The Liverpool Cholera Epidemic of 1832 and Anatomical Dissection—Medical Mistrust and Civil Unrest

SEAN BURRELL and GEOFFREY GILL

ABSTRACT. Asiatic cholera reached Britain for the first time in late 1831, with the main epidemic occurring during 1832. The disease caused profuse diarrhea, severe dehydration, collapse, and often death. There was widespread public fear, and the political and medical response to this new disease was variable and inadequate. In the summer of 1832, a series of “cholera riots” occurred in various towns and cities throughout Britain, frequently directed against the authorities, doctors, or both. The city of Liverpool, in the northwest of England, experienced more riots than elsewhere. Between 29 May and 10 June 1832, eight major street riots occurred, with several other minor disturbances. The object of the crowd’s anger was the local medical fraternity. The public perception was that cholera victims were being removed to the hospital to be killed by doctors in order to use them for anatomical dissection. “Bring out the Burkers” was one cry of the Liverpool mobs, referring to the Burke and Hare scandal four years earlier, when two men had murdered people in Edinburgh in order to sell their bodies for dissection to the local anatomy school. This issue was of special concern to the Liverpool citizenry because in 1826, thirty-three bodies had been discovered on the Liverpool docks, about to be shipped to Scotland for dissection. Two years later a local surgeon, William Gill, was tried and found guilty of running an extensive local grave-robbing system to supply corpses for his dissection rooms. The widespread cholera rioting in Liverpool was thus as much related to local anatomical issues as it was to the national epidemic. The riots ended relatively abruptly, largely in response to an appeal by the Roman Catholic clergy read from church pulpits, and also published in the local press. In addition, a respected local doctor, James Collins, published a passionate appeal for calm. The Liverpool Cholera Riots of 1832 demonstrate the complex social responses to epidemic disease, as well as the fragile interface between the public and the medical profession.

KEYWORDS: cholera, Liverpool, riots, civil unrest, grave robbing, dissection, doctors, Anatomy Act.
HEN Asiatic cholera arrived in Liverpool during the spring of 1832, it sparked extensive riots in the city. Mobs attacked hospitals and doctors, demonstrating deep distrust of the medical establishment. Although other British towns experienced similar unrest, the rioting was most intense in Liverpool, with at least eight reported riots occurring in a ten-day period. The mobs were not fearful of contagion or disease, but rather suspected the doctors of exploiting the epidemic in order to acquire bodies for dissection. Riots did not occur during any of the later cholera epidemics, and though the arrival of a new and fearful disease was clearly an instigator of civil unrest, the riots in Liverpool and elsewhere must be contextualized within a complex milieu of social, political, and medical issues that operated only during the first cholera outbreak.

Though cholera (or, to be more exact, “Asiatic cholera”) was new to Europe in 1831 as a severe and often fatal diarrheal disease, the term itself was not. In Britain, the word cholera had been in common use for nonspecific gastroenteritis at least four decades prior to the arrival of the real disease. Physicians frequently diagnosed “summer cholera” or “autumnal cholera” when confronting diarrheal illness, as well as “cholera morbus” when symptoms were more severe forms (though this term was later used to describe “true” cholera). This diagnostic confusion was to lead to important problems of enumeration when Asiatic cholera arrived, particularly with regard to mortality figures. Kearns, examining the 1849 cholera epidemic in London in detail, has referred to this problem as the “diagnosis of death.” Additionally, some denied that a new and deadly disease was at hand at all, and called the city’s panicked reaction a “cholera humbug” promulgated by the government to divert attention from other important and controversial issues, particularly parliamentary reform. Thus, when the disease first broke out in Sunderland, a Lancet author proclaimed

it a “government hoax got up for the purpose of distracting the
attention of the people away from the reform bill.”5 This “cholera
humbug” became part of a popular discourse linked to the distur-
bances associated with both cholera and reform.6

Historians have devoted much attention to the cholera story, par-
ticularly in Europe and America. The social effects of cholera were
complex and diverse, involving issues of class, politics, and religion.7
Public unrest, civil disobedience, and rioting on the streets were, how-
ever, a particularly unique response. This was an effect unknown
among the ever-present maladies of (for example) tuberculosis and
typhus. The disturbances became known as the “cholera riots” and
affected continental Europe as well as mainland Britain.8 Most sources
have failed to recognize the role played by fears of body snatching
and the desecration of the impoverished corpse in generating such
social unrest.9

LIVERPOOL 1831

At the time of the arrival of cholera, Liverpool was arguably the worst
of Britain’s overcrowded and unsanitary cities. Huge numbers of the
poor lived in cellars and (if they were lucky) courts.10 The sustained
influx of Irish immigrants exacerbated population pressure; Waller
estimates that over half a million Irish entered Liverpool (albeit some
en route to elsewhere) during the first half of the nineteenth

