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Nineteenth-Century Burial Reform in England: A Reappraisal

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In comparison with other European nations, 19th-century burial reform in England is often related as a history of difference and failure. England lacked centralising legislation to enforce the establishment of new, sanitary cemeteries. Rather, permissive regulation encouraged the creation of new cemeteries, largely reliant on local initiative. This paper presents a re-evaluation of that history by focussing on archival documents from the General Board of Health and local burial board minutes. The paper discusses the way in which key individuals and agencies developed a refined understanding of the sanitary dangers presented by decomposing bodies. This understanding rested on deep familiarity with Continental European research and practices. Despite the lack of centralising legislation, the General Board of Health and the Burial Office administered an effective system of sanitary burial governance which combined inspection, advice and bureaucratic processes that worked with local communities to develop a national network of cemeteries that were managed according to scientific practices.

Keywords: miasmatic theory, cemeteries, corpses, bodily decomposition, England

En comparaison avec d'autres nations européennes, la réforme funéraire du XIX^e siècle en Angleterre est souvent décrite comme une histoire de différences et d'échecs. L'Angleterre n'avait pas de législation centralisatrice pour imposer la création de nouveaux cimetières sanitaires. Au contraire, une réglementation permissive a encouragé la création de nouveaux cimetières, en s'appuyant largement sur l'initiative locale. Cet article présente une réévaluation de cette histoire en se concentrant sur les documents d'archives du General Board of Health et sur les procès-verbaux des conseils funéraires locaux. Le texte examine la manière dont les personnes et les organismes ont développé une compréhension plus fine des dangers sanitaires présentés par les corps en décomposition. Cette compréhension repose sur une connaissance approfondie de la recherche et des pratiques en Europe continentale. Malgré l'absence de législation centralisatrice, le General Board of Health et l'Office des sépultures ont administré un système efficace de gouvernance sanitaire des sépultures qui combinait l'inspection, les conseils et les processus bureaucratiques. Ils ont travaillé avec les communautés locales pour développer un réseau national de cimetières gérés selon des pratiques scientifiques.

Mots-clés : théorie miasmatique, cimetières, cadavres, décomposition corporelle, Angleterre

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Introduction

On 30th August 1845 Dr Thomas Wakley, editor of the *Lancet*, declared: “There is no hygienic question respecting which we are so much behind our continental neighbours as that of burial of the dead”.¹ Wakley was not mistaken. The prohibition of intramural interment had been introduced in many European states in the last third of the eighteenth century. England saw no such enactment, but the pragmatic impetus for reform accelerated with rapidly expanding urban populations, placing massive pressure on existing churchyards and burial grounds in urban centres. From the early 1820s burial reform had a first, and a continuing, objective to secure burial space independent of the Church of England. However, a new iteration—developing particularly from the late 1830s—encompassed an increasingly sophisticated understanding of the public health consequences of insanitary burial practices. This understanding was rather more advanced than simply relocating burial space to the urban periphery. From the early 1840s, public health reformers—influenced to a large degree by sanitary tracts and practices in evidence in Continental Europe—had begun to frame sophisticated principles for hygienic cemetery management. These principles included desiderata on site location and soil type, grave construction and grave re-use and rested on presumptions regarding the deleterious nature of miasmas and how those effects might be ameliorated.

It is generally asserted that England operated a *laissez-faire* attitude towards burial, leading to a ‘patchwork’ provision of burial services lacking any centralising supervision.² The reality was rather more complex, and this paper traces the early progress made by the advocates and practitioners of scientific cemetery management. This narrative has hitherto been obscured by broader discussion of public health through the course of the nineteenth century, and what little discussion pertains tends to focus on the failure of Edwin Chadwick and the General Board of Health to secure centralised control and supply of funerals and cemetery provision. Chadwick’s Metropolitan Interment Act 1850, introduced during a major cholera epidemic, looked to create a comprehensive system but was quickly repealed. None of the subsequent numerous Burial Acts dating from 1852 extended state provision into the realm of funerals or defined a

1 | *The Lancet*, 30 August 1845.

2 | Pascale Trompettea and Robert Howell Griffiths, “L’économie morale de la mort au XIX^e siècle. Regards croisés sur la France et l’Angleterre”, *Le Mouvement social*, 237/4, 2011, p. 33-54, <https://doi.org/10.3917/lms.237.0033>.

statutory responsibility to provide burial space. Indeed, the regulation contained a remarkable level of local discretion.

Nevertheless, doctors working under the aegis of the General Board of Health established a scientific basis for cemetery management, securing effective sanitary governance through an “active process of modern ordering”.³ This governance took place through multiple methods including physical inspection, bureaucratic processes and the production of guidance materials, and evidenced a “soft” approach to sanitary governance based rather more on co-operation than on centralised control. This paper presents archival data which provokes a reappraisal of burial reform in the nineteenth century, and suggests that the General Board of Health was in fact largely successful in establishing a sanitary system, and that success depended on a small but very active coterie of overlooked medical professionals.

