Reading the ‘Foreign Skull’:
An Episode in Nineteenth-Century Colonial Human Dissection

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Abstract
The death of William Lanney in 1869 was thought to mark the virtual extinction of the Tasmanian Aboriginal race. European and colonial scientists longed to possess Lanney’s bones for museum collections, and several of Hobart’s medical men set about the business of harvesting them. In histories of racial relations in Tasmania, this episode has become an exemplar of the brutal process of settler colonialism in that place. However, the mutilation of Lanney’s body also involved the dismemberment of a European man. Placing him at the centre of the episode reveals how the colony’s medical men obtained ‘subjects for dissection’ when few were legally available, and tells us something rich about the history of medicine in Tasmania.

On the night of Friday 5 March 1869 three dead men lie in a hospital in Hobart Town, Tasmania. Two have died as patients while the other, a black man, has been brought in after a messy death in a harbourside inn. One of the hospital’s honorary medical officers, William Crowther, enters the dissecting room with his young son and apprentice, Bingham. By candlelight, the father goes to work on one of the dead patients. He cuts the skull from the body and carries it into the hospital’s dead house where the black man lies. Then the surgeon makes a skilful incision behind this man’s right ear and peels the facial skin away from the flesh and bone it covers. He lifts out this skull, too, and inserts the patient’s
skull in its place. Then he draws the skin back across the skull and rearranges the face. Father and son leave the room, taking the black man’s skull with them. George Stokell, the hospital’s resident surgeon, soon discovers the theft. He had been instructed by the government to make sure that this particular body remained whole in that hospital, in which the dead are so often dismembered. The reason for the difference is that this man was known in life as William Lanney, and he is understood to be the last man of the Tasmanian Aboriginal race. This has the effect of turning his bones into rare collectibles for which men vie. The Fellows of the local Royal Society have expectations of the resident surgeon. He knows of their desire for Lanney’s skeleton and reports the theft of the skull to the Society’s Secretary, Dr James Agnew. Agnew instructs him to make some further mutilations. He is to cut off Lanney’s hands and feet to ensure that, should the original thief return, he will not be able to obtain a perfect skeleton. [Page 82]

On Saturday what is left of Lanney’s body is buried, though it does not lie beneath the earth for long. At midnight several men resurrect it from the grave. When they haul the body from its coffin, the foreign skull drops from beneath Lanney’s skin. The resurrectionists kick it impatiently aside, believing it a thing of no worth whatsoever. While Lanney is hoisted into a wheelbarrow for the laborious return journey to the hospital — where the resident surgeon will spend the following day cutting out his bones – the skull comes to rest on the earth nearby. It is found there in the morning by a group of early visitors to the churchyard. The discovery sets off a wildfire of excited speculation which destroys careers, brings men and their science into ill-repute, and notches up a dozen other, less obvious little victories before finally burning out.

THE STORY UPON WHICH this imaginative reconstruction is based has been told several times in histories of Tasmania. In 1869, death gave William Lanney an importance he had not known in life, for he was viewed as an endling of the kind whose bones should properly lie in a museum collection rather than a grave. This status has also given him significance in histories of racial relations in Tasmania. However, something strange has taken place in the
telling. The concentration on Lanney has been so exclusive that the man who once inhabited the skull placed beneath his skin has almost been erased from view. When he does appear in these stories, it is only in the following ways: he is ‘the foreign skull’, ‘the unwanted skull’, ‘a neighbouring corpse’, ‘the skull of a European’, ‘a second cadaver of an indigent European’, and ‘the head of a dead white man’.\(^2\) Lyndall Ryan, in her *Aboriginal Tasmanians*, is the most informative. She gives this man a name and an occupation: he was Mr Ross, a schoolmaster.\(^3\) But just at the point at which there was a possibility for Thomas Ross to finally enter history, he has remained instead an unexplored and ghostly presence in a dissecting room. This disinterest is understandable on the part of historians of race. We all have to turn our eyes away from some of the threads that lead, however suggestively, away from the subject of our research. However, I wonder how it has been so easy to dismiss Ross in this way. What happened to William Lanney was always an episode involving two bodies; and it was also always a matter of something other than race. What might we find if we turn things upside down and explore them in a new way, moving William Lanney gently to one side of the story, and placing Thomas Ross there in his stead? [Page 83]

William Lanney became, in death, a desirable object. During the preceding decades the Tasmanian government had received several approaches from men intent on possessing bones belonging to ‘the Tasmanians’ in the interests of

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1 I would like to thank the two people who anonymously refereed this article.
science, for these people were understood to be a race approaching extinction.⁴ Dr Joseph Barnard Davis, whose collection of human skulls was the largest in the world, had even written to a contact in the colony to suggest the precise means through which such bones could be obtained with little public outcry. He boasted ‘[w]ere I myself in the colony I could with very little trouble abstract skulls from dead bodies without defacing them at all, and could instruct any medical gentleman to do this’. ‘Difficulties’, he later asserted, ‘always stand in the way and may always be overcome’.⁵ Possessing the bones of the last man of an extinct people held out to men like Davis the irresistible lure of completing a collection and guaranteeing its continuing and unique importance, for extinction meant that the Tasmanians could now only be known through the physical remains they had left behind.