6. An example of this occurred in Glasgow, Scotland, in early 1832 when a mob rioted
in response to cholera but also provocatively waved copies of the anti-government publication
the *Loyal Reformer’s Gazette*. See *Glasgow Courier*, 17 March 1832.
7. See, for example, C. E. Rosenberg, *The Cholera Years: The United States in 1832, 1849
and 1866* (London: University of Chicago Press, 1962); M. Durey, *The Return of the Plague:
British Society and Cholera 1831–32* (Dublin: Gill & MacMillan Humanities Press, 1979);
N. Longmate, *King Cholera—The Biography of a Disease* (London: Hamish Hamilton, 1966);
Morris, *Cholera 1832*; and R. J. Morris, “Religion and Medicine: The Cholera Pamphlets of
8. See Morris, *Cholera 1832*, pp. 108–14; Durey, *The Return of the Plague*, pp. 155–84; and
R. J. Evans, “Epidemics and Revolutions: Cholera in Nineteenth-Century Europe,” in
*Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, ed. T. Ranger and P. Slack
Such population pressures, without an adequate supply of clean water and disposal of sewage, led inevitably to disease. Pickstone describes the effect as “dearth, dirt and fever epidemics,” and Briggs as “dirt, disease and political disturbance.” With regard to cholera, Briggs referred to Liverpool as “the hardest hit of English cities”—there were 4977 recorded cholera cases, of which 1523 died (a mortality rate of 31 percent).

In June 1831 the Privy Council had set up a Central Board of Health to advise on measures to combat cholera, and in accordance with their recommendations, the Liverpool Local Board of Health was formed in November 1831, with a membership appointed by local magistrates and headed by the mayor. The Board then invited local physicians and surgeons to attend a meeting at the Town Hall to draw up a plan of action should cholera reach Liverpool. This meeting, reported in the local press and later in the Lancet, was a scene of great furor. Members of the medical profession were aggrieved that they had not been previously consulted over the formation of the Board, and proposed to form a committee selected by the doctors present at the meeting, asserting that the public would be reassured only if the committee were composed of those with “talents suitably qualified.” A Dr. James Collins claimed that “In his estimation to assemble there, and take the law from, and give passive obedience to the decree of a few fat-bellied magistrates—(loud laughter)—was an act unworthy of themselves, and to submit to a gross insult offered to their understandings.” After much debate, the original Board appointed by the magistrates was confirmed, and those present agreed to sign their names to provide help should the

cholera visit Liverpool. Collins’s sentiments were seized upon by the
*Lancet*, which echoed his very provocative style of oratory, using it
as an opportunity to fire a shot across the bows of those whom they
perceived as opportunists, or “jobbers,” lining their pockets on the
incoming tide of the epidemic.16

“THE HARDEST HIT OF ENGLISH CITIES”

Officially, the first case of Asiatic cholera recorded in Liverpool was on
17 May 1832, although most likely it was significantly earlier.17 For
example, on 5 May, the *Liverpool Journal* reported on a “Suspected
Case of Cholera in Liverpool”:

Yesterday there were loud whispers through the town of the cholera having
arrived in Liverpool. Two cases were reported, one in Fontenoy-street,
and the other in Bachelor-street, but neither case, we are glad to say, was
epidemic cholera. The case in Bachelor-street was that of a young man
named Murphy. He had been drinking hard, we understand, the preceding
night, and though unwell yesterday morning he went out to his work. He
was soon, however, compelled to return, and was seized with spasms;
purging and vomiting ensued, and he died yesterday at seven o’clock.
Dr. Kelly was first called in, and several medical gentlemen from the board of
health subsequently attended. Dr. Renwick, we understand, pronounced the
case one of common cholera, and this opinion is confirmed by Dr. Parker,
who had great experience of cholera in India.18

In a separate column in the same newspaper, Dr. Parker argued that
“The public mind may be easily excited, and fear produced by the
existence of a doubtful case. From the experience I have acquired of
that disease during my residence in India, I am enabled to assure
you, and the inhabitants of this great emporium of commerce, that this
was not a case of the epidemic as prevailing in Dublin [and] Paris.”19

Parker had military experience in India, with exposure to cholera
and its effects, but he was reluctant to diagnose this as a case of Asiatic
cholera. He may have wanted to calm public fears about the disease,
although his use of the words “the inhabitants of this great emporium
of commerce” perhaps indicate a different agenda. The fact that the
patient died within twenty-four hours of the first onset of symptoms

17. Privy Council Papers, 1832 (PRO–PC1/108).
19. Ibid.
makes “English cholera” seem extremely unlikely, particularly as the victim was a young, fit man, seventeen years of age. The second case mentioned was not reported on further, and the reasons for this are unclear. The mode of Mr. Murphy’s demise, however, strongly suggests that Asiatic cholera was present in the city at least two weeks prior to it being officially declared by the authorities.

