

THE INFLUENCE OF VICTORIAN 'PATENT MEDICINES'

ON THE DEVELOPMENT OF EARLY 20th CENTURY MEDICAL PRACTICE.

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SUBMITTED FOR THE DEGREE OF DOCTOR OF PHILOSOPHY

IN THE UNIVERSITY OF SHEFFIELD 1982.

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ACKNOWLEDGEMENTS

I am grateful to Professor Armytage who encouraged me to undertake this research and the late Mr. James Hardman who gave valuable criticism.

I am indebted to Dr. R.S. Morton for his generous advice given with such good humour.

My thanks also to Mrs Betty Barker and Miss Pam Howker who typed this thesis with patience and skill and also to Mrs. M. Hollingworth for expert assistance with the illustrations.

INTRODUCTION

History is the stage where forces which are within human control contend and cooperate with forces which are not.

The interaction of these two elements produces each era's distinguishing zeitgeist. What history can teach is a much discussed question; what medical history can teach is a question which is not often asked. Most medical histories appear to be dominated by two main themes; great movements and outstanding men. This approach has led to serious neglect of the force of sociological interaction and the consequences of medical advances. Indeed Sigerist (1) pointed out that "we know much about the great medical discoveries but very little on whether they were applied, or to whom they were applied...."

In an attempt to remedy this deficiency in medical education the General Medical Council (1967) (2) and the Royal Commission on Medical Education (1968) (3) recommended that all medical students should undertake a course of social history. This addition to an already overcrowded medical curriculum was considered necessary because "certain aspects of the attitudes and behaviour of individuals cannot be understood without reference to the fact of collective existence".

Emile Durkheim (1858 - 1917) (4) saw social factors as significant elements in the formation of behaviour patterns and beliefs that are shared by other members of a group and "the way in which the group conceives itself and its relations with the objects which affect it". Groups such as doctors, patients, quacks, publishers and clergy, have

fairly rigid conceptions of themselves and other groups. However individual members of a group may not always think and act alike, and significant variations can arise within it introducing strains which eventually change the attitudes of the whole group. These changes may take place over a short or a long term.

An example of variation within a group is provided by the attitude of the medical profession to quackery in the 19th century. The profession in general shared the view of Sir James Paget (1814 - 1899), who was a consistently bitter [?]opponent of quackery. This eminent surgeon bewailed the power of the quack and complained that " a notable lady will some day disgrace us all by being juggled out of her maladies by some bold quack, who by mere force of assertion will give her the will to bear or forget " (5). This attitude was not shared by the physician, Sir Benjamin Brodie (1783 - 1863), who wrote in the Quarterly Review (1842) "The Provincial Medical Association has a committee on quackery which makes an annual report and constantly urges Parliament to interfere for the purpose of suppressing it with the strong arm of the law..... I do not agree with them..... Even if suppression of quacks was possible I am far from being satisfied that it would be proper or expedient. If the art of healing had attained perfection; if physicians and surgeons could cure all those who apply to them, I grant that the case would be otherwise; but as matters now stand would not such a proceeding be a very tyrannical interference with the right of private judgement?" (6).

Brodie clearly recognised the inadequacies of the "art of healing" but his reservations were disregarded and the profession persisted in its attempts to expose quackery as a deceitful trade.

An example of a change in group attitude, effective in the long term, is shown by the profession's attitude to patients and their quack treatment. Percival Pott (1714-1788) (7) considered that "the desire for health and ease is like that of money and seems to put all understanding on a low level. The avaricious are duped by every bubble, the lame and unhealthy by every quack. Each party resigns his understanding, swallows greedily and for a time believes implicitly, the most groundless ill founded and delusory promises". More than a century later, this gloomy attitude appears in stark contrast with the optimistic attitude of Sir George Newman (formerly Chief Medical Officer to the Ministry of Health). In 1927 Newman wrote: "The practitioner of the 20th century is something more than heir of the past - his circumstances give him new powers of using the legacy of the past to its highest advantage. They create for him a new occasion and enable him to interpret the purposes of preventive medicine, not merely as the negation of disease, but as attaining the highest possible standard of health, resistance and capacity of body and mind. In a word, both the cause of disease is now more open to us and the answer to it is no longer only a drug but a way of life. The ideal of medicine is by prevention to defeat disease and lengthen men's days, but still more in the ultimate issue to emancipate the

imprisoned splendours of the human spirit and furnish a larger degree of happiness, contentment and capacity."

(8).

Such movements of thought and changing emphasis suggest the validity of factors, other than the purely scientific, as contributing to health. To speak of "a way of life" as a counter to disease is to pass from science into sociology and most important of all, indicates the highly significant transition from mere 'treatment' to comprehensive 'care'. This 'new' approach was interpreted and summarised by Sigerist.

"The task of medicine is to promote health, to prevent disease, to treat the sick when prevention has broken down and to rehabilitate people after they have been cured. These are highly social functions and we must regard medicine basically as a social science. If we have maladjustment today it is to a large extent due to the fact that we have neglected the sociology of medicine. The technology of medicine has outrun its sociology." (9)

This profound change in their attitude by doctors corresponds with the professions change of role and status. Pessimism suited the medical profession when its role was insecure and before its monopoly was established. Optimism appeared in the mid 19th century only when dominance was assured both by law and public acceptance. However, the most significant change was a shift of emphasis from disease to health. It represented an immense widening of the frontiers of medicine based on the various influences - cultural and social as well as physical and economic - which were involved in the cause and prevention of disease.

* my emphasis.

The aim of this thesis is to examine the influence of Victorian patent medicines and quackery on the development of this "new" attitude in medical practice.

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CHAPTER 1THE CAGE.

The census of 1851 indicated for the first time that England was rapidly and irrevocably moving from an agrarian towards an industrially dominated economy. This shift in the basis of the economy had been produced and sustained by an explosive demand for consumer goods (1). Tremendous expansion took place not only in railways and coal mining, but in all other supporting industries and people were attracted into employment in these industries in increasing numbers (2). When workers came to developing industrial towns - especially from rural areas - they left behind them that close-knit and often extended family which formed the basis of village life. They left the traditional family unit within which personalities, loves, loyalties and solaces were often shared. Though most of the migrations were probably over relatively short distances, severe strains were imposed on family bonds (3).

As more people converged on the towns, the supply of housing inevitably, failed to increase proportionately. It was easier on a step by step basis, simply to divide into smaller and smaller units, with families sometimes occupying merely a portion of a room (4). Whatever yardstick may be used to quantify the poverty of the Victorian poor, their greatest suffering was inflicted directly or indirectly by their distressing housing conditions. The rising influx of workers into towns created housing demands that could not be met. Housing of the working class became

such an urgent problem from the medical point of view that it clamoured for the extension of legislative attention.

In April 1851 Lord Ashley (who became Earl Shaftesbury) drew the attention of the House of Commons to the "disgraceful conditions of the houses inhabited by the poorer classes".

He cited as an example, that in one of the wealthiest parishes in London - St. Georges, Hanover Square - there were 929 families having only one room for each family and 408 families having only two rooms (5). Twenty years later (1874) a journalist gave a similar horrifying account:

"At least half a million out of three million population of this great metropolis are, it is believed, housed in a way unfit for cattle..... A visit to many of the courts and alleys of London may well inspire the social reformer with horror and the Christian with something akin to despair. These dens swarming with human life - overcrowded, unhappily in proportion as the march of 'improvement' levels to the ground the wretched tenements which, such as they are, will not house the increasing population - are the hotbeds of vice, disease and crime. Their influence may be traced in the wan features and stunted forms of the men, women and children who inhabit these back slums..... Fever and contagious disorders of every kind find a congenial home and the bills of mortality register their hecatomb of victims."(6)

There was a nationwide housing problem (7) but in the large cities and especially Glasgow and London, the situation was desperate (8). Working class families suffered most and it was not unknown to find up to eight people occupying a single room (9). The effect of this on the

physical and moral health of the poor and "the brutal frankness, the coarse familiarity, the shameless indelicacy when all natural reticences and decencies of domestic life are physically impossible, can scarcely be imagined" (10). Rosen succinctly wrote, "disease is related causally to the social and economic situation of the members of a given population....."(11). This had been clearly recognised by the Royal Commission on the Housing of the Working Class (1884-85) they concluded that "disease is related causally to the housing situation" (12).

However, if housing was appalling for some, fog affected everybody. Its cause was not obscure. "Given a broad river, with a temperature above that of the air, let there be another vast moisture exhaling surface on its banks, sixty or more miles in extent, and this area covered with houses which pour smoke from millions of chimneys into a still atmosphere and the result is that almost impervious fuliginous mass called a London Fog" (13).

Fog was conspicuous in every Londoner's existence. Charles Dickens described the familiar scene in "Our Mutual Friend": (1864 - 65) "It was a foggy day in London and the fog was heavy and dark. Animate London, with smarting eyes and irritated lungs, was blinking, wheezing and choking....." (14)

The atmosphere was choked with sulphur and smoke which belched out from thousands of factory and household chimneys and movement of air was blocked by crowded buildings (15).

Such conditions were not new, nor were they inherently worse than what existed before (16) but as numbers of people, horses and chimneys increased so these evils increased in the area they affected. Charles Dickens evokes the

scene,

"the whole metropolis was a heap of vapour charged with muffled sound of wheels and unfolding a gigantic catarrh". (17)

The sound of wheels was almost certainly muffled by the mud and mess which collected in the streets. It was no ordinary mud made up of soil and water but "a disgusting unwholesome mud" containing effete organic matter. Fetid exhalation arose from the roadways covered with an increasing thickness of grimy biological paste (18). Morning after morning many town swellers awoke to the same wretched spectacle and night after night returned home inconvenienced not only by the disagreeable smell but forced to walk through the ooze and mud of their scatological environment. Crossing sweepers, working in all weathers to keep crossings free of mud, horse dung and refuse, were unable to cope in spite of their large numbers. It was said that London "seems to swarm with sweepers who go about from house to house, knocking on doors and offering to clear the pavement before the dwelling according to the Act of Parliament, for two pence" (19). The major towns were in such danger of being submerged beneath their own garbage that a desperate remedy was proposed. "Why not set to work the numerous paupers and destitute poor to clear the mud away and make the streets dry and passable" (20) This suggestion was particularly welcomed by the Lancet (1865) who considered it to be "humble but invaluable sanitary work".. This journal speculated on "how poor people could be expected to keep the inside of their houses free from damp and dirt when they were surrounded by a mud ocean?" (21)

The problems of the provision of water and the disposal of sewage also came to be less manageable and more pregnant with danger. The likelihood of death by faecal borne disease in the great cities of Britain after 1830 became ever greater (22). The cholera epidemic of 1854, (though not the first of its kind) was another warning that overcrowded insanitary conditions were dangerous (23).

Enough evidence was available by the middle of the 19th century to suggest that contamination of drinking water with human faecal discharge caused cholera. John Snow (1813 - 1858) published his famous pamphlet "On the Mode of Communication of Cholera" in 1849. During the course of the 1854 epidemic he made further systematic studies of the distribution of deaths from cholera, and concluded that the agent of the disease was water borne (24). Quite independently and almost simultaneously, William Budd (1811 - 1880) a Somerset general practitioner, propounded a theory that cholera was transmitted by water contaminated with faeces. He wrote "the poison..... is almost entirely contained in the discharges from the bowels" (25). Budd suggested a similar mode for the transmission of typhoid fever and wrote in 1856, in the Lancet, "The sewer may be looked upon as a direct continuation of the diseased intestine" (26). Though this accurate appreciation of the mechanics of enteric infections was important enough, Budd went further. He made the valuable suggestion that as a precaution against spreading of fever, the excreta of typhoid patients should be disinfected.

However self-evident Budd's conceptions of the nature and transmission of enteric infections may now appear, their immediate significance was not recognised. His contemporaries either accepted them with great reservations or refused to consider them at all (27). The "germ theory" was still 20 years off. Viewed objectively, the contagious and miasmatic theories were too evenly balanced for any positive decision in favour of one or the other to be made on the available evidence. Both sides were unaware of that most important link in the chain of infection, namely the human carrier. There was in addition an almost total lack of appreciation and understanding of the value of applying experimental methods and controlled studies to determine unknown factors. Given this degree of ignorance and this type of situation the outcome was predictable. Judgement was either suspended or it was determined by non-scientific, economic or social forces (28).

Frequent outbreaks of cholera served as a constant warning against complacency in dealing with the toxic refuse of urban life. Earlier, Edwin Chadwick (1800 - 1890) (29) in his massive report of 1842, had urged the adoption of " a circulating system of water, waste and sewage disposal" (Fig.1) and warned of dire consequences if improvements were not "urgently effected".

As well as many official inquiries, there were others, less well known, carried out by individual scientists personally motivated by the magnitude of the health problems that confronted an industrialising Britain. Out of these studies grew the consensus that led not only to several major public health

and sanitary reforms but speculation on the role that disease and health played in determining man's social development (30).

The government was not short of expert advice. In 1858 John Simon (1816 - 1904) strongly advised the Privy Council to remedy "a few simple sanitary faults" (31). Simon intended to remedy the "tainting of the atmosphere with the products of organic decomposition, especially human excrement and the habitual drinking of impure water" (32).

If water contained noxious impurities the same was also true of common foods. Many poisons, either by accident or design, found their way into a wide variety of foodstuffs. The amount of sickness and death caused not only by bad food, but by food which had been deliberately falsified was enormous (33).

The practice of adulterating food was in fact a very old one. Pliny, for example, mentioned adulteration of bread with "white earth". In medieval England, adulteration of wine and bread was a chronic problem, mostly dealt with under common law as frauds. Adulteration of food was mainly a deception intended to cheapen the foods and increase profits. Only rarely was it used to dilute a scarce commodity (34). The most commonly practised method of adulteration involved either the addition of a lower priced, inferior ingredient so as to increase bulk or weight, or chemical treatment of inferior food, so as to improve its appearance. Frederick Accum (1769-1838) a German chemist living in England, described the dangers "to the person as well as the pocket" which might result from the extensive practice of adulteration (35). A timely disclosure of the extent of adulteration ensured that the topic was recognised as a scandal and there was widespread condemnation of the practice.

"There are subjects of national importance and concern which never come under the notice of the legislature and which only at

rare intervals excite from the press and the leaders of opinion the notice they deserve Upwards of a quarter of a century ago, the publication of a well known chemist entitled "Death in the Pot" exposed many of the malpractices of the London shopkeepers in this respect and created quite a sensation in the public mind. But the exposures then made by Mr. Accum are as nothing to those which have taken place in the last few months." (36)

This was a reference to disclosures published by the Lancet's Analytical Sanitary Commission. Throughout 1851, the Lancet published a series of articles and analyses which revealed the nature and extent of adulteration of such commodities as tea, bread, sugar, coffee, beer and milk. In general those foods, which formed the bulk of the diet (and therefore in greatest demand) were the ones that suffered most adulteration (37). The initial public response to these disclosures was one of dismay. It quickly changed to anger when it was obvious that everyone had been duped. One newspaper bitterly complained,

"It appears that there is scarcely an article that we eat or drink that is not mixed up in some way with inferior substances, to the injury of our pockets, or with positive poison to the ruin of our health.....There is scarcely an article of food or drink, with the sole exception of fruits and vegetables that retail traders do not adulterate, committing a double wrong or injury" (38).

Another newspaper expressed bewilderment.

"Why , when we ask for coffee are we given stones of dates, pips of figs, or chicory, or mahogany sawdust? Why, when we order butter, we have foisted on us lard or dripping?

What consolation is it to be told that skim milk and a sufficiency of lard and margarine is an excellent combination and an innocuous imitation of Cheddar cheese?" (39)

After this initial response some newspapers became apprehensive and thought the Lancet's disclosures were inopportune, "being so close to the opening of the Great Exhibition." The "Lady's Newspaper" for example, expressed a sense of relief that the Lancet's exposé came when it did, in March, rather than in May (1851). "It would not have done that our newspapers should be teeming with proofs of a scandalous dishonesty infecting a large body of our tradesmen while London was filled with foreigners attending the Great Exhibition." The same edition of this newspaper criticised the Treasury, which it alleged had sanctioned the adulteration of coffee with chicory known colloquially as the 'poor man's friend'. The "Lady's Newspaper" suggested "how poor men are bled by having to pay coffee prices for chicory, which costs a fourth of coffee, will do for a puzzle for the Exhibition" (40)

Chicory figured in the *Materia Medica* as a well recognised cause of dyspepsia, flatulency, gripe and diarrhoea and the Lancet advised the Government "to rescind the Treasury Order and prosecute all parties found adulterating coffee with chicory or with any other solutions"(41). However, the Chancellor of the Exchequer remained adamant that he had "no intention of rescinding the Treasury Minute legalising the adulteration of coffee".

As more and more revelations of the Analytical Sanitary Commission were published by the 'Lancet' so popular uneasiness about adulteration continued. It was euphemistically referred to as the "universal grievance!" A major assault was aimed at the Treasury's attitude and the permissive role

of the Customs and Inland Revenue. 'Punch' in 1851, for example complained that "Government Excise and Duty men are everywhere - a pest and nuisance to everyone - to keep contraband tobacco and brandy out, but no care was taken to prevent the introduction of black lead or Prussian blue to our beverages" (42). Public analysts regularly complained that the standards of the Inland Revenue Department were 'impractical'. "Milk was allowed to be adulterated with 10-20% of water without let or hinderance while with regard to butter the Inland Revenue will certify its genuineness with a perfect disregard of the quantity of water, which was often up to 20%" (43).

The act of Preventing the Adulteration of Food and Drink (1860) was obviously ineffective (44). Complaints came from every quarter but no-one was willing or able to officially apportion blame. In certain cases however, - milk for example - the choice of culprits was limited to a choice between the cow, the farmer and the milkman. In one investigation carried out in 1871 a public analyst found that 90% of all samples of milk he examined had been watered down or had stale skimmed milk added. Another example, cited in the same year, showed that of 30 London workhouses, 29 gave samples of milk for analysis and nearly all were adulterated; one sample was nearly half water instead of the "genuine, new, unskimmed milk to produce 10% of cream" which had been contracted for. As a result of this the public had been defrauded of much of the £13,130 paid for workhouse milk, whilst the young and aged poor, largely subsisting on a milk diet, were deprived still more (45). There were particularly serious consequences for babies fed on adulterated cow's milk (46).

Methods of adulterating food were often crude; the addition of chalk, plaster of paris or alum to bread; shrub leaves to tea; sand to sugar and starch to watered milk. Many of the substances added to foodstuffs had well known toxic properties. For example, it was common practice for Prussian blue to be added to tea, red lead to pepper and colourings such as lead chromate and copper arsenite added to improve the appearance of preserved foods. Hop substitutes, including quassia chips and strychnine, were used to make beer taste bitter (Appendix 1) (Fig.7). In 1875 more than 150 tons of hop substitutes were sold each week (47).

The effects of adulteration of basic foods such as milk and bread fell heaviest upon the labouring classes because these two items constituted the largest proportion of their diet. Bread was eaten at almost every meal (48). It was the high point of the Lancet's analytical investigation when it divulged the extent of the adulteration of bread. Simultaneously and presumably to counter the Lancet's allegations, the League Bread Company issued a statement claiming that:

"The object for which this Company was established and now operates is to ensure the public of a pure wholesome and nutritious bread. Experience daily proves 'how much our health is dependent on the quality and purity of our food ' (sic): consequently, how highly important it is that an article of such universal consumption as bread should be free from adulteration. That various diseases are caused by the use of alum, and other deleterious ingredients, in the manufacture of bread, the testimony of many eminent medical men will fully corroborate" (49). The League Bread Company's statement reaffirmed its belief in "Pure unadulterated bread, of

full weight, and best quality at the lowest possible price".(50)

Adulteration was not confined to foodstuffs however; drugs were also falsified; up to 20% of samples analysed were impure (51). The 'Pharmaceutical Journal' (1882) was indignant when one and a half tons of ipecacuanha, covered with mildew, was put up for sale and sold without difficulty. "What became of it?", the editor asked. "Was it washed and offered for sale again possibly at a much higher price? Or was it polished up to look equal to new to find its way into the Army and Navy Stores?" (52)

The 'Lancet's persistent campaign against the ineffective Food and Drugs Act (1860) received a setback in 1875. Even though the notorious Act was amended following suggestions from a Parliamentary Select Committee, the changes were inadequate to meet the Lancet's objections. Support for the 'Lancet's' campaign was given by its sister publication the British Medical Journal, which was equally outspoken in its condemnation of the amended Food and Drugs Act (1875) " It elevates ignorance to a fine art and intimates to the facile retailer that if he will only henceforth plead ignorance, his servants or his purveyor may skim the milk or add water to it, may mix sand with sugar, alum with bread, lard with cocoa, flour with mustard and chicory with coffee. The retailer need only plead..... that he did not do it 'knowingly'" (53).

The coincidence of a permissive Act and the introduction of sophisticated methods for adulterating food and drugs was clearly an encouragement to continue dishonest trading and an ever present source of danger to health. There was ample evidence from the press, that this was so. For example, during the brief period August 25th to August 28th 1898, daily newspapers carried

these headlines:

"Poisoned by Tinned Rabbit", Milk Adulteration in London",
 "Danger of Tinned Salmon - fatal result", "Putrid meat in Salford;
 Potted meat manufacture heavily fined", "Poisoned by Plums",
 "Diseased Liver and Meat Extract" and "A Job Lot of poisoned
 condensed Milk" (54).

In an attempt to remedy the serious deficiencies of the Adulteration Act (1875) the Society of Public Analysts introduced their own definition of an adulterated article. They suggested separate limits of purity for food and drink and drugs. In their opinion a food or drink should be deemed to be adulterated, 1) if it contained any ingredient which rendered such an article injurious to the health of the consumer, 2) if it contained any substance that measurably increased its weight, bulk or strength or gave it a fictitious value unless the amounts of such substances present were due to circumstances related to its collection or manufacture, or essential for its preservation. The presence of any such substance should be acknowledged at the time of the sale. 3) If an important constituent was wholly or in part abstracted or omitted unless acknowledgement of such abstraction or omission was made at the time of the sale. 4) If it was an imitation or sold under the name of another article.

In the case of drugs, the Society deemed adulteration occurred 1) when a drug retailed for medicinal purposes under a name recognised in the British Pharmacopoeia, was not equal in strength and purity to the standard laid down in the Pharmacopoeia, or 2) when a drug sold under a name not recognised in the British Pharmacopoeia differs materially from the standard under which it was sold (55).

There were a number of "exemptions" permitted in the Adulteration Act (1875). For example, the sale of mixtures which were the subject of patents, were specifically excluded from control under the Act. This allowed a patient to be taken out for (say) the purpose of mixing coffee and chicory, thus enabling it to be sold under the name of "patent coffee". Nor did the Act fix a standard strength for distilled spirits so that legal action could not be taken in regard to the adulteration of spirits with water (56). Nor was the law applied with equal vigour throughout the country (57) and malpractice was buttressed by the excuse that "the exigencies of the commercial struggle for existence compelled fraud to compete with fraud". This perpetuated a system which affected all classes but hit hardest the poor and those least able to protect themselves (58). In the years between the Great Exhibition of 1851 - which coincidentally marked the start of the Lancet's analytical campaign - and the end of the century, the purity of many foods and drugs became progressively less dependable (59). It was sometimes dangerous to eat and occasionally dangerous to prescribe. It was said "health was at the mercy of garbage mongers" (60)

Although certain disadvantages of urbanisation have been highlighted here, it is important to remember that during this period there were measurable improvements in health and a decline in mortality (61). The reasons for this decline have been extensively reviewed (62) but it is probable that the major contribution was ecological rather than medical. Indeed the medical profession was for the most part insensitive to the concept of disease as a social phenomenon. Nevertheless a small group of physicians were active in the prophylactic

application of new knowledge which greatly enhanced the contribution of sanitation.

Improvement in vital statistics characterised the second half of the 19th century (63). An important factor, not generally recognised by the profession was that socio-economic differences modified the impact of disease (64) and that low income groups were affected differently and responded differently to disease simply because they were more susceptible to such factors as overcrowding, inadequate housing and unhealthy diet. Early studies along these lines attributed the commonly observed association between illness and low socio-economic status to the economic deprivation of those groups (65). It was not appreciated that the lower income groups were vectors of disease for the middle classes simply because every middle class family relied upon its servants and there existed an almost instantaneous channel along which disease travelled from slums to fashionable residential squares (66). This was the essential medico-social fact of urban pathology and those doctors who recognised it made the greatest impact on preventive medicine.

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CHAPTER 2"GENERATIVE AILMENTS", CONTRACEPTION AND THE
MEDICAL PROFESSION

A number of medical reformers regarded the Victorian City as a great laboratory of public medicine discovering the terrible capacity of the most lethal diseases to bridge the widest social gaps and the psycho-social consequences of human density.

Thomas Malthus (1766 - 1834) considered the new and sustained growth in population to be a matter for profound misgiving rather than for national congratulations (1). Many others shared the same fears as Malthus and thought that marriage and children were an 'expensive luxury', becoming for the more enterprising people "... a handicap for further advancement" (2). As a possible solution to the problem, Malthus advocated the "preventive check" to population growth, which in effect meant postponement of marriage until personal means were sufficient to support a family.

Late marriage, either from choice or necessity, became extremely common amongst the middle classes. Coupled with the expectation of continence before marriage, this custom imposed intense sexual pressures on the Victorian male, whose choices (apart from the financial burden of marriage) were an extended period of chastity, involvement with prostitutes or masturbation. This is not to say that these problems were the monopoly of the unmarried man; contraceptives were little used (at least until the 1880s) and a wife's conjugal incapacities often imposed sexual strains on marriage (3).

Although birth control practice is today regarded by a substantial and influential majority of doctors as an important element in preventive medicine and the provision of contraceptive advice an appropriate activity for the medical practitioner, such a viewpoint is in stark contrast

with the profession's hostile view on contraception held until fifty years ago (4). Indeed, Robert Owen (1771-1858) was highly critical of the profession's "aimless speculation" and attitude to birth control.

"Many physicians", he said, "will positively deny that man possess any power over reproductive instinct and yet if one thousandth part of the talent and research (sic) had been employed to investigate this momentous fact, which turned to the building of idle theories, no common intelligent individual could well be ignorant of the truth" (5).

A way out of the dilemma was outlined by "M.G.H." in a penny pamphlet entitled "Poverty, its Cause and Cure. Pointing out a means by which the working classes may raise themselves from the present state of low wages and ceaseless toil to one of comfort, dignity and independence; and which is capable of entirely removing in course of time the other principal social evils." (6). Meanwhile, doctors held an ambivalent attitude to sexual problems, whether they were to do with contraception, impotence, indulgence, continence or masturbation (7). For example, on masturbation, doctors warned that it would inevitably lead to unimaginable degradation ending in blindness, insanity and death (see Appendix 23). Nor was perfect continence without serious disadvantages since, apart from the obvious denial of pleasure, it could lead to impotence and that most dreaded of all the diseases, created by the Victorians - spermatorrhoea (8) (Fig.18).

The idea that sexual continence or excess may predispose to impotence, insanity or death was analogous to the belief, (widely held on the Continent) that these conditions might also result from the aphrodisiacal effect of certain diseases and in particular gout and tuberculosis (9). These ideas developed, at least in part, from the ancient belief that semen is a repository of strength and therefore any excessive loss, whether due to frequent copulation

or masturbation, was thought to result in debility (10). The aphrodisiacal effect of disease was essentially an 18th century concept which persisted into the 19th and even received serious consideration. Though the concept was psychologically important (11) such was the prevailing climate of attitude that any significant psychological interpretation of physical phenomenon was regarded as inappropriate and medical orthodoxy strongly resisted further interpretations along these lines (12).

The medical profession appeared to countenance and sustain certain bizarre popular myths. For example, a view was widely held, among doctors that "unnatural venereal excitement was without doubt the most frequent cause of impotence and barrenness in both sexes" and therefore inevitably proceeded to physical decay, insanity and seminal emission (13). Two cases may be cited from the medical press, "A law student..... gave way for a time to much sexual intemperance which brought on an attack of impotence, general emaciation and debility" (14) also, "A young girl of promising musical talents..... who earned a considerable income by singing at public and private concerts, was addressed by a lover and entered into the state of matrimony. In a short time, without any impairment of her general health, her vocal powers had so declined that she found herself altogether unable to sing... This lady was advised by her doctors to separate for a time from her husband, which she did and recovered to the same extent her former voice." (15)

However, an increasing number of dissenting correspondents to the medical press began to complain that the whole problem of sex was being misunderstood and medical responsibility abrogated.

"I have frequently been surprised at the apathy of the profession in abandoning to the unprincipled empiric this lucrative field of practice..... which ranks among the approbia medicorum"(16) also, "How in the name of common sense can medical men complain of

empiricism when they seem to show such an amount of ignorance concerning 'spermatorrhoea', with its adjuncts and derivatives, from which empirics reap their greatest harvest?" (17)

Gradually, the problem produced a bifurcation of thought within the doctor's ranks. On the one hand they had to contend with the infallible logic of the great John Hunter (1725-93), who had characteristically questioned the age-old concept that semen was the repository of strength. "What difference", he asked, "did it make to the system whether the semen was discharged in natural enjoyment?" (18). On the other hand, some doctors thought that if indeed there was a problem it could be simply and effectively treated with a douche of cold water (19) or "absolute chastity of idea" (20) or by alteratives (medicines intended to alter physiological processes) and enemas (21). A few practitioners recommended more 'positive treatment' and advocated forms of painful and mutilating surgery (22).

A whole range of subjects related to sex, contraception, masturbation, impotence, spermatorrhoea was considered immodest for discussion and therefore taboo. The medical profession tacitly approved of this attitude and was loth to even consider this topic (23). The doctors' obscurantism was socially detrimental because it compelled "afflicted persons to obtain relief from those who, at least by assertion, raised a hope of accomplishing what the licensed practitioners did not, or could not, effect" (24).

Discussion was impeded by a curious reluctance to make direct reference to this particular group of 'conditions'. The term 'impotence' was rarely used (25); 'impuissance' was the preferred term, the French connection barely concealing the profession's contempt for the subject. Masturbation was concealed by euphemisms such as 'self pollution' and 'onanism'.

Medical practitioners' generally unsympathetic attitude relegated impotence, spermatorrhoea, venereal diseases and related conditions to those hordes of pretenders who "specialised" in this highly profitable market. Advertisements regularly appeared in the press which hinted at a discreet, safe and effective cure of "debility resulting from early errors of youth" (26) (Figs.18 and 19). 'Sufferers' were entrapped by the tempting offer, (Fig.20) the flattering promise and above all, the guarantee of a cure. Euphemisms such as 'nervous debility', 'nervous exhaustion', 'loss of manhood' or 'nervous decay' were interchangeable terms bandied about between quacks and 'sufferer'. Whatever terms were used for these ailments (which apparently affected so many men), they were the ailments, which above all others demanded sympathy and absolute secrecy and it was this last aspect, which the pretenders so skilfully exploited. The example of one sufferer is given at length.

"Having seen a book upon the causes of 'premature decay' and advertisements in different papers referring to the same subject and having been for a long time troubled and weakened with seminal emission, I sought an appointment with Mr. Marston. (Fig.18).

After waiting about 20 minutes, Mr. Marston came into the room and after motioning me to a seat, requested me to state my case.

I commenced, but he immediately interrupted me by saying, "A pound Sir, and then I'll hear your case." I gave him a pound and proceeded to state that I had for a long time been troubled with involuntary emissions during the night, that I also suffered from palpitations and was very debilitated and ill.

He desired to see the parts (meaning the penis) and after about a minute's examination, said, "I see at once the cause of all your complaints; your seed is running from you like water; be thankful

to God that He has sent you here; you must have had a strong constitution indeed, or you would have died long ere this; your life, Sir, is running from you, and unless this is stopped you must surely sink under the beating of the heart which it has produced."

I asked him to feel my pulse. He did so; but at the same time he declared it was useless, as the escape of semen was the cause of all my illness. " But , Sir"said he, "you can be cured, and I will undertake to cure you for ten pounds."

I told him that I had not the money by me; but gave him five pounds, and agreed to give the remainder in the afternoon, and he appointed to meet me at half past three o'clock, when he would test my water and see the quantity of semen in it, and have my medicine prepared, which, he said, would quite cure me. " And you will", said he, " be as healthy a man as any in London." He then gave me a glass of medicine and I left.

At half past three I again called, and saw Mr. Marston. The first thing he did was to ask for five pounds, which I then paid him. I next, by his request, made water in a glass, when, upon looking at the water, he exclaimed, "Dear me! This is a sad case. I can almost see the semen in it without the test; however, I'll show you." He then placed a small glass tube on the surface of the water I had passed, and appeared to collect a small quantity of glutinous matter (like semen).* He pointed it out to me and said, "That, Sir, is your life, your seed is flowing from you; that must be stopped, or you will shortly sink under it; you are now losing flesh; but I have prepared the medicine that will cure you. Now listen to me. You must be confined to your room for three months, and if you leave your bed, it will kill you.

* It was a common practice for quacks to use albumin or egg white to produce this effect.

The medicine I have prepared contains mercury and is intended to salivate you (27) (see Appendix 24). You must live upon slops which will greatly debilitate you; but you will not die if you take care of yourself; in fact, that medicine will cure you.

I told him that from my weak and nervous state I was positive it would kill me; that I have never taken mercury; and that should I recover, I might lose my situation in consequence of being out for so long a time. I assured him that I would not take mercury but rather run the risk of dying. He then explained to me that he had another method by which he could cure me if I could procure the money. He said he had succeeded in preparing a superior medicine (for gentlemen who did not mind money) that would cure me in six weeks; that I might live as usual, and even walk up to my neck in water without catching cold; that he should recommend me to take the superior medicine, and that I should then be a healthy man. He told me the expense would be fifty pounds, his usual charge being one hundred pounds. As I assured him that so large a sum was quite out of my power, he eventually undertook my case and cure for forty pounds and I signed an agreement to pay him thirty pounds more. He then gave me four small bottles of medicine and I left.