As soon as surgeon William Lodewyk Crowther learned of Lanney’s death at the Dog and Partridge Inn in Hobart, he arranged to have the body taken to the General Hospital.⁶ He also wrote immediately to the Colonial Secretary, Sir Richard Dry, to remind him of his promise that Crowther could have the body of the next Tasmanian to die, so that the surgeon could prepare the skeleton and ship it to the Hunterian Museum at London’s Royal College of Surgeons.⁷ However, Dry had also received another request for Lanney’s bones.


⁵ Davis to Alfred Bock, 1856 and 1874, cited in Ellis, Trucanini, 133. Davis’ collection comprised some 1,540 skulls (Anon., ‘Barnard Davis on Cranioscopy’, Anthropological Review VI, no. xxiii, (October 1868): 387).

⁶ Mercury, 27 March 1869.

⁷ Crowther to Colonial Secretary, 4 March 1869, reprinted in Mercury, 19 March 1869.
It came from Hobart solicitor, Morton Allport, writing on behalf of the local Royal Society to assert the claims of its ‘national’ museum. Dry asked the Society’s Fellows, through the Honorary Secretary, Dr James Agnew, to reconsider their request. However, the Fellows had no intention of letting William Lanney slip through their fingers; and when Crowther learned that the Colonial Secretary favoured the local claimants he set about procuring the bones for himself.

When this surgeon went to work in the dissecting room that night, he was at the peak of his professional career, having benefitted from the way medicine was practised in Tasmania following the colony’s achievement of self-government in 1856. For the first fifty years of white settlement, the only medical men who succeeded in making a living from their craft were those employed within the Convict Medical Department. It was the kind of ‘closed shop’, government-controlled system that was anathema to men who had trained in Britain. While searching for other ways to practise, many agitated for change. In particular, they argued that the doors of the colony’s hospitals should be thrown open to private medical men and their fee-paying pupils. Students, they asserted, needed opportunities to learn from the bodies of these institutions’ patients (who were predominantly paupers) – both while they were alive, and when they died. Over the years these arguments emphasised the special benefits that practising in Van Diemen’s Land/Tasmania offered men who were learning medicine. In such a place, to which tens of thousands of people had been exiled far from family and friends, there was potentially a multitude of bodies to dissect, for few had families to claim them for burial. This contrasted with a constant shortage of subjects for dissection in Britain.

8 Allport to Dowdell, 20 April 1869, Morton Allport Letter Book 1868—71, Crowther Library (hereafter CL), State Library of Tasmania, Hobart.
9 Dry to Council of the Royal Society, 4 March 1869, reprinted in Mercury, 19 March 1869.
10 Agnew to Colonial Secretary, 5 March 1868, Colonial Secretary’s Department (hereafter CSD) 7/23/127, Archives Office of Tasmania (hereafter AOT), Hobart.
11 See, for example, ‘An Address from Dr. Crowther to the Honorable Legislative Council, and Read by the Clerk, Adam Turnbull, Esq. M.D’, Hobart Town Courier, 8 January 1837; Bedford to Balfour, Secretary, Royal College of Surgeons, 18 November 1853 (cited in W.E.L.H. Crowther, ‘Dr E.S.P. Bedford and his Hospital and Medical School of Van Diemen’s Land’, Medical Journal of Australia 2, no. 2 (July 8, 1944): 25—32).
In 1856, with the forthcoming closure of the Convict Medical Department, these debates took on increased urgency. Some argued that governments had no role in running hospitals and employing medical men. They thought the colony’s hospitals should be managed in the English way, as privately-funded institutions in which a group of honorary medical officers (HMOs) treated the poor free of charge, in return for the right to admit their own private patients and teach their own fee-paying students in the institution. However, others disagreed, for in a place like Tasmania there was a shortage of philanthropically-minded gentlemen to fund such institutions, and so governments would necessarily continue to do so.

Dr James Agnew, Crowther’s rival for Lanney’s bones, took the trouble of writing down his suggestions for the colony’s premier hospital in Hobart in 1859. He argued that the hospital’s Board of Management should comprise influential colonists who would appoint one surgeon to act as a Resident Medical Officer. Agnew envisaged medical care in the hospital revolving around this senior man. He would have the ‘general charge’ of the place, and only he would be allowed [Page 85] to instruct his private students there. This, Agnew believed, would ensure each student worked ‘systematically at dissection etc’. Such a school, he argued, would offer ‘vast advantages’ to its pupils. They would ‘go home’, that is to England, to complete their education having had ‘opportunities for Operative Surgery on the dead body that most English pupils would envy’. In Agnew’s plan, there was no room for a voluntary system of HMOs, for he worried about the ability of a Tasmanian hospital board to ‘control’ them ‘in case of carelessness or derelection [sic] of duty’. Such a system, he thought, would not be ‘conducive to harmony & freedom from jealousy in the profession.’ The only advantage private