Events on the ship Brutus, which sailed from Liverpool bound for Quebec on 18 May 1832, also indicate that cholera was present in the city before 17 May. Several days into the journey, cholera broke out on board; there were 117 reported cases and 81 deaths. Dr. Collins, the Liverpool physician who was vocal at the original Board meeting referred to above, wrote at length to the London Medical Gazette on the Brutus tragedy. He also described a cholera case that occurred in Liverpool on 25 April, affecting a woman traveling to Liverpool from Ireland aboard a steam vessel. She became ill when the ship docked in Liverpool, and the case was reported to the mayor, who arranged for the president of the Board and other doctors to see her. They subsequently diagnosed cholera, and several other cases were identified in the following days. The Board members were certainly aware of the earlier cases attended by Parker and the others reported by Collins, yet the Brutus was allowed to sail with a clean bill of health. Even disregarding the earlier cases, the ship sailed after the official start of the outbreak acknowledged by the Board. Collins was no supporter of the staffing structure of the Board of Health, and he claimed that they were selected by the magistrates and the mayor without medical consultation. It was, he wrote, “notorious as the noon-day sun that these appointments are procured more by patronage than talents.”

A further source confirming the onset of cholera in Liverpool earlier than claimed by the Board is a letter from Dr. Thomas Weatherill, published in the Lancet on 20 May 1832, which describes six cholera cases. Two of these are clearly stated to have occurred before the “official” outbreak date of the epidemic on 17 May (one on 13 May,

the other on 16 May). All appear typical of Asiatic cholera, resulting in the death of three of the patients.

Why did the Board deny the presence of cholera in the city? Collectively, the evidence suggests that the Board, if not guilty of a cover-up, at least withheld news of the presence of cholera until their hand was forced. One of the Board’s powers was to issue clean Bills of Health to ships leaving the port. These certified that there was no cholera in Liverpool, thus enabling vessels to be admitted to foreign ports without quarantine restrictions. Ship owners paid considerable fees to the Board for these bills (possibly as much as £2000).\(^23\)

The issuing of bills when cholera was present allowed shipping in Liverpool to continue to operate when the ports of London and Bristol were already closed, with clear economic advantage to the city.

The Board’s conduct became so obviously deceptive that eventually the collector of customs intervened, demanding that the Board declare cholera present in Liverpool. It was only after this intervention that the Board eventually declared the disease present, communicating the fact to Customs on 19 May. This acknowledgement was reported in the *Liverpool Journal* of 26 May 1832, under the heading “Cholera in Liverpool.” The report stated that “the Board of Health, on Monday last, officially recognized the existence of cholera in Liverpool. The presence of the malady has happily created no alarm here.”\(^24\) These sentiments were not to hold true for long, as great alarm and social disruption soon followed.

### THE CHOLERA RIOTS

By the end of May, cholera had taken a grip on the local population, mostly among the poorer classes and especially the poor immigrant Irish. With little or no warning, a series of violent riots broke out on the streets of Liverpool. The first took place on 29 May 1832. The *Liverpool Chronicle* reported that “a most disgraceful instance of combined ignorance, prejudice, and folly occurred in Toxteth-park on Tuesday evening last.” The report went on to describe an incident at the Toxteth Park Cholera Hospital (one of those set up by the

\(^{23}\) *Liverpool Journal*, 28 January 1832, p. 37. At this meeting Collins also suggested that the money “had much better be given to the charities than to the Medical Board—(loud applause)”!

\(^{24}\) *Liverpool Journal*, 26 May 1832.
Local Board of Health). As a patient was being conveyed to the hospital, a mob composed mostly of women and boys followed his progress, yelling abuse at the doctors accompanying him. The man was admitted to the hospital, but the crowd remained outside, increasing in size until more than a thousand people were present. They hurled abuse, crying “bring out the Burkers” and “there go the murderers,” and threw stones and brickbats at the hospital. Windows were smashed, including those where the patient lay. The attending doctor was forced to retire, and other members of staff were attacked and injured. 25

Within days, further disturbances took place, and each time rioters went after members of the medical profession. During the second riot, on 1 June, “a poor woman, who had been seen coming out of the Cholera-Hospital yard, in Lime Street, was attacked by the crowd, who threw mud at her, exclaiming that she was ‘a Burker!’ The mob followed her into Islington, where she escaped from her ignorant and brutal pursuers by taking refuge in the yard of Mr. Whitter, the joiner, the gates of which were instantly shut.” 26 In another incident, on 6 June, a palanquin (a cart used for transporting the sick to the hospital) was smashed by an angry mob, and the attendants were put to flight. The Liverpool Mercury wrote that “the brutal and insensitive mob displayed much violence,” and that “our informant himself experienced much difficulty in escaping from their clutches.” 27 Palanquins became a frequent object of attack for the crowds, which saw them as a means of conveying their fellow citizens to the hospital and delivering them into the hands of “Burkers,” or doctors wanting to kill them for the purposes of dissection.