I began to suspect he was deceiving me, and immediately wrote to my brother, who replied to my letter by return of post and agreed I have been deceived. I resolved to see Mr. Marston. The first words he said were - "Your medicine is all ready, Sir, - quite prepared." I told him that if such were the case I was not prepared with the money. "Then, Sir", he said, "We shall sue you for it. The medicine is prepared for you and will not suit another case." Upon this I rose from my seat and took my hat to withdraw, saying, at the same time, "Very well, Mr. Marston, I can assure you that I have sufficient moral courage to resist such an

imposition." "If you are poor", he said, "I will endeavour to meet your views, and will throw off fifteen pounds, and will cure you, provided you now send me fifteen pounds." Thinking that he had the power to recover the thirty pounds, I thought it better to sign an agreement and pay fifteen pounds. Accordingly, I did so, when he took my signature from the former agreement and gave it to me. I then wished him good morning and left (28).

This alleged verbatim account was reported in the Lancet (1844) but even if the story was apocryphal a clear pattern of sales procedure is recognised. For example, the quack made a "diagnosis" after a cursory examination and gave a dire prognosis which only he could alleviate. He offered two 'cures'; one was relatively cheap, highly unpleasant, dangerous and inconvenient; whilst the alternative was expensive and easily undertaken. The sufferer was therefore always trapped into electing for the most expensive course of "treatment".

It was an avowed policy of the medical profession to expose and denounce quackery. Quackery relating to sexual difficulties and ailments was also strongly opposed by certain quasi-religious societies, such as the Church of England Purity Society and the White Cross League (29). The "Union for the Discouragement of Vicious Advertisement" was also an active opponent of quackery and set out to "instruct and acquaint the public of the tricks and methods, used by swindling quacks and in particular the quacks specialising in "nervous exhaustion", "premature decay" and "impotence" in order to repress the idea that such conditions were not entirely due to 'youthful errors' as the quacks insinuated" (30).

It was a frequent complaint of doctors that "dupes seem as many and as willing as ever" but treatment given by doctors was just as empirical as quacks' remedies and there was no overwhelming evidence that "sufferers from diseases of the generative organs" were more successfully treated by doctors. Alternative medicines of one sort

or another (and the enema) were treatments in vogue (31); mercury was dreaded by patients. A number of "uncontrolled" experiments (32) were carried out by doctors which led to a spate of papers at learned society meetings, ostensibly concerned with mental science (33). One paper entitled "Sexual and reproductive functions" (34) supported "the popular idea that excess of flesh meat in the diet excites lust" and that those "who are too susceptible for sexual craving should be prescribed milk, rice and fruit tart" (35). There seemed - especially to the laymen - little to choose between the treatments offered by the doctors and that given by the quacks.

In order to combat public gullibility, a fresh approach was suggested. "What is needed is a wider spread of the elementary laws of the physiology of generation. While it is becoming daily more recognised that the outlines of the physiology of the vital functions of digestion, respiration, circulation and nutrition in general should be understood by all, why should those of reproduction be entirely left out and made such a mystery of? It cannot be that want of this knowledge is of less moment than want of knowledge in other departments." There were however some reservations about who should receive this information "which should not be spread to all and sundry but controlled dissemination would be most effective through the medium of medical lectures to the extensive organisation of the Ambulance Services" (36).

Public demands were disregarded by orthodox medicine and the quacks went from strength to strength and reflected public opinion with their assertion that "the medical profession takes no heed of 'generative ailments', and knows nothing about them" (37). Although it was well known that quacks dealt with an enormous number of people most of whom replied to newspaper advertisements, the mechanics of their business arrangements was unknown until the Union for the Discouragement of Vicious Advertising arranged for the rooms of certain

quacks to be watched. It had been assumed that for quacks to produce their high incomes a large number of clients would be attracted to their rooms. This was apparently not so, for the observers reported, "Few go in or out, and there is none of that crowd which is the morning nuisance of the neighbours of a successful medical man". Instead "the postman delivers, almost hourly, large packets of letters, some containing, perhaps money, but most apparently, the postage stamps, which the advertisements stated may be sent to pay for the books and medicines" (38).

The proven and sustained high demand for the treatment of genital conditions (which were often imaginary (39)), should have alerted the medical profession to the fact that they had a hard task in dispelling the well established impression that "regular practitioners were not competent to treat generative ailments". Doctors' attitudes aroused public concern and the profession was often criticised for its apparent abdication of its responsibilities. "Is it not time", one periodical asked, "that the profession made a distinct effort to enlighten the public in these matters?". (40) Unfortunately the doctors' public image was not helped by their well publicised reactionary attitude towards other related subjects and in particular towards contraception. The British Medical Journal for example, in 1878 commented with characteristic rigorism. "We deeply regret to see reports of a meeting in Notting Hill at which Dr. Drysdale addressed an assembly on the 'population question' in the company of Mrs. Besant. He urged the 'limitation of families' as a method of restraint upon population. Such doctrines are contrary to the purity of thought, and manliness of life which are characteristic of this nation and the promulgation of these doctrines is not only mischievous but dangerous" (41). The wisdom of persisting with this uncompromising attitude was occasionally questioned.

"Which is the most degrading, giving to the public that knowledge of the population question, in all its aspects, which will cause health, domestic happiness, freedom from care and the banishment of sexual abuse, or withholding information and thus allowing prostitution, onanism, poverty, disease and death to flourish in our midst?" (42). In fact, according to Himes, "few doctors spoke forcibly in support of contraception and not one did anything to advance the subject" (43). It is probably more accurate to say that the only English medical contribution to birth control literature in this period was published anonymously and went unnoticed in the professional journals (44).

Although it is doubtful whether the physiology of reproduction was sufficiently understood to have facilitated any significant advance in contraceptive theory, the real impediment appears to have been the medical profession's self assumed responsibility for public morality and the sanctimonious attitude of its members to the sexual lives of their patients (45). The prevailing unsympathetic attitude is illustrated by a correspondent to *The Lancet* in 1859, "It often occurs to me in reading cases where women, whose pelves have become distorted by mollities ossium are delivered of dead or mutilated children, that the question involves a consideration apart from a medical one. If a woman is aware that her pelvis is deformed that it is physically impossible that anything can pass through it and retain life, why is she at liberty to continue connexion with her husband when she knows that the inevitable consequence will be the destruction of her child? Would it not be a merciful act to place a penalty upon that woman's becoming again pregnant, being morally on her part a case of murder? A woman knowing this and persisting in sexual congress is really as guilty as the woman who destroys her child after it is born" (46).

In the late 1860s it became apparent that the subject could no longer be ignored and the medical profession's indifference gave way to hysterical opposition. The medical profession was provoked into their first explicit mention of contraception by the so-called Amberley incident in 1868 (47). This led to a wave of indignation and disgust within the profession that doctors could condone family limitation. The Lancet commented "we do not think that practices to which we have already been compelled to refer, and to which we refer again with reluctance would be tolerated even as subjects for discussion by more than a very small number of medical men, but these have contrived to obtain a wide publicity for their peculiar views" (48). The grounds for the profession's opposition to contraception were primarily ethical and moral; the use of such adjectives as 'lustful', 'selfish' and 'immoral' were obligatory in any mention of that object. Even in 1896 the medical press found it necessary to castigate a religious newspaper for publishing advertisements for birth control literature (49). Sometimes moral and medical objections coincided as for example, in The Lancet's editorial which described contraception as a 'sin against physiology' (50) Doctors also began to catalogue harmful physical effects which they attributed to contraception. These included galloping cancer, sterility and nymphomania in women, and mental decay, amnesia and cardiac palpitations in men(51)

Birth control as a pressure group activity can be conveniently dated from the Bradlaugh-Besant trials of 1877-8. This is not to suggest that birth control was not practised prior to the formation of the Malthusian League in 1877 (52), merely that an enthusiastic and concerted public advocacy of Neo-Malthusian ideas gained momentum and found organised expression after these trials (53).

Despairing of lack of medical leadership, the Malthusian League (which since 1891 had restricted its activities to publicizing the

economic and social advantages of family limitation) decided in 1913 to enter the field of medical propaganda (54). An adjunct to the change in attitudes was the influential "Studies in the Physiology of Sex" by Havelock Ellis (1859-1939). This book, which was banned as a "bawdy, scandalous and obscene libel" in the nineties, became "the classic dictionary of the twenties". Slowly and reluctantly the doctors responded to this changed outlook; the impact of public demand and expectation compelled doctors to modify those attitudes (which were largely without scientific basis) which they had long held at the expense of a great deal of human misery.

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7. HIMES Norman E. op.cit. p.282
8. DRYSDALE George op.cit. - describes the consequences of
celibacy and masturbation. He prescribed free love as the
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9. The concept of the aphrodisiacal effect of pain was developed by a Dutch physician, Nicolas Heinsius in the 18th century.
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Cauterisation of the penis by application of caustic
Also,

PELLER S. in Bull.Med. Hist. 1947 (1) p.62 cites Weinhold, who wanted the prepuce of all 14 year old boys of the "lower population strata" to be sutured with lead wire as a temporary barrier to intercourse, conception and masturbation.

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24. Ibid. p.330

25. A parallel exists today in clinical medicine. Frightening conditions such as 'cancer', 'Leukaemia' and 'tumour' are rarely mentioned within earshot of the patient. Jargon terms such as 'mitotic' or 'neoplastic' are preferred in an attempt to shield the patient from distressing awareness.

26. For example, most of the editions of "The Economist" throughout 1862 (Fig.18).

27. Salivation was one of the signs of overdosage with mercury.

It indicates that toxic doses were used. Other accompaniments would be "tremor, commencing in the hands and arms and extending to other parts of the body". CARTER A.H, "Elements of Practical Medicine" 5th Edition, London 1888. p.412.

Also,

The inclusion of mercury in Teething Powders for children produced Pink disease. Chronic mercury intake may produce a 'social isolation psychosis'. It was not an infrequent occurrence in those workers producing and treating furs for hats - hence the saying "mad as a hatter".

28. Lancet. 1. p.768,1844

29. "The Vanguard" (the monthly paper of the Church of England Purity Society) May 1888 contained an article entitled "The Quack Impostor" which discussed cases "so often before exposed in public and in the medical press, of imposition

and extortion by laymen professing to have special skills in diagnosis and treatment of diseases of the generative organs".

also,

The White Cross League produced a pamphlet in 1900 entitled "Quacks and their Advertisements" which dealt similarly with the same problem.

30. Lancet, 1, p.769, 1844.
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32. A 'controlled' experiment is one in which a model of 'control' is used to prevent bias from influencing results. On the one hand it rules out the effects of hopes and anxieties of the patient and on the other hand it rules out the influence of preconceived hopes and wishes of the doctor. An 'uncontrolled' investigation lacks these safeguards. See J.A.M.A. 167, p.2190, 1958
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35. This example was cited in Ref. 34.
 Three male masturbators were subjected to a series of dietetic experiments for 4½ months. The diets consisted of a dinner of either (a) meat, (b) fish (c) Irish Stew (d) Rice, milk and fruit tart. After the first three diets the patients persisted in frequent masturbation but in no case after the rice, milk and fruit tart".
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45. PEEL John op. cit p.134.
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47. BANKS J.A. "Prosperity and Parenthood, London 1954
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49. The Lancet, 18th January 1896
50. The Lancet, 29th February 1896
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52. The first organised and concerted effort to bring contraceptive advice and technique to the working classes without the extensive aid of the medical profession probably began in the 1820s. This handbill phase appears to have been initiated by Frances Place - See Dictionary of Nat. Biography vol.XLV. pp.390-393.
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54. "Hygenic Methods of Family Limitation" by a Committee of the Malthusian League, London 1913.

CHAPTER 3PUBLIC RELATIONS OF THE MEDICAL PROFESSION

The particular status enjoyed by any profession is a complex structure involving a number of interdependent attitudes which relate to the public, to colleagues and to other professions. In the 19th century these relationships exerted their influence in the context of wide social changes demanded by an increasingly urbanised population of rising literacy and social expectation. As the century advanced the profession's attempts to rationalise its responses were accelerated by advances in technology and by basic scientific discoveries which sometimes shook the foundations of traditional medical theories.

Not surprisingly the public were sometimes bewildered by the rival claims of different 'schools' and different practitioners. These were seen to undermine the public's tenuous faith in doctors and prompted the Lancet to rebuke the profession for squabbling in public,

"What wonder is it if the public should treat the profession with scant respect when its own leaders think so lightly of it?" (1)

One other reason why doctors were not highly regarded was because a great deal of medicine was widely held to involve considerable guesswork, a feature singled out for emphasis by a Victorian novelist,

"It's a fever" the doctor said, "and a bad one; but I'm not a conjuror to tell what it is until it declares itself. It may be brain fever; it may be typhus; it may be rheumatic. I think it's nervous, but that is only a guess"(2) . As with diagnosis, so it was with treatment. Even the most experienced physicians were unable to predict with absolute certainty the precise effects of

the most familiar drugs; a defect which substantially supported Voltaire's gibe that "medicine consists of pouring substances of which doctors know little into bodies of which they know less".

The hierarchical medical profession was ruled by the most eminent physicians and at the base of the healing profession stood the surgeon-apothecary, increasingly known after 1840 as the "general practitioner" and regarded with near contempt (See Appendix 9). For example, in 1848, Wallace writes "This term was applied to the pariahs of the medical profession" (3). The public became accustomed to a motley collection of more or less 'regular' practitioners consisting of Fellows, licentiates, graduates of foreign universities, barbers, surgeons and apothecaries.

There were also practising chemists who encroached upon apothecaries as the apothecaries had done on the physicians (4). This chaotic state of affairs made it difficult, it not impossible, for the public to distinguish between the scientist and the charlatan. The choice was made more complicated by the continual acrimonious bickering which went on between leaders of the various factions and an unabashed display of petulance and jealousy between different licensing authorities.

The medical professions' fratricidal tendencies were aided to a great extent by the anomalous state of the law. The Apothecaries Act (1815), for instance, imposed a curious limitation on the practice of apothecaries. Under the Act they were allowed to attend their patients, prescribe for them and have the drugs compounded in their own shops but they were not allowed to charge fees for advice.

In effect, the Apothecaries Act made apothecaries little more than drug pedlars and confirmed the original impression that they were druggists rather than physicians (5). The profession of apothecary was thereby "degraded to the level of a mere trade..... giving encouragement to the reckless habit of frequent drugging

and complex prescribing which increases the uncertainty of medical practice and retards the progress of knowledge in the most backward of all departments of medical science; that which relates to the action and uses of remedies" (6). There is no doubt that, compared with anatomy, therapeutics was a primitive science. Nevertheless, people became conditioned "to expect that every ill could be treated either with the lancet, the opiate, the purge or the plaster". There were several clearly recognisable dangers in this philosophy. Firstly, there must have been a very strong temptation for "physick to be ordered rather to make a long bill than a quick cure". Secondly, once promiscuous drugging became established it was bound to be maintained simply by virtue of it becoming absorbed into the tradition of professional inertia. The habits of prescribing thus evolved made it difficult to admit that previous practices might have been harmful to the patient. The apothecary, probably motivated initially by mercenary interests, tended to give too much physic and later came to believe in its necessity (7). One of the social consequences of this trend was that the public became addicted to their favourite drugs, nostrums and patent medicines and though the masses had some sort of faith in all practitioners, quackish or otherwise, they invested more of it, along with their money in patent medicines.

Generally, physicians behaved no better than apothecaries and so remained an unpopular group. High fees and an arrogant insistence on using Latin for the prescriptions didn't help to improve their public image. Fear of treatment was another factor working against doctors. While patent medicine manufacturers made medication easier and palatable, physicians' treatment continued to be unpleasant. The surgeon's lot was even worse, surgery was universally dreaded and hospitals regarded with hopeless horror. These fears were justified by the primitive

state of anaesthetics, the low post-operative survival rate and the high morbidity. In addition, the public expected medical and surgical remedies, and prevention, far beyond what was technically possible, given the state of prevailing knowledge.

Traditionally disease was held to be a contagion, that is something that entered into one and could therefore be driven out by some empirical remedy. This idea was the basis of medical man's belief that illness had to be fought vigorously.

"Dr. Langton was a practitioner of the good old school; physicking and phlebotomizing, cauterising and torturing, after the manner of his predecessor" (8).

It is hardly to be wondered at, that large numbers amongst the early Victorians, only too familiar with the negative consequences of the physicians' efforts, drew the conclusion that "little actual good in the aggregate has resulted, from the whole faculty of medicine throughout the world"(9). Others were more generous in recognising that the doctor, was not always given credit for his frequent, if futile, visits.

"Oh, what can equal the blandness and sympathy of a listening doctor! We detail our minutest sensations with a modest pride at possessing so many indisputable claims to his attention" (10).

By the mid-sixties the practice of blood letting had generally lost favour and physicians adopted milder measures and tried to use drugs mainly to maintain or augment the patient's natural resistance (11).

Improvements in one direction led to compensatory demands in another and as the methods, knowledge and skill of the doctor improved, so the public began to expect other innovations and improvements not least in the social graces. For example, the initial handicap of Trollope's Doctor Thorne was that he was a batchelor.

"Ladies think, and I, for one, think that ladies are quite right in so thinking, that doctors should be married men. All the world feels that a doctor when married acquires.....a conversance with women's ways and wants, and loses the wilder and offensive sparks of his virility".

However, the status of the medical profession hinged upon a number of serious controversies. The doctors' attitudes to vivisection and experimentation, for example, created a very bad impression which James Morison ~~the~~ Hygeist exploited to good effect.

"Medical men" he scoffed, "have been labouring and studying since Hippocrates without even establishing any fixed principles as to their science. All has been random conjecture with them"(12). It seemed incredible to Morison that doctors could admit the possibility that there might be cases beyond their full comprehension for such an admission was certainly well beyond his temperament. The notion that physicians even carried out research to learn more about the problems they were treating was regarded with similar derision. Research on whom? There was a vague fear that doctors would experiment upon their poorer patients and a suspicion was widely held that physicians regarded pauper patients as case material rather than as human souls. Unfortunately several well publicised scandals provided a good basis for these allegations. Two examples of callous disregard for the poor or neglect will suffice.

"The Royal Hospital for Incurables is alleged to have expelled and deposited at the gates of the Wandsworth and Clapham Workhouse an old soldier who was in arrears with his fees" (13).

"The prisoner was the medical officer of the Coventry Union and received the customary orders to attend.... Eighteen messages and notes were sent extending over four days but all were disregarded and he never attended until the child was dead" (14).

Laymen were horrified at the thought of dissection and experimentation and this aversion became rationalised into support for the antivivisection movement which developed coincidentally with reforms aimed at preventing cruelty to animals. In 1875 Queen Victoria echoed the genuine repugnance against experiments on animals expressed by some of her more sensitive subjects when she urged Lord Lister (1827 - 1912) to censure the practice. He refused to do so. Public disquiet however was sufficiently roused to justify the Government setting up a Royal Commission on Vivisection in 1875 (15). Opponents of vivisection did not wish to interfere with bona fide scientific research but hoped that "it might be conducted with a much greater economy of pain than is now the case" (16). Some of the evidence presented to the Commission confirmed the worst fears of the anti-vivisectionists of sickeningly cruel experiments (17).

The public image of the medical profession was damaged still further by a popular impression that some doctors actually enjoyed doing these experiments. "A certain physician at a certain hospital vivisected 16 cats.... upon which he performed the same experiments and obtained identical results..... I consider that a man who does that ought not to be licensed" (18). Of course there were those who exploited emotional issues and an example of an extreme impression of repugnance to vivisection and the doctor-experimenter is to be found in H.G.Well's (1866 - 1946) gruesome fantasy "The Island of Dr. Moreau" (19). The medical profession was bitterly assailed almost non-stop, by anti vivisectionists for many years.

Another contentious issue was also developing - vaccination. Accusations of racketeering and cynical wickedness were hurled at the doctors as an anti-vaccination crusade gathered momentum.

The issue offered great scope for pamphleteering. One such booklet, which appeared in 1874, had the compendious title; "The Terrible Effects of Vaccination and Re-Vaccination (so called) one of the great causes of disease, suffering and death, small in particular..... supported by evidence from the first annual report of the Birmingham Medical Officer of Health that out of 794 smallpox cases for the year 1873, 713 had been vaccinated and out of 122 deaths, 81 had been vaccinated" (20).

More than thirty years later, the controversy still raged, and in a highly publicised open letter the celebrated anti-vaccinator Mr. Bernard Shaw (1856 - 1950) summarised the unhappy history of vaccination.

"For years past the strain of countenancing such a proceeding so grossless (sic), reckless, dirty and dangerous as vaccination from the calf has been growing unbearable to all genuine bacteriological experts. The utmost that professional pressure has been able to extort from them of late is silence; but their disgust will soon become too intense for silence. Mrs. Squeers' method of opening abscesses with an inky penknife is far less repugnant to modern surgeons than the Local Government Board's method of inoculating children with casual dirt moistened with an undefined pathogenic substance obtained from calves, is to modern bacteriologists. Nothing but the natural ignorance of the public, countenanced by the inculcated erroneousness of the ordinary general medical practitioners makes such a barbarism as vaccination possible" (21).

Notwithstanding questions of "liberty of the subject" and "conscientious objection" doctors were fully aware of the difficulties of vaccinating the children of unwilling parents, and of ignorant mothers who endeavoured to rub the lymph away directly the vaccinator's back was turned.

A constantly howling child suffering from one of the "occasional bad arms" could easily wreak devastation on a crowded household and that was bad enough when resulting from "natural causes" but it was intolerable to have it inflicted in the name of 'prevention' or 'prophylaxis'. Anti-vaccinators exploited all these inconveniences and repeated the smear that "doctors have a pecuniary interest in vaccination" (22). The pressure of emotionalism increased and towards the end of the century the Government was forced to yield some ground to the Anti-Vaccination League and concede that parents were entitled to oppose vaccination of their children on grounds of conscientious belief. By such a small victory the anti-vaccinationists provided the nation "with a monster experiment which, whilst not needed by the majority, will be none the less interesting to watch from the ratepayers' point of view if from no other" (23).

The medical profession grew accustomed to criticism and unpopularity, much of which was founded on ignorance, but their attitude to recruitment of women doctors deserved all the censure it received. The Lancet was again the profession's mouthpiece, as a bitter opponent of feminism.

"Once and for all we declare ourselves steadfastly against the dethronement of woman in her true kingdom and her being launched into a vortex of struggling humanity where even men can scarcely hold their own" (24). The proposal that women should be allowed to train as doctors was initially treated as a joke, albeit in bad taste, but once the seriousness of the proposal was recognised it raised howls of protest from the male dominated profession.

"The creation of a wierd sisterhood must be the work of its own misdirected enterprize; we can neither aid the

monstrous mistake of policy nor cease to warn womanly women against its adoption" (25). The "monstrous mistake of policy" to which the angry Lancet referred was a measure to amend the Medical Acts so as to enable women to undergo a medical education and become duly registered. The proposal was given enthusiastic support in the 'Graphic' which nevertheless felt it necessary to warn that if "those who have hitherto monopolised the calling will not soon give up their opposition, there is some danger that their obstinacy will be set down to some rather less lofty motive than a disinterested regard for the public well being". Commonsense prevailed and almost two hundred women qualified as doctors before the end of the century.

Traces of the earlier opposition to the recruitment of women into the profession surfaced from time to time in the form of silly letters to the medical press, advocating segregation of medical students in physiology and dissecting classes. The topic soon ceased to be divisive mainly because doctors realised it was a distraction from the real issue - the struggle to keep the practice of medicine along professional lines. With this object in view several suggestions were put forward, all of which in varying degrees infringed the profession's vested interests. One such suggestion was "that so far as possible the medical man should dispense with dispensing and that the supplying of drugs should be in the hands of pharmaceutical chemists who may properly claim by their training to do this work.... The time has come for the medical practitioner to charge his fee for the actual attendance and skill and not for supplying material" (26). This reflected doctors' aspiration to become more like the legal profession, namely by raising a premium on expert advice rather than on the provision of medicines and appliances. This latter task could be relegated to the chemists who would become regarded as para-medical tradesmen.

Two principal factors advanced the movement from treatment towards advice. First, there was the fortuitous conjunction of a great man with a discovery such as the discovery of the ophthalmoscope by Herman Von Helmholtz (1821 - 1894) in 1850. Secondly, through the founding of some specialist hospital, such as the Royal Hospital for Diseases of the Chest in 1814, the Royal Ear Hospital in 1819, the Hospital for Sick Children, Great Ormond Street in 1852, The National Heart Hospital in 1857, and the National Hospital for the Paralysed and Epileptic in 1859. One explanation for the trend to specialisation was that accumulation of knowledge "made it impossible for a man's brain to encompass the whole field of medical knowledge." There was also a natural tendency for a man to be good at what interested him most but whatever the reason it is undeniable that rapid advances took place in subjects which attracted specialist interest (see Appendix 8). Of equal importance, once the trend towards specialisation was established it became self-perpetuating. As a result of specialisation the medical profession became divided into the, largely social, strata of physicians, surgeons and general practitioners (27). Specialists (Physicians and Surgeons) generated a mystique which later became associated almost exclusively with Harley Street and high fees.

This division of the medical profession into orders of rank became the greatest possible obstacle to professional unity and the doctors paid dearly for ignoring Thomas Wakley's attempts to unify the profession (28). Doctors continued to express their differences in public and on several occasions in the 'sixties, the British Medical Journal reprimanded doctors for their squabbles and in particular the irresponsible way in which they contradicted each other in court.

"Medical evidence delivered in our courts of law has become

a public scandal and a professional dishonour. The Bar delights to sneer at and ridicule it: the judge on the bench solemnly rebukes it: the public stand by in amazement; and honourably minded members of our profession are ashamed of it..... What is the public to think when, for example, they see three doctors on one side swearing on behalf of a railway company that the plaintiff is not suffering from any injury at all; and three on the other side swearing that he is not only suffering from an injury but is seriously damaged and probably for life?" (29)

"Medical men are too ready to impute unworthy motives to their confrères,, to stand in opposition and pronounce judgement on the opinions of competitors, to become partisans, and take sides in courts of justice; and this unfortunate thing brings discredit upon the whole profession" (30).

The British Medical Association, through its publication, the British Medical Journal, embarked on a long campaign for professional harmony and solidarity. It deplored those 'celebrities who go into a court of justice to assist on the strength of mere opinion to blast a brother practitioner's fair name'. The Journal promised that the British Medical Association would formulate a code of rules to help a doctor when giving evidence in the witness box. However, something more fundamental than this was required to make doctors more aware of their corporate interests and this theme was taken up by a number of correspondents to the British Medical Journal (31). Almost without exception all the correspondence deplored the non-existence of an 'esprit de corps' and a state of professional unity. One wrote "How can doctors work together in harmony when each man makes his own rules according to his own feelings, upbringing and liking?" It was suggested that perhaps a number of lectures on medical ethics and jurisprudence should be included in the medical curriculum "After all, the legal

profession take good care to have their rules properly defined".

(32)

The relation of the medical profession to other professions assumed enormous significance for doctors because it was their general complaint that the State did not adequately recognise their value and "in point of honours placed them below the legal and other professions" (33) Comparison of medical appointments with legal ones showed a total disproportion between the worth of the work done and the amount of payment received. This complaint referred particularly to physicianships and surgeoncies in hospitals (34). These appointments were usually unpaid in blatant contrast with lay appointments to the same institutions which often had large salaries attached to them. For instance the Clerk to a certain local Board of Health received a salary of £100 per year while the medical officer received £10 a year (35). Many of these lay posts were filled on a part-time basis by men with legal qualifications. The reason for the ascendancy of the legal profession depended upon the eloquence of its advocates, sharpened by the continual practice of pleading in courts, and of explaining intricate matters. This skill gave barristers an undoubted advantage in committees and at public meetings, and enabled them to (sometimes) make proverbial mincemeat of doctors in the courts. Doctors, envious and fearful of the legal profession's power began to recognise, not just the strength but the weaknesses of their rivals. They achieved notable successes by intervening as 'expert witnesses' in some celebrated cases (36)

Medicine's relations with the third profession also caused concern. Apart from their ancient origin the scions of medicine and the Church had a great deal in common. Members of both callings spent a great part of their professional lives attending to the wants of the poor and in fighting a losing battle

against dirt, poverty, drunkenness and inherited weakness. But while doctors envied the State-given power enjoyed by the legal profession, they were more acutely aware of the professional competition from clergymen (37). In a laissez faire medical world the 'regular' medical school was naturally concerned with the growth of any rival system of 'heresy' and quackery and doctors therefore resented the 'meddling priest' acting out this vestige of their early development. Free advice and 'cut-price' treatment frequently doled out by clergymen and their wives posed a very real threat to the doctors' livelihood. In 1879 a correspondent to the Lancet commented on this problem. "The world famed 'she parson' is an unmitigated nuisance to the practitioner. She keeps a "Handbook of Homeopathic Medicine" and a few 'mother tinctures' and physicks all her friends in the most charming way; often surreptitiously while the doctor is in attendance" (38). In the upper echelons of the Church, bishops and other eminent churchman were all too easily persuaded to grace the latest elixir, or quack remedy with their personal endorsement (39) so that the public came to expect clerical recommendation. Many quack remedies consistently exploited this mischievous habit (Figs. 40, 42, 46 and 54).

Leaders of the medical profession, and particularly the editors of the Lancet and British Medical Journal, were united against any tendency for the two professions to exploit common ground. They wanted nothing less than a severance of all but professional contacts. Even gratuitous treatment for clergymen and their families was deplored since it raised the spectre of "touting". "Besides" asked the Lancet, "who were the 'clergy'? Were they only the Church of England parsons or Methodists, Independents, Blue Lights and Ranters?" A correspondent added injury to the insult

and pointed out that " it would be more reasonable to attend innkeepers for nothing; since from a charitable point of view, they appear to be exposed to more health destroying influences, and, from a selfish point of view, they provide more sickness for the doctors to attend than any three or four callings put together" (40).

The Lancet and British Medical Journal developed a peculiar sense of dignity and were quick to attack any idea which appeared "foreign to the spirit of enlightened medicine" interpreting them as an attempt to impose some detente with the Church. For example, commenting on an article (by a surgeon) entitled "Confession; its scientific and medical aspect" which appeared in 'Contemporary Review' in March 1879, the Lancet warned that "the article touches very dangerous ground... The primary duty of the medical practitioner is to prevent disease by the observance of the laws of sanitary science. Scientific medicine* has gained so much by its divorce from the priesthood that it would be a retrograde step to attempt to renew the alliance" (41).

At one time clergymen were very active in writing immensely popular books on hygiene and health, and the beginning of the 19th century saw over 2,000 such books published and available in the English language. Anyone who was anyone tried his hand at writing on health matters. For example John Wesley (1703 -1791) wrote his "Primitive Physick or an Easy and Natural Method of Curing Most Diseases" which revelled in fantastic remedies but nevertheless went to thirty editions before 1858 and set a trend for nonconformist indulgence of quack remedies (42)

The Medical Press continued to rebuke while conceding that the clergy were on the whole 'good'.

"..... the good are not in everything the wise and the wise not the majority of mankind. Hence in this self styled

* My emphasis.

'Age of Reason' we see impostors.... even among the most elevated in the land - Nay, among those also who are deemed the learned - that the satirist might not unaptly style it the 'Age of Delusion'". Satirists did have their say and because 'doctors differed and patients died' the public amused itself at the expense of the medical profession. Moliere, who left few of the follies of his time untouched, fell heavily on the profession's worship of personal authority (43).

There was one aspect which clearly distinguished the medical profession from the clergy, namely, the penalties invoked by negligence of duty (or treatment). Some doctors, no doubt case hardened by the incessant criticisms levelled at the medical profession, retorted;

"Supposing a neglect of duty occurred in another profession; what redress would there be? If a clergyman is summoned to attend a fever stricken patient who had been a great sinner, and the parson does not choose to go, if the man dies and according to the clergyman's creed, is lost, what punishment awaits the neglect of duty? Is he liable to a charge of soul slaughter? if not, why? Are souls less valuable than bodies?" (44)

In some countries medical men were legally compelled to keep inviolate the secrets confided to them and those to which they gained access during attendance on their patients. In England however, nineteenth century medical men were neither under such legal obligation nor under such legal protection. Thus, while professional secrecy may have become a professional tradition, it had no absolute obligation and when the law insisted on the violation of the sacredness of professional confidences between doctor and patient, such confidences could not, as in some other countries, be held to be inviolate. Public opinion was influenced by the view taken by the law (45) and, since

only a "higher claim" could insist on breaking professional secrecy, a degree of trust evolved between patients and their doctors. This quacks found difficult to subvert. The extent of criticism of doctors however, remained widespread and gave many the impression that whatever they did would earn them disfavour in some quarter.

"If I call to see a patient frequently 'I am trying to run up a bill'; if I don't 'it is shameful neglect'. If I manage to get to Church and am called out I am accused of 'working the Bob Sawyer on Sunday'. If I am so busy I cannot go to Church I am sure to be asked "How is it that you doctors are all atheists?" If my wife calls on people "it is because she is trying to get patients for me"; but if she doesn't it is because she is too 'stuck up'. If I cure a patient quickly it is said that "The patient wasn't half as bad as the doctor tried to make out"; but on the other hand, should the case develop serious complications "he was worse after he had taken the medicine for a week than when we called him in". If I suggest a consultation it is "only because I don't know what is the matter"; if I pooh-pooh the idea as unnecessary, I am "afraid of showing my ignorance". If I send in my bill they say "he is in a terrible hurry for his money"; if I don't it is so "unbusiness like" (46)

The public were sinned against, as well as sinning. The tendency to specialise reacted unfavourably on the reputation of the general practitioner and contributed to the decline of the "family doctor" (47). This process was further accelerated by a drastic improvement in the quality and increased variety of medical literature (see Appendix 8). Such a great output of print consistently stressed the necessity of revision and improvement of certain aspects of medical education and in particular, therapeutics and reform of traditional treatments. In fact, this trend became a world wide phenomenon from 1850 onwards (48).

