, who, with this succinct but beautifully written and deeply insightful volume, has established himself

among the best-informed and most eloquent spokesmen that the medical museum has been privileged to enjoy.