In total, eight serious riots occurred, with dates and locations shown in Table 1. 28 The sites of these are shown on a contemporary map of Liverpool in Figure 1 (an 1829 street map that can be assumed to be very similar to the city in 1832). 29 There was no clear geographical pattern to the riots. The first centered on the southern suburbs (Toxteth Park) in the region of one of the cholera hospitals, though

25. Liverpool Chronicle, 2 June 1832.
26. Liverpool Courier, 6 June 1832.
27. Liverpool Mercury, 8 June 1832.
the disturbance began about half a mile to the west, near the River Mersey. The second, seventh, and eighth riots were to the north of the city center. The third, fourth, and fifth riots were in or around the center of Liverpool, but the sixth, in Barter Street, was in the dock area on the riverside, about a mile west of the city center. Overall, the riots extended over a wide area—about three miles by one and a half miles, and the impression is that of random and widespread occurrences of spontaneous civil disturbance. It should be noted that as well as these eight major disturbances, a number of other gatherings and expressions of protest occurred, particularly in the region of the Toxteth Park Hospital.

**“BRING OUT THE BURKERS”!**

This cry of the Liverpool mob gave a clue to the real issue behind the cholera riots—a complex web of anatomical dissection and body snatching. The origin of the term “Burker” relates to the well-known Edinburgh murderers William Burke and William Hare, whose activities only four years earlier had rapidly introduced the term “Burker” into the English language. They had killed sixteen people between 1827 and 1828, with a motive of pure profit, acquired by selling the bodies of their victims to an anatomy school in Edinburgh.

<table>
<thead>
<tr>
<th>Table 1</th>
<th>The Eight Major Cholera Riots That Occurred in May and June 1832 in Liverpool*</th>
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<tbody>
<tr>
<td>1.</td>
<td>Tuesday, 29 May Perry Street and Toxteth Park</td>
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<td>2.</td>
<td>Friday, 1 June Great Oxford Street North</td>
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<td>3.</td>
<td>Friday, 1 June Lime Street and Islington</td>
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<td>4.</td>
<td>Saturday, 2 June Addison Street (near Vauxhall Road)</td>
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<td>5.</td>
<td>Saturday, 2 June Lime Street and Shaw’s Brow</td>
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<td>6.</td>
<td>Wednesday, 6 June Barter Street</td>
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<tr>
<td>7.</td>
<td>Friday, 8 June Vauxhall Road</td>
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<tr>
<td>8.</td>
<td>Sunday, 10 June Chisenhale Street and Great Howard Street</td>
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Fig. 1. Street map of Liverpool 1829, showing the location of the eight major cholera riots between 29 May and 10 June 1832 (the black numbered circles have been added to the original map and refer to the riots listed in Table 1). Thomas Kaye, *The Stranger in Liverpool* (Liverpool: Thomas Kaye, 1829). Map reproduced with permission from copy in Liverpool Central Library (HF 912), Liverpool, U.K.
for dissection.30 Their names are often mistakenly identified with the practice of body snatching (or grave robbing), but most of their activities involved murder, followed by sale of the body for dissection. They were finally discovered after a woman’s body was found hidden in the straw of Burke’s bed. Hare turned King’s evidence to save himself, and Burke was publicly hanged on 28 January 1829 and later dissected for all to see (hence the origin of the expressions “Burking” or “Burkers”).31 The implication of the Liverpool mob was clear; they believed that the cholera victims were taken to the cholera hospitals, only to be murdered by their medical attendants to supply bodies for the city’s dissecting rooms.

The issue was certainly topical; in mid-1832, the Anatomy Act (discussed below) became law, attempting to rationalize the unhealthy and illegal trade of bodies to medical schools for dissection. The activities of these body snatchers, or “resurrectionists,” were encouraged by the continuing demand for bodies and a “no questions asked” attitude by the medical schools. After the Burke and Hare case, however, body snatchers were regarded as potential murderers for profit, and the rules of the game shifted away from simply digging up bodies at night.32

This was demonstrated in November 1831 by a high-profile case known as the murder of the “Italian Boy.” The Liverpool Journal reported the event as “Another Case Of Burking In London,” and described the murder of a poor Italian boy whose body, with noticeable strangulation marks, had been offered for sale to local doctors.33 Realizing the suspicious nature of the offering, the doctors alerted the police, who detained those responsible. The culprits, Bishop and Williams, were put on trial at the Old Bailey. Williams confessed to having been involved in three other murders with Bishop in order to sell bodies for dissection. Bishop’s confession was even more shocking. “He had been, he said, in the habit of supplying the schools of anatomy with subjects for dissection, and had, in the course of twelve years, sold from 500 to 1000 bodies, only three of these, he solemnly declared, had been murdered.”34