The profession became more effective in its agitation for improved utilisation of social as well as medical science for the public good. Rapid urban development, slums and a rising mortality rate were obvious targets and created an imperative need for sanitary reform and physicians led in the response to this situation. Early in the 19th century it was said that poor law medical officers had been chosen "without regard to merit or qualifications, mainly for their willingness to accept the lowest rates of pay" (49) but this attitude gradually changed and produced a significant improvement in the status of the whole medical profession. Passage of the Medical Act in 1858, strengthened the hand of the Poor Law Board. It demanded that all Poor Law medical officers should be registered and possess a legal qualification to practice both medicine and surgery in England and Wales. This requirement meant that many Poor Law medical officers had better professional qualifications and training than many general medical practitioners. Although the Poor Law Medical Officers were grossly underpaid, there was active competition for the posts of Poor Law medical officers since they carried many advantages, not the least being "a public introduction to the neighbourhood" (50) The public image of doctors was improved still further when the Poor Law Board expressed themselves firmly against the employment of "unqualified assistants" to Poor Law medical officers (51). This helped to counter a common complaint that "unqualified assistants" were allowed to practice on the poor. Poor Law care even at its best was palliative treatment; it was often metered out from very limited resources and held out little chance of prevention. However, Poor Law medical officers were given strong support from the British Medical Journal; "... we think that the discretion of the medical officers..... should be so far absolute as not to be interfered with by subordinate

officers, whose means of judgement must be inferior to his own"

(52)

The gap between legal provision for medical care of the poor and provision for adequate care was still wide when the Poor Law Board was merged in the new Local Government Board in 1871. This was a fortunate time for the medical profession because after 1870, when professional stock was low, scientific progress surged forward and medical discoveries were made that for once seemed relevant and understandable to the public. Triumphs in medicine seemed to follow one another in rapid succession. Advances in bacteriology, antiseptic surgery, anaesthetics and vaccines eventually forced the public to face the fact that the old art of medicine had metamorphosed into a rational science.

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12. MORISON James ed. "Morisiana" 3rd Ed. London p.7 1831.
13. Lancet I, p.572, 1879
14. The "Globe" 20th February 1879

15. Royal Commission on Vivisection, H.M.S.O. London 1875.
16. Ibid. p. 91
17. Ibid p. 94
18. WELLS H. G., "The Island of Dr. Moreau, a possibility"
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The outstanding nightmare of Wells' boyhood.

20. The pamphleteers seemed to have no difficulty in finding statements from doctors opposed to vaccination. A certain Dr. William Hutchinson of Liverpool, described as President of the British Medical Reform Association, was quoted as saying "Vaccination was only intended to fill the pockets of vaccinating doctors with hundreds of pounds per week".

also,

'The Anti-Vaccination and Public Health Journal' was published fortnightly, London 1872. (Appendix 8)

21. Brit, Med. J. Vol 1, p.1140, 1911 prints verbatim a letter addressed to the 6th Conference of the Irish Anti-vaccination League.
22. Dr. Bell Taylor left a legacy of £10,000 to the Anti-vaccination League. This provided a new impetus to the anti-medicine propaganda put out from time to time by the anti-vaccinationists. Their main point was that doctors only vaccinated in order to increase their fees. Br.Med.J. 1, p.1293 1911.
23. Lancet 2, p.924, 1898.
24. Lancet 1, p.313, 1879.
25. Ibid. p. 350

Also, in 1878 Dr. Charles West published a pamphlet 'Medical Women' in which he warned that medical education for women produced a risk of 'gravely modifying the mental and moral characteristics of women'.

26. Introductory address by Mr. Sidney Spokes to University College Hospital on "The Present Status of the Medical Profession" Lancet 2, p.924, 1898.
27. Wakley first used the term 'general practitioner' in the Lancet in 1827.
28. Thomas Wakley (1795-1862) founded the Lancet in 1823 after a number of years in medical practice. He was a close friend of William Cobbett, and a leader of the medical reform movement of the first half of the century. Wakley spearheaded the Lancet's campaign to eradicate the common practice of adulteration of foods and drugs; took part in the movement to improve poor law medical services, and establish the unity of the profession. See Samuel Squire Sprigge, "The Life and Times of Thomas Wakley", London 1897
29. Brit. Med. J. May 2nd 1863.
30. Med. Press and Circular N. S. 33, p.108, 1882.
31. Brit. Med. J. 1, p.1295, 1911.
- There were few books on medical ethics available to British doctors. A French book, "Medical Etiquette; (Handbook of Elementary Jurisprudence)" by George Surbled provided no reliable basis of behaviour for British doctors but underlined serious national differences in the roles, behaviour and expectations of doctors.
32. Brit. Med. J. 1, p.1295, 1911.
33. Baronetcies conferred on Physicians etc. A return from the Home Office to Parliament, London 14th August 1883, 36 doctors were knighted between 1850 and 1883 and 16 were granted baronetcies.

34. Although the honorary position of medical staff was part of the voluntary hospital system, its prestige could help the doctor's private practice.
35. Annual oration delivered before the Medical Society of London on May 5th. 1884.
Lancet 1, p.1018, 1884.
36. The 'Penge' case was an instance where a judge and jury entirely failed to arrive at a correct judgement of the medical evidence and sentenced prisoners to be hanged for starving to death a woman who, on post mortem examination presented the lesions of acute tuberculosis. On representation of the medical profession the Home Secretary intervened and commuted the sentence to penal servitude.
37. "Friendly Address to the Medical Profession on Christianity"
Edinburgh 1858, 16pp.
- 38 Correspondence to Lancet, June 7th 1879.
- 39 Report from Select Committee on Patent Medicines,
H.M.S.O. London 1914, pp 312-313.
40. Lancet 1, p.830 1879.
41. A comment on "Confession; its scientific and medical aspect" by G. Cowell, F.R.C.S. in Contemporary Review, March 1879.
Lancet 1, 376, 1879
42. It is perhaps significant that this anti-medical movement coincided with what historians sometimes call 'the rise of the common man'.
43. Lancet 1 p.819, 1874.
Also, Address delivered on the occasion of the distribution of prizes to students of U.C.H. May 20th 1819.
Lancet 1, p.860-862, 1819.

44. Letter to Lancet 1, p.395, 1879.
45. Brit. Med. J. 1, pp. 871-873, 1896
46. Doctors and their patients. Letter to Brit. Med. J. 1, pp. 319-320, 1896
47. A strong protest on this point is given in Med. Press and Circular N. S. 53, 445, 1892.
48. There were some ups and downs in professional attitudes towards blood letting (e.g. R. Jackson, History and Cure of Contagious Fever, London 1819, preface p.10) but the trend was definitely towards moderation by the middle of the 19th century.

Also

- KING, Lester S "The Blood-Letting Controversy; A study in the Scientific Method" in Bull, Hist. Med. 35, pp 1-13, 1961
49. HUTCHINS B.L. "The Public Health Agitation 1833-48" London 1909, p.127
- 50 SPRIGGE Samuel S. "Medicine and the Public" London 1905,p.146
51. Ann. Rep. P.L.B. for 1868-69, p.32.
- Maintaining an unqualified assistant was known in the Medical profession as "covering". It is still a commonly used term to provide senior advice for junior staff in hospitals.
52. Brit. Med. J. 1, p.135, 1871 .

PROFESSIONALISM VERSUS TRADE

At the beginning of the 19th century the medical profession was organised in a hierarchy with the Physicians at the top. Below in descending order of prestige were "the three inferior grades of surgeon, apothecary and even druggist". (1) Although the quack was totally excluded from this hierarchical system the medical profession was always aware of his presence, infinite capacity for survival and opportunism.

A "quack" is any person who practices the healing art without medical education and the term is synonymous with charlatan; a pretender to knowledge or skill offering empirical pretentious remedies or nostrums. Quacks were "doctors" to the common people who could not afford to pay the trained men. They were therefore fundamentally an important social phenomenon which served the needs of the masses (2). Quackery included all unorthodox or unqualified practice (3).

The Apothecaries Act of 1815 was introduced to achieve two main objects. First, the creation of an educated but subordinate class of practitioner, second, the suppression of unqualified practice (4). The statutory examination imposed by the Apothecaries Act clearly distinguished the qualified and orthodox from the unqualified and unorthodox. Practice by the unqualified was not prohibited by the Act.

Orthodox medical reformers of the first half of the 19th century who proposed a fresh start, did not get their way because when reform came in 1858, it took the shape of a compromise. The Medical Act of 1858 was an attempt to make good the omissions of the Apothecaries Act and in some ways succeeded. It brought unity to the medical

profession, physicians and surgeons and imposed upon the existing licensing bodies a new controlling authority armed with far reaching powers (5). The 1858 Act regulated medical practice but it did not control quackery. Like the Apothecaries Act it made no attempt to do so, knowing any such endeavour would likely fail.

Quackery is as old, if not older than the medical profession itself, with which it has always been in contention. Competition between these rivals intensified during the 19th century because of two significant coincidences, namely the development of new advertising facilities and the advance of science and technology.

Large scale advertising, central manufacturing capacity and more efficient distribution favoured the advance of quackery. Pari passu medicine moved towards professionalism and its crucially important association with science (6). A professional person has two basic characteristics; a prolonged specialised training in a body of abstract knowledge and a collective or service orientation.

The term "profession" has a dual meaning since it refers to an occupation and an avowal. Professions are occupations unique to higher civilisations and a profession would be unlikely to be singled out as a special skill if it did not also represent or express some of the important beliefs or established values of that society. It follows from this that if a profession's work ceases to have this relationship of knowledge and societal values it may have difficulty surviving.

Unlike other occupations a profession is deliberately granted self regulation or autonomy, including the exclusive right to determine who are legitimately entitled to do its work and how that work should be done. Almost all occupations struggle to obtain both of these rights, but only a profession is granted the right to exercise them and successfully resist 'outside' evaluation of its work (7).

Professional autonomy is the result of the critical interaction between political and economic power and occupational representation. The characteristics of autonomy are:-

1. The profession determines its own standard of education and training.
2. Professional practice is legally recognised by some form of licensure.
3. Licensing and admission boards are manned by members of the profession.
4. Most legislation concerned with the profession is shaped by that profession.
5. The practitioner is relatively free of lay evaluation and control.

However, while the medical profession's autonomy may have facilitated the deployment of scientific knowledge about disease and its treatment "it may have also impeded the improvement of the social modes of applying that knowledge" (8). The danger that doctors may be too remote from patients and demonstrate an inability to explain the nature of illness to their patients was clearly recognised. "Lower class individuals are comparatively ignorant of the nature of the extent and character of bodily functions. They are prone to think of and describe their experience with illness in the notions exploited by patent medicine advertisements - notions of qualities of the blood, of the necessity to 'purge' the system..... The lower class person is more prone to use traditional patent medicines for many of his ailments and less likely to use orthodox medical services" (9).

Other definitions are no less germane. The terms "patent" and "proprietary" as applied to medicines have different and precise meanings although they are commonly interchanged or used synonymously. For a medicine to be a patent medicine its formula must have been disclosed and registered at the Patent's Office and fulfil the

requirements of originality, title, etc. (which are the normal requirements of all patented articles). There were very few advantages if any in patenting a medicine and consequently there were relatively few patent medicines compared with a vast number of proprietary medicines (10). Proprietary medicines included all other (non-patented) medicines of secret formula or medicines prepared by a secret process. Two sorts of duty or tax were payable by those selling patent or proprietary medicines. Firstly it was necessary to hold a licence to sell. This licence applied to premises rather than an individual. The fee was 5 shillings for each set of premises and any number of people could work and sell at those premises (11). Secondly, there was the question of payment of duty upon all patent proprietary or secret medicines. The duty, enforced by several Acts dating back from 1804 (12), had to be paid "in stamps affixed by the owners and proprietors or makers or compounders or original or first vendors of the dutiable medicine upon every packet thereof before it is first sold or delivered out of their custody for sale or offered or kept ready for sale and not in bulk" (13).

The terms of the Medicine Stamp Act (1804) and the Stamp Act Amending Act (1812) applied to all secret remedies whose "trade name" or "commercial name" had to be registered and schedules of these secret remedies liable for stamp duty were issued quarterly by the Stationery Office. Medicines exempt from stamp duty were "those approved and used by surgeons and apothecaries and were not secret"(14). Many other exemptions arose and it was apparently quite easy to evade liability to stamp duty, which in fact depended upon the wording of the descriptive label attached to the preparation. For example, Medicines described by reference to a particular disease or symptom, e.g. Corn-Paint or Cough-Mixture (i.e. Fenning's Fever Cure, Fig 47)

had to be stamped. Medicines described by reference to an organ of the body alone, e.g. Liver-Pills, Blood-Mixture (e.g. Clarke's Blood Mixture), Lung- tonic (Hall's Lung Tonic) were not dutiable. Medicines described in general terms by reference to their operation e.g. Aperient Pills (Lord Eldon's Aperient Pills⁷), Astringent-Mixture, Emollient Ointment were also not dutiable. However, if to an organ of the body, a word or words were added indicating the operation of the medicine upon the organ, e.g. Blood Purifier, Nerve-Tonic (Nervine Nerve Tonic), Aperient-Liver Pills, such preparations were liable for duty and had to be stamped.

The sale of drugs of all kinds was to a certain extent regulated in this country by the Sale of Food and Drugs Act (1804) which stipulated that "No person shall sell to the prejudice of the purchaser any drugs which is not of the nature, substance and quality demanded by such purchasers, under a penalty not exceeding £20". The Act expressly exempted proprietary medicines from this condition because it was conceded that, in asking for a proprietary medicine, " the purchaser is unable to demand goods of any particular nature, substance or quality". The reason for this exemption is clear since by its very nature a proprietary medicine was usually a secret preparation the composition of which was not supposed to be known to anyone other than the manufacturer. In fact, owing to the slipshod method of preparation the composition was not always known to him either (15).

A number of medicinal articles were also held to be outside the Sale of Food and Drugs Act. In such cases no registration or stamp duty was chargeable. For example -

1. If the article was not a medicine to be used as such for the human body. Thus mechanical appliances such as hernia belts or

whirling sprays, used "for the prevention, cure and relief of human ailments", were outside the charge of duty.

2. If an article was not in a packet, box, bottle, pot, phial or other enclosure. Under this clause any lozenge, pill, tablet or any other solid medicine sold in a twist of paper was not liable for duty because a "twist of paper" was not held to be "an enclosure" under the Act. Liquid medicines supplied in a measure glass, poured into a cup and taken at the counter from a glass were not "sold in an enclosure" within the meaning of the Act and they too were exempt from duty (16).

3. If the article was not used or applied externally or internally. Exemption under this clause included asthma powders or cigarettes which were burned and the fumes inhaled. In this case it was not the article sold which was used externally or internally but the products of combustion (Figs.40 and 41).

4. If the article was not uttered, vended or exposed for sale. This clause shows that a sale or intention to sell is clearly necessary before duty becomes payable and therefore any medicines given away were not dutiable (17).

In contrast the Medicine Stamp Act also of 1804, and its Amending Act of 1812, imposed advalorem duties to be paid on proprietary medicines and advertising. The tax on proprietary medicines continued (18) after other duties, for example, on advertising were abolished in 1853 (19). The end to restriction on advertising proved to be significant because it created new opportunities highly favourable to the quacks and contributed substantially to expansion and consolidation in demand for proprietary medicines (20). The government appeared to be struck with an inertia to protect both the public and the medical profession. In 1881 the Lancet complained "The entire question of the so-called 'patent medicines' is one which urgently calls for legislative revision and

for popular instruction" (21). Thirty three years later, the state of affairs had changed very little when the subject was retrospectively summarised in the Report of the Select Committee on Patent Medicines (1914). "The situation as regards the sale and advertisement of patent and proprietary medicines may be summarised in one sentence. For all practical purposes British law is powerless to prevent any person from procuring any drug or making any mixture whether potent or without therapeutical activity whatever (so long as it does not contain a scheduled poison), advertising it in any direct terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinion and facsimile signatures of fictitious physicians and selling it under any name he chooses on the payment of a small stamp duty for any price he can persuade a credulous public to pay (22). The Report (of the Committee on Patent Medicines) concluded "The existing law is chaotic and has proved inoperative... although the public prosecutor has perhaps not sufficiently tested the powers of the existing law" (23).

Of this last point orthodox medicine was in no doubt. Inquest reports in the daily press recorded an increasing toll of fatalities from the excessive consumption of patent and proprietary medicines. The Medical press seized these opportunities to attack the existing laws, which they regarded as totally inadequate, and declared that stamp duty revenue derived from indiscriminate sale of secret remedies was "The price of blood" (24), and the law, as it stood was "a provision for concealment and a protection to fraud". It was the secrecy of patent medicines which offended doctors most of all and they were contemptuous of "The readiness with which some pharmacists strive to pander to the public demand for therapeutical influences". This conflict of

interests undoubtedly helped delay doctors recognising the claims of pharmacy "to be regarded as a profession rather than a trade" (25). At the same time extensive debate over the problem in the medical press made doctors more socially aware of their own obligations to the public.

From the official returns of stamp duty revenues, from doctors' reports and from the great opulence achieved by proprietary medicine manufacturers and vendors, the use of proprietary medicines by the public was a widespread, ever-growing habit throughout the whole country. The well to do used them but they were mostly purchased and consumed in enormous quantities by the lower classes (26).

The second half of the century saw another development, Patent and proprietary medicines were sold through many and varied retail outlets, at chemists, grocers, general stores and "at almost every little sweet shop". This easy availability materially aided "any shopkeeper acting as an unqualified practitioner". Furthermore, just as quacks had crossed the demarcation line of medical professionalism so this new won territory was in turn invaded. Few groups trespassed on this new territory more than herbalists.

The National Association of Medical Herbalists of Great Britain Limited was founded in 1864 and was incorporated (under the Companies Acts 1862 to 1890) on April 25th 1895. This Association was formed "for the development and progress of Botanic Medicine" and even aspired to practice on equal terms with qualified and registered medical practitioners. Although the Association of Medical Herbalists did not have an official journal its views and activities were recorded in "The Herb Doctor and British Physio-Medical Research" first published by "The People's League of Medical Freedom" in 1901 (27).

At one time herbalists were very numerous and had extensive practices (28) which could be divided into two classes. First there was the itinerant (almost indistinguishable from the itinerant quack) who sold his remedies in markets or by hawking from door to door (29). Second, there was a group of herbalists, both male and female, who established shops in urban areas (Fig 24). Though scattered more or less over the whole country, herbalists "were particularly prevalent in manufacturing centres in Lancashire, the West Riding of Yorkshire, Nottinghamshire and Derbyshire and to a somewhat less extent in Wales" (30).

The scope of herbalists' activities was very wide and they treated practically all diseases and even visited patients at their homes. They were frequently consulted on venereal diseases. It was also alleged that a large number of herbalists "sold drugs for the purpose of procuring abortion" (31). Herbalists did not patent their remedies but registered them as proprietary medicines and paid stamp duty which they inferred gave them sanction and approval by the Government (32). Herbalists were sometimes called "Doctor" and issued certificates which were regarded as valid for excusing school attendance and acceptable in certain cases by Registrars of Death (33). They further assumed the mantle of orthodoxy by regularly warning the public against quacks and quack medicines !

Certain herbalists, along with many more chemists, indulged in a special class of work under the name of "Water Casters" or "Water Doctors". By diligent touting and advertising a chemist or a herbalist could establish a reputation as a "Water Doctor" and "carry on an immense practice with people from miles around sending him specimens of urine from which he professed to diagnose their ailments and treat them with his own brand of pills" (34) (Fig 28).

Addressing the British Medical Association in 1892, Sir Lauder Brunton , an orthodox practitioner, said "Water Doctors learnt a good deal about their patients (sic) owing to their trained powers of observation. Thus, although he probably knew nothing about albumin the quack recognised that persistent froth on the urine was a somewhat ominous import and that it would lead him to give a guarded prognosis " (35).

It was in their own financial interest for chemists and herbalists to "push" proprietary medicines and increase their trade. They were helped by the wide variety and increasing number of advertising agencies that were springing up with improved facilities for effective advertising. Many of these advertised remedies and certain "cures" were completely worthless and lacked any therapeutic basis for the claims (36). Proprietary medicines however were not innocuous because "disease like scandal, gains by going" and a week or a fortnight or a month wasted by a patient on some vaunted but useless concoction frequently made all the difference in the genuine healer's power to treat effectively. Symptomatic treatment without diagnosis was commonplace and the example of the cough lozenge that suppressed a cough and delayed the diagnosis of tuberculosis (phthisis) showed that the "careless was not harmless". The lack of a proper diagnosis, often increased the risks of infection and complications - of venereal, zymotic and parasitic diseases. Unfortunately, it was "rare for general practitioners to see a child of working class people until it had been purged and medicined for several days by the prescribing chemist" (37). Delayed diagnosis or misdiagnosis sometimes had hidden and unpredictable social consequences (38). Misadventures were sometimes a mixed blessing to the medical profession who used

the opportunity to remonstrate and so enhance their own professional status and to press for legislation restricting the sale of proprietary medicines and for the control of advertising of secret remedies. In 1884, there was an unsuccessful attempt to introduce a Bill in the House of Commons, which would have restricted the sale of patent medicines. The Bill's sponsors, many of whom were doctors, contended that "many patent medicines contained poisons and caused sickness and death while the official stamp gave them a sort of sanction". A crucial clause in the proposed Bill allowed "any person claiming to be a proprietor or part proprietor of any patent medicine or any vendor or any purchaser by wholesale or retail of any patent medicine to have the medicine analysed by the Pharmaceutical Society of Great Britian". The onus of proving the safety of the medicine was placed squarely on the vendors, manufacturers or owners because the Bill provided that "until these medicines had been submitted for analysis by the Pharmaceutical Society and certified by them not to contain poisons, they should be deemed poisons and sold only under the same conditions as those scheduled in the Pharmacy Act" (39). It was further suggested that if a patent or proprietary medicine was found on analysis to contain poisons, a resolution approved by the Privy Council was to be published in the London Gazette and thereafter the medicine would become a poison and subject to all the controls enforceable by the Pharmacy Act. The proposed Bill was clearly an attempt to regularise existing practice since "it was an absurdity to fence round the sale of poisons when anyone could, by putting a Government stamp on the bottle, sell any farrago of poisonous stuff" (40). In effect the Bill was an attempt to introduce into this country a similar symstem of control to that appertaining in France where a medicine could not be stamped until it had been analysed.

However French Law was no more successful than English law in this respect and evasion was easy unless analyses were made almost weekly because there was no provision for the composition and formulation of the medicines to be standardised or consistent.

Supporters of the Bill claimed that "great loss of life and health was caused by the sale of patent medicines" cited in support of their claim the Registrar General's figures for 1881. These showed, for example, that twenty deaths occurred from the use of Chloral hydrate (41), three from Godfrey's Cordial, eight from Chlorodyne (fig.45) and fifty from other unspecified patent medicines (42).

"It was certain that these deaths could not possibly indicate the real extent of loss of life caused by these deleterious substances" (43).

In accord with their laissez-faire principles, the Government did not support the proposed Bill, choosing "to allow freedom of choice to continue rather than impose any restrictions which could do no good and must do evil by harassing people unnecessarily..... If these medicines are deleterious the producers of them ought to be answerable to the Common Law which is the right of every person who has sustained or believes he has sustained damage by reason of treatment" (44).

A major obstacle working against the common law process of constraint was the prohibitively high cost of raising a civil action against malpraxis. Similarly although criminal actions for malpraxis would be instigated the lenient sentences passed upon the offenders hardly seemed to justify the heavy expenses involved by prosecution (45).

Failure of the Government to support legislation aimed at restricting sales of proprietary medicines was interpreted by many as "deliberate Government policy to leave correction of

the evils of quackery to the spread of education rather than to legislation and prevention" (46). Whatever view one takes one thing is incontestable. Given a free rein the advertisers of patent and proprietary medicines pressed on unbridled to offend and provoke orthodox medicine.

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1. BENNION F.A.R. "Professional Ethics; The Consultant Professionals and their Code." London 1969
also
M^CONAGHEY R.M.S. J.R.C.G.P. 1972 Vol 22 p.775
2. GLASSCHIEB H.S. "The March of Medicine." London 1963.
3. Rept. Select Committee of Medical Education HMSO London
1834. p.20.
also
READER W. J. "Professional Men..... in the 19th Century"
London 1966 P.32
4. CARR-SAUNDERS, Sir A.M. and WILSON, P.A.
"The Professions" Oxford 1933.
5. READER W. J., op.Cit. pp51-67.
6. FRIEDSON E. "Profession of Medicine; A Study of the Sociology of applied knowledge." New York. 1972.
7. SIGERIST H.E. Bull. Hist. Med. 1936 Vol. 4 5.
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KENNEDY Ian. The Reith Lectures. Published in
The Listener, London 1980
8. LANCET 1899 Vol.2 1350-53
9. LANCET 1923 Vol.2 1068-69
also
EDWARD JENNER (1749 - 1823) for example wrote "Man has been overwhelmed by illness since the time he abandoned the path that Nature had trod out for him" cited in M.Greenwood, "Epidemics or Crowd Diseases" E.U.P. 1935

10. For a medicine to be a "patent" medicine, its formula must have been disclosed at the Patents Office. The application and formula was referred by the Controller-general to an examiner who ascertained whether (1) the nature of the invention was fairly described (2) the title or label sufficiently indicated the subject matter of the invention. It became easier to establish a patent after 1888 when the Institute of Patent Agents was formed and the members of this Institute derived their commission by securing patents for their clients.

Also see

The example of Chlorodyne and the dispute over trade mark in TIMES 24th July 1873.

Establishing a proprietary medicine did not present the complex and expensive difficulties involved with a patent. By the Trade Marks Registration Act 1875 a register of trade marks was established at the Patent Office and it was easier to establish a trade mark than a patent. A fraudulent imitator of a trade mark may be indicted for false pretences (but not for forgery).

KERLY. D.M. "The Law of Trade Marks" London 1927

11. MacEWAN Peter (edit) "PHARMACEUTICAL FORMULAS" London Chemist and Druggist 8th Edition 1911 p.972.
12. The Medicine Stamp Act 1804 and the Stamp Act 1812 along with further legislation in 1819 contained schedules of medicines on which stamp duty was payable. An Association of Chemists and Druggists was formed in 1802 to protect their members interests in connection with Stamp Act legislation.
13. "PHARMACEUTICAL FORMULAS" Op.Cit. p.972.
14. Ibid

15. Commenting on the inconstant formulation of Morison's Pills an analyst asserted that "in order to baffle the analyst, the manufacturer changes his formula....,as it best pleases his fancy when preparing the deception, for no two analyses furnish the like product".

LANCET 1835-36 1 p.386.

16. "PHARMACEUTICAL FORMULAS" Op.Cit. p.973

17. A number of quacks evaded payment of stamp duty because of the liberal interpretation of this clause. Street pedlars, market trades and herbalists were exempt from paying stamp duty on the medicines they sold by the measure. "Water Doctors" or "Water Casters" similarly evaded payment. Individual examples are cited in "The Hawkers and Street Dealers of Manchester and the North of England" by Felix Folio (N.D.) A review of this book appeared in the Athenaeum 2 pp.42-43 1858.

Also,

James Morison used this loophole to good effect for widescale advertising. In his guide to his agents he wrote "Many applications are made by clergymen.... in order to administer the pills gratuitously to their poor parishioners and we will be happy to assist them in that benevolent purpose".

"The Hygeist," London 1842 p.32.

18. According to Inland Revenue returns the Nett receipts from stamp duty on patent medicines for the quinquennium 1899-1903 was almost £1½ million.
19. The tax on advertising was abolished in 1853. The stamp duty on newspapers was first imposed in 1713 and varied according to the size of the newspaper. This meant that news items and advertisements had to be curtailed to conform to

the size allowed by the stamp duty (1550 superficial inches). In 1855 this duty was abolished and immediately there was an immense increase in the size and number of newspapers. Paper duty was repealed in 1861 and this lowered the cost of advertising. In 1870 the compulsory stamp, retained for postal purposes, was abolished.

SAMPSON, Henry. "History of Advertising." London 1874.

20. The personal fortunes of Morison, Holloway and Beecham testify to an enormous sale of their proprietary pills.

Also,

Med. Times and Gazette 1870 1 p.11

21. LANCET 1881 2 p.1011

22. Rpt. from the Select Committee on Patent Medicines

H.M.S.O. London 1916 p.55

23. Ibid

24. LANCET 1881 2 p.1011

25. Ibid but also see

FRIEDSON E. Op.Cit. who discusses the role of paramedical professionals and their association with trade.

26. Cd. 5422 Report on the Practice of Medicine and

Surgery by Unqualified Persons in the U.K.

H.M.S.O. London 1910. P.11

27. The Peoples League of Medical Freedom estimated the number of practising herbalists in this country at 2,000 in 1909. There is no evidence to prove that the majority of these were members of the National Association of Medical Herbalists. Evidence suggests the number of practising herbalists may have been as high as 4,000 between 1860 and 1890.

28. FELIX FOLIO Op. cit.
29. Ibid
30. CD 5422 P.6.
31. Ibid P.7
32. A proprietor of a secret remedy could register (for stamp duty purposes) either the formula of a secret remedy or its method of manufacturer or a trade mark.
33. Cd 5004. Second Report of Coroners Committee
pt 1 1910 p.138-139.
34. UROSCOPY formed the subject of a number of paintings particularly by Dutch artists. The practice of uroscopy was very common amongst the Arabians and also in France in the Middle Ages. Under Hippocratic direction physicians rightly attached great importance to the inspection of urine.
35. The original "On the Method of Zadig by Prof.Huxley appeared in "Nineteenth Century" June 1880.
36. SECRET REMEDIES; What they cost and what they contain.
British Medical Association. London 1909.
37. CD 5422 Op. Cit. p.5.
- 38 TRING F. C.

M.A. Thesis University of Sheffield 1972. discusses the effect of chronic school absenteeism because of ringworm infection of schoolchildren and computes the loss of the 'grant' and its effect on the economics of the village school.
39. Clause 4 Bill to Restrict the Sale of Patent Medicines.
March 26th 1884.
40. Comment by Dr. Farquharson in supporting the Bill in the House of Commons Reports 26 March 1884.

41. Chloral hydrate is a solid but it ^{dehydrates} ~~evaporates~~ rapidly and thus cannot be used in tablet form. It also has an unpleasant taste and causes gastric irritation. It was usually administered in the form of a mixture, often containing a bromide to mask the taste. The hypnotic potency was not increased by the addition of a bromide and had the disadvantage of producing sensitisation to bromides.
42. Brit. Med.. J. 1884 1 p.647
43. The exact number of deaths cannot be ascertained because of the unreliability of the death certificates and the qualification of the certifying "practitioner". See comment on "Death Certification and Registration" in LANCET 1899 2 p.1541.
- Also
Evidence of Augustus Waller before Coroners Committee Cd. 5004
(2nd Report) 1910 P.47
44. Debate in House of Commons March 26th 1884.
45. It was a common complaint in editorials and correspondence columns of the LANCET and British Medical Journal that even when a quack was successfully prosecuted the punishment decided by the courts was often derisory. Brit. Med. J.1904 2 359.
46. Trans. Medico Legal Soc. IX p.87 1911-12.

CHAPTER 5STRAINS AND CONSTRAINTS

As medicine benefitted from advances in science and technology so quackery took advantage of the improvement in advertising facilities. The medical profession sought to restrict the freedom of quacks to advertise their trade but their objections met with limited success. There appeared to be a solution when the first incumbent of the Vinerian Chair of English Law at Oxford optimistically commented, "It is a general and indisputable rule that where there is a legal right, there is also a legal remedy, by suits or action at law, whenever that right arises". (1).

In spite of this clear line the law was virtually powerless to prevent the advance of quack medical practice in this country during the 19th century. Only two laws had any bearing upon the control of unqualified practice, the so called Apothecaries Act (1815) and the Medical Act (1858). Although the Apothecaries Act only touched the fringe of unqualified practice its history is of great importance for the understanding of Victorian man's social setting in relation to medical affairs. Before the reign of Henry VIII the practice of physic was divided between physician, surgeon and the apothecary. The latter appears to have been the equivalent of a general practitioner. Before this the grocers (2) had combined their ordinary business with the sale of any easily available medical compounds in common use at the time, (some were even consulted by those who could not afford to pay the regular practitioner for the treatment of minor ailments). Eventually shops were established for the exclusive sale of drugs and medicinal compounds and the 'chemist' or 'apothecaries' who kept these shops took it upon themselves to treat their customers. Later the apothecaries

again united with the grocers and were incorporated by a charter (in 1607) (3) but ten years later the apothecaries finally dissociated themselves from the grocers, perhaps having been overshadowed by the wealth and importance of the great wholesale merchants. They formed a distinct corporation called The Master, Wardens and Society of the Art and Mystery of Apothecaries of the City of London (4). Admission to the Society was by a seven year apprenticeship (like the Grocers') followed by an oral examination (unlike the Grocers'). The apothecaries were given a valuable monopoly since "it was not lawful for members of other mysteries to furnish, have, hold and keep an apothecary's shop" (5). It was not until the late 17th century that the Company became more than a mere trading company and its members began to treat patients and act as general practitioners. This trend met with bitter disapproval from the College of Physicians but nevertheless, by the beginning of the 18th century, the right of apothecaries to prescribe and treat patients had been judicially determined (6) and their position was strengthened still more when the so-called 'Apothecaries Act' was passed in 1815. The Act confirmed their original charter and gave power to the Society to appoint a Court of Examination. It also contained a penal clause which provided that "any person except those actually practising as such, who after August 1st 1815 acts or practices as an apothecary in any part of England and Wales without having obtained the necessary certificate should be liable to a penalty of £20 for any such offence" (7).

One would have thought this penal clause was adequate enough to deal with unqualified practice. Apparently this was not so since in order to establish an offence under the Act it was necessary to prove,

(1) That attendance upon the patients was for "internal disease" as contrasted with surgical ailments,

(2) That the remedies were compounded by the defendant and were selected (i.e. prescribed) and supplied by him,

(3) That the offence was committed in more than one instance.

The penalty was recovered as a debt due to the Master and Wardens of the Society of Apothecaries who alone were entitled to bring an action before a county court judge.

The legitimate business of chemists and druggist was in no way restricted by the Act. They were still able to sell medicines and dispense prescriptions. The application and administration of medicines and attendance on patients as a general practitioner however was an offence under the Apothecaries Act and they were not exempt the penalties. The trade and business of chemist and druggist was confined to buying and preparing, compounding, dispensing, and vending medicines and medicinal compounds either wholesale or retail and the case for prosecution therefore rested not upon a matter of the charging of fees but whether a plaintiff acted as an apothecary (8). The penalty clause in the 'Apothecary Act' soon became a dead letter because it could not be applied without the consent of the Master of Wardens since the prosecution was carried out in their name. The cost of court proceedings was high compared with the 'debts' recovered. In any case the ordinary advertising quack did not commit an offence which fell into the category "of practising as an apothecary without having a certificate of the society" (9).