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13 Such opportunities seem also to have been more readily available in the United States than in London. An American physician noted the difference in 1848, saying ‘there is not a medical school, in any village in the United States, however small, which does not afford subjects for dissection cheaper and in great[er] abundance than [in] … any College in London’ (cited in John Warner, ‘American Doctors in London During the Age of Paris Medicine’, in The History of Medical Education in Britain, eds Vivian Nutton and Roy Porter (Amsterdam: Rodopi, 1995), 341—365, 349).
practitioners would gain in Agnew’s scheme was ready entry to the hospital’s ‘Dead House’, although not for teaching purposes. Access to the dead, he argued, was something all colonial medical men should have.14

Soon afterwards, a hybrid model was set in place. The government appointed the hospital’s board and it, in turn, employed a resident surgeon – but he was a relatively junior man and he had no role in teaching pupils. That was left in the hands of a group of board-appointed HMOs, as was the case in England. By 1869 the honoraries were represented at board meetings. Neither government nor hospital employees, they were a well connected and vocal group of men. Some of them – like Crowther – continued to agitate loudly for the knot between government and hospital to be cut, and persisted in measuring the local hospital against the English system in which they had trained.15 Most of all, Crowther wanted Hobart’s hospital to increase in size, to 100 beds, so that it would be recognised by England’s Royal College of Surgeons as a preparatory school, for then colonial men like himself would not need to meet the ‘tedious responsibility’ of sending their sons to England for so many years to complete their medical education.16 Crowther argued that the best plan was for the hospital to widen its pool of patients by opening its doors to the working poor.

This mish-mash of systems caused tensions within the hospital from the beginning. It was a question of where, ultimately, power lay within the place and how it went to work in the daily practices undertaken there: all of which would [Page 86] be revealed following the discovery of Thomas Ross’s skull in St David’s churchyard in March 1869.

14 ‘Views ré the Management of the General Hospital Hobart 1859’, Uncatalogued Material, CL, Hobart. In contrast, the public hospitals in Melbourne and Sydney, which were also funded in the main by governments, were administered by Boards elected by subscribers who in turn elected HMOs. Agnew’s plan was most in line with that instituted in Adelaide, where a government-employed Surgeon Superintendent provided medical care in the hospital, his salary boosted by additional (private) practice (W.G. Rimmer, Portrait of a Hospital: The Royal Hobart (Hobart: Royal Hobart Hospital, 1981), 89–91).
15 ibid. 91, 98.
16 Crowther to Flower, 19 April 1870, Museum Letters Volume II (hereafter ML II), 1868—73, Royal College of Surgeons, London. Crowther was not alone in desiring the hospital to increase in size (see Rimmer, Portrait of a Hospital, 92).
Thomas Ross died in the General Hospital in mid-February 1869. He was 74 years old and in discomfort, but he would not have expected to die in that place – not from a recurring bladder infection, even in 1869. We do not know the circumstances through which he had come to lie in William Crowther’s ward at the hospital. Ross was a literate man. He may have read about Crowther’s special skills with bladders and come to this particular surgeon in the hope of relief for the constant, nagging ache in his belly and the pain that made him afraid to pass water. He may have read many things about Crowther over the years – about the surgeon’s whaling ventures, his fleet of ships, the islands from which he harvested guano, his shipments of timber-framed houses to California’s goldfields, his political campaigns for election to the colony’s parliament, and his spirited displays of rhetoric in a multitude of settings. But especially, Ross may have retained the memory that Crowther was a man who bent the rules. He admitted patients to the hospital who would normally be refused entry, including those who were not, strictly speaking, paupers.

Five years earlier there had been a very public argument between Crowther and the hospital’s resident surgeon at the time, George Turnley. Crowther had sent a woman to the hospital with a card of admittance, although the condition from which she suffered was not curable and this made the local infirmary the proper place for her. At a subsequent enquiry, Alfred Kennerley, Chairman of the Hospital Board, said querulously that if ‘chronic cases were to be admitted, the board would have all the dying persons of the working classes sent in to die’. Crowther’s actions in this incident revealed that he knew how to get his way in the hospital by side-lining a resident surgeon, and that he thought little of doing so. He simply bypassed George Turnley, and sent patients instead directly to the hospital’s house steward, Charles Seager. Hospital Board member Alderman Lewis informed the Board that Crowther’s

18 Mercury, 29 October 1864.
actions caused ‘little feelings of animosity’. George Turnley interpreted it in tones more strident than that. He said that Crowther treated him as if he were ‘a mere nonentity’. Crowther couched his defence in terms of ‘common humanity’. He said the woman spent her nights ‘gasping for breath’ and that her husband was at his wit’s end trying to care for her and earn the money that kept the couple alive. Turnley curtly responded ‘let her be sent to the Infirmary’, and Crowther angrily replied ‘She will die, and you … know it as well as I do’.19 Three cheers for William Crowther, we might think, friend of the dying poor. Or we might wonder if he made such illicit hospital admissions for other purposes. He was a man with three sons to educate in medicine.