32. Ibid., p. 195.
33. Liverpool Journal, 12 November 1831.
34. Liverpool Journal, 10 December 1831.
Bishop and Williams described how they had disposed of their murder victims by drowning. They hung them headfirst in a well, using a piece of rope tied to their feet, having plied them with rum and laudanum. The public hanging of Bishop and Williams caused a frenzy of excitement and made headlines all over the country. An estimated 100,000 people attended the London hanging (“[A]nd the drop fell. Bishop appeared to die instantaneously, but Williams struggled several minutes. The moment the drop fell, the mob, who had continued yelling and shouting, gave several tremendous cheers”). Bishop and Williams can be considered the English Burke and Hare. Their crimes were high-profile, even though they murdered fewer people. In journal and newspaper articles of the time, Burke and Bishop were often written about synonymously.

During this time, fears of “Burking” were so prevalent throughout the country that people were sometimes moved to take drastic actions. In one incident, a mob estimated at 20,000 strong destroyed an anatomical theater in Aberdeen, believing it to be a “Burking shop.” During the incident, a surgeon and two medical students narrowly escaped with their lives. Another event took place in Carlisle and involved three young children. It was reported in the press as a case of “Juvenile Burking.” The report described how two boys, aged five and eight years, attempted to “Burke” a little boy three years of age. Their unfortunate victim was subjected to a merciless beating but fortunately survived. All these events were widely reported in Britain, including in the Liverpool press. There were, however, specific local events in the town that compounded public concern and fear of body snatching, burking, and dissection. These occurrences predated both Burke and Hare, and Bishop and Williams, and preceded the cholera epidemic by over five years.

THE LIVERPOOL BODY-SNATCHING SCANDALS

In October 1826, the Liverpool Mercury published a report entitled “Wholesale Resurrectionists,” describing in detail the discovery of thirty-three dead bodies. Eleven of these were found in casks labeled “Bitter Salts” on the Liverpool docks awaiting shipment to Scotland,
and enquiries led police to a cellar containing more bodies.\textsuperscript{39} Residents nearby had noticed a “disagreeable smell” going back for months. The cellar contained casks, used to immerse bodies in strong brine to “pickle” them, after which they were packed in other casks with dry salt. The bodies had been obtained by robbing the graves of local cemeteries in order to supply medical students in Edinburgh with corpses for dissection. The paper reported the shocking effect this event had among all classes of the local community, not least because the cellar where the grim discovery was made was underneath a school.

Those responsible for the crime were tried at the Liverpool Quarter Sessions. The trial was not a palatable occasion for those selected for jury service: “One of the witnesses stated, that in the cellar . . . there was a tierce . . . containing a quantity of brine, which they poured off, and found the bodies of some babies (an audible shudder ran through the court on the mention of this last circumstance; and the foreman of the jury was taken suddenly ill, and obliged to retire from the court for a short time).”\textsuperscript{40} James Donaldson, the ringleader of the operation, was sentenced to twelve months imprisonment and ordered to pay a fine of £50, with a condition that he should remain imprisoned until the fine had been paid. At least one member of his gang continued in the business. In November, the \textit{Liverpool Mercury} reported “Another Discovery of Dead Bodies.” Again casks were found containing bodies for dispatch to Edinburgh. The accused had keys to the vault door of the parish cemetery in his pocket when arrested, and had been seen nearby during the funeral of one of his “victims.”\textsuperscript{41}

A year later (in 1827), a Liverpool dissection scandal again achieved national notoriety. Described as “another discovery of this inhuman traffic,” it concerned grave robbing at Walton churchyard, in the north of the city.\textsuperscript{42} A witnessed occurrence in the graveyard led police to a house in Seel Street (in the city center), where the missing body (the daughter of a local Walton publican) was identified by her father. The police found four other bodies in the house, tenanted by a local surgeon, Mr. William Gill, who was taken into custody. A Dr. Collins defended Gill’s actions in a letter to the \textit{Liverpool Mercury}, the same

\textsuperscript{39} \textit{Liverpool Mercury}, 13 October 1826.
\textsuperscript{40} \textit{Liverpool Mercury}, 3 November 1826.
\textsuperscript{41} \textit{Liverpool Mercury}, 10 November 1826.
\textsuperscript{42} \textit{Liverpool Mercury}, 26 October 1827.
Dr. Collins involved in exposing the “cover-up” over the first cholera cases in Liverpool. Collins stated that he “was astonished to see the epithet of a trafficker in dead bodies applied to that gentleman” (referring to Gill). He also wrote about the importance of furthering anatomical knowledge “to the profession and society in general” and said that the paper should not have aided in the prejudice surrounding the dissection issue at the time.43