The enlarging towns of the 19th century introduced a degree of medical specialisation which made the apothecary an anachronism and the term 'apothecary' gradually disappeared as the medico-pharmaceutical-surgeon-apothecaries were replaced either by surgeons (whose work was mainly medical) or by chemists and

druggist (whose work was pharmaceutical). Thus the title 'apothecary' was abolished in the British Army in 1820, briefly revived during the Crimean War and finally disappeared in 1875 (10).

With the passing of the Medical Act in 1858 another attempt was made to regulate unqualified medical practice. According to its preamble the Act was passed to enable persons requiring medical aid "to distinguish qualified from unqualified practitioners". So as to make this distinction clear, effective and exclusive, a register was to be published annually by the statutory body, the General Medical Council, which was set up by the Act. Only registered practitioners were entitled to practise medicine and surgery and were decreed by law to be duly qualified medical practitioners.

The Medical Act made provision for the composition of the General Medical Council which was entitled to pay certain fees to its members from monies received from registered practitioners. The statutory authority did not receive an endowment from the State.

The Medical Act of 1858, like the 'Apothecaries Act' of 1815, contained a penal clause, prohibiting unregistered (and therefore unqualified) practise. The Act stated "Any person who shall wilfully and falsely pretend to be, or take, or use, the name or title of Physician, Doctor of Medicine, Licentiate in Medicine and Surgery, Batchelor of Medicine, Surgeon, General Practitioner or Apothecary, or any name, title, addition, or description implying that he is registered under the Act, or that he is recognised by law as a Physician, or Surgeon or Licentiate in Medicine and Surgery or a Practitioner in Medicine, or an Apothecary, shall upon a summary conviction for any such offence pay a sum not exceeding £20." (11)

The penal clause (Clause 40) of the Medicinal Act differed in one important respect from the penal clause in the Apothecaries Act. Whereas in the latter it could only be put into force by the consent of the Master and Wardens, under the Medical Act, anyone who cared to do so was entitled to undertake the thankless and expensive task of prosecution. The crux of the whole clause was in the words "wilfully and falsely" and "implying that he is registered". The penal enactment was only applicable when a quack used the titles mentioned in the Act in such a way as to "imply registration" (12). For instance if an unqualified practitioner used the titles "M.D." or "Physician" or "Surgeon" alone he could be prosecuted, and usually successfully (13); however if he called himself "M.D., U.S.A" or "M.B. Timbuctoo" or "M.D." (fig.39) with any added words giving the alleged source of origin of his 'degree' he was able to do so with impunity. Thus under the Medical Act practice was not protected; only registrable titles, and there was therefore free trade in medicine and surgery. Similarly the practice of Midwifery was only protected against unqualified women; a 'man-midwife' could practise without fear of prosecution either under the Medical or Midwives Acts (14).

The key words "implying that he is registered" destroyed the effectiveness of the Act and caused prosecutions to be few and far between. The words "wilfully and falsely" also had to be taken into consideration by magistrates or justices of the peace trying a case under this Act. The possibility of different interpretations being put upon words used in the Act was a boon to the Jurists. There were those, for example, who interpreted "wilfully" to mean "that he did it on purpose", and that "falsely" meant "pretending to be on equal footing with any regularly trained and registered physician

or M.D. in England". In contrast to this interpretation was the opinion given by counsel to the General Medical Council that to secure a conviction the prosecution should prove that "the defendant calls himself by a registrable title, or some title that is rather like a registrable title, or seems to imply medical skill and knowledge. Further, it is not enough to prove that he has no right at all to the title; proof must be given that he has no reasonable grounds at all for thinking that he has the right to use the title, so as to leave no other alternative but the inference of a deliberate attempt to impose upon the public" (15).

It is an interesting social comment that animals were better protected against unqualified practice than human beings. Animals (and veterinary surgeons!) were protected by the Veterinary Surgeons Act 1881 which limited the right to sue for fees to registered practitioners only (16). In addition the veterinary surgeons themselves were more active in protecting the legal value of their registration than the Apothecaries had been. Thus the words, 'Canine Specialist' and 'M.D., U.S.A.' were sufficient to ensure a prosecution with almost certain conviction under the Veterinary Act whereas if the quack confined his practice to humans he could do so with impunity. Doctors were irritated by these apparent double standards of legal enforcement. They were amazed, for example, that the Lord Chief Justice could say, "It is perfectly clear that those who treat them (animals) should be persons who have some recognised qualifications" (17).

The medical profession continued to press for an amendment to the Medical Act (1858) and constantly put forward the view that it should be possible to prosecute (with reasonable prospects of success if the facts alleged could be proved by ordinary laws

of evidence) anyone who held himself out as specially qualified to treat diseases of humanity and who did not possess a degree or a diploma recognised by the General Medical Council. However the medical profession wanted something more than the mere privilege of certain convictions for quacks; what they really wanted was a monopoly to treat disease. They vigorously canvassed the idea that such a monopoly would be for the public good, but there were opponents who argued that any attempt to use the law to suppress freedom was against the prevailing attitude which laid such great emphasis on an unfettered approach to social and economic problems. Medical 'liberty' was therefore a misnomer since it was concerned with efforts to limit professional-like practice to qualified practitioners (18). Attempts to legislate for restriction of medical practice even aroused the suspicion and hostility of parliament. "Such legislation tended to create a medical monopoly..... and a feeling of 'trades-unionism' might be detected in the hostility shown by coroners and medical gentlemen towards patent medicines when the deceased had been shown to have lately used them" (19).

Certain doctors with access to both Government and public opinion didn't mince their words about quackery and unqualified medical practice. The most outstanding and vociferous of these was Thomas Wakley. As the first editor of the Lancet (20) he undertook "to do all possible to eliminate mystery from medicine". Wakley was faithful to his undertaking and great medical reforms followed his provocative 'leaders' in the Lancet, which covered such important topics as medical education, politics, the professional welfare of doctors, adulteration of food, and, not least, quackery.

Under Wakley's editorship the Lancet's attitude was uncompromising. It was also acutely sensitive and quick to suspect connivance. "The general uncertainty of judicial discussion is proverbial, but their uncertainty in anything that relates to medicine and medical men is beyond a proverb" (21). Here Wakley was commenting on a trial following the administration of an emmenagogue which resulted in the death of a young girl. The magistrate concluded that "it is no offence in the eye of the law for an ignorant person to deal with the administration of medicine and to poison people by mistake, or with good intentions". Obviously incensed by such ambivalent attitudes Wakley continued to press for the prosecution of unqualified practitioners, quacks and nostrum pedlars. "We would suggest that every bottle which they sell infringes the Apothecaries Act of 1815, and they may be proceeded against with the utmost ease in the County Courts. The penalty is £20 for each offence. If this lever were well worked the metropolis might soon be rid of a set of harpies more vile than any other class of moral outcasts which can be found - so vile, indeed, that their very residence in a street or a square striked it as if with scrofula, and renders it almost uninhabitable to decent people" (22). The feasibility of prosecuting these "cruel wretches" under the Apothecaries Act was at best very doubtful since "they usually included an Apothecary" and so evaded the law (23). In spite of Wakley's crusade, unqualified practice continued unabated and even when prosecutions were brought they amounted to little more than a fairly cheap form of advertisement (24).

There were many varieties of unqualified practice. Bone setting for example prospered throughout the 19th century and

evoked numerous complaints by its encroachment upon the surgical practice of qualified practitioners. The practice of bone setting however had its greatest vogue in the North of England and Wales, where it was mainly devoted to the mining, quarrying and fishing industries (25). Men who practised as bone setters were drawn largely from the working class population, such as carriers, railway porters and the like. In many cases they were illiterate (26) but were generally held in high esteem. This view was maintained by a widely held idea that bone setting was a thing apart from a medical man's normal practice. Sometimes both qualified (the doctors) and unqualified (the bone setters) practitioners worked together (27).

The practice of bone setting was tolerated in principle and sanctioned in practice by the Employers Liability Act (1889) along with the contemporary expansion of 'medical clubs', Relief Funds and Friendly Societies (28). On the other hand the introduction of the Workman's Compensation Act (1897) several years later helped to redress that bias by requiring a regular medical examination of any patient receiving weekly payments under the Act. A stipulation of a compensation award was that the examination was to be performed by a duly qualified medical practitioner (i.e. a practitioner on the medical register) and paid for by the employer (29).

Each attempt to eliminate unqualified practice was accompanied by widespread criticism both in the lay press and inside Parliament. The use of legal sanctions to create a monopoly for the treatment of illness was regarded by many as a retrograde step. The 'People's League of Medical Freedom' for example, opposed any further attrition of individual "rights".

They obviously took themselves very seriously and addressed a memorial to the Privy Council thus "The Medical Profession assert that, in seeking the legal suppression of their unregistered competitors, they are acting in the interest of the public....." (30) and "It is alleged by the general Medical Council that evil effects are produced by the unrestricted practice of medicine and surgery by unqualified persons.... however any attempt to remove the evil by granting a monopoly of practice to one school of medicine would merely result in the substitution of a 'beam' of fresh evils in place of the 'mote' complained of by the seekers after monopoly. It would be bad for the doctors themselves and worse for their patients. It would deprive the former of any adequate incentive to efficiency and subject the latter to oppressive prices for indifferent services....." (31)

The Peoples' League of Medical Freedom considered that registered practitioners enjoyed too much state protection and suggested "What is really needed, in the interests of the public and the doctors themselves, is the appointment of a Royal Commission to inquire into the amendment of the law with a view to providing facilities for the registration, under proper conditions or persons engaged in the bona fide practice of any school of medicine or healing treatment".

This contentious memorandum raised several valid points. Firstly there was indeed a real need for some critical evaluation of "other schools of medicine". Secondly, treatment provided by 'allopathic doctors', or registered practitioners, was often just as empirical and sometimes more unpleasant and injurious, than that given by unqualified practitioners. Thirdly, treatments were never routinely subjected to controlled clinical analysis and this omission led to either biased rejection or enthusiastic

acceptance of 'cures' without convincing evidence to support either conclusion. Fourthly, the public patronised unregistered practitioners because they found their methods of treatment were successful; or they believed them to be (32). Protests and petitions were all in vain and too late for the Peoples' League of Medical Freedom or anyone else who shared the same views. In the 1890's certain events had created a furore which embroiled the medical profession in politics; and it swept them into an impregnable position in the Establishment. This unexpected bonus for the doctors was the result of a series of disasters suffered by the British Army. National anger was fanned by sensational disclosures by Arnold White (33) a free lance journalist that at the Manchester recruiting depot, three out of five volunteers had been rejected as physically unfit. Although a more sober assessment of the situation soon appeared, its message was too clear and alarming to be ignored. It read "even if we set aside considerations of physical and mental suffering and regard the question only in its strictly economical and national aspects, there can be no doubt that the facts..... indicate a serious condition which can hardly be overestimated" (34)

Thus did Seebohm Rowntree (1871-1954) confirm Arnold White's findings. He further concluded, from an analysis of the army's recruiting figures in York, Leeds and Sheffield, that half of England's manpower was unfit for military duty (35). Yet more revelations came in a special report by the Inspector General of Recruiting, who expressed an opinion "that the class from which the army soldiers were recruited was, indeed, suffering progressive physical deterioration..... " (36).

Amongst the shrieks of hurt national pride were questions which demanded unequivocal answers. Was the race deteriorating? Was there evidence of inherited racial decline? The medical profession,

who should have been able to give an authoritative answer to these questions, was not clearly asked. All it could do was to point out that no adequate anthropometric surveys had been made (37) and that a continuous system of physical inspection by duly qualified medical practitioners was long overdue.

They also added "If the stunting effect of work on children were combined with lack of sunshine, outdoor exercise and fresh air, and if the parents' earnings were insufficient to provide an adequate diet, it was easily conceivable that the British race would deteriorate" (38).

The "searching inquiry" promised by the Duke of Devonshire produced "The Physical Deterioration Report" of 1904. The Report confirmed the worst fears about the incidence of ill health whilst offering some comfort and a 'second chance'. According to the Report, there was no proof that the race was deteriorating (39). The conclusion that much ill-health was due to environmental conditions and lack of nourishment offered some comfort, since these detrimental influences were thought to be reversible. It was on this basis that the committee made certain recommendations including the enforcement of existing sanitary regulations, establishment of an adequate system of physical inspection of school children and a state sponsored scheme for the feeding of school children of poor parents in order to ensure the child's ability to take full advantage of the state education system. Humanity conjoined with the national interest, compelled reform and this began with the care of growing children.

The medical profession had both the expertise and dedication to implement the necessary improvements and at the same time develop political sense to take advantage of the new situation. After a decent lapse of time it was resolved, "That the General Medical

Council, being of the opinion that the present Medical Acts do not sufficiently enable persons 'requiring medical aid to distinguish qualified from unqualified practitioners' and that it is contrary to the interest of the public that medical and surgical practice should be carried out with impunity by persons holding no recognised qualifications, requests the Government to take steps for the appointment of a Royal Commission to inquire into the evil effects produced by the unrestricted practice of medicine and surgery by unqualified persons" (40)

In 1910 a committee appointed to enquire into the Practice of Medicine and Surgery by Unqualified Persons published its Report. Whilst the committee recognised that unqualified medical practice "was rife and well established in certain areas" it nevertheless considered further legislation to curtail unorthodox medical practice would be an infringement of personal freedom. In effect the committee recommended the medical profession should improve the general availability of its services and "so render unqualified medical practice an anachronism". Unqualified medical practice showed the availability of its own services by widespread advertising.

NOTES AND REFERENCES

1. 'Commentaries on the Laws of England' by Sir William Blackstone. ed. J. Clitherow, London 1818 Bk.III Ch.iii
Blackstone published four volumes of lectures which form his celebrated 'Commentaries' and brought him in £14,000.
2. The Grocers formed one of the Companies of the City of London.
3. By Charter from James I under the style and title 'The Wardens and Fellowship of the Grocers of the City of London'.
4. By a charter issued in 1617 they were constituted into a separate City company.
5. TREASE G. E. 'Pharmacy in History' 1964, London pp 109-110.
6. "From and after the First Day of August One thousand Eight hundred and Fifteen it shall not be lawful for any person or persons (excepting persons already in Practice as such) to practice as an Apothecary in any part of England and Wales unless he or they shall have been examined by the said Court of Examiners or the major part of them and have received a Certificate of his or their being duly qualified to practice".
Apothecaries Act 1815 Section XIV.
7. Ibid.
8. Thomas Wakley while Editor of the Lancet had tried to shame the Society of Apothecaries into bringing an action against James Morison, the Hygeist.
9. TREASE G. E. op.cit. p. 182.
10. Ibid. and also in "Memoirs of the Crimean War. January 1855 to June 1856" by Dr.Douglas A. Reid London 1911.
"Five days after completing my twenty first year and in

the same month, June, I held the diploma of the Royal

College of Surgeons of England and the Licence of Apothecaries Hall, London, so that I was ready for anything that might turn up."

Also, the title 'Apothecary' was used in the Medical Act of 1858 and gave recognition to them as a branch of the Medical Profession. p. x-xi.

11. Clause 40 Medical Act 1858.
12. For example, on February 14th 1901 Henry Davis was convicted on a summons charging him with wilfully and falsely using the title of 'Doctor' thereby implying that he was a registered medical practitioner. Lancet 1 p. 567, 1901.
13. On the stage at the Camberwell Palace of Varieties a man "unlawfully, wilfully, and falsely took and used the name, title and addition of 'Doctor', 'M.D.' and 'Surgeon' thereby implying that he was then registered under the Act. B.M.J. 2 pp 165-166, 1905. Also, "A man was prosecuted at the instance of the General Medical Council..... The defendant had already been fined the full penalty, £20, a year ago in an action by the Society of Apothecaries for unqualified practice as an apothecary". B.M.J. 1, p.1947,1888.
14. B.M.J. 1 pp.1550-1551, 1902
Special report on the third reading of the Midwives Bill.
15. LITTLE, Ernest M. 'History of the British Medical Association 1832-1932'. B.M.A. London pp 261-277.
16. The preamble to the Veterinary Surgeons Act (1881) reads similar to that of the Medical Act of 1858 -
"the object (of the Act) is to enable persons requiring the services of a veterinary surgeon to distinguish between

- qualified and unqualified practitioners". The Act laid down that the title of Veterinary Surgeon or Veterinary Practitioner should be used only by those persons on the Register of the Royal College of Veterinary Surgeons.
17. Ibid.
 18. COWEN D.L. "Liberty, Laissez-faire and Licensure in 19th century Britain". Bull. Med. Hist. 1969 63 (1) p.30.
 19. Parliament discussion on "Patent Medicines Bill" March 26th 1884.
 20. FISHBEIN M. "Some Great Medical Editors". Bull. Med. Hist. 26 p.70, 1962
 21. Lancet 1, p.416, 1851.
 22. Ibid. p.73.
 23. Ibid p.112.
 24. Lancet 2, p.1604, 1898.
 25. Lancet 1, p.1002, 1899
also Cd.5422, p.8.
 26. Lancet 1, p.1002, 1899
 27. Cd. 5422, p.8.
 - 28 Br.Med.J. 1, p.489-490, 1896
"A member of the profession felt that 'a suitable panacea for the 'sweating' of the profession would be found by increasing the ranks of the General Medical Council from the great body of general practitioners and so forming a Society similar in constitution and with similar powers to the Incorporated Law Society".
 29. Clause 'd' of the Workmen's Compensation Act.... "The patient must submit to a medical examination.... In order to prevent a fraudulent claim or as far as possible any malingering on the part of the injured workers- it is enacted.... that any worker who has given notice of an accident shall if required

by an employer, submit to an examination by a duly qualified medical man provided and paid by the employer. If he refuses to submit to such an examination..... his right to compensation is to be suspended until such examination takes place".

30. January 23rd 1911.

31. The President of the "Peoples' League of Medical Freedom" was a Rev. A.M.Mitchell and probably accounts for the biblical metaphors.

32. Sir James Paget; Life and Letters. London 4th edition p. 277, 1903.

Extract of a letter to Sir H. Acland.

33. WHITE Arnold. "Efficiency and Empire" pp. 101-102, London 1901.

34. SEEBOHM ROWNTREE B. "Poverty. A Study of Town Life" pp 216-221. London 1901

35. Ibid.

36. Cd. 1501 "Report of Inspector General of Recruiting" 1903.

37. 'Comparative statistics were available which suggested that the average English Physique was inferior to that of fifty years before. In 1845 for example, 105 men per thousand recruited for the army had been under the standard height requirement of 5'6". In 1900, 565 per thousand were under this height and in 1901, the army had finally obtained permission to enlist men down to a minimum height of 5 feet.

George F. Shee "The Deterioration in the National Physique" in "The Nineteenth Century" 52, p.798, 1903.

also

ROBERTS C. "The Physical Requirements of Factory Children"

in J. of Stat. Soc. 1876.

38. B.M.J. 2, pp 207-208, 1903.

39. Cd. 2210 "Minutes of Evidence, Report of the

Interdepartmental Committee on Physical Deterioration",

p. 123-124, 1904.

40. Cd. 5422, "Report on the Practice of Medicine and Surgery

by Unqualified Persons", p. 2, 1910.

CHAPTER 6ADVERTISING

Almost 2500 years ago an Athenian vase painter, Euthymedes, scratched on one of his products, "Superior to the wares of Euphronios" (1). This was not only a simple positive challenge to a rival manufacturer, it was also an invitation to a purchaser to exercise discretion in favour of the advertiser. The whole process of influencing the buyer was slowly modified and elaborated until in the 19th century it was given impetus by the coincidental spread of popular education. Increased sales of newspapers made it possible to advertise on an even larger scale to the masses in their industrialised corrals, and what had originally been a simple human expression rapidly developed into 'a hydra of literacy'.

The heavy taxes placed by the Government upon newspapers and their advertisers imposed a severe restriction on the number and content of advertisements appearing in them. It was said that the main advertisements appearing during the early 19th century were "those which pandered to the libidinous desires of the well-to-do" (2). Once these inhibiting "taxes on knowledge" were removed the nature and content of the advertisement columns also changed and manufacturers of hair dressing (3), toothpaste(4) , soap and polish began to woo the mass market (Figs. 13 & 16). Certain publications took exception to some of the flagrant advertisements of the now commonplace household articles which began to appear. The 'Athenaeum' for instance was particularly offended by "these eyesores of print", "There can be little doubt that in the stupidest cluster of trashy papers, the most insignificant articles, may by dint of eternal paragraphs be forced into sale.....

It is the duty of an independent journal to protect as far as possible the credulous, confiding and unwary from the wily arts of the insidious advertiser" (5).

Stamp duty on newspapers was first imposed in 1713 (6) then varied from time to time but finally abolished by an Act of Parliament in 1855 (7). One immediate effect of this was that an immense number of newspapers came into existence, although for some it was an ephemeral one. Another effect of the abolition of stamp duty was on the circulation of newspapers (Appendix 5&6). Up to the repeal of the stamp duty few people bought newspapers for themselves. One of the functions of the newsvendors was to lend the 'Times' out for a penny an hour, "while a second or third day's newspapers was considered quite a luxury by those whom business or habit compelled to stay at home" (8). After the repeal of stamp duty on newspapers "almost everyone bought a penny paper" and the increase in circulation provoked an increase in advertisements. On May 24th 1855 for example the 'Times' in its usual sixteen-paged size contained 2575 advertisements (9),

While the 'Times' was the epitome of advertising, some of the other morning and weekly papers set out to attract advertisements of a particular class. The 'Morning Post' for example monopolised all those that related to fashion and high life; the 'Morning Advertiser' was the paper for Licensed Victuallers; 'Bell's Life' was a mass of advertisements of various sports; the 'Era' was for theatricals and the 'Athenaeum' attracted a large proportion of book advertisements. The increase in sales of newspapers however was not confined to the National families or other journals. Even the smallest provincial newspapers shared in the readership explosion (Appendix 6). The enormous advertising potential is shown by the return of advertisement duty for 1851, when 2,334,593 advertisements were published in the journals of Great Britain and Ireland (10).

This figure was soon to be overtaken (Appendix 7).

The relationship between the growth of the press and the growth of the Victorian city was a close one. Urbanisation brought together "for the first time that unknown public for whom tens of thousands of different newspapers, magazines and reviews were printed" (11). The growth of newspapers was a phenomenon hailed as a panacea for all the ills of society, and the Chancellor of the Exchequer was even praised for advocating the repeal of paper duty (12), which, it was said, directly assisted "The marvellous spread of cheap literature, thereby throwing open the flood-gates of knowledge to the people" (13).

The tax levied for many years upon every notice and advertisement inserted in a newspaper irrespective of the length of the advertisement or subject matter, was rated high at 3/6d. This tax was chargeable on each advertisement or 'cut off' (14). In 1833 the tax was slashed to 1/6d and then completely abolished in 1853. Thus the way was opened for "the pounding and insinuating sea of advertising".

The 'Times' of London absorbed the lion's share of advertising (Appendix 7) but the 'Daily Telegraph' showed a remarkable record of growth. Its appearance in 1855 (see **Legend** to Fig.39) coincided with the benefits conferred on newspapers by liberal fiscal changes and so what the 'Daily Telegraph' lacked in prestige, power and influence it made up for in circulation numbers. Thus it became a magnet for advertisers. However, newspaper proprietors didn't get all the profit out of the advertisements. In the early days they were glad to contract with advertising agents who agreed to take so many columns a day at the going trade price, a deal which soon began to look a very good bargain for some of the agents (15) who organised and placed advertisements on behalf of manufacturers.

There was another form of advertising which enjoyed a similar explosive growth in the 1850s and soon became little short of an intolerable nuisance. The 'bill sticker' cared nothing for the privacy of dead walls, street doors, railway arches or private houses (Figs.11 & 12). Even strips of fields alongside railway lines were likely to carry advertising posters. The bill posting industry was a ferocious one and rivalry between the various 'bill sticking gangs' ensured that London and many of the larger provincial cities were pasted and papered overnight, every night (16). This led to the erection of hideous eyesores such as the monstrous signboard perched half way up the white cliffs of Dover (17), and the defacement of many beauty spots.

The advent of highway advertisement contractors, who purchased the exclusive and absolute right to stick posters on a hoarding, helped to narrow the avocations of the predatory billstickers (18). For their mutual protection they formed the United Bill Posters Association (19). It was not long before that association was hard pressed, not only to defend its investment in 'advertisement stations', but to defend its right to advertise at all. A deluge of correspondence to the 'Times' complained of advertising abuses. Both their siting and content offended the Victorian sense of propriety. One outcome of this tide of protest was the formation of the Society for the checking of Abuses of Public Advertising (S.C.A.P.A.) (20).

The growth of advertising gave immense power to the newspaper proprietors and advertisers out of all proportion to their obligations.

The unprecedented expansion of the advertising industry was sometimes criticised and unwelcome. "We take it for granted" wrote Thomas Carlyle (1795 - 1881) in his 'Past and Present', "that all men who have made anything are expected and entitled to make the loudest possible proclamation of it and to call upon a discerning

public to reward them for it" (21).

Advertising became less inhibited as different styles were tried. Experimentation ensured that failures in commercial advertising were soon discarded while the successful became more artful and selective. Greater attention was paid to selecting both the newspaper and the particular section of the public to whom the advertisements made intentional appeal. Contemporary surges in popular avowal or contemporary themes were used in ways which became more devious and unscrupulous. For example, farinaceous foods, "patronised by medical men of the highest distinction" were called after the Queen's numerous children (22). Full length portraits of Queen Victoria or the American President decorated shops selling sarsaperella and advertisements insinuated that "the Queen and the President were large consumers of sarsaperella which thereby helped to preserve the constitution of their countries". The endless skirmishes, which occupied the British Army throughout Victoria's reign, kept the advertisements replete with topicality (Figs.14, 15 and 16).

Advertising helped to create new markets and it expanded existing ones for certain products. Foremost amongst these were proprietary medicines. The new phenomenon produced several trends. The increased sales of a proprietary medicine meant that manufacturers could expand production of the product. They were also able to increase their range of products by launching new ones onto the market under the umbrella of an established household name; or they merged into larger companies. Another effect was that the journals, periodicals and newspapers favoured with their advertisements received very high advertising revenue (Appendix 7). This sometimes enabled the price of the periodical to be reduced, to sell more copy and so increase their circulation and influence even further (23).

The British Medical Journal in 1853 complained that "a standing order from half a dozen quacks for the insertion of their long advertisements, or an agency for their medicines are, with nine out of ten provincial and colonial newspapers, absolutely necessary elements for their existence" (24). Newspapers could hardly exist and certainly couldn't prosper without advertising revenue received from proprietary medicine manufacturers. The threat of withdrawing weighty advertising was frequently used to silence criticism. For instance between 1832 and 1836 the comic weekly 'Figaro in London' had little good to say about Morison, noting for example that in 1835 his partner had died by "testing the physic of the firm". One year later in 1836, a long article began by calling the Hygeiene System outright quackery, and went on to say "..... we have given to the Hygeists such a smashing as will do more towards stopping the sale of these foul damnable and most diabolical pills, than all the coroners' inquests and verdicts of manslaughter that have each been recorded by British Jurymen" (25). Suddenly, in 1837 the criticisms ceased and shortly afterwards were even replaced by some statements defending Morison against Wakley and other critics. Coincidentally with this change of heart, advertisements for Morison's Pills began to appear in the paper! Later Sir Joseph Beecham exercised similar power and stipulated that his pills were advertised "on the terms that they (the newspapers) should cease to take what I consider undesirable advertisements" (26).

There were very high profits to be made from advertising proprietary medicines and appliances and many newspapers were started with the sole idea of attracting this lucrative trade. "There seemed to be no statement too silly, no claim too extravagant and no falsehood too brazen for use by those who wrote the advertising literature" (27). Justifying their acceptance of revenue from such sources, a Managing Director of a company publishing a number of provincial

papers said, "We do not think we ought to deprive our shareholders of the income derived from these advertisements, which also appear in the 'Times' and the 'Telegraph' " (28). Some other editors were more scrupulous. The 'Evangelical Magazine' for example decided to reject certain advertisements declaring, "We will abandon the publication of all advertisements of quack medicines, which will be an act of homage to our own taste and judgement no less than a concession to the strongly expressed opinions of some of our best friends who will deplore the mortality and disease occasioned by the nostrums of medical quacks" (29). Another religious periodical, The 'Christian Witness' adopted the same self denying course, aware of the sacrifices involved. "This measure will considerably affect the profits from advertising, but we have an unalterable conviction that the step is right and proper.... the bulk of quack advertisements are not meet accompaniments of a family magazine, which is the handbook of youth, and forms to a large extent the subject of Sabbath reading". The paper went on to describe the character of modern quackery as "one of the vilest and foulest of all foul and vile vocations sustained to an incredible extent by fraud, forgery and falsehood and fraught with delusion, disease and death. To publish their nostrums is to partake of their deeds, to receive their money is to share their spoils and aid them in making war on mankind" (30).

Paying grateful tribute to such staunch support for their campaign against quackery and secret remedies, the Lancet in the form of Wakley's pungent editorials pointed out that they too had adopted a similar policy ever since their first edition. They had maintained their integrity (sic) in spite of "enormous offers of payment to induce us to break through the rule" (31).

Quacks were as assertive as quick to appreciate the immense commercial value of advertising; particularly if the advertising could be on a regular and permanent basis. Morison was sure of at least one 'loyal' advertising outlet when he took a co-owner of the 'Christian Advocate' (32) as a partner in his Universal Pill business. Such a manouvre was quite widely practised on the continent where it was not at all unusual for proprietary medicine vendors to own and publish periodicals (33). The Lancet regarded the whole process as further evidence of the evil encroachment of quackery and, flushed with its successful exposure of the scandals of food adulteration, began another moral offensive. The target was 'unqualified practice' and secret remedies. Quickly recognised was that the press could make or break a secret remedy. "..... there can be no doubt that the editors who admit these polluting announcements into their journals become accomplices with the quacks in their bare-faced pretensions" (34). The Lancet's expressed concern for the public's welfare did not always convince critics, several of whom voiced the suspicion that "what the Lancet condemns, is the right thing", and "the Editor of the 'Lancet' endeavours to put down all advertising except in his own columns.... for does he not reap the princely income from advertisements rather than from reporting and discussing medical matters? His object (like any other editor) is plainly that of filling a large number of his pages " (35). The criticism was justified because the staple commodity of advertisements in the Lancet were of articles of general rather than professional interest and ranged from money lenders, furniture dealers, whisky, tobacco, boots and pickles to secret remedies of all kinds. On the other hand, medical books occupied only a very small space. The 'Lancet' also began a series of misleading reviews of 'New Preparations' evidently written

with a view to attracting advertisements (36).

Following this point through to the time of the Select Committee on Patent Medicines (1914), it was shown that the British Medical Journal also pursued the same commercial objective. For example, in May 1912, there was an advertisement for 'Molimem Menstruale' 'Ecsolent Compound', 'Nourry's Wine Iodinated', 'Evoscol', 'Sulphaque', 'Emol-koleet', 'Digipuratum', 'Santyl', 'Glyco-thymocine', 'Regulin', 'Bullock's Pepsina Porei', and 'Digestin'. Dr. Alfred Cox representing the British Medical Association made an unconvincing attempt to justify their inclusion. He had to be pointedly reminded that the B.M.J. was a periodical, open to general sale and "since the medical profession was involved in a crusade for public morality they (their official journal) ought not to be advertising any remedy which is only intended for the initiated to understand" (37). This criticism was accepted by the Lancet and B.M.J. for they both changed their behaviour and scrutinised their advertisements with greater care and regard to the principles they were urging on others.

There were of course other periodicals more readily accessible to the lay public than medical or quasi-medical publications (Appendix 4) and which contained very many more advertisements of secret remedies. The worst offenders were the religious periodicals (38). That such religiously blessed advertisements were so widespread amongst Non-conformist magazines was surprising, but the tendency was interpreted as "reflecting their avowed independence of authority and discipline by flouting the medical profession" (39). It was even suggested that religious periodicals were "the worst offenders in the sexual class and in cruel advertisements which deceive simple people who read them" (40). Widespread advertisement of remedies

of this kind were also to be found in 'Home Notes' and 'Home Chat' and other periodicals aiming at an exclusive female readership.

Medical men were sometimes as guilty as unqualified quacks in resorting to advertising in order to laud their special skills or publications. All kinds of newspapers were embellished with advertisements of books written by quacks and treatises by eminent medical men who for one reason or another had managed to associate their names with particular diseases. Some practitioners hardly hesitated "to boldly enlighten the world in respect to questions usually regarded as purely professional" and to this end supplied endless 'copy' in the form of 'letters to the editor'. Notably they always appended to the correspondence their name and address and the nature of their speciality (41). This practice became widespread and although regarded as oblique quackery, it had gone on for years with only an occasional raising of censorial eyebrows. However, great exception was taken to the appearance of a whole page advertisement in the 'Times' in 1882 (42) and the whole subject was then brought before the Royal College of Physicians of London. Although the enquiry came to a very unsatisfactory conclusion, the College resuscitated and made widely known a resolution passed in 1873 to the effect "that the practice of medical authors frequently advertising their own works in the non-medical journals, and especially with addition of laudatory extracts from reviews, is not only derogatory to the authors themselves, but is also injurious to the higher interests of the profession". This half-hearted attempt by the College to stamp out the abuse met with general derision from almost every quarter and the demand for tougher action could hardly be contained. "If the College really disapproves of the practice it makes a feint of condemning..... Let it pass a resolution not to say this or that is improper but to

the effect that 'any Licentiate, Member or Fellow of this College henceforth guilty of lay advertising shall be at once deprived of all privileges enjoyed by his licence, membership or fellowship"

(43). Members of the Medical profession, concerned about professional status and aware of the extent of abuse, realised that unless the custom was firmly and finally stopped a certain class of professional man "who had grown rich in past years by burying their honest scruples in lay advertisements", would not only bring the profession into disrepute but would be an encouragement for others to follow.

The College of Physicians stood firm in the face of criticism, and in October 1882, passed a resolution, very similar to the one of ten years earlier. The resolution read: "That the system of extensively advertising medical works, and the custom of giving, whether for publication or not, laudatory certificates of medicinal or other preparations, or of medical or surgical appliances, is misleading to the public, derogatory to the dignity of the profession and contrary to the King and Queen's College of Physicians".