Histories of English burial reform

The historiography of public health in nineteenth-century England is rather too vast to summarise here, and has progressed from early hagiographic accounts of key individuals battling inertia and resistance into more complex interpretations which interrogate the both the presumptions underpinning activity undertaken in the public health sphere, and the nature and reach of frameworks of governance.⁴ This paper is concerned with one very specific aspect of public health reform which has always sat awkwardly within the larger frameworks. The issue of burial was intimately connected with religious politics and the authority and, more pertinently, economics of the Established Church.⁵ For this reason, burial sat outside the principal public health legislation, and was only peripherally alluded to in the Public Health Act 1848. This Act created the short-lived General Board of Health, which over the course of a decade supported the foundation of local Boards of Health.⁶ The Act was permissive, but nonetheless drew disparate

3 | Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830–1910*, Oakland, University of California Press, 2016, p. 9–11.

4 | See, for example, Tom Crook, *Governing Systems, op. cit.*; Christopher Hamlin, “State Medicine in Great Britain” in Dorothy Porter (ed.), *The History of Public Health and the Modern State*, Amsterdam, Rodopi, 1994, p. 132–164; Dorothy Porter, *Health, Civilization and the State: A History of Public Health from Ancient to Modern Times*, London, Routledge, 1999; John Simon, *English Sanitary Institutions*, London, Cassell & Company, Ltd, 1970 [1890].

5 | See Julie Rugg, “Secularidad y espacio de enterramiento en la Inglaterra del siglo XIX”, *Revista Murciana de Antropología*, 26, 2019, p. 33–54; ead., *Churchyard and Cemetery: Tradition and Modernity in Rural North Yorkshire*, Manchester, Manchester University Press, 2013.

6 | A useful introduction to the Public Health Act 1848 is Elizabeth Fee and Theodore Brown, “The Public Health Act of 1848”, *Bulletin of the World Health Organisation*, 83/11, 2005, p. 866–867.

and disjointed local sanitary activity into a more coherent framework; hundreds of towns and cities took advantage of its regulations. The Act also enabled local boards to apply to the General Board of Health for closure of churchyards, but made no provision for new cemeteries. This area of activity was transferred to a newly created burials inspectorate within the Home Office, and became marginal to the broader sweep of sanitary reform overseen by the Local Government Office. Subsequently, the history and historiography of cemeteries has tended to develop as a separate, but associated, strand within broader public health historiography and is generally alluded to in one of three ways.

First, conditions in overcrowded urban churchyards are generally listed as simply one more item in a catalogue of disamenities which were conducive to ill health amongst urban inhabitants. The infrastructure of towns and cities was inadequate to deliver even basic living conditions, in lacking the supply of fresh water, the means of removing household waste, and adequate sewerage.⁷ A second kind of allusion relates the history of burial reform to the career of sanitary reformer Edwin Chadwick and the fortunes of the General Board of Health. Chadwick's endeavours were central to the history of public health in the nineteenth century: he had successfully framed sanitation and public health as problems requiring systematic government intervention and was the architect of the Public Health Act 1848. Chadwick had served on the Poor Law Commission since the early 1830s and in his exploration of the sanitary condition of the "labouring classes" had recognised that funerary practices contributed substantially to ill health and disease. Chadwick's ill-fated and rapidly repealed Metropolitan Interment Act 1850 precipitated his departure from any formal state position, and that is generally the circumstance in which burial matters are discussed in detail.⁸ In neither of these two historical strands—public health generally or the fortunes of Chadwick particularly—gives full assessment of the progress of burial reform as a sanitary endeavour, or discusses the issue beyond the middle of the nineteenth century.⁹

A third strand removes burial issues from immediate sanitary concerns and instead rests on literary analysis of two key documents: Dr George Alfred Walker's 1839 *Gatherings from Graveyards*, a polemic tract which combined

7 | See, for example, Martin Daunt, "Introduction" in id. (ed.), *The Cambridge Urban History of Britain III: 1840-1950*, Cambridge, Cambridge University Press, 2001, p. 1-56; Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick, Britain 1800-1854*, Cambridge, Cambridge University Press, 1998; Anthony S. Wohl, *Endangered Lives: Public Health in Victorian Britain*, London, J.M. Dent & Sons, 1983.

8 | Samuel Edward Finer, *The Life and Times of Edwin Chadwick*, London, Methuen, 1952.

9 | Histories of cremation cite assertions made in the second half of the 19th century that burial practices are polluting. See for example Brian Parsons, *Committed to the Cleansing Flame: The Development of Cremation in Nineteenth-Century England*, Reading, Spire Books, 2005.

scientific reportage and descriptive narrative on the state of the capital's burial grounds; and Edwin Chadwick's 1843 *A Supplementary Report on the Results of a Special Inquiry into the Practice of Interment in Towns*.¹⁰ A number of recent studies have considered the rhetorical devices used by Walker and Chadwick to justify reform of funerary practice: for example, appeals to nationhood; deployment of dramatic narrative devices in relaying anecdotal evidence; and displays of moral sensitivities which also hinted at the political implications of a lower class denatured and robbed of any natural respect by extended exposure to bodily decay.¹¹ Issues of class and moral economy are central to many readings of these texts.¹²