William Gill was tried at the Liverpool Quarter Sessions in February 1828 and found guilty of having a body in his possession. In court he read a long paper in defense of his actions. He stated that the attainment of anatomical knowledge was an essential foundation for the practice of medicine and surgery, done for the greater public good. He was sentenced to pay a fine of £30, which he paid immediately and was discharged.44

In the weeks and months after this event, similar cases were brought to trial in other parts of the country. In response, a group of prominent London doctors launched a fund to help alleviate the costs incurred to members of the profession as a consequence of legal proceedings. The committee even put out a request for subscriptions in the *London Medical Gazette* of May 1828.45 The profession was closing ranks to support anatomical and surgical colleagues who needed bodies to dissect, which could not be provided in sufficient numbers by legal means.

**RIOTS AND DISSECTION OUTSIDE LIVERPOOL**

The city of Liverpool thus had a marked history of public outcry about dissection and suffered an especially severe outbreak of cholera. The cholera riots in the city during the summer of 1832 brought these two issues together. Against a background fear of burking came a new disease that required hospitalization, often with death as an outcome. Cholera riots occurred widely in Britain in 1832, though Liverpool’s eight separate riots (with a number of smaller skirmishes) were the most extensive. Though burking and dissection were sometimes issues outside Liverpool, there were other factors operating. For example, churchyards and burial sites were precipitants in Exeter

44. *Liverpool Chronicle*, 16 February 1828.
(city graveyards frequently filled, and burial in temporary sites outside town was often enforced). In York, rioters believed that doctors were perpetuating the disease to continue their £10 per week “cholera fee” paid by the parishes. The British cholera rioters conspicuously, however, did not blame their rulers—though this was far from the case in mainland Europe, where in many ways much more serious rioting occurred. In Russia, mobs rioted against urban movement restrictions (cordon sanitaires) and killed a number of military officers. In Hungary, castles were sacked and nobles massacred in the belief that they were instigators of cholera. It was believed that noblemen were poisoning the people, and when chlorate of lime was found in their castle cellars, this was taken as evidence of the poisoning theory. Property in Paris was burned in response to the authority’s attempts to centralize rubbish collections.

The British riots were thus much less politically and class-motivated but were more profoundly anti-medical. A major theme behind this distrust was the dissection problem. In addition to the disreputable actions of various murderers and body snatchers referred to previously, an Anatomy Act traveled through Parliament in early 1832 and became law in June. The timing of this legislation and the cholera riots must have seemed far from coincidental. Labeled the “Dead Body Bill” by the poor, the Act sought to outlaw burking and body snatching by making the bodies of the destitute more easily available to dissection rooms. Unsurprisingly, the Act, by “providing for the use of dead paupers for anatomical dissection by medical students, also fuelled public sentiment against the doctors.”

Perhaps also not surprisingly, there were “Anatomy Riots” outside Parliament as the bill was debated. The rioters had good reason to take to the streets—over the following ten years, over 6000 bodies would be taken without consent for dissection, nearly all from workhouses and hospitals. To the poor, the dissection issue was a reminder

52. Ibid., p. 293.
of their lowly place in Victorian England’s class-ridden society. As Ruth Richardson has observed, “dissection added a penumbra of fear to death on the parish—casting fundamental doubt upon the likelihood that any pauper would reach even the flimsy coffin and the unmarked grave.” Such issues of death and dissection were also important outside Britain, including in North America. There, body snatching was also well documented, and controlling legislation was delayed in comparison with Europe. Public “anatomical museums” were also popular in North America.

THE END OF THE LIVERPOOL RIOTS

After 10 June 1832, the crowd violence in Liverpool receded as quickly as it had appeared. The major reason for this was the intervention of the Catholic Church, which became involved after the mayor received a threatening letter, signed “An Irishman,” in which the writer claimed he would do “several wicked things” should doctors persist in removing people to the hospital. The Board of Health invited Catholic clergy to attend a meeting of the board, and there asked the priests to address their congregations regarding the escalating problem. The following day, a statement was read from the pulpit of all Roman Catholic churches in Liverpool. Reproduced in the Liverpool Journal, it undoubtedly contributed to the demise of the violence. First, the priests reassured their congregations that cholera was real, and that physicians were doing their best to care for its victims.

We, the Pastors of the Catholic congregations in Liverpool, feel it incumbent on us to offer you a few words of advice on the subject of the melancholy disease which has made its appearance amongst us. . . . We have, for some time past, witnessed with regret the line of conduct which some of you have thought proper to adopt in respect of the disease just mentioned. . . . We understand that some of you disbelieve entirely the existence, in this town, of the disease but too well known by the name of the cholera, and that you suppose it to be the pure invention of interested persons; whilst others among you, who are sensible of the existence of the disease, imagine that the medical men wilfully concur in rendering its ravages more fatal, for some

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53. Ibid., p. 275.
55. Liverpool Journal, 23 June 1832.
horrible but unknown purpose. In both of these opinions you are greatly in error.