There appeared to be no objection to the use of advertisements in order to sell books. "The discredit attaching to the prevalent advertising system is in the gross, obviously self-interested, and most disreputable abuse of advertising". Thus there appeared to be several similarities between the exuberant claims made on behalf of secret remedies and the efforts made by many medical authors to intensify their own importance (44). Another form of advertising, equally reprehensible, was the "reflex laudation certificate by which a medical man, ravenous for publicity, puffs himself in seeming to puff someone's wares" and reviewers of books were warned to be more careful.

Since advertising revenue was such an essential source of income

for newspapers they were more concerned about the quantity of advertising. The "class of advertisement was only of small consideration". Newspapers were prepared to accept advertisements for proprietary medicines as eagerly as advertisements of medical books. The difference between the two species of advertisement lay in the disproportionate size of one class relative to the other. Furthermore, since the Royal College or Medical Council could prohibit a qualified practitioner from advertising, the press had no difficulty in choosing which master it preferred to serve. The degree of tolerance was so flexible that only the most powerful newspapers were able to apply rigid advertising standards and deny themselves advertising revenue (46). The 'Spectator' wholly excluded advertisements of secret remedies (46).

Different classes of newspapers had different classes of advertisements (47). The factors which contributed to this bias included the different costs of identical advertisements (Appendix 7) and the social group amongst whom the paper circulated. Therefore, advertising agents, being the largest dealers in placing advertisements, acquired considerable skill in assessing a scale of results expected from each newspaper and agreeing different charges (48)

Nostrum manufacturers turned to ingenious forms of advertising before other manufacturers. So long as the demand for the product exceeded the supply, the style and rate of advertising could be simple and unsophisticated bearing for example only the stark message, "Here it is; come and get it" and manufacturers did not need to go to great expense of repeat advertising (49). Rapid development in techniques of production however soon produced mountains of pills and pastes and oceans of lotions and syrups and manufacturers therefore advertised more subtly and frequently to increase their sales and profits. (50). The pressure to outsell their rivals

made exaggeration an essential ingredient of press advertising and endorsed G. K. Chesterton's opinion that "exaggeration is the only truth". Abuse of exaggerated terms led to a major shift in the meaning of words. For example, an undue importance became attached to the meaning of 'cure' which really meant 'remedy'. Thus the advertised claim that "Mother Siegel's Syrup is a cure for dyspepsia, a cure for indigestion" could be interpreted as meaning 'one of many' remedies. (Appendix 26)

Not all secret remedies were advertised in national daily newspapers or weeklies. Many such remedies, sold in a small scale and prepared by a local druggist, were advertised infrequently in local almanacks, parish sheets, and other minor publications, with a very small but highly concentrated distribution (Fig 24). Some secret remedies achieved local fame but were never advertised by printed word. One such preparation was made by John Moss, a Quaker living in Sheffield. During the cholera epidemic of 1832, Moss sold a pill as a preventive against cholera. These pills achieved such a wide reputation that (it was said) crowds came from all parts of Sheffield for them and Moss was compelled to close his shop door and serve his customers in rotation from a bed chamber window. He was heard to remark that had the cholera lasted a little longer he would have made his fortune (51). In fact, such was the fear of Cholera that any person who happened to have a stock of any likely medicament found it went very quickly when it was advertised as a cholera cure. People readily bought medicines to treat the diseases they feared most.

Various methods were employed by the secret remedy manufacturers to attract attention. Some vendors used big posters on hoardings or fringed railway lines of the country with great boards bearing

the names of their nostrums. In 1894, Carter's (Little Liver) Pills offered to withdraw their railside advertising "where it could be shown that public taste was being offended" (52). Some ingenious desecrations were perpetrated. After dark in Trafalgar Square in London, advertisements for pills, Boot blacking and matches were projected onto the side of Nelsons's Column as well as onto the columns of the National Gallery by means of a magic lantern device. An irate correspondent to the 'Times' suggested that a suitable reprisal would be for the advertisements to be "jammed by a more powerful beam" (53).

Almost all proprietary medicines made extensive use of newspapers, magazines and other periodicals and some generously distributed circulars and pamphlets from time to time. The purpose of such intermittent advertising was to sell a particular product because some products by their very nature, would show marked seasonal demands - cough medicines for example. The more constant newspaper advertisements would help to keep them well known and in the 'public eye' so to speak, until the time for expanding demand returned once again, as it was bound to do. Shopkeepers no doubt felt compelled to carry more stock of the heavily advertised product than the unadvertised one.

Exaggeration was an essential ingredient of advertising and this was true of all advertising whether it was the auctioneer's description of a house he was selling or the miracles attributed to a particular secret remedy. There was a recognisable relationship between intelligence and education of newspaper readership on the one hand and the extent to which their readers could be appealed to by such advertisements on the other (54). A very close correlation, for example, appeared between the number of advertisements of proprietary medicines and the character of the other advertisements. Advertisements of clairvoyants and palmists; 'astrologists' offering to foretell

a person's future from the date and hour of his birth, preparations for removing superfluous hair; preparations for preventing blushing or developing the bust, were all frequently advertised in those publications most favoured by proprietary medicine manufacturers (55).

Advertisements became clever and more subtle; some became classics in their way. For example, many wily advertisements appeared using Government legislation to create an advantage for themselves. The best example of this trick referred to the Patent Medicine Stamp. Advertisers, compelled to buy a duty paid stamp, gave the impression that the stamp carried Government approval for their product. "To prevent spurious imitation of this excellent medicine, on 24th May 1839, Her Majesty's Honourable Commissioners of Stamp ordered the name 'John Steedman, Chemist' to be engraved on the Government stamp affixed to each packet, without which none after that date can be genuine" (Fig 48).

Again, "Caution. The public are requested to notice that the words "Beecham's Pills, St. Helen's" are engraved on the Governments Stamp affixed to every box of pills" (Figs 51 and 52).

And, "Mrs Johnson having disposed of the recipe and property in the American Soothing Syrup of Messrs. Barclay & Sons, begs to refer the public to the Government Stamp with their name thereon, as a security to purchasers" (Fig 49).

Advertisers who applied this technique were able to distort phrases and present misleading information to the public (56). Another method intended to mislead was the use of perfectly normal physiological phenomenon to insinuate in the reader's mind the notion of incipient disease. For example, a young man was led to believe that a deposit occurring in his voided morning urine was

as indication that he was suffering from incipient spermatorrhoea (57). Such use of minor, normal phenomena, was intended to alarm and intimidate the reader.

Advertisements sometimes had a more sinister purpose. Some invited 'patients' to reply by filling in a coupon requiring details of symptoms occurring in themselves, or in relatives or friends (Appendix 21) . Much of this information was collected by agencies (58) who sold lists of names of sufferers from various diseases, at so much per thousand. These agencies were particularly useful to any vendor launching a new product. For example, a manufacturer introducing a consumption cure would get, perhaps 5s or 6s per thousand, the names of any number of consumptives. In exactly the same way lists of cancer or rupture sufferers or any other disease could be purchased. The price of lists varied according to the disease, a list of consumptives for example was said to be of highest value, because they were one of the most persistent group of purchasers of proprietary medicines and therefore a source of high, sustained profit.

Anybody who responded to an advertisement therefore ran the risk of being 'listed' which meant that their name was eligible for inclusion in a list sold to a central agency. Some quacks worked a free trade in swapping name lists. This was most likely to occur when one man had "worked out" his consumption cure over a particular region of the country and might then exchange his list for another in another area. Alternatively, he may alter his name and style and go in for another 'cure' such as rupture, or hair loss or nervous debility. The notorious Chrimes brothers (59) went much further and used replies to their advertisements as a basis for an extortion racket. The religious press accepted without scruple

their advertisements at five times the normal rate (60).

A less usual form of quackery was one which used the information contained in routine newspaper reporting. For example in the summer of 1900, it was reported that a certain Member of Parliament was unable to fulfil his long standing engagement because he was suffering from cancer of the liver and little hope was held out for his recovery. By coincidence this M.P. was also an eminent physician but that was unknown to the quack who read the newspaper report and wrote a letter to the House of Commons with a request that it might be forwarded to the Member. The letter read, "Dear Sir, - Noticing the clipping referring to your health, I thought 'twould not be out of place to let you know that cancer of the liver has been cured repeatedly by medicine, and I will be happy to put you in the way of being cured if you feel disposed to depute someone to call upon me by appointment either by wire or letter. I have no object or motive in thus writing to you other than the desire to help my fellow creatures, more especially when laid up by a disease generally accepted as incurable. I am well known to a number of gentlemen of position, among whom are some who are cognisant of my successful endeavours to help my fellow-creatures when laid up by a disease hitherto considered incurable. Yours faithfully, G. W. ROBERTSON (61)."

Even more audacious was a letter addressed to the Lancet in 1900, requesting information about advertising rates. The letter enclosed literature designated by the Journal as "of more than usual idiocy and impudence" extolling the 'Pills of Gold' of Dr. Whitefoord the 'Uncrowned King of the Appendicitis Pill'. Also enclosed were several testimonials (62). Whitefoord's activities included writing letters to the Royal Family, which he eventually published under the heading "Royal Correspondence" in the St. Pancras Chronicle (63). Whitefoord also wrote to Lord Crighton and enclosed some

of his pills. Later Lord Crichton wrote "Dear Dr. Whitefoord, many thanks for your pills". and this was used by Whitefoord as a testimonial. Following several more letters to the Royal Family, Whitefoord was exposed as a former medical practitioner who had been 'struck off' the Medical Register in 1891 upon conviction on a charge of procuring an abortion (64). Certain advertisements for one reason or another achieved special notoriety. A famous advertisement appeared in the Pall Mall Gazette of November 13th 1891 (65). The defendants in the case, advertised that they would pay £100 to anyone who contracted influenza after using their Carbolic Smoke Ball, according to the printed instructions they supplied. The plaintiff, bought a Smoke Ball and used it according to the printed directions, but nevertheless contracted influenza and thereupon claimed the reward. Mr. Justice Hawkins held that the advertisement coupled with the conditions of sale created a contract by the defendants to pay £100 and gave judgement for the plaintiff. This case served as a warning to all advertising agents, and was an important decision because it established that "the advertisement under which the goods were sold was a part of a contract with the purchaser, even though the purchaser did not buy directly from the defendants" (66).

Judgement in the Carbolic Smoke Ball case was somewhat analogous to the provisions contained in the Sale of Goods Act, introduced two years later in 1893. Section 14 of that Act provided "that where a buyer expressly or by implication makes known to the seller the particular purpose for which the goods are required, so as to show that the buyer relies on the seller's skill or judgement, and the goods are of a description which it is in the course of the seller's business to supply, whether he be the manufacturer or not, there is an implied condition that the goods shall be reasonably fit for such purpose, provided that in the case of a contract for

a specified article under its patent or other trade name there is no implied condition as to its fitness for any particular purpose" (67).

In effect, this meant that if a purchaser went into a chemist's shop and asked for, say, Beecham's Pills and they did not serve the purpose for which he bought them, he would have no grounds for complaint but if he asked for 'aperient pills' and the chemist supplied Beecham's Pills, then the purchaser would have a ground for complaint if they did not serve the purpose for which he bought them. An important proviso of this section of the Act specifically exempted articles sold under a patent or registered trade name.

Another unscrupulous method employed by medicine vendors was to append some well known name to the nostrum. Thus 'Sir Astley Cooper's Pills', 'Lord Eldon's aperient Pills' (Fig 50) and 'Lococks Lozenges' and 'Lococks Pulmonic Wafers' were peddled as though they really had the sanction of the names appended. Following extensive advertisement of 'Lococks Pulmonic Wafers' a letter was sent to the 'Times' newspaper vehemently denying such an association, as follows: "I have no hesitation in assuring you that the 'Pulmonic Wafers', 'Female Wafers', 'Antibilious Wafers' or 'Female Pills' that have so often been advertised with my name are not mine, nor do I know anything of their composition, nor have I anything whatever to do with them, either directly, or indirectly. (signed) Charles Locock, M.D. " (68)

Appending a physician's name to a secret remedy was a well used ploy. It was intended to convey to the purchaser that the medicine was not only prepared (and probably invented) by a doctor but that it also enjoyed the medical profession's wholehearted sanction. It was a short step from this into the testimonial era of advertising. Testimonials particularly from the famous vaunted the startling claims

made on behalf of some 'cures' (Fig.42) Giving evidence before the Select Committee on Patent Medicines in 1914, the assistant editor of 'Truth' acknowledged that testimonials 'were of enormous use to any advertising campaign but they were easily obtainable' (69). To say they were easily obtainable was not strictly true since it would depend very much upon the status of the testimonialist. George Bernard Shaw, for example, told how a lady of his acquaintance had been paid £800 for a letter "ascribing the beauty of her complexion to a well advertised face cream" (70). Hard up Nobility and unemployed Royalty sold their names to patent remedies.

A percipient 'Punch' noted "that the Emperor of Russia had been swallowing a lot of Revelenta Arabica for the sake of testifying to the merits of the article, when so many of the Continental kings are so badly off that it would be a charity to let them have a job of puffing the Revelenta if there is anything to be got by it" (71).

A number of articles were advertised as though used by Queen Victoria's household; For example, 'Calvert's Carbolic Ointment' describes itself as a 'Sovereign Remedy' and includes a puff from the 'Court Circular' (Fig 17). Other remedies carried testimonials from anonymous 'gratified sufferers' or clergymen (72). Testimonials given by doctors or the 'Lancet' or the 'British Medical Journal' were considered the highest prizes of all, because it was recognised that in the proprietary medicine field the easiest and cheapest way of reaching the public was through the doctor (73). It seems incongruous that while the 'Lancet' and 'B.M.J.' were running a campaign against proprietary medicines many of them carried testimonials from those journals as well as from some of the most eminent physicians of the day. It was no excuse that an investigation carried out by 'Truth' verified that the vast majority of the

testimonials were authentic, and this magazine reported "If they are investigated it is rare, or comparatively rare , to find bogus testimonials" (74)

The potential danger of a prestigious journal carrying out and reviewing a clinical trial is shown by the way the manufacturers of 'Amiral' soap used the Lancet's Analytical Record. 'Amiral' soap was suggested as an external cure for corpulence and obesity. The rationale of this novel treatment was that since animal gall (bile) was the active ingredient of the soap, its local application would soon disperse adipose tissue (75). In its report the Lancet wrote "We find the composition of the soap to be well adapted for application to the skin"(76) Seizing upon this sentence the manufacturers used it legitimately as a testimonial for their soap. Soap was very much in the forefront of forceful advertising and showed what an energetic advertising campaign could achieve. Andrew Pears devised his transparent soap in 1789 but advertised it so modestly that even by the middle of the 19th century the whole advertising bill was less than £70 a year. This changed when Thomas J. Barrett became a partner. He ushered in an energetic era of advertising and spent between £100,000 and £130,000 each year (fig.13) (77). Barrett was an important figure in advertising because he injected both 'impact' and simplicity into his advertisements. "How do you spell soap? - Why P.E.A.R.S. of course" and his famous "Good Morning! Have you used Pears' Soap?" destroyed for a whole generation the innocence of the common daily greeting.

By the eighties, several advertising agencies were caught up by the new style and began to advertise themselves to manufacturers. Originally the agents owed their allegiance to the newspapers rather than to the advertisers and it was sometimes difficult to distinguish them from "fee snatchers" (78). Agents began to ally

themselves more with the advertiser when the number of newspapers became so great that only a specialist could really assess them and evaluate their usefulness to a particular advertiser.

This change of roles forced the pace towards 'specialisation' and it wasn't long before some of the leading agents undertook to design, illustrate and prepare an advertiser's copy and submit it to a suitable medium. Such specialisation decisively sharpened the art of advertising and developed the science of assessing its effectiveness. Thus ambitious pictorial advertisements began to appear regularly in 'The Graphic' and 'Illustrated London News' and rather less frequently in other newspapers. All showed a steady improvement in quality and subtlety (Fig.36). They were accompanied by the first slogans; although most of the early attempts were inapt or inept. A few were brilliant, like 'worth a guinea a box' accompanying Beecham's Pills, and the artful alliteration of 'Dr. Williams Pink Pills for Pale People'. Such enterprise no doubt helped to build enormous fortunes for their owners (79).

Advertisers used the art of association effectively for example. As a result many people became alarmed at its insidious power. Aldous Huxley in his 'Ends and Means' proposed that the trend should be countered forthwith by teaching children the art of dissociation. "Children ought to be shown that there is no logical connection between the pretty girl in her expensive dressing gown and the merits of the toothpaste she was attempting to advertise". Huxley thought that lessons of dissociation might be brought home by supplying for example 'chocolate wrapped in papers bearing realistic pictures of scorpions and castor oil, and quinine distributed in containers in the form of Shirley Temple' (80).

The commercial world had learned its lesson well and proprietary medicine manufacturers had learned it fastest. The lesson had been well taught by Pears' advertising agent, Thomas J. Barrett, when he said "Any fool can make soap. It takes a clever man to sell it".

The next step was to select special targets for advertising campaigns.

NOTES AND REFERENCES

1. Chambers Encyclopaedia Vol.1, p.89, 1959
2. SAMPSON Henry. "A History of Advertising". London, 1874.p.8.
3. Byron, for example, in his "Don Juan" gave lasting fame to Rowland's hair dressing; "In virtues nothing earthly could surpass her Save their 'incomparable oil', Macassar!"
The extensive use of macassar and other greasy hair dressings made the 'anti-macassar' an essential protection for the middle class drawing room fabric.
4. Dentifrices were very early entrants on the advertising stage. As early as 20th December 1660 in "Mercurius Politicus" an advertisement appeared: "Most Excellent and Approved Dentifrice to scour and clease the teeth, making them white as ivory, preserves from the tooth-ache; so that, being constantly used, the Parties using it are never troubled with the tooth-ache; it fastens the teeth, sweetens the breath, and preserves the gums and the mouth from cankers and impostumes. Made by Robert Turner, Gentleman."
5. The Athenaeum, July 17th 1830.
6. Duty was increased one halfpenny by an Act of Parliament, 30 GEO II c19; and by another Act 16 GEO III c 34 another halfpenny was added to the tax. An Act of 6 and 7 WILL IV c 76 reduced this duty to one penny but an additional halfpenny was charged on a supplement. This was regarded as an indirect tax on advertising.
7. By an Act 18 and 19 VICT. c 27
See also Edin. Rev. Vol. xcvi p.488, 1858
8. - SAMPSON op.cit. p.9

9. Quarterly Review Vol. 97, p.213, 1855.
10. Ibid.
11. WOLFF, M. and FOX, C. "Pictures from the magazines" in "The Victorian City". Eds. E.J. Dyos and Michael Wolff, London. 1973, p.559.
12. This was abolished in 1861
13. Statistical Journal Vol. xxvii pp. 410-412, 1864 contains a report and comments upon an address by Edward Baines to the House of Commons 11th May 1864.
14. SAMPSON op. cit. p.10.
15. Ibid. p.16.
16. SHELDON C. "A History of Poster Advertising" London 1950.
17. TURNER E.S. "The Shocking History of Advertising", London , 1952, p.110.
18. SAMPSON op.cit. quotes a popular song of the 1850s parodying bill stickers. "I'm Sammy Slap the bill sticker and you must all agree sir I stick to business like a tramp while business sticks to me sirs, There's some folks call me plasterer, but they deserve hanging, Cause you see, genteely speaking that my trade is paper hanging, With my paste, paste, paste. All the world is puffing, So I'll paste, paste, paste."
19. SHELDON op. cit.
The United Bill Posters Association was formed in 1869 and soon caused a stir by passing judgement on some posters advertising cheap theatrical shows. By present day standards the advertisements were relatively harmless.

20. TURNER op. cit. p.112.
21. CARLYLE T. "Past and Present". London 1845.
22. For example see Times, 4th May 1851. Baby or infant foods were advertised as "Prince of Wales Food" and "Prince Arthurs Farinaceous Food". These advertisements reached a peak at the time of the Great Exhibition, May 1851 but the Lancet's Analytical Committee didn't rate these foods very highly as infant foods.
23. The "Methodist Magazine" for example. There was a close correlation between the numbers of advertisements appearing in this magazine and the price reduction.
24. "Figaro in London" 1835 p. 175. Cited by William H. Halfand, "James Morison and His Pills" Mss.1974 p.31.
25. "Figaro in London" 1836, p. 69.
The article continued in the same confident vein;
"So far from being a College of Health, this establishment ought rather to be called the Temple of Death... "
26. Evidence of Sir Joseph Beecham to the Select Committee on Patent Medicines, 23rd, January 1913.
27. Dr. Simons (Editor) commenting on the extensive abuse of advertising patent medicines in America in 1879. J.A.M.A. xlviii p. 1645-1907.
28. Evidence of Mr. Hy.Sewill to the Select Committee on patent Medicines. 16th July 1912.
29. "Evangelical Magazine" January 1845, p.32.
30. Cited in 'Lancet' 2p 241, 1845.
31. 'Lancet' 1 p.105. 1845
32. Halfand op.cit. p. 26.
33. 'Lancet' 1 p.626, 1851 quotes from 'Presse Medicale de Bruzelles'. "It was reported that a quack selling

an anti-syphilitic medicine was also co-proprietor of several periodicals, such as 'La Siecle', 'Le Constitutionnel', 'Le Corsaire' and even 'L'Abeille Medicale'.

34. Ibid.

35. Med. Press and Circ. Vol. 33 N.S. 1882 p. 541

A correspondent, critical of the 'Lancet's apparent double standards, reported that "a recent issue of Lancet contains 44 pages of advertisements to 30 pages of reading matter". A unique (up to that time) instance was cited where "there were 60 pages of advertisements to 30 pages of reading matter".

36. Ibid.

37 Report of Select Committee on Patent Medicines, H.M.S.O.. London 1914 p.115.

38. In addition to the 'committed' religious periodicals, others primarily intended for Sabbath reading were filled with such advertisements. Most of the replies received by the Chrimes Brothers in reply to their notorious advertisements came from this class.

39. Report of Select Committee on Patent Medicines, op. cit. p. 113.

also

John Wesley's 'Primitive Physick or an easy and natural method of curing most diseases' went through some 30 editions in England and the United States before 1858.

The medical and financial claims of the very popular household guides probably helped to lessen the awe with which the medical profession had been regarded. This was the opinion of at least one observer, viz M.Soc.Va. Richmond.p.22 1897.

40. Report of Select Committee on Patent Medicines,
op. cit. p.271.
41. Med. Press and Circ. op. cit. p. 511
42. 'Times' May 11th 1882.
The offending page contained about 100 assorted
advertisements of medical books.
43. Ibid. An apocryphal example is cited.
"Dr. Koffnomore on Chest Diseases" or "Mr. Immediate
Splitter on Urinary and Venereal Infection" or "Just published
price one shilling, a complete treatise on all the "Disease
of Women and Children" by Dr. R. Hunter. This was a
cryptic allusion to a physician or surgeon at a London
hospital.
45. According to the London Chamber of Commerce, the
figure had rapidly risen to more than £2 million
per annum in 1912.
46. William Cobbett had tried to resist the temptation of
advertisements when he launched his journal "The Porcupine".
This short lived journal was notable for one of the
first attacks on disreputable advertisements:- "Not a single
quack advertisement will on any account be admitted into
the 'Porcupine'. Our newspapers have been too
long disgraced by this species of falsehood, filth and
obscenity. I am told that, by adhering to this resolution,
I shall lose five hundred pounds a year and excite the
resentment of the numerous body of empirics....."
47. The "Methodist Magazine" contained full page stories,
which were hardly distinguishable from normal copy.
Advertisements for Mother Siegel's Syrup was the most
notable example.

48. Report of Select Committee on Patent Medicines,
op. cit. p. 329.
49. POTTER D.M. "People of plenty, economic abundance
and the American character" in "The Toadstool
Millionaires" - Chicago 1954, p. 166-188.
Also, on a very local scale, many Sheffield druggists
and medical botanists achieved high reputations
for their alleged cholera cures.
50. William Brokeden invented a "Compressed pill"
in 1843. He took out a British Patent "for shaping
Pills, Lozenges and Black Lead by pressure in dies".
The term tablet was used until 1878 when S.M. Burroughs
and H.,S. Wellcome used the name. In 1884 they
registered the trade name of 'Tabloid'. Allen &
Hanbury in 1903 developed the prototype of the modern rotary
tablet producing machine.
51. AUSTEN J, "Historical Notes on Old Sheffield Druggists",
Sheffield 1961. p. 27.
John Moss made various remedies which were advertised
and recommended in the papers, but he was best known
locally for his cholera cure, "an embrocation of
camphorated spirit to the pit of the stomach".
In fact, any person who happened to have a stock of
any likely article found it went very quickly when
it was advertised as a cholera cure".
52. Advertisers mistrusted each other. Thomas
Beecham said he would remove his advertisements from
Scarborough bathing huts on condition that no other firm
was allowed to advertise there. He said, "While they
are open to be used in this way the decoration may as well be

- 'Beecham Pills' as any other.
53. Lancet, October 22nd 1898 felt such methods should be made absolutely illegal since "the alternations of lighting are enough to confuse any horse let alone the unfortunate foot passenger."
54. Brit. Med. J. 1, p.1284, 1911
55. Ibid.
56. As a direct result of the Medical Act of 1858, a standard of conduct became formulated. The outstanding offences against this standard may be described as "the 4 A's"; Association with unqualified persons, Advertising, Adultery - arising out of professional relationships. Abortion- of an unlawful kind. A caution may also be added concerning alcohol.
57. "An Essay on the Self Restorer" (Fig.20) (Prop. Dr. A. Bell) London 1882. also, Dr. Samuel La'Mert, "Self Preservation; a Medical Treatise on the Secret Infirmities and Disorders of the Generative Organs". London MDCCL.
58. There was such an agency in Leeds, and several well established ones in the U.S.A. Report of Select Committee on Patent Medicines, op.cit. p.315.
59. 'Times' December 17th 1896.
60. The prosecution pointed out that the high advertisement charge "was somewhat significant" over normal rates. Times, ibid.
61. Lancet, 1, p.785. 1900.

62. Amongst the testimonials included in the leaflets circulated with Dr. Whitefoord's Pills was one alleged to come from Schultess Young, Barrister. This legal man was later defending counsel to 'Dr' Whitefoord and defending counsel to several other quacks of the time. Lancet, March 21st, 1903.
63. St. Pancras Chronicle, March 7th 1903.
64. 'Dr' Whitefoord shows characteristic "delusions of grandeur". One effect of tertiary syphilis is to produce these symptoms, but there are also other causes.
65. In 61 Law Journal Report, Queen's Bench Div. p. 696.
66. It is possible that this important ruling may have been useful in the case of a medicine advertised as a specific remedy. However it applied only to a suit brought by an injured person
67. Sale of Goods act 1893
68. 'Times' February 18th 1851.
69. Report of Select Committee on Patent Medicines, op. cit. p. 312
70. SHAW G. B. "Everybody's Political Whats What".
71. Punch 14, p. 3 1848
72. A testimonial from a clergyman was particularly highly prized by American proprietors of patent medicines specialising in consumption and dyspnoea cures.
73. SIMMONS Dr. G.H. editor of J.A.M.A. cites a report appearing in an advertising journal, "Printers Ink". J.A.M.A. x/viii p.1645 1907.
74. Mr. Paternoster 'Assistant Editor of 'Truth' giving evidence before Select Committee on Patent Medicines p. 328.

75. 'Gall' contains bile acids. These are fat solvents and emulsifiers.
76. Lancet 2 p. 266 1898
77. TURNER E.C. op. cit. p. 89
78. When people replied to advertisements their letters were kept and later sold in bulk along with thousands of others. There was a particularly cunning form of trick advertising prevalent about 1890. A letter and enclosure of an old autograph (taken from a letter replying to an advertisement) was addressed to the owner of the signature, informing him that he had been specially selected as the recipient of a handsome article; or he was privileged to purchase a certain bulk of a proprietary medicine at a significantly reduced price.
79. Dr. William's 'Pink Pills for Pale People' was a remedy acquired by George Taylor Fulford.. He built up a £1 million fortune on the sales of these pills.
80. HUXLEY A. "Ends and Means; an enquiry into the nature of ideals and into the methods employed for their realisation". London, Chatto and Windus, 1937.

CHAPTER 7'FEMALE REMEDIES'

London daily papers and country newspapers with large circulations attracted a special kind of quack advertisement. The same type of advertisement could be found in the agony columns of all Sunday and weekly papers and was targetted at an anticipated and predominantly female readership. The advertisements offered medicines that would specifically deal with a group of conditions euphemistically called "irregularities", "suppression" and "obstruction". There was no doubt that "irregularity", "suppression" and "obstruction" referred to menstruation or periods (Fig 38). Pregnancy is not only the most common but the only common cause of menstrual "suppression" and since the advertisements openly claimed to deal with "suppression" arising from all causes, it follows that the advertisements were transparent invitations to terminate a pregnancy by using the advertised products. Advertisements such as these had flourished for so many years (1) that it seems surprising they had not attracted the attention of the police earlier, especially since their meaning was "so plain as to attract the attention of ignorant young women" (2). There were plenty of valid reasons and strong temptations to avoid the outcome of pregnancy and it was not only unmarried women who would have to face the life-long stigma of unchastity (3). Neither was it confined to those married women who preferred to raise a small family above "the common level of poverty" (4); nor those who merely regarded childbearing as irksome, expensive and painful. There were also married couples belonging to the 'domestic class' who held situations and appointments dependent upon their having no

family or, as their employers termed it in 'Situations Vacant' advertisements, 'no encumbrances' (5). For all these classes the 'ladies advertisements' offered a hopeful incentive to buy a way out of hopeless trouble.

Intoxicated with its long and prestigious campaign of analyses and exposure of the scandal of adulterated food, the Lancet enthusiastically began another new crusade (6). It began an inquiry into the nature of the claim made by advertisers of female remedies. The method used by the Lancet was simple enough to provide all the evidence required to bring a law suit. Pills, mixtures or whatever were advertised, were purchased from a large number of important advertisers (7). The Lancet, posing as bona fide clients, wrote a letter "in the character of a servant or woman of humble station", enclosing payment and asking for the goods to be packed "secure from observation" (8).

The 'goods' were always accompanied with printed leaflets containing the usual flamboyant testimonials, an explanation of the 'treatment' and an advertisement recommending some alternative product or publication. Although the true nature of the intention of the preparation was never plainly stated, the inference was underlined by a usual warning that "this medicine must not be taken by those expecting to become mothers" (9). Another common leaflet referred to pills of different strength, e.g. "extra strong pills" and "Special strong 21s". It must surely have been crystal clear that if a weaker preparation should not be taken by "those expecting to become mothers" then an "extra strong" or "special strong" product must be a certain prevention of motherhood and desperate women, wanting to terminate a pregnancy, would elect to purchase the "special strong pills" as a first purchase with only one idea in their minds.

Some advertisements were genuinely more innocent and a few even repeated the principle "that prevention is better than cure" or traded principally in "Malthusian appliances" (10). One of them included an appliance for irrigating what the advertisement termed the 'virginia' (11) (Fig.22).

Amongst the preparations purchased and subsequently analysed by the Lancet was one advertised as an 'honest medicine'. It was one of the least expensive in this range of advertised products (12). The pills were always accompanied with a warning that "these pills (which Dr. Davis compounds in varying strength) should not be taken by those expecting to become mothers". An enclosure proclaimed, "Dr. Davis's Famous Female Pills are the greatest 'preventives' in the world; they should be taken four or five days before every month" (13). Also included was an advertisement of a book "How to Limit your Family" and "Woman and her Complaints".

Dr. Davis's Pills were found on examination by the Lancet's analyst to consist of mainly iron and rhubarb* (14). Despite the obvious bogus nature of his preparations Davis carried on his business for many years and successfully eluded prosecution until February 15th 1901, when he was convicted on a summons charging him with "wilfully and falsely pretending to be and using the title of Doctor" (15) thereby implying he was a registered medical practitioner.

* The commonest cause of anaemia is a deficiency of iron. Anaemia may cause suppression of the menses. Iron can also cause constipation. Rhubarb is an aperient and the inclusion of both compounds in a single preparation would, on the whole be beneficial.

As usual, the magistrate described the case as 'the worst he had ever had before him' and fined Davis, who claimed to be Diplomat of Berne University, £20 and 10 guineas costs - a paltry sum considering that Davis had been one of the most constant advertisers in the 'trade'. At his trial, it was pointed out that a bottle of 'sham' medicine sold by Davis for 17s, was practically the same as another sold by him for 4s. Since 'quacks' courted publicity - good or bad - the publicity of the case probably compensated Davis for the loss of his 'Doctorate' (16).

A far more sinister case involved Madame Frain. This was a notorious and far-reaching affair. Those who traded in 'her' name advertised widely and extravagantly. Advertisements poured out from an address - the so-called 'Medical Institute' - opposite Shoreditch Church. Many hundreds of desperate letters were sent to this address but Madame Frain was not averse to keeping letters (containing payments) unanswered; or replying only to second or third letters from the would be purchaser. This tactic gave another turn to the screw, for as well as having to live with their physical and emotional fear, how were the poor women, having sent money to Madame Frain, going to get it back? How could they ask the police to help them? Madame Frain's avowed willingness "to forfeit £2,000 if the testimonials are not absolutely genuine" (17), ended on November 25th 1899. After "more than 100 years", Madame Frain became no more and those who traded in her name were sentenced at the Old Bailey to long terms of imprisonment. The 'Lancet' was largely responsible for bringing a successful case which was in all respects quite a remarkable one. At first the prisoners were charged before a magistrate who was of the opinion that the evidence before him "only pointed to an incitement to use drugs, in fact harmless, for the purpose of procuring a

miscarriage and that in law did not constitute a crime" (18).

The magistrate dismissed the case, a course which, in the opinion of Mr. Justice Darling, he should not have taken. At a subsequent appeal his Lordship's opinion ran differently.

"The conclusion that I have come to is this; that if the woman believing that she is taking a noxious thing..... does with intent to procure abortion take a thing in fact harmless she is guilty of an attempt to procure abortion. That if a person inciting the woman to take the thing himself believes that thing to be a noxious drug capable of procuring an abortion he would be guilty of inciting her to commit the crime although owing to facts being otherwise than he believed, the commission of the crime in the manner proposed was impossible. But I think that a person supplying to the woman - knowing that she will take it in the belief that it is a noxious thing and in order to procure abortion - a thing to his knowledge not capable of procuring abortion does not himself commit a crime" (19). Mr. Justice Darling stated his views plainly. "The compounds and especially the pills sold to the woman by the defendants ('Madame Frain') were not harmless but capable of procuring abortion*". His Lordship said that the question for the jury was "whether the defendants or any of them incited women to take something being a thing capable of procuring abortion if taken in sufficient quantities as the women were either directed to take it or were likely to take it" (20).