Thomas Ross probably visited Crowther at his home, where patients with few funds were attended before the family’s breakfast.20 After examining Ross on 13 February 1869, the surgeon sent him to the hospital, probably by the indirect route he had successfully used before. Another slap in the face to a resident surgeon, this time George Stokell. Each of the honoraries had his own ward in the hospital, and Ross was placed in Ward 1.21 It was part of a system through which the HMOs jealously guarded their patients from each other and the resident surgeon. Crowther’s ward may have been particularly crowded, given his continuing battle to increase the number of patients in the institution. He saw nothing wrong with having beds made up to accommodate them on the floor.22 That would not have been the only sense of displacement Thomas Ross experienced in that hospital. It was a rare thing for a schoolmaster to be a patient there. Most people were designated by such occupations as ‘laborer’, ‘servant’, ‘seaman’, ‘groom’, or as the ‘wife’ or ‘child’ of such a man.23

Ross lay in that ward hoping for a cure, for Crowther had made a name for himself in working on bladders. He was a mercifully speedy remover of stones.24 It was probably something he boasted about, for he was a boastful

19 ibid.
21 ‘Deaths at the General Hospital’, HSD145/1, AOT.
22 Mercury, 29 October 1864.
23 ‘Deaths at General Hospital Hobart January 1864—June 1884’, Joyce Purtscher (compiler), AOT.
24 Crowther, ‘Aspects’, 285. This mattered greatly when such operations were performed on conscious patients. While the first use of anaesthesia in Tasmania was in 1847, Crowther was
man. Four years later he would be writing to his London friend William Flower, the Conservator of the Hunterian Museum at the Royal College of Surgeons, enclosing an article he hoped would be published in the Lancet on the best way of removing bladder stones.\(^{25}\) This was a colonial contribution to a metropolitan medical debate, made by a man who felt a keen sense of the losses he had sustained in living so far from the centre of things.\(^{26}\) Crowther wished to rebut a recommendation published in the Lancet by Sir Henry Thompson, who was a ‘great authority’ on the bladder. Thompson insisted that stones could safely be crushed in patients who were aged and debilitated and suffering from renal disease. Crowther argued in his letter to Flower that Thompson seemed to be ‘totally unacquainted with the operation [methodomy] I have for years been performing in aged and debilitated people successfully’, although he was more circumspect in his choice of words in the article that accompanied this letter.\(^{27}\) He argued for a combination of cutting and using the finger to dilate the prostate gland and remove a stone, on the grounds that this single, speedy operation \[Page 88\] would be less shocking to an aged patient’s system than inflicting several episodes of crushing. Even if a stone was large, he said, his operation could be accomplished in two minutes, while lithotritry could take up to ten sittings.\(^{28}\) Crowther informed Flower that he had worked on ‘subjects with bladders in a high state of “chronic” irritation and inflammation’, and these subjects, who often had stones of considerable size, had ranged in age from sixty to seventy-five years.\(^{29}\) Perhaps Thomas Ross was one of these patients, and he had died as a result of Crowther’s intervention. ‘Chronic cystitis’ is an odd reason for a man to die.\(^{30}\) A week after Crowther’s

\(^{25}\) Crowther to Flower, 14 June 1873, ML II.

\(^{26}\) Crowther to Flower, 8 October 1869, ML II.

\(^{27}\) ibid; W.L. Crowther, ‘Urethrotomy or Lithotritry in Aged and Debilitated People’, Lancet, 1 November (1873): 624—5.

\(^{28}\) W.L. Crowther, ‘Urethrotomy or Lithotritry’.

\(^{29}\) Crowther to Flower, 14 June 1873, 11 July 1873, ML II.

\(^{30}\) It appears as the cause of death on Ross’s death certificate. However, prior to the introduction of septic surgical conditions, patients were likely to die from peritonitis (Associate Professor Chris Briggs, Department of Anatomy, University of Melbourne, pers. comm., 15 November 2001).
contribution to the *Lancet* was printed, a correspondent wrote that the colonial man’s preferred method was ‘founded on a principle which is not supported by facts’, as the prostate gland could not be sufficiently dilated and so the process involved laceration and the unnecessary loss of patients.\(^{31}\) When the warden’s body to the dissecting room, Crowther was probably the first to open it, in order to examine the bladder before passing the body to his students for their practice. His training would have encouraged him to investigate the results of his work in this way for a man learned, as well as taught, on the dead.

Two weeks later, soon after the discovery of Ross’s skull in St David’s burying ground, Hobart was filled with gossip about Lanney’s resurrection. It was fuelled by an increasing realisation that what had happened to the possessor of ‘the foreign skull’ could happen to anybody, given a descent into poverty and the lack of family members sufficiently assertive and well-to-do to claim one’s body for burial. Hundreds of people visited the churchyard in the hope of inspecting the evidence for themselves.\(^{32}\) It was the kind of public furore medical men had long sought to avoid. Dissection was generally only spoken about when news of body work escaped the places which normally contained it.\(^{33}\) This had most infamously happened when Dr Robert Knox, Edinburgh’s best teacher of anatomy, was found to have unknowingly purchased the bodies of fifteen people during 1828—9, who had been murdered by William Burke and William Hare in order to sell them to this anatomy teacher.\(^{34}\) Knox rationalised his subsequent decision to remain silent, rather than defend himself, in terms all medical men would [Page 89] understand. He argued that


\(^{32}\) *Mercury*, 8 March 1869.