Moral economy was indeed integral to debate on sanitary reform in the nineteenth century, but it is possible to argue that Chadwick in particular was using this rhetorical "wrapper" to enhance the palatability of his sanitary message. The *Supplementary Report* also contains an extended explanation of the principles and practice of scientific cemetery management, but these paragraphs were unlikely to garner much public attention when more alluring reading was on offer: the report contained lurid accounts of families languishing for days in close proximity to their unburied dead, unable to afford interment; detailed the excesses of Victorian funerary commerce, replicating in tone passages in Dickens' recently published *Oliver Twist*; and made darker intimations on the way that burial clubs constituted an inducement to child murder. It is unsurprising that these elements have also attracted academic attention. However, the passages on the science of cemetery management are crucial, since they—arguably—represent the core objective of Chadwick's publication: the creation of a sanitary funerary system. As will be seen here, fully engaging with this aspect of the report reveals its importance to later cemetery management, via Chadwick's largely overlooked legacy: the Burials Office.

10 | George A. Walker, *Gatherings from Graveyards*, London, Longman & Company, 1839; Edwin Chadwick, *A Supplementary Report on the Results of a Special Inquiry into the Practice of Interment in Towns*, London, HMSO, 1843.

11 | Sarah Hoglund, "Hidden Agendas: The Secret to Early Nineteenth-Century British Burial Reform", in Denise Tischler Millstein and Albert D. Pionke (eds), *Victorian Secrecy: Economies of Knowledge and Concealment*, Abingdon, Routledge, 2016, p. 15-28; Mary Elizabeth Hotz, *Literary Remains: Representations of Death and Burial in Victorian England*, Albany, State University of New York Press, 2009; David McAllister, *Imagining the Dead in British Literature and Culture, 1790-1848*, Cham, Palgrave Macmillan, 2018.

12 | See, for example, Pascale Trompettea and Robert Howell Griffiths, "L'économie morale de la mort au XIX^e siècle", *op. cit.*

Developing the science of burial

During the eighteenth century, miasmatic theories of disease aetiology dominated discourses relating to sanitary burial practice. If stench and disease were causally related, then offensive, overcrowded churchyards in densely-populated urban areas were undoubtedly a principal contributor to debility, fever and epidemic. By the end of the eighteenth century, this connection was largely unquestioned orthodoxy, established and strengthened by numerous medical tracts presenting anecdotal and empirically tested evidence relating noxious vapour and both ill-health and—in extremis—immediate loss of life. The fact that miasmatic theory has no basis in modern medical understandings has perhaps undermined the willingness of historians to accord its specifics little more than a passing reference, shifting then to broader discussion of cultural mentalities relating sensibility and smell, or to secularity.¹³ However, it is disingenuous not to acknowledge that medics were convinced of the dangers of graveyard miasmas—as attested by extended and frequent leader articles in UK medical journal *The Lancet*. For example Wakley, writing in 1839, confirmed that “it seems to have been well-established, in the last century, that cadaveric emanations destroy life instantly, or give rise to various kinds of disease”.¹⁴ This belief framed approaches to cemetery management.

A great deal of later writing on the subject of burial makes reference to scientific treatises that were published in the middle of the eighteenth century. In particular, the work of Scipione Piatolli, Italian diplomat and reformer, whose 1774 *Saggio Intorno al Luogo del Seppellire* was translated into French on the prompting of *philosophe* D’Alembert. Félix Vicq D’Azyr, permanent secretary to the Royal Society of Medicine, both translated and extended Piatolli’s treatise with a “preliminary discourse”. It is D’Azyr’s tract—published in 1778 as *Essay sur les Lieux et les Dangers des Sepultures*—which was the more widely circulated.¹⁵ The writer of the essay entitled “Cimetière”, published in Panckoucke’s revised *Encyclopédie Methodique* (1782-1832), concurred with these writings and offered no scientific justification of the dangers of graveyard miasmas.¹⁶ Rather, the essayist descri-

13 | Alain Corbin, *The Foul and the Fragrant: Odour and the French Social Imagination*, Cambridge, Harvard University Press, 1986; Thomas W. Laqueur, *The Work of the Dead: A Cultural History of Mortal Remains*, Princeton, Princeton University Press.

14 | *The Lancet*, 7 November 1839. See also other editorial and leader items: 8 March 1845; 15 September 1849.

15 | Grazia Tomasi, *Per Salvare I Vivente: Le Origini Settecentesche del Cimitero Extramuro*, Bologna, Il Mulino, 2001; Régis Bertrand et Rafael Mandressi, “Inhumer les morts hors des églises et des villes?” in Régis Bertrand et Anne Carol (eds), *Aux origines des cimetières contemporains. Les réformes funéraires de l’Europe occidentale XVIII^e-XIX^e siècle*, Aix-en-Provence, Presses universitaires de Provence, 2016, p. 39-64.

16 | I am indebted to the reviewers for additional information on this essay.

bed the measures that could mitigate the virulence and impact of the emitted toxins. Cemetery location was important. Noxious air was deemed to be heavier, and became more virulent in warmer, humid conditions. Therefore a location on a hill would be ideal, especially if the location was open to the winds from the north and east, being the driest and coldest winds. This cemetery would, perforce, be some distance from residential areas.