* The opinion of Mr. Justice Darling differs significantly from that of the magistrate with regard to the properties of 'pennyroyal' the main constituent of Madame Frain's Pills.

Justice Darling and the Lancet proved to be a formidable combination and for a brief time at any rate it seemed that "indecent advertisements" had had their day. The implications of the Madame Frain case were extensive and carried a stern warning to those proprietors of newspapers who had made large profits out of this type of advertising, as to their criminality (21). The Lancet revelled in its success and urged that proceedings should be taken against "those others whose compounds we analysed and whose literature we examined" (22). The typical rigorism (23) of the age was evident when the Lancet reprimanded those poor women who had been forced to turn to charlatans (after medicine had turned its back on their plight). "This case might act as a salutary warning to women of the victimised class" (24)

With obvious self-satisfaction the 'Lancet' wrote "We may congratulate..... ourselves on having contributed to some extent to its annihilation" (25). However the predicament of the women remained. The desperate women involved in situations "where they would expect to become mothers" were easy prey for blackmailers. The liability of these women to have their identity and the nature of their criminal attempt made known to the police had been dramatically shown by the case of 'Madame Frain' at whose address were discovered hundreds of letters from customers. The opportunity to blackmail did not go unrecognised and an ingenious system was set up by the brothers, Chrimes. The victims of these three London rogues were almost entirely resident in the provinces (26) and the reason for this is obvious. A woman wishing secretly to take remedies for 'obstruction' or 'suppression' or 'irregularities' could only do so by employing a quack and for sake of discretion would prefer to employ one at a distance from her own home. Above all, she wouldn't want her story to be the property

of any neighbour.

Distance lent importance and status to the advertising quack, who was able to advertise a high sounding address and refer to his "enormous establishment", his "scientific staff", his "overwhelming number of patients". He could do all this without anyone being able to contradict him.

When the three brothers, Richard, Edward and Leonard Chrimes set up an ingenious blackmailing racket, their 'front' was a business to promote the sale of medicines which were openly advertised as 'powerful in producing abortion' (27). In 1896 Richard Chrimes took an office at 64, Imperial Buildings, Ludgate Circus in the name of H. Montrose and paid a rent of £12 per annum for its sole use as "a receptacle for the delivery of letters in very large quantities". The letters came in response to an advertisement of "Lady Montrose's Miraculous Female Tabules" (Fig.38). Along with the usual glowing description and exuberant 'testimonials' of the 'medicine' - was a questionnaire (similar to that shown in appendix 21) on which the client was asked to give their name, address and other personal details. The receipt of this information was absolutely vital to the scheme devised by the Chrimes brothers.

Later in the same year another 'front' was created. Edward Chrimes rented a room at 7, Pleydell Street in the name of Edward Knowles and in May the following year he rented two more rooms and gave the obvious impression that 'business was flourishing'. A very large number of letters were delivered there and the three brothers (who were now known as Richard Randall, Leonard Knowles and Edward Knowles) were observed to arrive early and work very late (28).

The name 'Knowles' at first appeared on the office door but later 'The Panolia Company' was added. "Panolia" was also described as a abortive agent and particulars of it were sent to those who purchased the Montrose tabules. The Panolia Company differed from the Montrose Company in one important respect, which revealed the ingenious and detailed plan devised by the three brothers. The literature sent out with 'Panolia' condemned outright the methods and medicine sold as "Lady Montrose's Miraculous Female Tabules", correctly pointing out that "no advertised medicines were efficient for the obvious reason that if they were it would be too dangerous and illegal to advertise them". The circular explained that the Panolia remedy (which was unadvertised) was perfectly efficient, relying as it did on "the private recommendation of one lady to another". Customers were told to address their letters of enquiry to the "Manageress' Panolia Company, 7, Pleydell Street. Prices for the Panolia remedy were 3/6d, 11s, and 22s., the last being described as 'extra strong' (29). The order form for Panolia was identical to that for the Montrose remedy and required personal details of woman who feared they were pregnant. From answers to their questionnaires, the Chrimes brothers could build up a register of victims.

Meanwhile Richard Chrimes took a room at 73, Ludgate Hill in the name of Richard Randall, and it was from this house that orders were sent to a manufacturing chemist in Leicester who made pills for the Montrose and Panolia Companies' (30).

A few months later, No. 1 Bouverie Street was taken by Edward Chrimes under the name of Edward Knowles. This office had an internal communication with 7, Pleydell Street (already rented by Edward Chrimes) and was intended to be the base for yet another

company - the 'Mona Company' (31).

The next phase of this complicated scheme required meticulous timing. Names and addresses of clients, numbering many thousands and filling more than forty books were collected. Blackmailing letters were cyclo-styled and addressed to nearly eight thousand women, but names, dates and signature were all handwritten.

On October 7th 1898 the letters were posted, carrying their nasty threats across the country and causing misery to drop through thousands of letter boxes. The letter, "on official looking paper" read:

Trafalgar Buildings,
Northumberland Avenue

October 1898.

Madam, - I am in possession of letters of yours by which I can positively prove that you did on or about.....~~o~~mmitt or attempt to commit the fearful crime of abortion by preventing or attempting to prevent yourself giving birth to a child. Either of these constitutes a criminal act punishable by penal servitude, and legal proceedings have already been commenced against you and your immediate arrest will be effected unless you send me, on or before Tuesday morning next, the sum of £2.2s., being costs already incurred by me and your solemn promise on oath as before God, that never again by whatever means will you prevent, or attempt to prevent yourself giving birth to a child. No notice whatever will be taken of your letter unless postal orders (cheques, stamps etc. will not be accepted) for the above amount are enclosed therein and secured by me on the aforesaid day. Failing to comply with these two requests, you will be immediately arrested without further warning. All legal proceedings will be stopped on receipt

of the £2.2s. and the incriminating letters, documents etc, which I hold of you will be returned and you will hear nothing further of this matter. I am, Madam, yours etc.

Signed CHAS. J. MITCHELL

Public Officer.

N.B. Communications must only be sent through the post."

On the outside of the envelope was a request to return to 'Mitchell, Trafalgar Buildings' in case of non-delivery. This was a precaution against the necessity for the Post Office to open the letters.

Having launched their evil scheme, all the brothers had to do was to wait and have someone at the premises to collect the replies. They had taken care of this problem a month earlier when (on September 10th) Leonard Chrimes took an office in Trafalgar Buildings. He rented it by the week in the name of Charles J. Mitchell. Four days later an advertisement appeared in an evening paper requiring the services of a junior clerk to "fill a position of trust", for which a young man named Gibson was engaged to receive the letters sent in reply to the blackmailing circulars.

After this events began to move very quickly as each detail of the plan was carried out. On October 6th Richard drew £150 from his bank account for stamps and on the same day Leonard applied, unsuccessfully, to the Post Office for a private bag for collection of mail addressed to Trafalgar Buildings. After posting the letters on October 7th Leonard Chrimes went to Brighton. The junior clerk, Gibson, was instructed to take the letters to Brighton. Between October 14th and 17th, 1898, 1785 letters went through the post to Charles F. Mitchell containing postal orders amounting

to £819'. (32)

This great attempt at blackmail was ended by chance when the husband of a woman who received one of the circulars opened the letter, read it and without telling his wife, took the circular to the police. The Chrimes brothers were arrested shortly afterwards.

In his summing up at their trial, the Judge told of the tragic contents of some of the letters written in response to the blackmail threat. One letter he read to the court (without disclosing the name) was said to be typical of many.

October 11th 1898.

Dear Sir, - I am very sorry I have done wrong. I did not know I had done wrong to myself or to anyone else, and as regards trying to prevent myself from being confined, I do not know that I could have done so for the child you are alluding to is a big, fine girl as healthy as any child could be and is eight months old; and I do not call that doing away with the babe or trying to do so. But if I have done wrong I ask you to forgive me. I promise that I will never do wrong any more, for Christ's sake. Amen"

The letter enclosed £2.2s.

Richard and Edward Chrimes were each sentenced to 12 years penal servitude and Leonard, being younger, was sentenced to 7 years penal servitude.

From time to time ripples of public interest sometimes followed court room revelations of particularly sordid cases, e.g. unexpected deaths, but interest was not sustained and advertising practices and abuses contained more or less unaffected. 'Female Remedies' settled down to become big business. Tens of thousands of pounds were spent annually on advertising. Tens of thousands of circulars were distributed by post or by women "dressed as hospital

nurses at the munificent wage of 1s.4d. a day" (34). High prices, prohibitions and prosecutions had negligible effect on the demand or the supply (Figs. 21, 36 and 51)

With regard to true abortifacients, there was a considerable amount of official protection of the public (35). In the first place, it was criminal to sell them; in the second place the two most effective drugs, ergot and savin, could only be sold to the public under severely restricted conditions (36). However, a substance undoubtedly used as an abortifacient, sometimes in secret remedies but usually by itself, was lead. Lead could easily be obtained simply by eating lead plaster or "putty" but the use of lead for this purpose was extremely dangerous since its ecbohic effect occurred only as a late feature in general poisoning. Lead was of course well known as an industrial poison (37) but the frequency with which accidental deaths occurred amongst women could not be solely explained in terms of industrial contamination.*

Most preparations sold as abortifacients contained substances a great deal less harmful than lead, for example Penny Royal, or iron sulphate combined with a purgative such as aloes or santonin (38) All these drugs were commonly used in ordinary dispensing.

* It was by no means rare for medical practitioners to be called to cases of illness of pregnant women and to find they were suffering from lead poisoning. In one such case a practitioner elicited that a patient had spent over £4 in lead pills which she obtained from an old nurse at " a guinea a box"..... the pills were simply small pieces of lead putty roughly rolled between the fingers into pill form" (B.M.J. 1. p.586, 1911)

The early spectacular successes achieved by the Lancet in their crusade against 'female remedies', 'immoral advertisements' etc, were never again achieved. The campaign lost momentum(39) and gave way to cynicism, "Nothing seems to have any effect in checking the flood of obscenity which fathers and families allow to be left in their homes" (40). The Lancet was disappointed by public indifference and the reluctance of the police to prosecute advertisers of 'female pills'. Encouraged by the relative impunity with which 'female pills' could be sold, vendors dropped all periphrasis in their advertisements. The Lancet was convinced this was a direct incitement to crime and were horrified at the daring of some of the advertisements. Here is an example:

"To Married Ladies (gratis) - write for my secret remedy to prevention of large families. Guaranteed infallible" and "Marriage and its consequences - Advice on how to limit your family and valuable information to ladies" (41). These advertisements shocked "by their encouragement not only of undesirable practices amongst the married but to all sorts of immorality amongst the young by holding out a promise of relief if difficulties should arise" (42).

In one form or another reference to this topic smouldered on for years. Ten years later in 1905, the Bishop of London took up the Lancet's theme.

"When I turn from marriage to what ought to follow marriage.... it is impossible for me to describe with what dismay I view the diminishing birth rate..... brought about by artificial means" (43).

The Church and the medical profession were driven to take up a common stand against 'Female Remedies' because thousands of women

had taken them in order to try and alleviate one of the main causes of their poverty. Quacks seemed prepared to help them. What kind of men were they?

REFERENCES AND NOTES

1. Lancet 1895 (2) p.1509.
2. An oblique reference to the female domestic servant class. An unusually high proportion of London prostitutes were recruited from domestic servants. See "The Other Victorians. A study of sexuality and pornography in mid 19th Century England", Steven Marcus (1966) pp.128-130.
3. MAYHEW Henry. "London Labour and London Poor" (1861) I pp 412 - 4.
also
Adultery alone was grounds for divorce when sought by a husband. Mrs. Henry Wood's novel "East Lynne" (1865) described the agonising fate of the female divorcee.
4. Victorian wives were indoctrinated to regard a high rate of procreation as a necessary evil even if a rather repulsive duty - Keith Thomas, "The Double Standard" in J. of History of Ideas (1959).
5. HOOKER, R. H., "On Forty Years Industrial Changes in England and Wales", T.M.S.S. 1897-98
Butler and housekeeper, often man and wife, ruled backstairs, developing a mixture of deference paid to employers and authority demanded from underlings.
6. Lancet 1898 (2) 1808.
7. Ibid. An analysis of the compounds and literature distributed by various quacks, Ottey, Davies, Blanchard Allen and St. Clair. A conviction of Henry Davis was secured on Feb 18th 1901 but the penalty was derisory. He was fined £20 plus 10 guineas costs.

8. Ibid.
9. Report on Henry Davis' Conviction in Times, Feb.16th 1901.
10. A disdainful reference to contraceptive devises. Malthus argued that an increase of wealth in the form of manufactured goods could only have an adverse effect on the poor since it would result in an increase in population without a corresponding increase in the means of subsistence.
11. Lancet 1898 (2) 1808.
12. Ibid.
13. Lancet (1) 1901, 567.
14. Lancet (2) 1898, 1808.
15. "Times" Feb 16. 1901.
16. David was fined £20 plus 10 guineas costs for illegally using the title of "Doctor". In the 'Bile Beans' case (1905) the presiding judge said "The whole business had been built upon fraud, impudence and advertisement".
17. Lancet 1898 (2) 1808.
18. Times Nov. 24th 1899.
19. Ibid.
20. Lancet 1899 (2) 1540-41
21. Lancet 1901 (1) 567.
22. Ibid. also Lancet 1899 (2) 1540.
23. The Bourgeois morality became characterised by rigorism, a mixture of moral indignation and a disinterested inclination to inflict punishment.
24. Lancet 1899 (2) 1540.
25. Lancet 1899 (2) 1541.

26. A woman wishing secretly to take remedies for 'obstruction' probably preferred to employ the services of a quack at a distance from her home. At a distance the quack's address will be sonorous. See also Br.Med.J. Aug.22 1896 p.567 - 8
27. Times Dec.17th 1896
28. Ibid.
29. Lancet 1898 (2) p.1808. Analysis showed them all to be of roughly the same composition; none were capable of producing any of the advertised effects.
30. Times, Dec. 17th 1896.
31. No advertisements were ever issued for this company.
32. Times Dec. 17th 1896
33. There were several inquests which to the scorn of the British Medical Journal (Aug. 22 1896) never resulted in prosecution of obvious charlatans.
34. Lancet 1899 (2) 1541.
35. The great demand for them indicates that the protection was neither desired or appreciated. It is difficult for orthodoxy to have it both ways; that there was a public demand for the pills and a demand for their suppression.
36. A 'drug' which was not so controlled was Apiol, an ecbohic of distinct efficiency.
37. Minutes of Evidence, Departmental Committee on the various lead industries (1894). Evidence of Dr. W. Whamond pp. 53-54 and Dr. A. Jackson pp 151-8.

38. Several preparations sold in the U.S.A. had a more complex composition. For example, Amenoretts prepared as suppositories contained Pyroligneous, Acid, Iodine, Picric Acid, Boracic Acid, Quinine, Tetraborate of Soda, Glycerine and Oil of Theobromo. Amenoretts tablets contained Pyroligneous Acid, Iodine, Boracic Acid and Sodium Tetraborate".
Pharmacology, March 24th 1906.
39. "It is no part of the duty of the medical profession to set the law in motion in these cases any more than it is for them to prosecute in cases of robbery or violence", B.M.J. 22nd August 1896. *
40. Lancet 1895 (2) P.1509.
41. Newcastle Evening News, December 4th 1895.
42. Lancet 1895 (2) p.1509
43. Address. St. Paul's Cathedral, October 19th 1906.

* A very good example of 'confidentiality' and the concept of professional confidence free from moral rigorism.

CHAPTER 8JAMES MORISON THE HYGEIST

and

THOMAS HOLLOWAY

Many 19th century quacks were virtually anonymous hiding their identity behind a trade marked product. However, there was a small group of nostrum vendors who did not wish themselves or their products to be anonymous. They achieved very substantial wealth and thereby angered the medical profession or some other section of society. There were four such outstanding nostrum vendors. Samuel Solomon (1780 - 1819), James Morison (1770 - 1840), Thomas Holloway (1800 - 1883) and Thomas Beecham (1820 - 1907).

Two of them, James Morison and Thomas Holloway are discussed in detail.

James Morison, was known as "The Hygeist" because he propounded the "Hygeist or Universal System of Health". The ten points of the Hygeist system are:-

1. The vital principle is contained in the blood.
2. Blood makes blood.
3. Everything in the body is derived from blood.
4. All the constitutions are radically the same.
5. All diseases arise from impurity in the blood, or in other words, from acrimonious humour lodged in the body.
6. The Humour which degenerates the blood has three sources, the maternine, the contagious and the personal.
7. Pain and disease have the same origin and may therefore be considered synonymous terms.

8. Purgation by vegetables is the only effectual mode of eradicating disease.

9. The stomach and the bowel cannot be purged too much

10. From the intimate connection between the mind and the body, the health of the one must conduce to the serenity of the other (1).

Simply stated, the Hygeist canon is that the blood controls everything and all disease comes from impurities in it; these must be purged by vegetables and it is impossible to purge too much.

James Morison was born in Bognie, Aberdeen in 1770 into a family "of great affluence and respectability" (2). After a very brief spell at Aberdeen University, he continued his education at Hanau in Germany but later moved to Riga where he lived for a time as a Merchant. Because of his deteriorating health and in the hope of gaining some benefit from a warmer climate Morison went to the West Indies where he carried on as wine and spirit merchant and soon acquired considerable wealth and property (3), enabling him to return to Europe in 1814 and live in Bordeaux "in great respectability" (4). However, in spite of the expected advantages of a warmer climate he remained oppressed by indifferent health and "thirty five years of irrepressible suffering". He wrote, "I had passed my fiftieth birthday before I first saw the light - the true light that guided me to health." He candidly described his martyrdom, - "From my sixteenth birthday I had passed a life of disease, physical misery and woe" - and catalogued his - "endurances of every imaginable course of medical treatment (except laudanum and bleeding), every vogue and mode of diet and system of living; the mechanical contrivances of the truss maker and the operations

of the surgeon's knife." He tried them all in turn but, without any relief. Understandably disillusioned, Morison began "to think for himself" (sic) in medical matters and "resolved to place his confidence in the Vegetable Universal Medicines as the only rational purifiers of the blood and system.....". His spirits miraculously returned. "By the use of Vegetable Universal Medicines I have, comparatively speaking renewed my youth; I have got rid of all my pains - my limbs are supple - the palpitation of my heart is gone and my spirits are easy; my sleep is returned for a period of four or five hours; I neither fear wet, cold nor heat, nor catch colds in any situation; exercise gives me no fatigue; and this change and so much good for the trifling inconvenience of swallowing a few pills at bed time and a glass of lemonade in the morning, which do not impose - nay do not require any restraint either day or night but leave you perfect master of yourself and your time. My most sanguine expectations three years ago could not have anticipated such a result (5)".

Morison's Pill was a purgative containing Aloes, Cream of Tartar, Rhubarb and Myrrh. The recipe which had proved so remarkably beneficial to his person soon benefitted his pocket. Inspired with the personal experience of his medicine, Morison conceived the idea of "diffusing the benefit of his discovery among his fellow creatures", and he launched his great Pill on the Market in England in 1825.

The venture was precisely planned and timed to coincide with the publication of his bombastic pamphlet entitled "Some Important Advice for the World on the way to prevent and cure the diseases incident to the human frame demonstrated and based upon principles agreeable to Nature, suited for all climates and constitutions with an account of the Author's own case. By James Morison, Gent

(not a doctor)". Morison was always careful to point out he was 'not a doctor' and made no attempt to conceal his contempt for the medical profession. He published his new theory in seven pamphlets which were so highly rated by the author that they soon appeared in a 600 page volume, entitled "Morisoniana" (6) (Fig.29). The title page set the scene and declared war on the doctors. It read,

"The Old Medical Science is completely wrong". According to Morison it was wrong on several counts. It failed to appreciate the positive contribution made to human health by the Hygeist theory; it was too tied to the mumbo-jumbo of religion; it relied too much on minerals and chemicals in its therapeutics (including that horror of horrors - mercury!); its language was couched in terms only the initiated could understand; it fleeced the public by charging heavily and unfairly for its questionable service and (most telling of all his grievances) the medical profession did not make any use at all of the Vegetable Universal Medicines in treating patients (7) (See Fig.31).

Morison compared his new system with the old, "Medical men have been labouring and studying since Hippocrates (more than 2,000 years) without ever establishing any fixed principles as to their science. All has been random and conjecture with them Not so with the Hygeian System! Its principles are as fixed and invariable as those of other sciences, such as astronomy, navigation or music, which are now brought to great perfection and can be depended on" (8).

Morison also slyly brought to the public's attention a couple of controversies that were wracking the corporate medical

conscience. By pointing out that physicians "carried out research to learn more about the problem they were treating" Morison raised the spectres of vivisection (9) and "experiments" on workhouses patients (10). Morison scoffed at doctors' lack of certainty and the frequency with which they admitted there might be cases where they did not know all the answers.

"The three words 'one may try' (or 'one may hope') should not be more ridiculous and hazarded coming from me than from the mouth of many a learned doctor. I have often experienced no sounder argument for their prescription" (11) Morison's attacks on the medical profession continued with mounting savagery.

What should the sick public do? Morison counselled them. "Don't harken to any medical adviser; they are prejudiced by the false doctrines of their medical schools and they will harken to nothing reasonable that can be said" (12). His malice towards doctors and "mineral medicine" remained unabated and he published a series of provocative pamphlets entitled - "Downfall of the Doctors", "The way in which the doctors by the help of poisons get the guineas out of the pockets of John Bull", "The Guinea Trade shown up" and "Morality of Modern Medicine Mongers". It cannot be denied that doctors suffered a mauling at the hands of Morison. They were stung by his rhetoric and offended by his obvious hold on patients who succumbed to skilful publicity and bought millions of his pills (13). Doctors were bound to retaliate to Morison's jibes and it soon became evident that Thomas Wakely, founder and editor of the Lancet, would emerge as the doctor's champion. Wakely got off to a good start for the doctors by taking

advantage of a fortunate spate of court cases which presented Morison's pills in bad light, especially when the cause of death was directly attributed to an overdose of the pills. For example, in 1837, twelve deaths in York were attributed to an overdosage of Morison's Pills (14). These cases were eagerly seized and given extensive publicity by the medical press who had good reason to respond to Morison's provocation.

Wakely used the example of Morison and his advertising methods as an excuse to launch an attack on all secret medicines. He felt the Government should act to put an end to the scandal.

"Morison.... pays upwards of £7,000 a year to a Government for three halfpenny stamps with which his boxes of trash are plastered! What must be the character of a legislature which thus submits to be bribed into a toleration of a system so disastrous to the public health, and which, if it were a little more widely extended, would complete the ruin of the medical profession, as it has already proved the disgrace of medical science in this country" (15).

After attacking Morison, Wakely turned on those he believed to be the real culprits - the Society of Apothecaries. He rebuked the Society for failing to take appropriate measures to control Morison, who as prescriber, compounder and seller of a widely advertised medicine was (according to Wakely) acting as an apothecary.

Week after week, Morison was the main target for attack by the Lancet. It constantly referred to Morison as "a quack medicine vendor" (16) and asked, "Why is it not notoriously true that the veriest blockhead who ever breathed is prescribing and administering 'Universal Pills' from one end of the Kingdom

to another? (17). In one particularly scathing onslaught Wakely referred to Morison as "The man-slaughterer" (18). The immediate cause for this outburst was a celebrated libel case, which revealed some of the promotional methods used by Morison through his foundation, the British College of Health (19) (Fig.30).

The affair began in 1834, when a surgeon and apothecary, Dr. Purcell, brought a suit against 'Stevens and another'. The 'another' happened to be Thomas Moat, a partner of Morison, and codirector of the British College of Health. The facts of the case were that Dr. Purcell attended and aided a boy who had become ill following a childish prank. During the course of treatment the boy had also been visited by one of Morison's agents (20) who it was alleged, denounced Dr. Purcell's methods and administered some of Morison's Pills. Later, when the boy had completely recovered the case was described in elaborate detail and published in "The Christian Advocate" a periodical published by Stevens, but owned by Moat, and doubtlessly influenced by Morison (21). The report was provocatively entitled, "A dreadful instance of cruelty and maltreatment practised on a poor child by one of the faculty". It depicted Dr. Purcell as a fraud and Morison's Pills as the true saviour of human life.

The lawsuit which received wide publicity ended with an award of £500 to the plaintiff, Mr. Purcell. (22) Whilst applauding the verdict the Lancet struck a cautionary note, "If such libels on the talents and humanity of private practitioners could be published with impunity by unprincipalled quacks, within a very few years the members of the medical profession would be reduced to the lowest possible state of public degradation" (23).

Between 1834 and 1837 more cases came before the courts but it was probably a coincidence that during this time Morison extended his business to France and began to spend more of his time in Paris (24). Some of the trials revealed bizarre pill-taking habits. For example there was a woman who admitted to taking 14 to 16 pills at a time (25); an epileptic patient who took 20 pills on successive days (26) and an innkeeper who took the pills in secret while at the same time visiting a physician to be cured of the side effects they had caused! (27). Most astonishing of all was the tragic death of a baby girl whose mother had been advised by Morison's representative to increase her dose to 22 pills in 24 hours. This revelation was denounced by an irate correspondence to the Lancet "as another instance of the destruction of a victim of the insatiable avarice of that health destroying quack Morison" (28). Another sad case was reported, "Richard Robinson was 20 years old when he died of smallpox very probably aggravated by drastic purgatives" (29). Robinson's intake of pills averaged 15 each day during his illness and on at least one day reached 50 ! (30).

It was not only the Medical Press who were scandalised by the alarming rise in reported overdoses. Lay publications also began to campaign against Morison, who unsuccessfully sued for libel against the 'Weekly Despatch'. As these disclosures continued, Wakely, through his mouth-piece, the Lancet, paid glowing tribute to "the labours of the "Weekly Despatch" in exposing the atrocious proceedings of that most impudent quack Morison' (31). A public dinner was held in 1837 at the London Coffee House, "As an honourable acknowledgement of the value and extent of the service which they (Weekly Despatch) have rendered to the Profession

and the Public" (32). The occasion enabled the 'Lancet' and 'Weekly Despatch' to indulge in a post-prandial orgy of mutual compliments.

The anti-Morison bandwagon gathered momentum. First one analyst accused the manufacturers of "trying to baffle the analyst with changes of formulæ (except that of the ingredients which give the pills their powerfully drastic aperient quality)..... for no two analyses furnish the like product" (33). Another self-styled 'eminent chemist' undertook "to exhibit a public analysis of Quack Morison's Pill at the 'Crown and Anchor' public house in the Strand" (34).

In spite of critics and bad publicity, Morison's business survived and even expanded. By the time he died in Paris in 1840 his pills were on the market in the U. S. A., France, Germany and several smaller countries, as well as throughout the British Isles. Morison had successfully generated a momentum into his commercial enterprise which enabled it to roll on after his death (35). The statistics of his business tell their own story of his commercial success. Morison was reputedly making £80,000 a year towards the end of his life and he left a will amounting to about £500,000 (36). One source estimated that more than 800,000,000 pills were sold between 1825 and 1849 (37) and that he paid more than £600,000 in stamp duty on his Pills (38). James Morison however was too significant to be considered merely as the prototype of the super Victorian entrepreneur. He differed from most by the hate he engendered amongst doctors. His theories and methods throughout were simple, siezed upon and modified by others.

One man who was eager to tread the same commercial path was Thomas Holloway.

THOMAS HOLLOWAY (Fig.38) was born at Plymouth Dock (later called Devonport) in 1800. He was educated at Cambourne and Penzance until 1816 when, following the death of his father, he, his mother and brother Henry kept a Grocery and baker's shop in Devonport. This partnership continued until about 1828 when Holloway removed to London. By 1836 he had established himself as a merchant and foreign commercial agent (39). One of Holloway's earliest and most significant associates was Felix Albinolo, an Italian immigrant. Albinolo was the proprietor of an ointment (40) and a vendor of leeches (41). His meeting with Albinolo was an important one for Holloway. In the course of his work as a commercial agent, he introduced Albinolo to the authorities of St. Thomas's Hospital as "The inventor of a new ointment" and succeeded in obtaining testimonials from surgeons there "as to its use and efficacy". The ease with which he obtained patronage for Albinolo's ointment suggested to Holloway that an ointment, generously advertised, might be a profitable speculation. In 1837 Holloway prepared such a compound which he called 'Holloway's Family Ointment' (42).

Soon after his arrival in London, Holloway had married Miss Jane Driver, who afterwards helped him in his business. He began his new enterprise in a small but very industrious way with a daily visit to the docks, where he brought his ointment and pills to the notice of captains of vessels and passengers sailing to all parts of the world. For a time his efforts to obtain publicity were rewarded with little success, but he remained a staunch believer in advertising.

The Holloway's advertisements appeared in a local newspaper in October 1837 (43). From this humble beginning Holloway's advertisements gradually found their way into columns of newspapers "circulating in the most remote parts of Europe, Asia, Africa, America and Australia and were printed in almost every language" (44). Modest success didn't deter Holloway from further commercial expansion for as his business increased so he increased his expenditure on advertising. In 1842, for example he spent £5,000 on advertising; in 1845 it had risen to £10,000, in 1851 to £20,000 and 1855 to £30,000. At the time of his death in 1883 expenditure on advertising exceeded £40,000 (45)

As Holloway's commercial strength increased he was able to apply rigid conditions to his advertising arrangements. It was an important condition that a copy of each journal or periodical containing his advertisements should be forwarded immediately after its publication to his head office where the advertisements were duly checked. If it had not been inserted according to the strict instructions Holloway laid down, the advertisement was not paid for; "often to the discomfort of negligent printers". As a result of this inflexible rule he came to possess the most complete collections of English, Colonial and foreign newspapers and periodical literature in the world (46).

Holloway suffered two unpleasant encounters in the courts. The first was in 1850 when he obtained an injunction against his brother, Henry, who had commenced selling Holloway's Pills and Ointments at 210 Strand (47). The second was in 1860 when he employed a Dr. Sillon to introduce his medicines into France. Following bitter disagreement with Dr. Sillon, Holloway did not proceed with his plans for commercial expansion into France (48). Apart from these episodes Holloway was almost inconspicuous.

Unlike Morrison, he did not set out to provoke doctors and compared with Morison, he encountered very little antagonism from the medical profession. Criticism when it appeared, came from parodying periodicals such as 'Funny Folk' and 'Punch' (49).

In 1867, Holloway moved to new premises in Oxford Street (50), employing at that time more than a hundred staff (excluding those in "various branches of outdoor assistance"). A few years later annual profits from his medicine business reached £50,000 and this combined with judicious speculation in stocks, made him very rich. Holloway had no children of his own but he showed great munificence in the later years of his life. An offer on his part to bestow some of his money on his native town was not well received by the municipal authorities (51). Shortly afterwards on the advice of Lord Shaftesbury, he decided on building a hospital for the mentally afflicted of the lower middle class (Fig 34) (52). Thomas Holloway's most generous gift was £800,000 towards the cost of erecting and furnishing "a vast and sumptuous pile of buildings" known as the Royal Holloway College (53) This College was opened by Queen Victoria on June 30th 1886 (Fig.35) (54) almost three years after Holloway's death. His bequest earned for Holloway an obituary in the 'Times' and he was the first patent medicine vendor to be honoured in that way. 'Punch' however described both Morison and Holloway in a less complimentary way, dismissing them "as the most remarkable PILLERS of society" (55)

NOTES AND REFERENCES.

1. GREER, J. The Hygeian System, Glasgow 1833 Vol.1. p.22.
2. Morison's family was one of the landed gentry of Aberdeenshire; his brother's estate being "Morison of Bognie" worth £4,000 a year. 'Morison Hall' also belonged to the family. The Athenaeum, No. 1607. August 14th. 1858.
3. Gentleman's Magazine, Vol. 14. N. S. 1840. p. 437.
4. Ibid.
5. Morisoniana, ed. J.Morison, 3rd Ed. London 1831,p.91, see also Helfand. W. H. (1972) 'James Morison and his pills' p.11.
6. Title page of Morisoniana, ed. J. Morison. op.cit.
7. Helfand, W.H. Op.Cit.p.22.
8. Ref. 5 op.cit. p.22.
9. See for example:
Carpenter, W. B. "Ethics of Vivisection" p. 237, and Lord Coleridge, "Ethics of Vivisection" p. 225, both in Fortnightly Review 31, 1882.
10. This was generally supposed to be true.
In 'Household Words' in 1854 the author (apparently a doctor) wrote "Not every practitioner is prepared to fob off paupers with pump water, Epsom salts and gentian".
11. Morisoniana op.cit. p. 76
12. Ibid p. 91
13. British College of Health, Biographical Sketch of James Morison the Hygeist, London c. 1849. This biography continued to be regularly advertised after James Morison's death in order to counter 'false accounts..... published by certain low and unprincipled doctors', for example see advertisement in

The Athenaeum No. 1609, August 28th 1858.

14. Lancet 1836-7 (2) p.130.
15. Lancet 1833-4 (2) p.569
16. Ibid. p. 568
17. Ibid. p. 629
18. Lancet 1836-7 (2) p.130
19. James Morison established his business on Claremont Place Hudd Street, London. Three years later, in 1828 he moved to Hamilton Place, New Road, across from the present site of St. Pancras Station. He built an imposing building to which he gave the name "The British College of Health",..... as a man well aware of the British reverence for learned societies".
Maple. E. (1968) "Magic Medicine and Quackery". pp.146-7.
20. Salesmen or as Morison preferred to call them, "Agents", were his main commercial outlet. Each agent was given a specific territory and was held responsible for all Morison's activities there. (Helfand, E.H. op.cit.p.33)
In 1833 a list of his agents in England covered 24 octavo pages. (Morisoniana, 4th ed. London. 1833,p.589-613)
21. "The Christian Advocate" was published by Stevens but owned by Moat, and therefore influenced by Morison (Lancet 1933-34 (2) p.626)
22. Times, 9th July 1834.
23. Lancet 1833-4 (2) p.629
24. Helfand, W. H. op. cit. p. 27.
25. Lond. Med. Gaz. 1836, 17. p. 357
26. Lancet 1838-9 (2) p. 635
27. Lancet 1833-4 (2) p.761-2 and Lancet 1835-6 (2) p.189.