'disclosures of the most innocent proceedings even of the best-conducted dissecting-room must always shock the public and be hurtful to science'.

Britain’s Anatomy Act (1832) followed hot on the heels of the discovery of some English examples of ‘burking’. The Act sought to deter the robbing of graves, and such occasional murders, by making a ready supply of bodies – those which lay unclaimed – legally available for dissection. But although Antipodean legislatures had the power to replicate British Acts, none of them did so at this time. Hence, the only bodies legally available for dissection in Tasmania in 1869 remained those of murderers, for these people were sentenced to both death and dissection (or gibbeting) in punishment of ‘the horrid crime of Murder’, under a law which had been in place when the colony was settled in 1803.

The Tasmanian Colonial Secretary sought for ways to divert an irate public from speculating about the government’s role in this affair. As soon as Dry heard that Lanney’s grave had been robbed, he visited the churchyard with the Attorney General and lawyer John Graves, who had arranged Lanney’s funeral. All three were members of the local Royal Society. They noticed bloody soil, the edge of the empty coffin, and the abandoned skull – which they hastily instructed a man to hide beneath the earth. First thing on Monday morning, Dry questioned four hospital employees about the removal of Lanney’s skull from the hospital’s dead house. As expected, what George Stokell (the resident surgeon), Charles Seager (the steward), John Seugrave (the hospital’s barber) and James Ware (its messenger) said at this brief enquiry implicated Crowther and his son, Bingham, in that original mutilation. Limiting

35 Robert Knox, letter to the Caledonian Mercury 17 March 1829, in Roughhead, Burke and Hare, Appendix III: 275–7.
36 Richardson, Death, Dissection.
37 25 Geo. II, c. 37, ‘An Act for Preventing the horrid Crime of Murder’, 1752. The first, and until 1869 only, Australian colony to produce an Anatomy Act was Victoria (1862).
39 Mercury, 8 March 1869.
the enquiry in this way had the effect of making the mutilation of the dead appear to be a Crowther family idiosyncrasy, rather than a matter of daily practice at the hospital.

Dry immediately wrote to the hospital’s board and requested them to instruct the resident surgeon to bar Crowther from the hospital premises at once.\(^{40}\) Board members added a further punishment: they also banished Bingham Crowther, who was a student there.\(^{41}\) You can almost see both government and board hopefully washing their hands of the affair, for with the Crowthers removed from the premises the risk that they would find that the hospital still contained parts of [Page 90] Lanney’s body, and evidence of George Stokell’s work on it, was removed.\(^{42}\) But they had underestimated William Crowther. He quickly pointed out, in public, that he been tried and found guilty in absentia at this hasty enquiry, which was not the kind of process an Englishman should expect.\(^{43}\) As for hushing up Stokell’s involvement in the affair, Crowther put paid to that attempt by arriving at the institution’s gates, forcing his way in, and hammering down the door behind which the evidence of the resident surgeon’s work lay concealed.\(^{44}\)

During the following week, Tasmania’s newspapers were filled with charge and counter-charge between Crowther and Stokell, as well as reports of large public meetings in support of Crowther’s campaign to be elected to the Legislative Council, and editorial comment, together with letters from concerned citizens. Politics and medicine were intertwined in these conversations in a way that damaged the government.\(^{45}\) The conservative *Mercury*, whose editor John Davies was virulently opposed to Crowther’s

\(^{40}\) Colonial Secretary to Chairman of Hospital Board, 8 March 1869, reprinted in *Mercury*, 9 March 1869.

\(^{41}\) *Mercury*, 9 March 1869.

\(^{42}\) According to one account, Lanney’s bones were drying out on the hospital’s roof (‘The Last Man of a Race’, Crowther Scrapbook in Box PQ 362.2 365: 105, CL). There is no author or date on this newspaper cutting.

\(^{43}\) ‘Et Tu! Brute!!’, *Tasmanian Times*, 10 March 1869.

\(^{44}\) ibid.

politics, revelled in opportunities to pillory the surgeon. Crowther’s supporters protested at this treatment, which came, they said, from one ‘who fattens on slander and detraction’. The *Mercury* followed the government’s lead by focusing on Crowther’s actions with the two skulls and making light of Stokell’s subsequent mutilations of Lanney’s body. While its editor acknowledged – as he could hardly fail to do – that ‘medical delinquencies’ had been exposed at the colony’s hospital, Davies thought the solution was to be found in placing more power in the hands of the resident surgeon, for it was apparent that somebody needed to keep a ‘check on the treatment of the dead bodies’:

The keys of the dead-house, it seems, are not in the sole possession of the Resident Medical Officer as they ought to be, but are placed where all the medical officers can have them at pleasure, a privilege that it is said is freely exercised, and, rumour adds, strange things have been done before this in that same dead-house.