More crucially, attention needed to be paid to how the site was ordered under the ground. Burial was no longer to take place, *en masse* in pits, or singly in holes just larger than the coffin. Rather, each burial was to be assigned a central location in a 'box' or plot of earth, measuring 52.5 square feet, with the coffin at least four feet from the surface. This would ensure that the body would be of sufficient distance from coffins interred in the adjacent plots. Distance was essential to ensure that the volatile substances emitted from the body from all angles during decomposition did not meet emissions from other bodies and so become intensified to a deadly degree. Graves should not be disturbed until it could be certain that decomposition had so far progressed that bodies were no longer dangerous; scientific experiments indicated that a period of four years was sufficient.¹⁷

Walker had studied in France, and his *Gatherings from Graveyards* borrowed heavily from French scientific treatises: his narrative was framed by and in turn augmented the scientific understanding of the dangers of graveyard miasmas. He demonstrated, through reference to particular medical cases, that emanations of sufficient density and toxicity had the capacity to cause fatal asphyxiation, particularly in confined spaces such as deep graves and church vaults. He concurred that air could become permeated with putrefied particles which in themselves could either directly cause a wide range of diseased conditions, or excite disease in anyone with a predisposing condition or latent vulnerability. Walker presents multiple examples of individuals, families and even communities laid low or fatally injured through prolonged exposure to graveyard miasmas. In his view, these dangers were substantially multiplied in the burial spaces of London: the ground was so overworked that the soil was simply unable to absorb the toxins; densely-built up neighbourhoods trapped the poisons and intensified their toxicity; and sextons, disturbing graves as bodies were actively putrefying, threw even more poison into the air.¹⁸

In 1842, Walker was asked to give testimony to M.P. W.A. Mackinnon's inquiry into the dangers of intramural interment, which was immediately mired

17 | "Cimetière" in *Encyclopédie, ou Dictionnaire raisonné des Sciences, des Arts et des Métiers*, accessed in December 2020 at <https://artflsrv03.uchicago.edu/philologic4/supplement/navigation/2/709/?byte=3706610>. Own translation.

18 | George A. Walker, *Gatherings from Graveyards, op. cit., passim*.

in religious political controversy on the issue of compensation for Church of England clergy facing the loss of burial income. Home Secretary Sir James Graham deflected attention by calling for more detailed investigation. The task was given to Edwin Chadwick, who had been secretary to and close associate of the Utilitarian Jeremy Bentham, and integrated principles of Utilitarianism into his varied labours including a reframing of the Elizabethan Poor Law and investigation of children working in factories.¹⁹ Chadwick regarded insanitary living conditions as a contributing factor to poverty and hence to Poor Law expenditure. He maintained a lifelong adherence to the notion of miasmatic theory: his core ‘sanitary idea’ was to remove filth by improving urban water and sewerage infrastructure. Curtailing the practice of intramural interment was an adjunct endeavour.²⁰ Chadwick had an ambivalent attitude towards medicine as a profession, but nevertheless worked closely with prominent medical practitioners Dr Thomas Southwood Smith, physician of the Bethnal Green Fever Hospital, and Dr John Sutherland who had practiced in Liverpool and became an inspector to the General Board of Health in 1848. Indeed John Simon, who became the Chief Medical Officer of Health in 1855, commented that “all which is distinctly medical” in the General Board of Health’s work, “may no doubt be regarded as Dr Smith’s teaching”.²¹ As will be seen, Dr Sutherland also played a similarly crucial role.

The 1843 *Supplementary Report* contained, in detail, a methodical system of cemetery management which drew heavily on Continental and US practice. It is possible to conjecture that, for Chadwick, these practices carried a rather more deep-seated appeal than simply countering the emission of miasma. A burial ground constructed from a series of self-contained boxes echoed Bentham’s proposals for prison reform, which separated the confused and disordered mass of prisoners into individual, well-ventilated cells under direct scrutiny: the sanitary cemetery was a “Panopticon” for the dead. This core element of the system was essential: bodies were to be placed singly in each grave, widely separated to ensure speedy and innocuous decomposition. As Chadwick explained:

At Franckfort and Munich, and in other new cemeteries on the continent where qualified persons have paid attention to the subject, the general rule is not to allow more than one body in a grave. The grounds for this rule are,—that when only one body is deposited in a grave, the decomposition proceeds regularly—the emanations are more diluted and less noxious than when the mass of remains is greater; and also that the

19 | Samuel Edward Finer, *The Life and Times of Edwin Chadwick*, *op. cit.*, p. 230 and *passim*.

20 | Dorothy Porter, *Health, Civilization and the State*, *op. cit.*, p. 121.

21 | John Simon, *English Sanitary Institutions*, *op. cit.*, p. 187.

inconvenience of opening the graves of allowing escapes of miasma, and indecency of disturbing the remains for new interments, is thereby avoided [...].²²

A cemetery could become an effective circulatory system if there was suitable soil to effect rapid decomposition and properly monitored grave reuse. Clay soils were problematic: they retained the gases and in hot weather cracked to allow the emanation of concentrated gases; wet soils impeded decomposition but “sandy, marly and calcareous soils are favourable to it”.²³ The depth of grave was important: deep graves impeded decomposition and could possibly pollute water sources. Depth was also dependent on the body: younger bodies decomposed faster than older, and so graves could in these circumstances be shallower. Echoing the *Encyclopèdist*, Chadwick concluded that each grave should be located within its own plot, size varying according to age, and that decomposition would take place in a matter of ten years for an adult, eight for a youth and seven for an infant.²⁴ Bones “often last for centuries” but those time periods were sufficient to ensure that bodies would not be disturbed whilst there was active putrefaction.