- 28 Ibid
- 29 Lancet 1833-4 (2) p.624
- 30 London. Med. Gaz. 1834, 14 p.614.
- 31 Lancet 1836-7 (2) p.94.
- 32 Ibid
- 33 Lancet 1835-6 (1) p.386
- 34 Lancet 1836-7 (2) p.240.
35. To some extent his reputation was maintained by the negative criticisms of song writers and cartoonists. For example a song

"Morison's Pills" was published in 1835. The first and fifth verses are:

1. You may talk as you will of the good olden times
 But give me your reasons - I'll answer in rhymes -
 Did our forefathers once in their wisdom e'er dream
 Of rail roads, balloons- or of gas light and steam?
 What knew the most knowing of fifty years back
 Of Rowland's Macassar and Warren's jet black
 But, most of all wants in the midst of their ills
 Could they fly for comfort to Morison's Pills.

5. Some people take now a very high tone
 And see in this drug the Philosopher's Stone.
 Reviving the alchemist's art and his skill
 Their elixir of life is a Morison's Pill
 There's one thing quite certain that Folly and Wealth
 Has turned dross into gold at the College of Health
 Give way ye slow-workers - ye jalops and squills
 To 'Perpetual Motions' and Morisons pills.

It should also be noted that the Spanish Pharmacopoeia at the beginning of the 20th century included Pildoras de Morison!

36. Helfand, W. H. op. cit p. 35.
37. British College of Health. Biographical sketch of James Morison, The Hygeist, London c. 1849.
38. Gentleman's Magazine 1840. Vol. 14. N. S. p.438.
- 39 Dictionary of Nat. Biography. Vol. xxvii p.181.
- 40 Felix 'Albinolo's Ointment' was also known as "St. Come et St. Damien Ointment".
41. As late as 1847, the Navy used 26,228 leeches.
Punch Vol. 14. 1848
42. Holloway managed to obtain a testimonial for his ointment from Herbert Mayo, senior surgeon, Middlesex Hospital. Felix Albinolo contested the ownership of the ointment but entered a debtors prison before the suit was examined.
- 43 The first traceable advertisement is in the 'Town' of 16th June 1838. On August 4th 1838 Felix Albinolo published a complaint in the same newspaper, to the effect that Holloway's Ointment was useless.
The Times Dec. 28th. 29th and 31st 1883 refers to an earlier advertisement.
44. Ibid.
- 45 Ibid.
- 46 Ibid
- 47 C. Beavan Reports of Cases in Chancery Vol. 8 p.209-14 1853.
- 48 John Scott Reports Vol. 14, p.336-7, 1863.
- 49 Punch Vol. 14 p.3, 1848
Punch Vol. 14 p.53, 1848
Punch Vol. 14 p. 166, 1848

- 50 His former premises 244, Strand were demolished to make room for the new law courts in 1867.
- 51 Pall Mall Gazette 10, 11 and 16 Jan. 1887
- 52 Illustrated London News, Jan. 5th 1884.
- 53 'The Graphic', July 10th 1886.
54. Times 21st June and 1st July 1886.

CHAPTER 9.PERISTALTIC PERSUADERS

No stone was left unturned to rid the body of the poison of disease and drive it out through the intestines.

For a long time the position of the stars and the moon dictated when purgatives were to be taken and 'purgative calendars' were amongst the first printed medical documents. Scant regard was paid to the nature of the illness afflicting the patient because physicians and quacks alike held a traditional belief in the therapeutic value of 'purgings'. Terms such as, 'purgative', 'cathartic', 'evacuant', 'laxative' and 'aperient' were used synonymously by both groups of practitioners.

That there is considerable normal variation between individuals in the frequency with which they need to empty their bowels has been reluctantly accepted by a public for so long indoctrinated with the belief that daily evacuation was the sine qua non for youthful vigour and healthful joie de vivre (1). In the 19th century 'regularity' became a key word in relation to gastro-enterological pharmacy and the feature of the period was that changes in the attitudes of doctors, lay public and nostrum manufacturers followed an erratic course. One fashion advocated the prophylactic use of purgatives "at the different epochs of the menstrual function" (2). Certain physicians were quite enthusiastic about this doctrine, advocating that "after the cessation of menstruations purgatives must be given habitually" (3). Twenty years later in 1870, this advice was rejected in a leading article in the 'Lancet' which strongly denounced "the too prevalent custom of indiscriminate purgation" (4). Affirming that 'purgatives cannot eliminate morbid poisons' *

* Contrast with the Hygeian System.

the article warned of their possible harmful effects in eruptive fevers such as typhus and enteric and their futile use 'to overcome a mechanical obstruction of the bowels'. Unwilling to be too emphatic, the article suggested that 'in cases such as obstruction, purgatives should be given most cautiously and in such forms and doses as to irritate as little as possible". The question, 'If they were futile, why use them at all?" hardly ever seems to have been asked.

The so-called "irritant" purgatives were made up of three main groups of substances. There was the anthracene group of irritant purgatives which included cascara, senna, rhubarb and aloes; all were of vegetable origin (5). These purgatives were unreliable either because of variations in the potency of different preparations or because of tolerance developing in the habitual user (6). Patients taking senna or rhubarb were sometimes alarmed to find their urine coloured brown (if acid) and red(if alkaline) due to the presence of chrysophanic acid (7).

One of the most famous purgatives was castor oil. This was a 'once for all' purgative frequently used for long standing constipation. Its original and usually recommended dose was several fluid ounces, but in the 1880s this was mercifully amended to a teaspoonful (8). Castor Oil was sufficiently irritant for it to be capable of inducing labour in pregnant women (9). The popularity of castor oil as a purgative increased rapidly and to such an extent that in 1882 there was a distinct prospect of a castor oil famine, with a consequent "rise in price proportional to the scarcity experienced" (10).

In 1900 another irritant purgative was accidentally discovered. At the instigation of the Hungarian government, a chemist was examining the properties of phenolphthalein with a view to using it to 'denature' artificial wines. Unsuspecting its cathartic action, the chemist and his technician took 1.5 grams each (normal adult dose 0.1 to 0.2 grams). Within a few hours the cathartic effects were apparent and continued for several hours ! The Hungarian authorities later denied persistent rumour that phenolphthalein had first been put into wine and its purgative action discovered by the general population (11).

Following clinical trials phenolphthalein was introduced into clinical practice in 1902 and achieved recognition as a safe and reliable drug (12).

The third group consists of a mixture of drastic purgatives either of vegetable derivation (jalop; colocynth; croton oil and podophyllum) or mineral substances (calomel for example). These compounds became recognised by doctors as dangerous either because of their severe irritant properties or their serious toxicity (Appendix 1). Nevertheless they were common constituents of proprietary remedies and were therefore used by millions of people who practised ritual purgation. There was a deep and stubborn psychological reason for this persistent belief in the power of a purgative to relieve almost any kind of ailment. Even as late as 1918 for example the medical world was seriously informed that "loss of female contours, low blood pressure, high blood pressure, asthma, neuritis, depression, melancholia, mastitis, cancer, tuberculosis, rheumatism, goitre, flat feet, foul breath, offensive perspiration and discolouration of the skin" might

be prevented or relieved by more frequent action of the bowel!

(13). The whole attitude towards constipation represented a continuation of the struggle against "harmful juices". The rationale of this practice was that "if the noxious matter refused to be expelled through the vein it must be driven out through the intestines. The persistence of such attitudes indicates the readiness with which men and women were willing to put their trust in 'purification' and 'blood sacrifices' in time of ill-health and 'trouble'. 'Regularity' enhanced the virtue of this ritual. Indoctrination in bowel worship began early. Constipation was a sin. "Little children are told that they were good when they evacuated to order and the idea that an action of the bowels is something meritorious and certain of reward still lingers in many adult minds" (14).

Evacuation of the bowels was mandatory in almost any case of physical discomfort; constipation was regarded as a serious danger because it was feared that 'vapours' given off by the accumulating faeces would poison the body and induce melancholy (15). There were even national preferences of procedure for evacuating the bowels. The French showed a peculiar enthusiasm for the enema or clyster (16); particularly when it was allied with a boast that it increased sexual potency (17). The British preferred to evacuate their bowels by the more dignified expedient of the aperient pill and the extent of their devotion to laxatives is clearly shown by the fortunes accumulated by Morison; Holloway and Beecham (18).

The use of purgatives as an obligatory treatment of all illnesses gradually appeared to be as illogical and

certainly as dangerous as the earlier cult of bleeding the patient. The pressure for this change of attitude in the medical profession and reflected in its prescribing came mainly from Homeopathic medicine whose doctrines were less phrenetic. "Constipation is not desirable, yet a tendency thereto is not so prejudicial as many persons suppose; indeed, persons thus predisposed are generally long-lived unless they injure themselves by purgative medicines" (19). A leading homeopathic text book emphatically stated, "The most erroneous and dangerous idea on this subject is that extremely popular one - that aperient drugs contribute to health, not only during sickness but also occasionally in health, in as much as impurities are thereby expelled from the body" (20). Homeopathic medicine taught that purgation by drugs was an unnatural condition and "even if temporary relief occurred following the use of aperients they tend to disorganise the parts on which their force is chiefly expended". The homeopathic attitude was evidence of a greater appreciation of normal human physiology. "The intestinal canal is not a smooth hard tube through which can be forced whatever it contains without injury; it is a living organism and needs no force to propel its contents; nor can such force be applied with impunity" (21). The excessive loss of secretory products stimulated by the frequent use of purgatives could itself produce a state of general debility (22). While the brain and 'vital energies' may become disturbed "occasioning lowness of spirits with melancholy, alternating with mental excitement and peculiar irritability of temper" (23)

A key step re-appraising the significance of constipation was the recognition that constipation may be a result of other causes. Proprietary medicines began to be advertised in a way which took account of this new concept and therefore purported to restore 'balance' to a 'disturbed' or 'unbalanced' system (Figs. 31 & 44). This was an important advance because the concept of constipation as a symptom provoked scientific medicine to classify constipation according to its causes; physiological, functional and organic. This classification was fundamentally important because it shed light upon one of the body's basic functions. Thus 'physiological' constipation tended to occur as a reaction to a change of diet or environment or during a febrile illness whereas 'functional' constipation (dyschezia) was due to a loss of the conditioned reflex normally initiated by rectal distension (24). This it was said occurred as a result of persistently ignoring the call to stool or because of weak muscles in the debilitated. Organic constipation, always a more ominous symptom, raised the suspicion of obstruction due to cancer of the intestines (25). However, the two most common causes of costiveness were due to dyschezia and faulty diet (26). Although the latter included the effects of adulterants, it was presumed that 'roughage' and 'bran' might help to prevent constipation and the 'brown bread fad' developed into a minor crusade with its curious emphasis on certain key words and phrases. "There should be strict regularity in attending to the calls of nature..... There is probably no function of the animal economy more completely under the influence of habit; nor is there any that may be more effectually

deranged through the influence which the will can oppose to it " (27). Great emphasis was placed on 'regularity' and 'Nature'.

The use of aperient substances in proprietary remedies was widespread and often indiscriminate and empirical. This is not surprising since there was no simpler method by which a quack could so effectively convince a patient that the medicine was 'working' than by the inclusion of a purgative in his remedy. Thus many obesity cures contained purgatives to give the impression of increased loss. The claims made for remedies advertised for the reduction of corpulence were often less extravagant than the usual ones. A reason for this may have been a desire to encourage the patient to persist in using a 'cure' for a considerable time. A common ingredient in several popular obesity cures was extract of bladderwrack seaweed (*Fucus vesiculosus*). This acted as a bulk purgative (28). A much advertised compound was "Allans Anti-Fat" which was manufactured and supplied by an American 'Botanic Medicine Company' from a London office. Claims for the efficacy of this "purely vegetable preparation" were modest. "We call special attention to the efficacy of our Anti-Fat in the cure of that distressing complaint - indigestion and dyspepsia. It acts solely upon the food in the stomach regulating and putting the liver and discharging organs in good working order" (29).

'Marmole' was also an obesity cure. A formulation of 'Marmola' was a complicated one but it was known to contain thyroid extract, phenolphthaleine and bladderwrack (30).

It was prepared and supplied by another American company in London. The preparation was also widely advertised in weekly and daily newspapers. 'Marmola' developed a new dimension in advertising by posing the question "Is Fatness a Social Offence?". The advertisement continued in a narrative style reminiscent of that used to advertise 'Mother Siegel's Syrup' (Appendix 26).

"The female form, being capable of expressing a supreme degree of grace, should be an inspiration in our daily lives and lead up to higher ideals of beauty", said an art lecturer lately. Therefore the fat woman is an enemy to the artistic uplift, for she is entirely too heavy for any wings of fancy to raise.

Why should a woman remain fat when it is so easy to reduce one's flesh? A woman may take but little exercise and enjoy the best of food and still preserve a beautiful figure. She has at hand a simple fat reducer which takes the place of starving and gymnastics. It consists of a dessertspoonful after meals and at bedtimes of a simple mixture (31)..... It's quite harmless and will take off as much as a pound of fat a day". A little later in the advertisement a more modest claim was added. "If faithfully taken as directed for 60 or 90 days, satisfactory results should be obtained". This was a milder statement than "it will take off as much as a pound of fat a day". The poly-pharmaceutical nature of Marmola was a dangerous one. If enough was taken to 'burn-up' the excess fat then other symptoms of hyperthyroidism would supervene with a marked increase of appetite.

The patient could also become addicted to thyroid (32).

One of the most popular cathartic compounds was Mother Siegel's Syrup. It was described as a remedy "for dyspepsia" but so many disorders were stated to be due to this cause (and amenable to treatment with this preparation) that the remedy could be described as a 'cure-all'. A circular enclosed with the bottle stated:

"Indigestion is a fire that will eat out your very vitals and sap your strength and vitality. For it can't be too often repeated that indigestion is the root of a great deal of evil; the origin of a great many disorders which no man quite understands how he came by. And why? This can be easily explained. Disease is poison; its symptoms are the manifestation of the poison. Indigestion creates many dangerous poisons and is therefore the cause of many diseases*.

So let us get rid of the smoke by putting out the fire and purify our blood and system with Mother Siegel's Syrup, which will sweep away the poisons and make us healthy and strong". All 'Mother Siegel' advertisements were clearly printed on polished paper, lengthy narratives and often interesting.

Although the syrup was advertised as "highly concentrated

* This is another variant of the Hygeian System.

purely vegetable compounds", analysis revealed the presence of free hydrochloric acid as well as aloes (33). The secret formula had remained unaltered since 1840 when it was invented by a group of Americans. The company (34) came into English ownership in 1897 and continued to use the myth of Mother Siegel as its main feature. According to this myth, Mother Siegel, "an old woman on her last legs with dyspepsia was given up by her relatives and allowed to wander in the lanes around her native village in Germany. One day she chewed a leaf of a herb only found in those parts and found immediate relief" (35).

This story set the pattern for future advertising campaigns by the proprietors (36). To some extent "Mother Siegel" may be regarded as a mythical female equivalent of the realist James Morison. There was for example reference to "immediate relief and the efficacy of "the purely vegetable compounds". This American invention also coincided chronologically with Morison. An indication of its popularity is shown by an estimate that in its first 40 years existence over 100 million bottles of Mother Siegel's Syrup were consumed (37). The syrup was made in batches of 230 gallons, and its manufacture gave direct employment to 250 people at a cost in wages of £30,000 to £40,000 each year (38).

'Purgative medicines' of one sort and another produced Goliaths amongst the proprietary medicine vendors. After Morison and Holloway, Beecham began an "orgy of advertising" (39) (Figs. 51 and 52). Sir Joseph Beecham, as he was later to be, admitted spending " a little over £100,000 " during

each year on advertising and it was rising. Like Andrew Pears of Pears Soap, he got value for money. Beecham's advertisements were striking and original and effectively maintained a business which grew into "the largest of its kind in the world", making one million pills a day in 1912 (40). A box of fifty six pills, advertised to be "worth a guinea a box," sold for 1s. 1½d but the ingredients cost only about half a farthing (41). The pills actually contained only aloes, powdered ginger and soap, but the wrapper round the box claimed that "These pills are composed entirely of Medicinal Herbs" and were a specific 'cure' for 'constipation, headaches, dizziness, wind, pain and spasms of the stomach, pains in the back, restlessness, insomnia, indigestion, want of appetite, flatulence, maladies of indiscretion'. Although the long list of ailments included menstrual derangements, a circular issued with Beecham's Pills stated, "Beecham's Pills are no more of an abortifacient than Epsom Salts" (42). The circular continued "Women, as soon as they find any unusual delay or departure from regularity at the proper time should assist Nature by taking two or more Beecham's Pills morning and night and this efficient medicine will not fail to bring about the free and healthy action that is required".

Gradually the jargon of advertisers was altering. "Regularity" came to mean both regular bowel action as well as regular and prompt menstruation. Similarly "Obstruction" conveyed the same dual meaning. Since both types of complaint, 'obstructions' and 'irregularities' were sometimes amenable

to treatment which induced contractions or peristalsis, purgatives enjoyed an enormous 'popularity'. They were used for a wide variety of ailments, real and imaginary and because they were regarded as 'cure-alls' they could just as easily be taken for one complaint as for another.

NOTES AND REFERENCES

1. 'Today's Drugs', B.M.A. London 1964 p.156.
2. Lancet 1. p.296 1851.
3. Ibid.
4. Lancet 2. pp 474-476 1870
5. Enough of these substances may be excreted in human breast milk to affect an infant, who would then be treated for diarrhoea.
6. LAWRENCE D. R. 'Clinical Pharmacology' London 1963 p. 361.
7. Prolonged use of this group could also produce melanosis of the rectum.
8. RUDDOCK E. Harris. 'The Homeopathic Vade Mecum' London (circa 1880) p. 513.
9. MATHIE J. G. and DAWSON B. H. "Effect of castor oil, soap enema and hot bath on the pregnancy uterus near term". Brit. Med. J. 1. p.1162. 1959
10. Medical Press and Circular 23 (N.S.) p. 170, 1882. (Quantity afloat bound for U.K. January 1882 27,671 cases. Average consumption per month in Liverpool (1881) 4,900 cases. Consumption for month January 1882 7,500 cases. Stock in Liverpool on 1st February 1882 8,300 cases. Afloat in ships now due 1,476 cases.
11. Van VAMOSSY Z. "Is phenolphthalein harmful?" Amer J. dig. Res. 3 p.22 1936
12. Phenolphthalein is tasteless. Occasionally it produces a skin rash which is difficult to diagnose

- unless the patient is willing to volunteer the information that he/she is using purgatives.
13. Example cited in Rodale J.I. and Adams, Ruth, "The Health Finder", London 1956, p.275.
 14. WITTS L.J. "Ritual Purgation in Modern Medicine". Lancet 1. pp.427-30, 1937
 15. In his well known engraving 'Melancholy', Albrecht Durer depicted the symbol of medicine in the lower corner as an enema syringe.
 16. FREIDENWALD J, and MORRISON S, "The History of the Enema". Bull. Hist. Med. 8p. 239 1940.
 17. "Men who received the treatment believed in them implicitly (e.g. Duc de Tichelieu) and behaved like youths while old ladies became skittish". Glasschieb H. S. "The March of Medicine" London 1963 p. 160.
 18. FRANCIS, Anne "A Guinea a Box". Hale, London 1968 pp. 117-134.
 19. Illustrative cases given in "Health World" V, IV, pp.6 227. Circa 1900.
 20. Ruddock op. cit. p.511. cites
 "The fallacy of the allopathic view may be demonstrated by the continued production of much impurity after taking jalop and calomel". "Impurity" was a euphemism for faeces.
 21. Ibid. pp. 511-512.
 22. Hypokalaemia may in extreme cases lead to muscular weakness progressing^{to} carpo-pedal spasm and to paralysis. See Beeson, P.

- and McDermott W. (Eds) 'Cecil-Loeb Text Book of
Medicine' London 1963 pp. 1286-1288.
23. These symptoms are similar to those induced by
calomel poisoning (see Appendix 24).
24. Functional constipation is called dyschezia. Early
in childhood despite great variation in the intensity of
'toilet training' the habits of defaecation became subject
to complex patterns of conditioned reflex behaviour.
e.g. The post -prandial gastro colic reflex.
25. If the call to stool is persistently ignored, the faeces
may become dehydrated and lead to faecal impaction.
Beeson & McDermott op. cit. pp. 885-887.
26. OLIVER, T. "Our Workmen's Diet and Wages".
Fortnightly Review. 56p. 513 1894.
27. Ruddock op. cit. p. 516.
"By fixing the mind on this operation for a short time,
the bowels will at length respond and a habit
will become established which tends to procure both
health and comfort."
28. Lawrence op. cit. p. 357.
Bulk purgatives act by increasing the volume of
intestinal contents and so encourage normal reflex
bowel activity.
29. Allan's Anti-Fat contained:-
- | | |
|------------------------------------|-----------|
| Potassium iodide | 0.3 grain |
| Salicylic acid | 1.0 grain |
| Glycerine | 40 minims |
| Fluid extract of Fucus vesiculosus | 70 minims |
- Water to 1 fluid ounce.

Estimated cost of 6½ fluid ounces is 3d. This size bottle sold for 6s.6d.

'Secret Remedies' B.M.A. London p. 93.

30. Secret Remedies op. cit. p. 94.

Dried Thyroid gland	14 percent	1.4 grains in one dose
Phenolphthalein	4 percent	0.4 grains in one dose
Powdered Fucus Vesiculosus	50 percent	5.0 grains in one dose
Sodium Chloride	7 percent	0.7 grains in one dose
Oil of peppermint	trace	trace

31. The recipe was:

"One half ounce of Marmola, one ounce of fluid extract of glycerrhiza B.P., one ounce of pure glycerine P.B. and Peppermint Water to make six ounces in all. Since Marmola (see ref. 31) was a proprietary preparation the 'recipe' was just another method for selling a proprietary remedy.

Report of Select Committee on Patent Medicines
H.M.S.O. London 1914 p. 480.

32. Lawrence op. cit. p. 408

33. Secret Remedies op. cit. p. 177.

Dilute Hydrochloric Acid B.P.	10 parts
Tincture of Capsicum	1.7 parts
Aloes	2 parts.
Treacle	60 parts.
Water to	100 parts.

A 3 fluid ounce bottle selling for 2s.6d. was estimated to contain ingredients costing one third of a penny.

The accuracy of this analysis was disputed however by one of the managing directors of A.J.Smith the

- Manufacturers and proprietors of Mother Siegel's Syrup. (Report from Select Committee on Patent Medicines op. cit. p. 391.
34. SMITH A. J., Limited of 35 Farringdon Road, London
35. A booklet issued with 'Mother Siegel's Syrup' and distributed by A. J. Smith.
36. Curiously, Mother Siegel's Syrup was not advertised in Germany, the reputed home of the originator. The proprietors estimated it would cost £75,000 to £100,000 in advertising to break into the German market.
37. Report from Select Committee on Patent Medicines op. cit. p. 381.
38. Ibid.
39. FRANCIS, Anne, "A Guinea a Box". Hale, London 1968 pp. 117-134.
40. Evidence of Sir Joseph Beecham before Select Committee on Patent Medicines 23rd January 1913. also, Anne Francis op.cit.p 120 et seq.
41. "Health News" cited by Eric Jameson in "The Natural History of Quackery" Michael Joseph, London 1961 p.203
42. p.6 & 7 of the circular accompanying Beecham's Pills. Many of the terms used by the circular were open to misinterpretation by the purchaser. Misunderstanding of Medical terms by patients frequently occurs, see TRING F.C. and HAYES-ALLEN, M.C. "Understanding and Misunderstanding of some Medical Terms". Br. J. Med. Ed. 7 pp. 53-59 1973 for a contemporary view.

CHAPTER 10.ANODYNES

It was almost axiomatic that a proprietary medicine manufacturer aims his product at a common and recurring condition. If the 'condition' was a transitional one in normal healthy human development so much the better; his client would inevitably improve in spite of his 'remedy' and he could claim the benefit. Equally important, the market would never 'dry up'. There were only a comparatively small number of proprietary remedies, especially for infants, which could be said to have been at all widely advertised. Some achieved notoriety because they sold very large numbers of pills or potions, and some because their products were definitely harmful. In addition, 'remedies', usually of similar composition to one of the few nationally advertised remedies, were prepared by local retailers.

One of the most famous 'teething' powders was invented between 1817 and 1820 by John Steedman, a chemist of Walthamstow, Surrey. Steedman's Powders - "spelt with two e's" (Fig.48) - started as a locally distributed product but its market expanded until, within 10 years they were sold nationwide throughout the 19th century. The manufacturers of 'Steedman's Soothing Powders' were amongst the first owners of proprietary remedies to use the Government stamp for the dual purpose of brand protection and effective advertisement. Every label on their packs of powders stated "To prevent spurious imitation of this excellent medicine, on the 24th June 1839, Her Majesty's Honourable Commissioners of Stamps ordered the name of 'John Steedman', Chemist' to be engraved on the Government Stamp affixed to each packet without which none after that date can be genuine" (1). This label remained

unchanged until 1909.

The adjective 'soothing' was conjectural reference to a minute trace of opium included in the original recipe and retained in the recipe until 1902 when the Pharmaceutical Society drew the company's attention to the fact that "owing to a new interpretation of the Pharmacy Act, proprietary medicines containing any poison within the meaning of the Act would have to be labelled accordingly". There was an understandable reluctance on the part of the company to imprint 'POISON' on packets of powders intended for children so they withdrew the trace of opium from their formulation. The slight change of formulation was apparently unnoticed by the infant consumers (2).

Although 'Steedman's Soothing Powders' were the mainstay of the company's production and revenue they did produce and sell other products or 'trailers'. Thus 'Steedman's Rhubarb and Ginger Pills', 'Steedman's Whooping Cough Powders' were not advertised in the lay press (3) but they were extensively lauded in a booklet - "Hints to Mothers on the Treatment of their Children by an M.D. London".

The story of this booklet typified the antagonistic role of doctors, manufacturers and advertising agents involved in sustaining the impetus of sales of a successful proprietary remedy. There was, for example, an almost immediate and widespread misinterpretation placed on the ambiguous title of the booklet. Did M.D.London mean M.D. of London University, or did it mean an M.D. of any university living in London? The distinction was important because the standing of London University at that time was high and a testimonial from a London University man was extremely valuable. In any case a Doctor of Medicine of London University, confident of his status, would have

styled himself M.D.(Lond)

The history of the book is of no less interest. A London printing firm, Raphael Tuck & Sons, had been printing ordinary show cards for the Steedman Company for several years. In 1896, one of their enterprising young representatives 'sold' the idea of producing an advertising booklet to Steedman. This was probably not a particularly difficult task because several firms were putting out little booklets for the medical guidance of their customers. Steedman was quite obviously interested in the idea and commissioned Raphael Tuck & Sons to examine the cost and feasibility of producing such a booklet. The printers wrote to John Steedman on the 14th February 1896.

"I have gone very carefully into the question of small booklets and send you herewith two dummies, showing the get up etc. which will give you an idea as to how they would come out..... As we have a large book publishing department our editor would turn the book out in a popular style and in such a way that a valuable advertisement would be ensured." (4)

Steedman apparently raised some questions concerning the authorship of the booklet and the anticipated problem of obtaining a suitably prestigious signature from a qualified medical man. Three days later Raphael Tuck & Sons wrote again to Steedman.

"I have consulted our editor on the point of signature and he is afraid it would not be possible to get the name of an M.D on the cover or title page, but he suggests the following: "Compiled from the works of the highest medical authorities and revised by an M.D."

From Steedman's point of view this was a highly unsatisfactory compromise but the set-back turned out to be short-lived. Within

a week another letter from the printers conveyed better news.

"Our editor has been successful in getting the co-operation of a London M.D. (sic) to put this in front of the little booklet, "By an M.D. London" (sic). His name is Owen Pritchard, M.D., 37, Southwick Street, Hyde Park, but of course his name must not appear in the transaction at all' (5).

Steedman encouraged at the prospect of medical authentication for the booklet, omitted to ascertain the exact status of the title "M.D. London" and agreed without further hesitation to proceed along these lines for the production of over 100,000 booklets. Within a few weeks a manuscript was submitted to Steedman for approval (6).

The editor of the publishing department of Tuck's had been entrusted with the writing and preparation of the booklet. He had taken what was common medical knowledge, put it into a simple and popular literary style and sent it along to his own doctor - Dr. Owen Pritchard - for verification of its medical accuracy. Dr. Pritchard returned the manuscript on April 2nd 1896 with the comment:

"I have to congratulate you upon having written a very 'up-to-date' little book. I really found nothing to object to from beginning to end, and indeed, nothing of importance to add to it..... I presume it is not necessary for my name and address to appear in the book as some of my brethen would no doubt object, and call it a form of advertisement (7). I, however, thoroughly approve of the entire work; all the suggestions are simple, useful and are medically and surgically correct - quite up to date". The doctor's opinion on the booklet was rewarded with a small fee of three guineas and the booklet (in manuscript form) was sent on to Steedman. It is important to emphasise that at this stage the booklet did not contain a single reference to Steedman's powders

or any other proprietary remedy (8). It was Steedman himself who issued instructions for the inclusion of references to his firms remedies. Steedman also indicated where the advertisements should be interpolated in the text. Within three months of the idea being conceived the booklet was produced and ready for distribution. It was distributed from London in 1898 free of charge (although it was marked for sale at 6d). Many thousands of booklets were issued. It was through this booklet and its method of preparation that Steedman suffered a couple of embarrassing scares at the hands of the Select Committee on Patent Medicines fifteen years later. The first scare arose from the disclosure that their "advertising matter had been interpolated over what was intended to the public as a medical man's signature" (9). It was suggested that this could even be interpreted as forgery (10). The second shock came when the Select Committee pointed out in 1914 the serious nature of the unlawful appropriation of the Government stamp which had for many years been over-printed with "John Steedman, Chemist". The title and style of 'chemist' could only be legally used by a "limited company employing a chemist or if all the partners in the firm are qualified chemists" (11). The company immediately altered the wording on the labels but as the appropriated stamps had remained unchanged since 1839 the company felt some justifiable grievance at having to modify such a long established label.

Steedman was in the forefront of an extremely competitive business and his success was naturally envied by several rivals. One competitor - 'Stedman's Teething Powders' - tried to carve themselves a slice of the same market simply by using a similar name and an almost identical formulation (Fig. 48). Even the circulars accompanying the powders were similar; Steedman stated that;

"The good effects of these powders during the period of teething have had fifty years experience during which time thousands of children have been relieved annually from all those distressing symptoms which children suffer while cutting their teeth - viz. Feverish Heats, Fits, Convulsions, Sickness of Stomach and debility accompanied by Relaxation of the Bowels and pale and green motions or Inflammation of the Gums".

while Stedmans stated:

"The Returns of the Registrar-General tell us that the period of Dentition is one of the more than ordinary perils to the child. It is a time of most active development, a time of passing from one mode of being to another, and we may fairly congratulate ourselves when this time of teething be passed..... When the bowels are moved regularly and the motions of a natural yellow colour. Diarrhoea will generally be checked by giving a dose at the commencement of the attack" (12).

Both remedies contained similar amounts of calomel made up in starch or sugar of milk (Appendix 24 and 25). On the other hand, another "teething" anodyne "Pritchard's Teething and Fever Powders" contained almost twice as much calomel (Appendix 25) as the Steedman's and Stedman's. Pritchards suggested that their powders "by gentle action on the bowels and valuable cooling properties, they allay all irritation and feverishness, prevent Fits, Convulsions and ensure refreshing and natural sleep for the child and therefore peaceful nights for the parents" (13).

Another preparation advertised as "an aid to steering infants through the mythical period of teething," was "Mrs. Johnson's American

Soothing Syrup". (Fig. 49). This remedy was intended for topical application to the 'inflamed gums'. The inventor of the celebrated "Soothing Syrup" was a widow, Mrs. Jane Johnson, who lived most of her life in Islington. It is not known whether she was white or black or even whether she was an American. It is therefore not possible to decide whether "American" was included in the advertisement to indicate the real origin of the recipe or to suggest that its origin may be American and thereby assume a certain charisma. Mrs. Johnson successfully sold her "soothing syrup" for more than 25 years when, in 1831, an English firm of wholesale druggists began negotiations for the purchase of "the recipe for the secret and mystery of the several articles of which the said soothing syrup is composed, the art of mixing up and preparing the same into the same said soothing syrup (which) is known to the said Jane Johnson alone and to no other person whomsoever" (14). Barclay & Sons paid £1,950 to Mrs. Johnson "for the sale and disposition of the said soothing syrup". That Barclays were willing to pay such a high figure indicated how successfully Mrs. Johnson had guarded the secret of her recipe. Equally, Barclays must have felt confident they could exploit its market potential. They began well by effectively using the Government stamp to advertise the transaction. Each label told how "Mrs. Johnson having disposed of the recipe and property of the American Soothing Syrup to Messrs. Barclay & Sons begs to refer the public to the Government Stamp with their name thereon as a security to purchasers". The remedy was not intended to be swallowed "like an ordinary medicine" but was for topical application by rubbing onto the gums. There were curious ways in which claims for the efficiency of this remedy were modified on labels consigned for different countries. They reflected varying national legal requirements and controls in medical advertising. For example, the

label on the packet intended for sale to the British public stated "As soon as the syrup is rubbed onto the gums the child will recover, being as innocent as efficacious". On the wrapper intended for the Australian market, that statement was modified to read "The syrup is rubbed onto the gums and being as innocent as it is efficacious" (15). Also, in the directions to the mother, the British label stated "If a child wakes at night with pain in the gums, the syrup immediately gives ease. The word "immediately" was omitted from the wrappers intended for export to Australia and South Africa. Another statement included in the British 'directions' "By opening the pores at that early age not one child will have fits", was excluded from all overseas versions.