Davies thought through the implications of making bodies so readily available to medical men. He asked ‘what security has the Hospital patient labouring under some complicated or curious disease, that his case may not prove too interesting to be properly treated in the hurry to have the mystery solved on the dissecting table’? Distinctions were made between what had happened to Lanney, and the ‘barbarous conduct’ on the body of the unnamed white man, which seemed to show ‘that there is no respect of persons’. It revealed that the hospital’s HMOs possessed a ‘license to hack and hew the bodies of those who die in the Hospital for their own amusement, or the instruction of their pupils’. What had happened to Lanney and Ross had exposed ‘looseness in the management of one of our charitable institutions’ that could:

46 *Tasmanian Times*, 15 March 1869.  
47 *Mercury*, 9 March 1869.  
48 *Mercury*, 12 March 1869.
shake public confidence in the Hospital, and lead to shutting the doors. People will endure any suffering and sickness rather than seek relief where, if death closes their eyes, their bodies may be treated with an indignity from which, applied to a dog, a sensitive mind would revolt.

As matters stood, Davies said, ‘the occupation of a bed in the Hospital is but an introduction to the scalping knife’. The *Tasmanian Times* referred to the hospital’s resident surgeon as ‘the resurrection man of the worshipful society of body-snatchers’. This was precisely the kind of language that had brought medical men into such ill-repute in Britain prior to 1832, when many of the bodies that surgeons worked upon were obtained by snatching them from the grave.

Crowther and his supporters insisted that his suspension from the hospital illustrated the government’s power over a board that claimed to be independent. It was a point he had been making for years, and he was not about to let this opportunity slip. Dry had been careless in his choice of words when writing to the surgeon to inform him of his suspension. He wrote ‘instructions have been issued’ to the board. Crowther wrote back to inform the Colonial Secretary that ‘I do not hold my appointment as an Honorary Medical Officer of the General Hospital from the Executive Government, but from the Board of Management to whom I am alone responsible’.

Critical eyes now turned on the board. Some charged it was a ‘little cosmogony’ in which ‘[j]ealousy, intrigue, corruption, and immorality [have] so long been in the ascendant, [that] nearly every spark of manly feeling has been extinguished’. The board was seen as comprising men who ‘do the dirty

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49 *Mercury*, 9 March 1869.
50 *Tasmanian Times*, 13 March 1869.
51 Richardson, *Death, Dissection*.
52 Colonial Secretary to Crowther, 8 March 1869, published in the *Mercury*, 9 March 1869.
53 Crowther to Colonial Secretary, 8 March 1869, published in the *Mercury*, 9 March 1869.
54 *Tasmanian Times*, 15 March 1869.
work of the powers that be without question’. The *Tasmanian Times* suggested that, unless improvements were made, Tasmanians should ‘admit at once that Board Management is beyond our moral capacity and intellectual reach, and revert without delay to the old system of official management’. Such statements [Page 92] carried particular resonance in a colony in which so many people were of convict descent.

Now that it seemed a further and more formal investigation could not be avoided, Dry appointed a three member Board of Enquiry, chaired by Registrar of Titles William Tarleton. Two merchants, Charles Colvin and Isaac Wright, were its other members. These men were requested to ‘enquire into the circumstances attending the mutilation of the body of William Lanney the deceased Aboriginal Native while lying at the General Hospital …’. Once again the government was seeking to avoid an in-depth investigation. Crowther was called to give evidence, but he refused on the grounds that ‘evidence has already been taken and published by the government ex parte’, during the original enquiry. Worse still for the government, those who did appear and speak over the next few days wandered into territory that Dry had sought to place out of bounds.

Reading the transcript of what was said – which every literate person in Hobart could do, for it appeared seemingly verbatim in their daily newspapers – it quickly became apparent that at the hospital, it was nobody’s job to ensure that those who died and were unclaimed went to their graves in one piece. Sometimes Tarleton, Colvin and Wright could hardly believe what they were hearing in their encounter with the men who worked in the hospital. The record

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58 CSD7/23/127, AOT.
59 ibid.
60 Crowther to Colonial Secretary, reprinted in the *Mercury*, 12 March 1869.
61 Transcripts in the press are much fuller than those contained on file in the AOT.
of what was said reads like an exchange between cultures, in which questions were misunderstood and the meaning of replies was not immediately apparent. Things that appeared to the men on the Board of Enquiry as outrageous behaviour, seemed to those who worked at the hospital merely a matter-of-fact part of everyday practice.

