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William Smellie and William Hunter: two great obstetricians and anatomists

ADG Roberts¹ ● TF Baskett² ● AA Calder³ ● S Arulkumaran⁴

- ¹ Queen's Hospital, Burton upon Trent, UK
- ² Department of Obstetrics and Gynaecology, Dalhousie University, Canada
- 3 University of Edinburgh, UK
- ⁴ Royal College of Obstetricians and Gynaecologists, London, UK

Correspondence to: ADG Roberts. E-mail: adgroberts@virgin.net

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Don Shelton has alleged that two of our greatest obstetricians and anatomists, William Smellie and William Hunter, are mass murderers. No facts are supplied to support this argument but many extrapolative statistics, some from 100 years later, are quoted in lieu of evidence. The true rate of mortality, both in childbirth and undelivered parturients, is unknown at the time these men worked. The tenet of Shelton's argument rests on the improbability that the two practitioners could obtain such bodies for dissection, by any means other than murder. He makes much of the scarcity of pregnant cadavers and provides some figures to support his contention that the maternal death rate was about 1.4% in London in the 18th century. He asserts that as resurrectionists would be very unlikely to find recently buried bodies of undelivered women, anatomists had to arrange their murders.

In early Georgian London, both Smellie and Hunter were the premier teachers of midwifery from 1740–1783. As such they would have an extensive network of contacts to obtain the bodies of recently deceased pregnant women, many of whom were without family. They were extensively consulted by other practitioners for difficult obstetric problems and that some such cases died undelivered would not be unexpected. Conditions such as major placenta praevia (Plate XII Hunter's *Gravid Uterus*)² would likely have exsanguinated before delivery unless expert assistance was immediately available.

In respect of Hunter's *Gravid Uterus* atlas 13 cases were dissected derived from deaths over a 21-year period from 1751–1772. During this time Hunter employed artist Jan Van Rymsdyk to work on his atlas.³ There were no cases between 1754

and 1764 and of the 13 cases only five were full-term, the other eight cases were of decreasing gestations to very early abortions.⁴ Therefore, the 13 subjects for Hunter's atlas were obtained over many years, during which time, by Shelton's own estimate, there would have been at least 3600 maternal deaths in London. Thus, by inference, having a network of colleagues 'tracking down' the deaths of pregnant women, Hunter would have had no reason to resort to illegal means.

Hunter's celebration of his good fortune in obtaining the 1764 body was voiced in his manuscript: 'At last on the 11th February, I was so fortunate as to meet with a gravid uterus, to which, from that time, all the hours have been dedicated which have been at my disposal'. Dissections of bodies to the technical specifications necessary for painting and later engraving would take many days and were only practical in the cold winter months. To suggest that he organized this gravid woman's murder after 10 years of waiting is not credible.

Smellie, similarly, had a huge obstetric practice and many contacts. He practiced in London from 1739–1759 and over a 10-year period he gave 280 courses, involving 900 students, in the management of over 1000 labours.⁶ In the preface to the first volume of his three-volume treatise, he states that during 10 years '... one thousand one hundred and fifty poor women have been delivered in presence of those who attended me ... together with that of my own private practice, which hath been pretty extensive ...'.⁷ His anatomical atlas was published in 1754 after 15 years of practice, and he would therefore have had the opportunity to encounter many maternal deaths. Most of these

deaths were intrapartum or postpartum, however, some were antepartum.^{8,9}

There were 39 tables in Smellie's atlas but not all of these were of human subjects. Johnstone quotes Pieter Camper: '... also his figures, drawn by Rymsdijk, but not all from real life. The children are placed in pelves, the children themselves looked natural but the other parts were copied from other preparations ...'. Thus, it appears Smellie stretched his use of cadavers and scrutiny of his atlas suggests that 15 of the plates are drawn from dead human subjects with the remainder being diagrammatic line drawings.

Having identified an absence of need to murder (motive) we now turn to the inaccuracies in Shelton's presented information. His scrutiny of the two publications from which he makes such far reaching conclusions may be limited. He cites both as being 'publisher unknown'. In Smellie's *Sett of Anatomical Tables*, some versions did not acknowledge the publisher, H L Freeman of London, 11 but in Hunter's *Gravid Uterus*, John Baskerville of Birmingham is widely known to be the publisher. 2

John Hunter, William's assistant and brother, who was to become arguably the greatest experimental surgeon of any age, was known to liaise with resurrectionists and was extremely successful in obtaining bodies for dissection, often from the scaffold.¹² These associations so worried William that he sent John to St Mary's College, Oxford as a Gentleman Commoner student.¹³ Shelton places great reliance in his accusation of murder in a sentence by John Hunter concerning 'the leading steps' but this dialogue, of course does not implicate William Smellie in any murder, as it was his assistant Colin Mackenzie who procured the women for dissection without Smellie's knowledge. Shelton's assertion that this phrase implies illegal activity may be correct but implication of murder is totally wrong. He erroneously states 'Normal resurrections were not illegal' when in fact they were illegal.¹² Obtaining bodies of six executed criminals annually was accepted by law but body-snatching and grave-robbing were both illegal and socially unacceptable. The law, however, often punished this crime inadequately. John

Hunter, in writing about 'the leading steps', was thus only alleging that Dr Smellie would not wish to have association with body-snatching, an illegal activity at this time.

According to Shelton the web of deceit for these mass murders must, therefore, number all four (William and John Hunter, Colin Mackenzie and William Smellie). All are widely praised by contemporary writers for their kindness^{12–14} and Smellie, in particular, is pre-eminent in his care and kindness. He surcharged paying medical students a levy of 6 shillings which went directly to his poor patients as a social fund.¹³ It is inconceivable that these men, who were practising obstetricians, often working to the point of exhaustion on behalf of their patients, would knowingly condone their murder. That their reputations may be harmed, by unsubstantiated assertions such as those of Shelton, cannot go unchallenged.

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