This array of requirements naturally called for professional oversight. Chadwick again made reference to practice abroad: in Boston, and “most of the large towns in America” burial grounds were managed under a Board of Health, “which nominates a superintendent of burial grounds, who is invariably a person of special qualifications, and generally a medical man”.²⁵ It is notable that Chadwick’s scientific recommendations had one vociferous advocate: Thomas Wakley, writing in *The Lancet*, regarded this as “one of the most important sections of the *Report*”, repeated its recommendations in detail, and concurred with Chadwick on the need for “a national system, founded on a sound and comprehensive hygienic basis”.²⁶

Within a decade, Chadwick was presented with the opportunity to apply his sanitary burial system. On-going broader sanitary agitation led to the passage of the Public Health Act in 1848, which permitted the creation of local boards of health under the direction of a General Board of Health. The Board was required to frame new burial legislation, in which task it benefitted from the advice of both Thomas Southwood Smith and the appointment of John Sutherland, who had served as a Board of Health inspector and who had for over ten years studied sanitary practices on the continent.²⁷ As has been seen, the *Supplementary Report*

22 | Edwin Chadwick, *A Supplementary Report*, *op. cit.*, p. 127.

23 | *Ibid.*

24 | *Ibid.*, p. 129.

25 | *Ibid.*, p. 116.

26 | *The Lancet*, 18 October 1845.

27 | See obituaries in *The Times*, 24 July 1891; *The Lancet*, 25 July 1891.

presented recommendations for an integrated funerary and cemetery system, and made reference to the French *pompes funèbres*. A deputation, headed by Sutherland, was sent to Paris early in 1850 to confirm that these regulations had indeed been effective.²⁸ Similar measures were included in the Metropolitan Interment Act which was passed later in the year, in the wake of a particularly virulent cholera epidemic. There had been a storm of panic and recrimination in which the Church of England and parochial authorities were blamed for the spread of disease in allowing continued use of already overcrowded churchyards. However, the downfall of the legislation was almost as precipitous, as the implications of the new act became evident. *The Times* expressed common condemnation: the legislation had introduced untoward levels of regulation, investing in the government “something like rights over the disposal of a corpse as soon as the breath has quitted the body”.²⁹

The repeal of the Metropolitan Interment Act appears to signal the wholesale rejection of Chadwick’s approach to the sanitary management of interment. His regulations were replaced by the Burial Act 1852, which applied to London, and the Burial Act 1853 which extended the regulation beyond the metropolitan area. These two enactments made no reference to state funerary services or to the creation of mortuaries, and were entirely permissive. Under the Burial Acts, local ratepayers were permitted to vote on the establishment of local burial boards which would provide and manage new cemeteries through access to public loans, and no agency was under obligation to take any action. It would appear that Chadwick had failed in his attempt to set up a national, centrally regulated cemetery system. In actuality, his objectives were achieved through other means.

Implementing the science: the Burials Office in practice

The General Board of Health had been stymied over the issue of a national cemetery scheme but the passage of the Burial Acts presented new opportunities to frame practice. Chadwick’s Metropolitan Interment Act had constituted a centralised imposition on local practice. Implementation of the Burial Acts took a decidedly different tack, as evidenced by correspondence between Sutherland

28 | *Report of the General Board of Health on the Administration of the Public Health Act, and the Nuisances Removal and Diseases Prevention Act, from 1848-1854*, Cmd Paper, 1854, p. 106.

29 | *The Times*, 17 April 1850, 5b. Full detail of the passage and failure of the Metropolitan Interment Act 1850 is related in Samuel Edward Finer, *The Life and Times of Edwin Chadwick*, *op. cit.*, chapters 8 and 9, *passim*.

and Chadwick in 1852. Sutherland related a conversation he had had with a local parish guardian, on the subject of burial legislation:

We were talking about the subject and he said [...] “You must take one of two courses—either you must make us simply obey the orders of the Board in London or else you must only send us advice and leave us to take it or not as we like” and he explained that advice would almost invariably be followed whereas if the local authority had any room for discussion as to whether they would obey an order, it led to the foundation of two parties, one Liberal and the other Tory, the first of course opposed to obedience.³⁰

The decision was taken to adopt “soft” coercion measures, of advice, support and negotiation, where the “advice and assistance would be cheerfully given”.³¹ Arguably, by use of this method, the General Board of Health was successful in laying foundations for a reasonably robust sanitary system. Three elements of this system are of particular note and will be discussed here: the expert assessment and closure of overcrowded burial grounds; procedures to ensure that cemeteries would be created in suitable locations; and guidelines for new cemetery management.