It was initially a matter of puzzlement to Tarleton and the two merchants that there had been more bodies than Lanney’s lying in the hospital that night. As it became increasingly clear that the white men’s bodies had been carried there for students to dissect, the men on the Board of Enquiry began to ask questions that fell outside the official framework of the investigation. They wished to find out precisely whose bodies these were, and how it was that they were so readily available for that purpose. However it seemed to be impossible to obtain straight answers from those they questioned. It was not always that the men who worked in the hospital and were familiar with its practices set out to deliberately deceive the enquiry – although some, like Stokell, did – but that for them, such work on bodies was mundane and they could not see the sense of the questions.62 [Page 93]

The first were posed to the resident surgeon. Although most of them related to the taking of Lanney’s skull, Tarleton also attempted to establish the provenance of the bodies that had been lying in the dissecting room on the night of 5 March. Stokell said, with a kind of disdain, that he rarely went into the dissecting room. His role at the hospital bore little relationship to the pivotal place Agnew had envisaged a resident surgeon would occupy. When Tarleton persisted, Stokell replied that he could not say for certain whose bodies they were, but he thought that ‘One belonged to Dr Crowther, and the other, I think, to Dr Bright’.63 Tarleton said he found this a ‘somewhat curious expression’,

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62 The hospital’s Rules and Regulations (1870 edition) contain nothing about due process where the dead were concerned, and very little about students (Rules and Regulations of the General Hospital and Dispensary, Hobart Town (Hobart Town, James Barnard, Government Printer, 1871).
63 This other body may have been that of John Searle, who died on 26 February 1869. His name appears among the men belatedly registered by Seager (on 4 March) as dying in the hospital (‘Deaths in the District of Hobart’, 35/7772/1869, AOT).
and Stokell amplified. He asserted ‘You asked me whose bodies they were. I suppose they were nobody’s. I don’t know their names’.  

Enlightenment was sought from the next witness, hospital steward Charles Seager, but he was very skilled at giving only the minimum amount of necessary information in his replies. He, too, spoke about these events in a way that had the effect of removing him from the scene of the action, and he seems to have had little respect for the resident surgeon. (‘Dr. Stokell came to my quarters – about 9 o’clock. He said that Dr. Crowther had been in the dead-house, and that the head of the blackfellow was gone. He seemed rather excited about it’). 

The third witness was John Seagrace, known in the hospital as ‘Dan the Barber’. Seagrace was more expansive in his replies to questions posed, sometimes too much so for the Board’s comfort. When asked whether it was a usual thing for students to be dissecting at the institution after dark, Seagrace replied ‘No, it is not’. But instead of leaving it there, as Seager would have done, he went on to explain: ‘They can come any time they like, but they come mostly in the day time. They used to be always working there…’. Asked about the identities of the bodies in the dissecting room, the barber responded ‘I don’t know. One, I think, belonged to Dr. Crowther’. Tarleton interrupted impatiently, saying ‘I don’t want to know that. There seems to be an impression you people at the hospital have, about the ownership of bodies. I want to know what their names were”? But the barber could not enlighten him. Tarleton then sought to clarify how common it was for a patient to be taken to the dissecting room. He asked ‘All the bodies of people who die, and are not claimed by their friends, are [they] put in there to be dissected?’ and the answer was ‘Yes, Sir. When there are no friends to take them away’. Tarleton remarked that the hospital must be a good school for surgery, as there were no doubt many such bodies. 

Later, when asked precisely what the students were doing with the bodies in the dissecting room, Seagrace answered in a matter-of-fact way: ‘I

64 Evidence from Stokell, Day One of Enquiry, reported in Mercury, 13 March 1869.
65 Cited in Cornwall Chronicle, 17 March 1869.
66 Evidence from Seagrace, Day Two of Enquiry, reported in Mercury, 15 March 1869.
could not say what it was they were operating on, whether a leg or a body. I think it was a body, and it had its 2 arms on, and – and – and – I think it has them on still’. [Page 94] Others in the room laughed, but the barber was trying his best to make the Enquiry understand how difficult this question was. Seugrave had let the cat out of the bag, for of course after being dissected in that room over two summer weeks. Thomas Ross was no longer recognisable as a man, and nor was he in one piece. By the time he entered William Lanney’s body and story, he had been reduced to little more than a skeleton bearing the tattered remnants of other bodily material, which was something most hospital men giving evidence at the Enquiry sought to hide.67 So far as Tarleton was concerned, it was all becoming somewhat like Dr Frankenstein’s laboratory. He wondered how it was that in a dissecting room a man could lose so much more than his limbs.

The Enquiry also provided an occasion for a kind of public gladiatorial battle between the medical men who were involved in this episode. Stokell went out of his way to denigrate Crowther’s surgical skills and Crowther defended himself by taking out an advertisement in the press. He was one of the most successful colonial medical men of his day, and Stokell was his junior in every way. In addition to being a younger man, the resident surgeon was merely a government employee in the hospital. Stokell also owed Crowther social obligations, having travelled to England to complete his medical education in one of Crowther’s vessels.68 Up until these events, the relationship between the two men seems to have been that of an established surgeon to a younger and inferior colleague. Now, however, that changed forever. Each took the opportunity to make pointed distinctions about the other’s surgical skills, in a vicious exchange that reveals both institutional and individual power.