The statement went on to specifically counter fears about dissection. Though the most positive assurances, from the best authority, had been given, that no anatomical examination of the bodies, after death, should be allowed to take place in the hospital, to satisfy you still further on this head, orders have been issued, that the relations of those who die in the hospital shall be allowed to see the bodies of the deceased before their coffins are closed, and that they may within a limited time take them away to the grave. Permission is also granted to the relations of the sick to see them in the hospital daily, under certain regulations necessary for preventing infections. With this explanation we trust you will be satisfied; and it only remains for us to exhort you, as we earnestly do, to lay aside unfounded prejudices, and to concur with those who are your best friends in arresting the progress of a fatal disease, which, within a few days, has extended its progress amongst us in a most fearful manner.56

The statement was a masterpiece in defusing an increasingly dangerous situation. Though clearly politically mediated (the initiative originated from the mayor and the Board of Health), it was delivered by the Catholic Church and had far more authority than any local government decree. It also targeted the poor Irish immigrants, who, as well as being significantly involved in the riots, were also regular churchgoers. Finally, the offer of regular visits of patients in the hospital, and a viewing of those who died prior to burial, finally removed any possible further legitimate reasons to believe “Burking” accusations against the doctors.

Though this statement was the major factor in stopping the riots, a lengthy letter written by Dr. James Collins to the Liverpool Journal, published on 16 June (almost a week before the statement), was also helpful.57 In the letter, entitled “A Few Words To Those Most Exposed To Cholera,” he tried to allay fears by writing about the prejudice surrounding the dissection issue, explaining to the local population that there were very few medical students in Liverpool at the time and hence little need for bodies for dissection. He also pointed out the absurdity of using the corpses of cholera victims for dissection because of their contagious nature.

56. Ibid.
57. Liverpool Journal, 16 June 1832.
Collins’s letter certainly seems to have had some effect. On 23 June, the *Liverpool Journal* reported that “The address of Dr. Collins, which appeared in our paper on Saturday, has done much good. It ought to have been printed for distribution.”\(^5\) Collins’s name appears many times during writings in relation to the Liverpool cholera story. Of Irish extraction himself, he regularly attended church meetings to communicate with the local people. Not fearful of speaking his mind over shortcomings of the authorities, it is possible that he had political aspirations.\(^5\) In any event, it appears that he had the best interests of the people of Liverpool at heart.

**Conclusions**

The denial by the Liverpool Board of Health of the existence of cholera in the city for three weeks after its appearance almost certainly reflected the protection of commercial interests. The Central Board in London had stated that “it is of the utmost importance that the very first cases of cholera which may appear, should be made known as early as possible; concealment of the sick would not only endanger the safety of the public, but would likewise deprive the patient of his best chance of recovery.”\(^6\) Either the Liverpool Board was unaware of this warning, or it chose to ignore it. The latter seems most likely, because several members of the Board were local merchants and had a vested interest not to declare cholera present. The fact that Liverpool appeared to be free of cholera, when this was clearly not the case, allowed the port to remain open, and hence it became the largest outlet for the export trade of the country, considering that the port of London had already been closed.\(^6\) The deeper implications of this deception are profound because ships sailed from Liverpool to many parts of the globe, aiding the spread of the disease.

Liverpool’s riots in response to cholera were portrayed in the press as the actions of the ignorant and destitute. In a city described as “a catchment basin for the poor,” the mobs were described by local papers in terms such as “women and boys of the lowest order” and

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\(^5\) *Liverpool Journal*, 23 June 1832.

\(^5\) *Liverpool Journal*, 28 April 1832.


\(^6\) This interesting and telling observation was made by Dr. James Collins in his article in the *London Medical Gazette*, 1832, 10, 412–15.
“low Irish.” These were biased and stereotyped descriptions, however, particularly with respect to the Irish. In 1831, Liverpool’s population of 230,000 included just over 24,000 Irish (about 10 percent of the total), a significant number of whom were skilled workers. The origins of the cholera riots, however, went beyond issues of class and race. We have argued in this article that Liverpool’s disturbances were related to the coincidental coming together of two occurrences with major social impact—the cholera outbreak itself and the dissection issue. Liverpool’s experiences with both these events were more horrific than most of Britain. Faced also with a medical and legislative fraternity who were apparently impotent and powerless (and even initially denied that cholera had reached the city), civil unrest was not surprising. By an unfortunate coincidence, Liverpool had its own major grave-robbing scandals—the 1826 affair of “pickled bodies” exported to Edinburgh, and the celebrated 1827 case of William Gill and the Seel Street dissection room. The result of these interwoven events was a frightened, angry, and frustrated populace that jumped to the conclusion that cholera was an excuse for victims to be burked for dissection.