The Burial Acts had been framed by the General Board of Health, but in 1853 responsibility for administration of the Acts was transferred to the Home Office, which contained a rather motley collection of inspectorates including separate offices relating to prisons and factories.³² However, the Burial Office—as it became—benefitted substantially from the early appointment and attentions of expert medical practitioners who had worked closely with the General Board of Health. Sutherland was appointed as the first burials inspector in December 1852, and continued to be closely associated with its workings until his secondment to the Crimea in 1855. His role as inspector was taken up by Richard Grainger, who had been a professor of anatomy at St Thomas’s Hospital in London, who was quickly superseded by Philip H. Holland, who—like Grainger—was also a Fellow of the Royal College of Surgeons and had extended experience of conducting local sanitary inquiries.³³ Holland served in the post until 1879, replaced by Dr Henry Westwood Hoffman, who again served for well over a decade. This particular health inspectorate network has not yet been researched but it is clear that medical professionals remained central to Burial Board administration for the remainder of the nineteenth century.

30 | MS letter, John Sutherland to Edwin Chadwick, 21 June 1852. Underlining original. Letters are held in the Chadwick Archive, Special Collections, University College London.

31 | *Ibid.*

32 | Jill Pellew, *The Home Office 1848-1914: From Clerks to Bureaucrats*, London, Heinemann Educational Books, 1982.

33 | *Ibid.*, Appendix D.

Churchyard closure

The Public Health Act 1848 had contained measures outlining a process of churchyard closure, but the Burial Acts extended and formalised a system which linked churchyard closure with the opening of new cemeteries.³⁴ The Public Health Act was permissive: it encouraged communities to secure a local inquiry into sanitary conditions which would then lead to the creation of a Board of Health with access to loan funding to secure sanitary improvements. Over two hundred towns and cities made use of the Act in its first four years.³⁵ Burial issues were resolved in a similar way. Application could be made to the Secretary of State, triggering a visit from the Burial Inspector who would then make a recommendation as to closure. A Parliamentary Return published in April 1854 listed activity by the Board in this regard. Over sixty separate London parishes had sought an inspection, and burials had been discontinued in the vaults of over 50 churches and chapels, interments had been immediately ceased or were planned to come to an end in the near future in over 70 churchyards and chapel burial grounds, and over 30 burial grounds—including some sites attached to schools, workhouses and hospitals—were also closed.³⁶ The process of churchyard closure was by no means restricted to London.³⁷ Throughout England and Wales, communities took the opportunity to cease or restrict interment in both in parish churches that had been in use for centuries and smaller Nonconformist burial grounds, and activity was not restricted to larger cities.³⁸ For example, in Northallerton—a typical small northern market town—the noxious and overcrowded churchyard of All Saints had been in use since the Anglo-Saxon period. It was finally closed by Order in Council 1st May 1854. The Order allowed a period of four months for the closure to take effect and also ordered burials to discontinue in the graveyard of the Zion Independent Chapel, just off the High Street.³⁹

The process of closure followed a standard procedure. Vestries or other concerned individuals could contact the Burials Office to seek a decision on their local churchyard. Notification that a visit would be take place was publicly displayed, and on arrival the Burial Inspector would take depositions and draw evidence together. Holland indicated, in his evidence to the Royal Sanitary Commission, that closure was always decided “by evidence, not by

34 | From this point, the Burial Acts 1852 and 1853 will be referred to simply as ‘the Burial Acts’ unless otherwise stated.

35 | Samuel Edward Finer, *The Life and Times of Edwin Chadwick*, *op. cit.*, p. 431.

36 | (1858) 288. *Burial Grounds in the Metropolis*. It is difficult to be categorical about numbers, since it is not straightforward to distinguish different burial site types in this return.

37 | Julie Rugg, *Churchyard and Cemetery*, *op. cit.*, 66ff.

38 | Note that all closure orders were recorded in the *London Gazette*.

39 | *London Gazette*, 21 February 1854.

voting”, although the nature of the closure was open to negotiation. Holland might recommend closure of part of the churchyard, where burials were most congested, and allow continued interment on certain conditions. For example, the old part of the churchyard of St John’s, Knaresborough was closed in 1855, and in 1878—following a further inspection—the interments in the newer portion were also restricted, except in existing vaults where the coffins were to be separately enclosed, and in earthen graves allowing for the interment of widows and widowers with their deceased spouse.⁴⁰ This degree of sensitivity was no doubt appreciated. In 1869, Holland underlined the success of this mode of operation: “the public have always fully and cordially acquiesced in what has been done, which they would not have done if it had been done for them and not by them”.⁴¹ From 1880, and under the eye of Dr Hoffman, inspections and closures extended well into rural areas, still occasioning personal investigation and local negotiation.⁴²

Opening new cemeteries

The opening of new cemeteries also required detailed sanitary oversight. Chadwick was in constant correspondence with Sutherland when he moved back to Liverpool for a short period in 1851/2, and the doctor outlined local progress with new cemetery formation with some dismay. He was vociferous in his criticism of the proposed new cemetery in Manchester:

They are going to make a mess of their new cemetery, and I told Mr Clegg so plainly. I condemned the site and the soil and explained at length the principles which ought to be kept in view in providing themselves with accommodation [...] I put the objections in such a shape that I think they will hardly proceed without further preparation.⁴³

In a later letter, Sutherland wryly commented that in his home town of Liverpool, a new cemetery had been opened, “by purchasing and laying out 25 acres of as wet clay ground as we could get”.⁴⁴ It was evident that new cemetery provision required some level of guidance. Sutherland concluded that what was needed was “to get the people to provide suitable accommodation of their own accord, and to adopt a code of regulations which we could assist them to draw up perhaps carry out”.⁴⁵ Crucially, Sutherland recognised that this approach could be accommodated within the existing legislative framework. Under s44 of the

40 | *London Gazette*, 14 August 1955 ; 2 April 1878.