Stokell informed the Enquiry that, when he had returned to the hospital that night and found the foreign skull beneath Lanney’s skin, it was quite easy to see that a substitution had taken place, for Crowther had made a mess of the

67 In working on cadavers, an arm was one of the last, because longest lasting, part to be dissected (Jonathon Sawday, The Body Emblazoned: Dissection and the Human Body in Renaissance Culture (London: Routledge, 1995): 149).
68 Stokell’s father insisted his son had performed the role of ‘supercargo’ on the vessel rather than travelling gratis (W. Stokell, letter to Mercury, 19 March 1869).
job. He said the skull had been ‘taken off any how’, ‘hacked or done very quickly’. Adding insult to injury, he went on to suggest that such a job could easily have been accomplished by the hospital’s barber, or even a butcher. He said ‘there was no dissection about it’. 69 Crowther’s rage at this public commentary on his dissecting skills was great. He had headed his press advertisement with a quotation from Shakespeare’s Julius Caesar (‘Et Tu! Brute!!’), which reveals that he saw the whole matter as one of betrayal and assassination. In this advertisement, Crowther had created a picture for the public of Stokell’s butchery of Lanney’s body following the robbery from the grave. He spoke of tracking a bloody trail from churchyard to hospital. Such an amount of blood, he informed the reading public, could only be accounted for by the body having been quartered. 70 This [Page 95] would have been received as shocking news. Everybody knew that quartering a body was a brutal punishment that had historically been meted out for the most heinous of crimes. As for Stokell’s subsequent work on Lanney’s body, Crowther said it had been done so carelessly that the room in which it was undertaken looked more like a ‘complete charnel house’ than any place properly associated with a hospital. Then, the coup de grace. He accentuated the professional distance between himself and the resident surgeon by claiming to feel ‘ashamed’ of Stokell’s behaviour. This enraged George Stokell (‘He ashamed of my conduct!! I am quite capable of bearing or repudiating any odium attached to the matter … and he will have no time to spare for being ashamed of any one’s conduct if he occupies himself by blushing for his own’). 71

The Board of Enquiry only sat for three days. When Colvin and Wright sought to extend its terms of reference, Dry refused their request and they resigned. 72 In language that harked back to the Burke and Hare murders that had been the cause of Robert Knox’s downfall as a teacher of anatomy, the Tasmanian Times accused the Colonial Secretary of having ‘forbidden and burked the inquiry’. 73 Those three days of questions and answers failed to end

69 Evidence from Stokell, Day One of Enquiry, reported in Mercury, 13 March 1869.
70 ‘Et Tu! Brute!!, Tasmanian Times, 10 March 1869.
71 Letter to the Editor, Mercury, 12 March 1869.
72 Mercury, 17 March 1869.
73 Tasmanian Times, 18 March, 1869.
debates and speculations about the events at the hospital. Crowther’s many friends and political allies held large public meetings to support him and petitioned the colony’s governor for his reinstatement at the hospital.\textsuperscript{74} Crowther made one mistake. He foolishly suggested that Stokell was the man who had stolen Lanney’s skull, which gave Dry an additional opportunity, during the official enquiry, to redirect the debate. He had the Chief District Constable launch a police prosecution against Stokell, at which Crowther was compelled to give evidence as a witness.

Although the charge against Stokell could not, of course, be proved, this prosecution was no good thing for the resident surgeon. To be accused of mutilating the bodies of the dead did nothing for a medical man’s career prospects. But by then nobody but Stokell himself really cared about his career. It had become a kind of collateral damage in a much larger game, and he was left fighting desperately on his own behalf, with some support from Agnew.\textsuperscript{75} This episode was the effective end of Stokell’s career at the hospital.\textsuperscript{76} The police prosecution was pure theatre for everybody else, even Crowther, who managed to slide out of some sticky moments by refusing to answer questions on the grounds that he might ‘criminate’ himself.\textsuperscript{77} This response revealed that he had been the man who stole Lanney’s skull, but then everybody knew that anyway. [Page 96]

Five months later, an Anatomy Bill was introduced into the Tasmanian Parliament, in which William Crowther now sat. The Bill was based on Britain’s 1832 Anatomy Act, and had the effect of legalising what this episode reveals was already common practice in the colony. In future, the unclaimed bodies of those who died could be legitimately used as subjects for dissection. Thomas Ross had been the unwitting catalyst for this belated piece of

\textsuperscript{74} Meetings reported in the \textit{Mercury}, 19 March and 20 April, 1869.
\textsuperscript{75} Agnew tried to retrieve Stokell’s character in a letter to the Editor, \textit{Mercury}, 19 March 1869.
\textsuperscript{76} Within a year, Stokell had lost this position. He practised for several years in Campbell Town and died in 1878 (\textit{Campbell Town, Tasmania: History and Centenary of Municipal Government}, compiled by the Historical Committee of the National Trust of Australia (Tasmania), Campbell Town Municipal Council 1966, 170, 181—2).
\textsuperscript{77} Reported in \textit{Cornwall Chronicle}, 13 March 1869.
legislation. Yet in histories, this episode has mostly been written about in the context of what happened to William Lanney. As such, it has come to be a defining moment in Tasmanian racial relations. But that is not the only way in which it was experienced at the time, for the men who competed for Lanney’s bones on behalf of racial science were also deeply involved in working out what it meant to be a medical man in newly self-governing Tasmania. Placing Thomas Ross back into the history of this event, of which he was always an important part, opens a window onto some of the social ways in which medicine was made in that colony at the far end of Britain’s world – including on the bodies of the dead.