These events occurred amid one of the most turbulent times in English history. In The Crowd in History, George Rude writes that “England probably stood near to revolution only in 1831, when Irish unrest, rural disturbance, and popular and middle-class excitement over the first Reform Bill combined to bring the country to the brink of civil war.” Rude could well have added the issues of dissection, body snatching, and the cholera epidemic. The Liverpool cholera riots clearly had understandable local causes but also should be seen in the context of a time of major national unrest.

There are other national factors that may have influenced the rioters in Liverpool. In the early 1830s, a further series of riots had taken place throughout the country—the notorious “Swing” riots. These originated in the rural south of England, largely in response to the invention of new threshing machines that had reduced the need for

farm labor, causing unemployment and discontent. Protests erupted across Kent, Sussex, and Hampshire, but they also spread to the north.\textsuperscript{65} In fact, there were several Swing-related incidents in Lancashire in 1830 and 1831, including an arson attack in Liverpool in December 1830.\textsuperscript{66}

Just as the Swing riots were dying out, further civil unrest was occurring over a separate issue—the Reform Bill. Parliamentary representational reform had been growing as a popular issue for over forty years. The distribution of seats was at best arbitrary and at worst overtly corrupt. A number of northern cities were entirely disenfranchised, with no seats at all, and several boroughs elsewhere had seats that were bought and sold for privilege or cash. One particularly violent “Reform Riot” in Bristol led to many houses being burned and destroyed, with £400,000 worth of damage and 400 people reported killed.\textsuperscript{67} The passage of the Reform Bill through Parliament was a stormy one, taking place at approximately the same time as the cholera epidemic. After a third amendment, it was eventually passed into law in June 1832. The reform issue caused much national discontent and was certainly something the people of Liverpool were highly concerned about. The \textit{Liverpool Journal} reported, “We do not recollect to have ever witnessed greater anxiety than has been manifested in Liverpool, during the week, respecting the reform bill.”\textsuperscript{68}

Cholera declined and disappeared in late 1832 (though it was to recur in 1849, 1854, and 1866), and the dissection issue faded from public attention. Similar riots did not happen in the later epidemics. England no longer “stood near to revolution,” and the body-snatching days were over. Perhaps the medical profession and the authorities had also learned lessons from the 1832 epidemic.\textsuperscript{69}

A final question concerns whether the 1832 cholera riots in Liverpool and elsewhere played a significant role in stimulating social and/or


\textsuperscript{67} The Reform Bill Riots were widely reported, including in Liverpool; see for example \textit{Liverpool Journal}, 5 November 1831 and 9 June 1832.

\textsuperscript{68} \textit{Liverpool Journal}, 14 April 1832.

\textsuperscript{69} We have previously described cholera in nineteenth-century Britain as the “great exposor of medical conservatism and incompetence, and political apathy and ineptitude.” See G. V. Gill, “Cholera and the Fight for Public Health Reform in Mid-Victorian England,” \textit{The Historian}, 2000, 66, 10–16.
public health reform. The epidemic in general appeared to be rapidly forgotten, with the Local Boards of Health disbanded and no apparent significant effect on sanitation and health.\(^{70}\) However, there were visionaries of the 1832 cholera epidemic—for example, Robert Baker, a district surgeon in Leeds (a town that experienced significant cholera rioting). Baker meticulously mapped cholera areas in the city and linked them to areas of especially poor sanitation. His report on the epidemic made strong recommendations for sanitary reform and was almost certainly instrumental in leading to the Leeds Improvement Act of 1842.\(^{71}\) Though the legislative response to cholera in 1832 may have been limited, the next epidemic of 1848–49 certainly did stimulate action (The Times, for example, noted that “the cholera is the best of all sanitary reformers, it overlooks no mistakes and pardons no oversights”).\(^{72}\) Sanitary change post-1849 was facilitated by the Public Health Act of 1848, whose very passage through Parliament was hastened by the arrival of cholera in continental Europe, and presumably by unhappy memories of the 1832 epidemic.

Though the 1832 cholera riots were troublesome, they failed to significantly influence government health policy for two main reasons. First, they were directed mainly against the medical profession, in particular the issue of dissection and body snatching. They were not “anti-government,” nor directly concerned with health or sanitation. Second, although the cholera riots were extensive, on a national scale they were overshadowed by the Reform Riots. Though fewer in number, the latter had a clear political motive, were associated with loss of life and serious property damage, and necessitated the mobilization of troops to restore peace. If the 1832 cholera riots had political effect, it was to add urgency in Parliament for the passage of the Anatomy Act in mid-1832. The disturbances did, however, also undoubtedly contribute to the whole fearful and chaotic milieu of what was arguably the worst disease epidemic to affect Britain since the Great Plague.

\(^{72}\) The Times, 5 September 1848.