41 | In spoken evidence, (1870) *The First Report of the Royal Sanitary Commission, with minutes of evidence up to 5 August 1869*, p. 432.

42 | Julie Rugg, *Churchyard and Cemetery*, *op. cit.*, 64ff.

43 | MS letter, Sutherland to Chadwick, 9 March 1851.

44 | MS letter, ND but c1852, Sutherland to Chadwick [letter number286].

45 | MS letter, Sutherland to Chadwick, 9 March 1851.

Burial Act 1852 it was permitted for the Secretary of State “to make such regulations in relation to the burial grounds [...] as to him may seem proper, for the protection of the public health”, and burial boards “shall conform to and obey such regulations”.⁴⁶ Up until his secondment to the Crimea in 1855, Sutherland took the lead in developing these regulations which over time settled into instructions on the provision of cemeteries, and guidance on their management.

With regard to the technicalities of site preparation, Burial Boards were referred to detailed guidance contained in the document entitled “Instructions for Burial Boards in Providing Cemeteries, and making arrangements for Interments”, which contained 54 numbered paragraphs.⁴⁷ The first twelve paragraphs detailed the principles guiding site selection, echoing scientific understandings on aspect, location, soil type and drainage. Compliance with this aspect of the Instructions was ensured through Burial Office bureaucracy. Where a churchyard had been closed by Order in Council, a new cemetery could only be opened with the approval of the Secretary of State. Without such approval, Burial Boards would be unable to access Public Works Loan Board finance. Burial Boards had to give details of their proposed new site on a printed proforma, which essentially comprised “self-certification” that their site accorded with the “Instructions” principles.

The proforma required specification of the size of the population the cemetery was intended to serve, the average number of burials a year over last ten years and whether that number would change, and area of proposed ground. These questions tested the Board’s understanding of the sanitary capacity of their proposed site, particularly with regard to number of interments per grave. There were also questions as to the nature of the soil, the state of drainage and proximity to pumps or wells supplying drinking water. The application had to be accompanied with a map of the proposed site, indicating where trial holes had been dug. All these requirements provoked due attention to sanitary practice and a degree of self-regulation. For example Thirsk Burial Board indicated in its return that the site it proposed was preferred because “on digging trial holes” in an alternative site, the soil was found to be “red clay and impossible to drain”.⁴⁸ Burial Board minutes invariably included reference to the task of finding a site meeting the required technical specifications, indicating that this element of the

46 | Burial Act 1852, 15&16 Vict. c. 85; MS letter, Sutherland to Chadwick, ND but c1852 [number286].

47 | These documents are generally printed as appendices to text books on law relating to burials eg William Cunningham Glen, *The Burial Board Acts of England and Wales*, London, Shaw and Sons, 1858.

48 | North Yorkshire Record Office (NYRO), BB/TH 11/1-6 (Miscellaneous papers), completed proforma dated 26 September 1878.

sanitary governance was generally effective in guiding boards away from use of entirely inappropriate sites.⁴⁹

Cemetery regulations

Sutherland also collated detailed ‘Regulations’ for cemetery management which were at first included as part of the “Instructions” but were later printed as a separate document entitled “Regulations for conducting Interments in Burial Grounds provided under the Burial Acts”.⁵⁰ Early operation of the Burial Acts indicated that this guidance was very much needed: the Burial Office was dealing with multiple requests for advice and information. Viscount Palmerston, Home Secretary between 1852 and 1855, was an enthusiastic advocate of burial reform,⁵¹ and correspondence indicates that Sutherland and the Home Secretary quickly agreed on the need for “a complete code of recommendations” to be circulated to burial boards.⁵² The aim was “to ensure burials under conditions favourable to public health and decency”.⁵³ The Regulations comprised nineteen numbered paragraphs, and distilled all the sanitary principles that had been thus far established. The cemetery was to be divided into readily distinguishable grave plots, marked on an associated plan and supported by a burial register; no more than one body should be buried in any grave or vault unless it was purchased for exclusive use by one family; a minimum burial depth was defined, according to age; and disturbance of graves was permitted only after the lapse of a time period which, again, accorded to age of the deceased; and the grave should not be left bare, but should be covered with suitable vegetation.⁵⁴

The legislation required burial boards to adhere to the regulations, but the Burials Office could offer no sanction for non-compliance. The Burials Office governed through monitoring, correspondence and localised negotiation. Across the country, burial board minutes often indicated a letter or a visit from Holland advising on aspects of management. In 1858, Holland and Grainger produced a report on the operation of the existing regulations in over 100 separate sites. They found that, “in the great majority of instances either those Regulations, or others closely resembling them, are observed”. Study of local burial board operation indicates the degree to which the “Regulations” were absorbed into

49 | Julie Rugg, *Churchyard and Cemetery*, *op. cit.*, 140ff.

50 | Note that the ‘Regulations’ accrued their own complex history, which is summarised here.

51 | See letter from Viscount Palmerston to William Temple dated 3 April 1852, cited by David Brown, *Palmerston: A Biography*, New Haven, Yale University Press, 2010, p. 342.

52 | The National Archives (TNA), HO45/9898/B18782, MS letter from Sutherland to Viscount Palmerston, including Palmerston’s note, 3 March 1854.

53 | TNA, HO45/9898/B18782, MS letter from Sutherland to Palmerson, 17 April 1854.

54 | See William Cunningham Glen, *The Burial Board Acts of England and Wales*, *op. cit.*, Appendix.

local cemetery “by-laws”; indeed, burial boards often corresponded with each other with regard to best practice on implementation.⁵⁵ Perhaps the main issue on which there could be non-compliance related to the principle of one body only in common graves:

Although most of the Cemetery Companies of London, and nearly all the Metropolitan Burial Boards, and many cemeteries in the Country established by authority of Local Acts, have adopted the plan of burying several bodies in a grave, very few of the Country burial Boards have asked for a relaxation of the Regulations for single interments and generally any such relaxation would be greatly disapproved.⁵⁶

Non-compliance generally reflected the sheer scale of operation of the larger sites, where constructing single graves for each interment was deemed simply impractical.⁵⁷

Clearly, the scientific basis for adherence to the guidelines as laid out in 1854 was superseded as germ theory came to replace miasmatic theory. Regard for water pollution remained a key concern which continued to be served by adherence to the “Instructions”. However, change in scientific understanding did not signal a substantive shift in cemetery management practices through the course of the nineteenth century. Sutherland had written in 1854 that “we could not treat the disposal of the last remains of the dead as if they were a mere nuisance to be got rid of in any way”.⁵⁸ Irrespective of the scientific basis, the new system had delivered hygienic, orderly and—above all—decent and respectful interment.

Conclusion

On the 18th October 1854, Sutherland wrote to Chadwick that “If the Instructions are taken as a guide and the Regulations complied with, the Burial reform will be totally complete. At all events, it will be a century before that of any other cemetery in Europe”.⁵⁹ Under—and perhaps despite—the permissive frameworks created by the Burial Acts, Sutherland had indeed created a sanitary burial system. The system relied on the ready availability to local Boards of expert assistance and advice and used bureaucratic systems to enforce some

55 | See, for example, detailed documentation on regulations held on the Burial Board at New Malton, held at the NYRO, BB/MLN 4/1/1-4 (Draft rules and regulations).

56 | TNA, HO45/9785/B2947, Report dated 8th March 1858, MS report written by R.D Grainger and P.H. Holland.

57 | Julie Rugg, “Constructing the Grave: Competing Burial Ideals in Nineteenth-Century England”, *Social History*, 38/3, 2013, p. 328-345.

58 | *Report of the General Board of Health on the Administration of the Public Health Act*, Cmd Paper, 1854, p. 12.

59 | MS letter Sutherland to Chadwick, 18 October 1854 [324].

degree of compliance particularly on site selection. This system was not ideal. Burial Inspectors often instigated ‘surprise’ visits on cemeteries suspected of poor practices, but could apply no sanction beyond written opprobrium. There remained, through the remainder of the nineteenth century, examples of egregious management in some of the private companies, where the practice of extremely high-density interment continued. There was also limited oversight of new churchyards, which remained a substantial source of new burial ground in the nineteenth century, and instances of contravened Order in Council notices which the Burial Office could do little to counter.⁶⁰

Davis concluded that the General Board of Health was “prescriptive and rather bossy”, and that, on the issue of sanitary reform, “central coercion was probably less necessary than the sanitary lobby claimed”.⁶¹ Voluntaryism, in his view, would have had a similar degree of success. This paper offers an alternative reading, which indicates that indeed local communities could be very quick to respond to the need to reform burial practices, but the General Board of Health and the Inspectors at the Burial Office played an essential role in producing accessible and practical guidance and advice based on the best understanding of scientific principles. Arguably, it is immaterial that those principles were mistaken. Within the space of little over a decade, burial practice had moved decisively away from the horrors of Walker’s vile, overcrowded graveyards. In the face of the gathering critique that was to be meted on out burial practice by an influential cremation lobby, Holland defended the achievements of burial reform: “cemeteries are regarded by those for whom they are provided with just pride and satisfaction, as amongst the most evident sanitary improvements of our time”.⁶² It is difficult not to concur with this conclusion, and to confirm the central role played by the General Board of Health and the Burial Office in effecting change.

60 | Julie Rugg, Fiona Stirling and Andy Clayden, “Churchyard and Cemetery in an English Industrial City: Sheffield, 1740-1900”, *Urban History*, 41/4, 2013, p. 627-646, <https://doi.org/10.1017/S0963926814000285>.

61 | John Davis, “Central Government and the Towns” in Martin Daunton, *The Cambridge Urban History of Britain III: 1840-1950, op. cit.*, p. 259-86, 267.

62 | Philip Henry Holland, “Burial or Cremation?”, *The Contemporary Review*, 23, 1874, p. 477-484, 477.