Mrs. Johnson's American Soothing Syrup was a compound of citric acid, tincture of saffron, tincture of tolu and common table salt (16). The mixture was rubbed onto the gums of an infant and any excess was presumably swallowed. In a less than accurate description of the composition of Mrs. Johnson's Soothing Syrup, British Medical Association analysts described it as "a preparation of hydrochloric acid, common salt, saffron and honey". Barclays, whilst protesting at and denying the accuracy of the B.M.A. analysis, refused to take the case to court where they would have had to disclose the true recipe. They weren't prepared to broadcast the secrets "of a recipe which had cost them nearly two thousand pounds". Mrs. Johnson's Soothing Syrup was a harmless treatment if the directions were carefully followed and even if some of the syrup was swallowed the infant would be unaffected by small amounts of "lemon juice and common salt" (17). The preparation enjoyed a steady sale (18) mostly sustained by advertisements and recommendations.

One of its greatest assets must have been the name given to the compound since the maternal connotation conveyed by "Mrs. Johnson" was used for other Barclay products, thus "Mrs Johnson's Baby Soap", "Mrs. Johnson's Gripe Water". These products were however launched quite late in the 19th century and in any case long after Barclays had acquired the recipe for the innocuous American Soothing Syrup from Mrs. Jane Johnson.

If some anodynes were dangerous because their pharmacological properties were not well known, others were dangerous because the specious claims made on their behalf offered unreasonable hope and delayed the call for competent medical aid. Steedman's and Stedman's Powders were in the first category and Fenning's in the second.

Alfred Fenning, like John Steedman was a chemist. Also like Steedman he established a firm which registered, manufactured and sold a secret remedy. An important difference was that when John Steedman died the firm retained the style of 'chemist' in their title which was imprinted on the appropriate Government stamps. Fenning's on the other hand, more aware of the true legal position, dropped 'chemist' from the title although 'A.Fenning' continued to be a director of the company after the death of Alfred Fenning.

Steedman and Fenning extensively advertised in the lay press and both used specially printed booklets to 'vaunt' their products. The booklets were intended for free distribution either from chemists shops or through the post. Alfred Fenning's "Every Mother's Book" was published solely to advance the exclusive use of "Fenning's Children's Powders" for children "cutting their teeth". Each packet of powders carried a powerful emotional slogan "Do not let your children die" (Fig 47). This lurid advertising gimmick was a low point in

depraved advertising. It provoked unnecessary alarm and advocated an ineffectual remedy which dangerously delayed the attendance of effective aid. Fears of other remedies were deliberately fostered by the insinuation that "(Fenning's Powders) do not contain calomel, opium, morphia or anything injurious to a tender babe" (19).

'Fenning's Children's Powders' were enclosed in a circular which described the powders as:

"The best medicine for children cutting their teeth, preventing convulsions, thrush, disordered bowels, or for all feverish diseases of infants and children".

It was recommended that the powders should be mixed in a little water or "it could be thrown dry as it is into the opened mouth of the baby and gently holding back the head for half a minute it would be swallowed". This procedure should be followed "whatever the baby is restless or feverishly hot from teething; when it is griped or sick from improper food or overfeeding, has acidity, or a disordered stomach, one of these powders should be immediately given and if necessary, repeated every day. When a child is attacked with Thrush (20), Measles, Hooping (sic) cough or Fever of any sort, always keep the feverish blood cool by giving a dose of Fennings Cooling Powders every or every other day".

'Fenning's Cooling Powders' by contrast contained only two ingredients, potassium Chlorate and powdered liquorice. Though the dose recommended in its accompanying circular would not be harmful there was a slight risk that the dry powder "thrown into the open mouth" would be inhaled, but this danger should not be over exaggerated.

A much greater risk was that potassium chlorate would induce an anaemia by haemolysing the red blood cells and eventually lead to kidney damage (21). Inclusion of powdered liquorice in the formulation was expedient since it would render the infant's stools a darker colour, thereby convincing the apprehensive mother that the medicine was achieving what it was intended to do.

While Fenning's "Every Mother's Book" raised unnecessary alarm and advanced a useless remedy, Fenning's larger publications, "Everybody's Doctor" surpassed it in its ridiculous claims. It is difficult to imagine that anyone could take the claims in this booklet seriously. For example, (Fig 47)

"Sore throats cured with one does of Fenning's Fever Curer, bowel complaints cured with one dose , typhus and low fever cured with two doses, diphtheria cured with three doses, scarlet fever cured with four doses, cholera cured with five doses, influenza cured with six doses" (22).

Advocating increasing doses smacks of Morisonian confidence. There is however, no evidence that anyone connected with Fenning's died while reaching for a bottle of the cure-all! It is unlikely that anyone actually derived any medicinal benefit from Fenning's Fever curer, since it consisted only of a peppermint flavoured solution equivalent to 2 per cent of nitric acid (23). It is almost inconceivable that anyone however gullible could have believed that a very weak peppermint flavoured solution of nitric acid could treat such a wide variety of conditions with such efficiency.

The whole question of exaggerated claims in advertisements was becoming increasingly subject to closer and more scientific scrutiny. A case of great interest was decided in France and it was of special

importance with regard to the publication of scientific criticism of proprietary medicines and appliances. The facts of the case are briefly as follows.

A firm of opticians in Paris were proprietors of a glass containing baryta from which they made lenses described as "isometropic". The Ophthalmological Laboratory of the Sorbonne decided to examine the glass and lenses and assess the remarkable properties claimed for them. After exhaustive examination the Ophthalmological Laboratory, in 1898, reported their conclusions to the French Academy of Medicine and not surprisingly they dispelled the many myths that had sprung up about the properties of baryta glass. The report showed quite definitely that "isometropic" lenses offered no advantages to purchasers and any differences between baryta glass and ordinary glass were insignificant. The proprietors brought an action for damages to the extent of 20,000 francs but the court decided that "a scientific man might rightly examine and criticise on public grounds any manufacturer's article for which special merits were claimed". This decision by the French court (which condemned the plaintiff in costs) was acclaimed elsewhere. For example, the Lancet, congratulated the court on its 'courageous' decision and hoped the trend would spread. "How instructive and useful to the community" commented the Lancet, "if the Royal Society or the Chemical Society could leave abstruse pursuits for a while and present papers, say, on the composition of 'Munyon's Remedies', 'Siegal's Syrup', 'Blood mixtures' and so on ad nauseum. Could this be realised we might at last hope that the scales would be removed from the eyes of a remarkably gullible public"(24). The Lancet's comment was perhaps unfair to the British Medical Journal which had been running a series of "Reports and Analyses and Descriptions of New Inventions", in a genuine attempt to assess the merits of new

products. One new product examined and commented on by the British Medical Journal was an anodyne, Antikamnia (25). It was a derivative of coal tar and it turned out to have a fascinating story.

From the middle until near the end of the 19th century advances in chemical engineering and pharmacology were mainly due to German initiative (26). Some of the most important advances depended upon the purification and synthesis of coal tar derivatives. One of these, acetanilide, was introduced into medicine by mistake in 1886 (27). It was intended to give "naphthalene" to a pyrexial patient suffering with intestinal worms, but acetanilide was given in error and the patient's temperature rapidly subsided. Its antipyrexial and analgesic properties were soon recognised and for a time it was hailed as the new "wonder drug" and seized upon by proprietary manufacturers for inclusion in their formulations for headache cures. 'Antikamnia' was one of these preparations. It originated in America and was advertised almost exclusively to doctors. Advertisements in this country appeared in both the British Medical Journal and Lancet and the sale of 'Antikamnia' in Britain depended upon medical men prescribing it (28).

The active ingredient of Antikamnia was acetanilide but there were slight variations in the composition and constituents of the vehicle. These variations were almost certainly deliberately introduced by the manufacturers in order to confuse analysts working for a Government laboratory or a rival manufacturer (29). A growing series of adverse reports added impetus to the concern about certain serious side effects attributed to acetanilide. In response to this concern a law was introduced into the U.S.A. which required the presence of acetanilide to be declared on the label of any remedy.

Unwilling to be bound by this law, the Antikamnia Company stopped using acetanilide and replaced it with phenacetin (30). Frustrated by this tactic, the Department of Agriculture (U.S.A.) made a regulation which required that phenacetin should be declared on the label and the Department went further and tried to force the Antikamnia Company to declare it as "phenacetin, a derivative of acetanilide" but the Company took it to the High Court and it stopped there because the Court supported the Company (31). When the Antikamnia Company stopped using acetanilide in America they had some stock in hand, which they sold off in the European market.

Acetanilide became one of the most widely used of all antipyretics and analgesics and because it was used so frequently some of its disadvantages became apparent quite early. Symptoms of intoxication were recognised as more and more cases were reported (32). For example, prolonged dosing with acetanilide was known to produce a particularly serious form of anaemia (33).

The acetanilide controversy gathered a new pace when "Daisy Powders" were introduced onto the British market. The powders containing only 5 grains of acetanilide were originated in 1893 by a retail chemist who had taken the drug to treat his own headache. From the start the medical profession opposed "Daisy Powders" more vehemently than they had opposed acetanilide. This attitude may have been provoked by the policy of "Daisy Limited" to advertise widely and openly to the lay public and make no reference to calling in medical aid (Fig.50). Doctors were acutely sensitive about any encouragement given to self-medication; many proprietary medicine advertisements constantly undermined the public's confidence in

'the doctor's medicine'.

Each "Daisy Powder" contained 5 grains of acetanilide (34) and as it contained nothing else the Board of Inland Revenue having regard to the law decided that because "it was a pure drug" it should be exempt from stamp duty. The Board stipulated however, that it could only be sold by a person holding a patent medicine licence. A major outlet for "Daisy Powders" was through retailers often in a small way - "the corner shop" - who bought packets from chemists and 'split bulk' to sell separate powders at one penny each. This market was so fiercely competitive that the manufacturers of "Daisy" complained that other competing firms were offering inducements to traders to stop selling "Daisy Powders" (35). To counter possible defection, 'Daisy Limited' tried to buy loyalty and offered to pay half the cost of a Patent Medicine Licence. The stratagem here was to enable more small traders to comply with the ruling of the Board of Inland Revenue that retailers must hold a patent medicine licence (36). This offer wasn't generally taken up. The reluctance of the corner shop traders to pay a mere five shillings for a Patent Medicine Licence suggests that the profit from 'Daisy Powders' was not as great as that offered by some other products; or the inducement offered by other manufacturers was sufficient to undermine the hold of 'Daisy' on this particular outlet; or the traders were afraid of a "licence". Whatever the cause, when 'Daisy Limited' found this lucrative outlet blocked by the Board of Inland Revenue ruling they put a second powder on the market bearing the words "Head Powders" and "Daisy Ltd. Leeds". The label was so designed as to lead the public to think it was the same preparation as the original "Daisy Headache Powders". The intention was transparently obvious and

to no one's surprise the Board of Inland Revenue would not allow it. Following a long correspondence the Board insisted that the packets bearing different names must contain different substances.

Thus a "Daisy Headache Powder" contained 5 grains of acetanilide whereas a "Head Powder of "Daisy Ltd. Leeds" contained 8 grains of phenacetin (37). As it turned out this ruse solved two problems for "Daisy". First, the "Head Powders" were held not to be dutiable and could therefore be sold quite legally by unlicensed retailers.

(Because of this their corner shop trade continued to flourish.) Secondly, advertisements of one 'Daisy' product helped to sell the other. 'Daisy' wisely registered ownership of the name 'Buttercup' as well, anticipating a possible poaching of trade along the lines of Steedman and Stedman.

Labels on 'Daisy Headache Powders' and 'Head Powders' both stated that the powders should not be given to young children. The label also warned the public to "Beware of poisonous nerve powders", though a rising proportion of medical opinion would not agree that 'Daisy' itself was free from poison (38).

Headache is a common recurring disorder. It is often a very refractory one and therefore an ideal malady for an unscrupulous manufacturer to choose as the target for his remedy. Such a perplexing complaint is not only the despair of the sufferer but also the general practitioner and both may be encouraged by suitable advertisements to try any new remedy. It is axiomatic that there is an advantage if the active substance in a new remedy provides no ready method for testing its purity or activity. Thus some of the side effects of acetanilide and phenacetin were attributed to contaminants (39) but here again the German chemists triumphed and were first to produce a pure form of acetanilide (40). This major

advance in pharmacology did not go un-noticed by quacks.

The idea that purity of a drug was the key to its predictable action was first used by an English company to launch yet another acetanilide-containing compound onto the anodyne market. 'Kaputine' claimed to cure headache, neuralgia and all nerve pains in ten minutes. A circular enclosed in the packet stated that "Kaputine is composed of several approved (sic) ingredients. That is, unlike the white headache powders, which consist solely of one crude drug, and which have frequently been condemned by the Medical Press - Kaputine is most carefully prepared from several ingredients which have the absolute confidence of the Medical Profession."

'Kaputine' like 'Daisy Headache Powders' contained about 6 grains of acetanilide, but 'Kaputine' contained rust (ferric oxide) which gave the powder a pink colour (41). Thus while Hudsons, Pears and Sunlight soaps were spending vast sums on advertising to convince people that their brand of soap "washed the purest white", 'Kaputine' denounced 'white powder' as crude and impure.

It was easy for any remedy to obtain support from a medical man, if not in this country, then from the Continent. The rest came easy if a commercial interest was willing to boost a preparation. Practitioners, lacking the training of an analytical chemist or an experimental pharmacologist, knew no means of testing the inherent capabilities of a new remedy. The promoters of a new remedy had the power of money and often used it ruthlessly.

NOTES AND REFERENCES

1. The 'John Steedman, Chemist' label was an appropriated one, that is, one printed for the sole use of the firm by the Board of Inland Revenue, who made a charge of £8 for this service.

Proprietary medicine manufacturers generally used the appropriated label in preference to the unappropriated one. Almost twice as many appropriated stamps (compared with unappropriated) were sold during one four-year period.

Report from Select Committee on Patent Medicines,

H.M.S.O. London 1914, p.8.
2. Even though the mixture contained calomel, a mercury compound the inclusion of a minute trace of opium would have rendered the company liable to affix 'Poison' on the label.
3. 'Trailers' were products aiming to catch the market by an appeal to brand loyalty. A new product was sometimes launched with the help of one of the company's successful products. Other examples are "Mrs. Johnson's Gripe Water" and "Mrs. Johnson's Baby Soap". Mrs. Johnson had no direct connection with these products even though the name insinuated that she had.
4. Messrs. Raphael Tuck's publishing editor, Mr. Edric Vredenburg, was actually the author of the booklet. He was a patient of Dr. Owen Pritchard, who revised the booklet. Dr. Pritchard was not an M.D. (Lond.).
5. Dr. Owen Pritchard, registered at 37 Southwell Street, Hyde Park, was an M. D. of Brussels University.

6. In the first submission of the text there was a curious omission of the page dealing with 'dentition'. This page was revised and returned on March 18th 1896.
7. The medical profession's attitude to self advertising had become extremely sensitive. "There was a unanimous assent that medical advertising was an evil." B.M.J. 1, p.181, 1875.

Dr. Pritchard used the term 'advertisement' in the sense of 'puffing' himself for pecuniary advantage. He appeared to be fully aware that the booklet was being prepared for a particular advertising campaign but was apparently ignorant of the precise proprietary medicine concerned.
8. Evidence of Mr. E. Vredenburg before the Select Committee on Patent Medicines, Thursday, 3rd April 1913.
9. The booklets were immediately withdrawn and destroyed along with all existing stocks. Select Committee on Patent Medicines op. cit. p. 577.
10. Dr. Pritchard does not appear to have taken any legal action following this allegation.
11. There was an important distinction between a partnership and a Limited Company. The latter offered considerable business advantages for the proprietary medicine manufacturers.
12. This claim seems most unlikely since Stedman's Powder contained calomel (mercurous chloride) which was used as a ritual purgative for children. Diarrhoea could indicate an overdose of mercury and to treat diarrhoea with any calomel containing compound would increase the danger.

13. Pritchard's Teething and Fever Powders contained 47% of calomel. It was therefore a more dangerous "teething powder" than either Steedman's or "Stedman's Powders, both of which contained about 28% of calomel. ('Secret Remedies', B.M.A., London 1909, p.130-132)
14. Disclosed in an 'Indenture of Purchase' March 8th 1831 by Mr. Arthur E. Barclay.
15. The Australian version is grammatically correct. Barclay's exported "Mrs. Johnson's American Soothing Syrup" to most of the Commonwealth and Empire countries. Australia was the most consistently critical of the various labels offered for inspection and frequently insisted on changes being made.
16. Mr. Edward F. Harrison, an analyst retained by the B.M.A., disclosed a recipe for Mrs. Johnson's Soothing Syrup in the British Medical Journal, March 23rd 1912.
17. Under certain favourable circumstances a mixture of citric acid (or lemon juice) and common salt (sodium chloride) can react to produce a weak solution of hydrochloric acid. It would be physiologically insignificant.
18. Giving evidence before the Select Committee on Patent Medicines on 27th March 1913, Mr. Barclay disclosed that sales of Mrs. Johnson's American Soothing Syrup "had always been steady". No special advertising was used and sales were almost exclusively to chemists, but about £3,000 was spent each year on advertising.
19. See, for example, Figs. 47 & 49. Most other 'soothing' or 'teething' remedies contained calomel and a trace of opium

or morphia. Those remedies intended for topical application contained Balsam of Tolu (cinnamon) or cocaine, a powerful local anaesthetic.

20. 'Thrush' is a monilial or yeast infection of moist surfaces, such as the mucous membranes of the mouth.
21. Products of haemolysis would block the micro ducts in the kidney. Teething powders containing calomel were more likely to produce a 'nephrotic syndrome'; a characteristic form of renal damage.
22. As cholera and other zymotic diseases were controlled by improved sanitation, other diseases such as influenza became relatively more important. The collection of children into 'stuffy' overcrowded schoolrooms was conducive to epidemics of croup, and scarlet fever. Also, probably most laymen then, as nowadays, used the term 'influenza' to include merely a 'bad cold', so Fenning's was able to anticipate a high consumption because of the irresistible temptation to self-diagnosis, and hence self-medication.
23. If the composition (2% solution of nitric acid B.P.) was placed on the bottle the secret would be out and "anyone going to buy it in the East End of London would be likely to say to the Chemist, 'Can you give me something cheaper?'. The mixture could be made up for 3 pence and still make a good profit." Report of Select Committee on Patent Medicines, 27th June 1913.
24. Lancet 2 p.1007, 1898.

25. Brit. Med. J. 1 p.285, 1896
Under the general series title "Report and Analyses and Descriptions of New Inventions", 'Antikamnia' was introduced as a "new coal tar derivative possessing analgesic, antipyretic and anodyne properties". It was introduced and manufactured by a St. Louis firm as a substitute for morphine.
26. Rudolf Bucheim (1820-2879) established a Pharmacological laboratory in Germany in 1849. His text book on Pharmacology was published in 1856. Another German, Carl Binz (1832 -1913) founded a Pharmacological Institute at Bonn in 1869. Binz's lectures were translated into English in 1895 and played an important role in stimulating the establishment of pharmacological laboratories both in Britain and in U.S.A.
27. LAWRENCE D. R. 'Clinical Pharmacology' London, Churchill & Co. 1963, p.191.
28. Report of Select Committee on Patent Medicines op.cit. pp. 582 and 635.
29. Brit. Med. J. 1 p.285, 1896 "Antikamnia contains about 20% of alkaline carbonate".
See also Western Druggist xiii p.94, 1891; Prof.Charles Ford reported Antikamnia to be composed of "85 parts of acetanilide and 15 parts of sodium bicarbonate."
Another analyst reported in Western Druggist op.cit. p.177 that Antikamnia contained 78% acetanilide and 22% sodium bicarbonate.
30. Evidence of Mr. John Lawson before Select Committee on Patent Medicines op. cit. p.582.

31. Ibid.

31. Brit. Med. J. 1 pp.269 and 511, 1896.

Letters from medical practitioners reported 'side effects' of antipyrin and concluded "antipyrin (acetanilide) is a dangerous drug and the careless and casual way in which patients are advised to "take an antipyrin powder" by utterly irresponsible persons cannot be too strongly condemned..... Antipyrin ought to be scheduled as a poison only to be dispensed on a written order from a qualified and registered medical practitioner."

33. Suppression of the bone marrow leading to agranulo-cytosis; a dangerous and potentially lethal reduction in the defence cells of the blood.

34. 'Secret Remedies' B.M.A. London 1909 p. 38

35. Report of Select Committee on Patent Medicines op. cit. p. 586.

36. Fiscal duties in respect of medicines were originally imposed in 1783. Three subsequent Acts in 1802, 1804 and 1812 regulated the licence to sell or imposed a duty upon any medicine sold. In 1864 the duty on the licence was made a duty of Excise and in 1875 a uniform duty of 5s was imposed for the licence. There were two principal exemptions from duty, (a) pure drugs, that is drugs sold entire, without any mixture or composition with any other drug, by any qualified person or person holding a licence and (b) well known and admitted remedies. As a matter of fact, the Courts decided this exemption in one case only, namely, ammoniated tincture of quinine.

37. Report of Select Committee on Patent Medicines op. cit
p. 587.
38. An investigation carried out by the Bureau of Chemistry in
America (1909) showed there were 911 cases of poisoning due to
acetanilide, 29 deaths directly attributed to acetanilide and
144 cases of addiction.
39. Phenacetin and paracetamol are derivatives of acetanilide.
The two older drugs (acetanilide and phenacetin) can cause a
haemolytic anaemia (Lancet 2 p.1022, 1962) and kidney damage.
These toxic changes are attributed to a contaminant acetic
4-chloranilide (Lancet 1 p.303, 1960).
40. In 1892 a very pure form of acetanilide was put on the
market by a chemist called Trommsdorf, in Germany. The purer
form had a number of physical properties which differed significantly from
the commercial form.
Western Druggist 14 p.462. 1892.
41. Secret Remedies op. cit. p. 40.

CHAPTER 11CONSUMPTION CURES.

The pattern of disease occurring in any group of people is not just a matter of chance but is rather an expression of their interaction with all the various facets of their environment (1). Great social upheaval was an unavoidable accompaniment of the developing Victorian City. More and more people were subjected to an unfavourable environment and mortality from various causes began to rise (2). There was no disguising the fact that the rising death rate was only the tip of an enormous iceberg of morbidity and it became obvious to all by 1850 that the health of large sections of the population was worse than it had been at the beginning of the nineteenth century. Every investigation carried out told the same depressing story and showed that mortality and morbidity rates were directly related to socio-economic conditions (3). William Farr (1807- 1883) clearly recognised these relationships, pointing out "different classes of people experience very different rates of mortality and suffer different kinds of diseases" (4).

The changing behaviour of any endemic disease is a significant event in medical and social history but when a disease like tuberculosis undergoes variance in its epidemiology the effects are immensely important and the reasons for the changes even more so. This point was aptly summarised by Robert Koch in his article which announced the discovery of the tubercle bacillus.

"If the number of victims that a disease claims is a measure of its significance, then all diseases, particularly the most dreaded infectious diseases such as bubonic plague, Asiatic cholera, etc, must rank far behind tuberculosis. Statistics teach that one seventh of all human beings die of tuberculosis, and that if one considers

only the productive middle age group, tuberculosis carries away one third and often more of these" (5).

In England, the maximum morbidity from tuberculosis occurred in 1780 when the recorded mortality rate for "consumption" was 1120 per 100,000 population (6). Its peak incidence coincided with the period later designated the 'Industrial Revolution' but it was the 19th century which more accurately deserved to be called "the century of tuberculosis" since it prevailed as the leading killer disease throughout the century (7). Tuberculosis was not as devastating in its attack as cholera, nor so intimately linked with poverty as typhus or to environmental filth as the enteric fevers, but it was an insidious disease selecting victims in all social classes and in every age group (Appendix 16) (8).

The history of tuberculosis in England repeated itself in other countries when they too became caught up in an industrial revolution. Such a consistent pattern of behaviour became a predictable response to factories. The growth of cities because workers from rural areas were attracted by higher wages lead to excessive immigration followed by falling wages and deterioration of social conditions. Eventually the intolerable social conditions evoked reform aimed at improving conditions in housing, and sanitation. Working hours and wages too became regulated by law, leading eventually to a rising standard of living.

In the 19th century, tuberculosis was rampant and Victorian physicians faced this most subtle disease without any unified concept of its nature. Tuberculosis (phthisis or consumption) like its terrifying competitor, cancer, posed serious diagnostic problems for physicians. It was easy enough to recognise the characteristic clinical and pathological features of the 'advanced' disease but early diagnosis (essential if there was to be any chance of survival)

was very much a hit and miss affair. Baffled by the protean signs of tuberculosis, physicians began to look for causes. From 1850 onwards, they were guided by more or less accurate data on the incidence of tuberculosis in both its pulmonary and non-pulmonary forms.

It is not surprising, given the circumstances of the Victorian city that environmental factors were rated so highly as a 'cause' of tuberculosis. In 1844, William Guy, Professor of Forensic Medicine at King's College (9) noted that "the chief cause of the great mortality is the defective ventilation of houses, shops and places of work. Next to this in point of importance is the inhalation of dust, metallic particles and irritating fumes" (10). Surveys of certain trades indicated a close relationship between working conditions and tuberculosis (11) and important studies by an eminent physician Edward Greenhow in 1860 and 1861 showed for the first time the sensational extent of pulmonary mutilation inflicted by atmospheric pollution and poor ventilation. The results of Greenhow's investigations proved the factual basis for Sir John Simon's comment that "in proportion as the male and female population are severally attracted to indoor branches of industry, in such proportions, other things being equal, their respective death rates by lung diseases increased" (12).

Confusion over the true incidence of tuberculosis was compounded by a tendency to classify many wasting diseases of the lungs (abscesses, cancer, pneumoconiosis) as 'consumption' or 'phthisis'. Disclosures of the extent of lung disease exerted a pressure on doctors to classify lung diseases on an aetiological basis. To this end, specialised institutions were set up for the investigation of chest diseases (13) and a steadily increasing number of journals

published commentaries on cases and treatments (Appendix 8) and disseminated each meagre advance in knowledge.

Doctors began to distinguish between acute and chronic 'consumption'. The acute disease was ushered in with chills, a hectic type fever, and great exhaustion. In contrast, the chronic disease began insidiously with progressive debility, chronic dyspepsia and amenorrhoea (14). Both forms produced cough and blood spitting, symptoms which could also arise from other causes. However the symptoms of cough and blood spitting were so well known and dreaded that they were thought to herald sine dubio - consumption. The problem presented to the doctors therefore depended on their assessment of a cough, which was after all the most objective and most frequently presenting symptom. Under certain circumstances a cough may be a useful natural effort. When occurring under other circumstances a cough may have more ominous implications and call for active remedial measures (15). In the 19th century there were few ailments more frequently empirically treated by the sufferer or his relatives without reference to medical advice. Many of the 'home-made' preparations that were used to treat coughs and colds included a number of bizarre mixtures (16). This armoury was supplemented by a wide range of proprietary preparations which boasted their effectiveness in the familiar extravagant language such as "cure is quite certain" and "if it fails no other medicine will ever succeed" and so on.

Most physicians routinely practised polypharmacy and recommended a long list of drugs, usually called a "cough mixture" from which the poor patient had no recourse. Once a mixture was started there was a tradition for it to be maintained; it was seldom dropped and more usually supplemented. In addition, cod liver oil was an extremely popular 'remedy' (17), either used alone

or combined with suitable variations of diet (18) and inevitably, gales of fresh air (19). The expense of much of the physician's treatment was well beyond the resources of a large proportion of the host of sufferers who formed an intractable reservoir of infection. These were the 'carriers' of the towns, An even larger group of people lived in constant fear of becoming afflicted with tuberculosis, and they resorted to prophylactic self medication as an adjunct to physician's treatments of their infected relatives (20).

It was common knowledge that 'consumption' could start with nothing more significant than a 'chill' or a 'cough'. This created a reasonable concern to regard these signs with more circumspection than today's knowledge would justify but it was easy for quacks, working in this field, to incite excessive caution. Not surprisingly therefore, the number of advertised proprietary cough remedies was large and the number of those somewhat less well advertised and locally distributed products was even larger (21).

The main importance of 'cough medicines' per se depended first upon what they contained and second on what they purported to do,. Those that contained opium or morphine (22) were obviously dangerous because of the risk of inducing addiction. This risk was increased when the packet contained mis-statements in the form of a specific declaration that "the cough pills do not contain opium". Such a statement would be regarded by most people to mean that the medicine does not contain the active principle of opium i.e. morphine. However the accuracy of this statement was not supported by analysis

since many of the pills were shown to contain morphine (23). The uncertainty of the composition of a secret medicine at any particular time was well known and was well shown by Beecham's Cough Pills. At first they contained a trace of morphine but later they were found not to contain any (24).

The other important impact of cough medicines was related to the claims made for them. Some believed that the tons of lozenges consumed served no purpose "except the financial loss of the purchaser" (25). This view was too superficial and ignored the properties of the constituents which often produced different effects (Appendix 1). For example, "Owbridge's Lung Tonic", a ridiculous name - was an expectorant mixture containing ipecacuanha which would increase coughing (26) whereas another cough medicine such as Keating's Lozenges or Beecham's Lozenges would suppress coughing because they contained morphine or opium (27).

It was frequently alleged that self medication and unqualified practice were dangerous because they delayed the patient from seeking proper medical advice (28). However it was common knowledge that doctors couldn't do much about consumption anyway; and there was hardly any respite from the incessant pressure of advertisements which carried dire warnings, "Having once contracted a chill, however slight, it is of the first importance to have it thoroughly and radically removed. To do this it is worse than useless to rely on a few lozenges of any of the simple expedients to which many have recourse. Avoid linseed poultices which are excessively weakening and highly calculated to make the patient liable to a second, and perhaps more severe cold than the first. All that is necessary is to take one dose of the lung tonic in warm water

on retiring to rest, and the cold will have disappeared in the morning. The lungs and bronchial tubes will be fortified and invigorated to an extraordinary degree. Should the cough not be quite removed by the first dose, continue according to directions. Cure is quite certain." (29) This effective advertisement conveyed a sense of urgency to treat minimal symptoms. It also illustrates the emergency of key words in advertisements, thus, "fortified" and "invigorating" used in contrast with "weakening". The same effect was achieved by portraying impressive pictures of exaggerated signs. These advertisements were bound to impress people who were ill or desperate to avoid premature death. Recurrent exhortation readily pressurised them into buying "the only cure". This was a particularly lucrative trade since patients suffering from or suspected to be suffering from tuberculosis usually had a lengthy illness and no effort was spared to induce these patients to continue the treatment month by month, even in spite of the absence of evident benefit. Without hope they had nothing. Some of the remedies advertised as a specific cure for consumption became notorious. The technique was familiar and effective. The first aim was to discredit the doctors and then vaunt the product. Congreve's Balsamic Elixir (Fig.54) for example, claimed to have a "world-wide reputation for 80 years as the Best Remedy for Consumption, also for Asthma, Chronic Bronchitis, Coughs, Colds and Whooping Cough. Safe and Effective. Free from Poison." A circular accompanying the bottle extended its hopeful message. "In Pulmonary Consumption, the best remedy is Balsamic Elixir as most unquestionable testimonials prove. It has been successfully prescribed in Consumptive cases regarded as hopeless by the first Physicians." Congreve's remedy was a fraud (30).

Another extensively advertised consumption cure emanated from the Weidhaas Hygienic Institute (Fig.40). This "institute" was run by a German Jew, Richard Heynel (31), and claimed to have a special treatment called the Weidhaas Treatment. A particularly dangerous and objectionable feature of the Weidhaas Treatment was its undertaking to cure a whole variety of people on the correspondence system. Patients tempted into applying for the treatment were provided with a diagnostic form on which the enquirer had to answer a list of nonspecific questions which allegedly enabled the Weidhaas Institute to make a diagnosis and recommend the most suitable treatment. Amongst the mass of papers sent to an enquirer was a printed form which solicited the client to supply names and addresses of "friends who need our treatment" (Appendix 21) (32). The Weidhaas Institute advertised extensively in the religious press and by its general tenor gave the impression that it was guided by the highest benevolent motives and a compulsive anxiety to benefit as many persons as possible. The well tried formula of testimonials was used, combined with all the paraphernalia of a biography of the discoverer, personal letters from clients, free coupons and guarantee bonds (33). Typical of the technique was the issuing of a pamphlet impressively entitled 'Dun Spiro Spero'. It was made up mainly of the usual testimonials and an outline of the quasi-physiology of various organs. Terms of the treatment were said to be moderate especially since "it is the rule to make one charge only for the whole treatment, the proprietors taking the risk of its being of long duration". This cunning clause was inserted in the pamphlet to mislead the client because later in the extremely detailed "instructions" it was made plain that further expense was inevitable. Thus in a 'Diet Table' for the "Weidhaas Home Treatment":-

"It is absolutely necessary that all patients, while under my treatment, shall take the "Star Tonic" regularly.

On rising - take one cup of "Star Tonic" (This must be always taken in sips only).

For breakfast - Take the delicately flavoured Nutritive Salts Cocoa, boiled in milk.....

Between Breakfast and Lunch take one or two tumblers of milk (34). If possible this should always be taken in the form of Kefyr, one of the easiest digestible, nourishing and strengthening tonics.....

Half an hour before mid-day meal - (From 1 - 2 o'clock) sip one cup of "Star Tonic".

At Tea Time - If absolutely necessary, take a cup of weak ordinary tea or health coffee; better still take a cup of "Star Tonic", some cold toast.....

For supper - (Let this meal be not later than two and a half or better still three hours before going to bed) Take either Coffee or 'Kefyr'.

Before going to bed - Always make a point of taking one glass of 'Kefyr' or cup of 'Star Tonic'.

When in bed always have some cold 'Star Tonic' near at hand and sip some when troubled with cough or acute symptoms.....

.....NOTE. The Above specially recommended articles (Nutritive Salts, Kefyr, and Star Tonic) can be had from the Sales Department of the Weidhaas Hygienic Institute Ltd." (35).

However ridiculous this regime may appear it did bring substantial success for the Weidhaas Institute. Its premises were extended, a sanatorium built onto it (36) and a medical superintendent, Dr. Macnamara, appointed manager (37). The

meticulous detail of the Diet Instructions served a very useful purpose from the Institute's point of view. If the treatment didn't prove successful (and this was hardly likely) or some improvement wasn't felt after a considerable time and the patient complained, the Institute could always find some detail in the instructions on which the sufferer had defaulted. The Weidhaas Institute could then claim that treatment had only failed because a patient hadn't complied with all the Institute's recommendations.

Occasional complaints attracted the attention of newspapers. One case was inquired into by the B.M.A. and independently by 'Truth'. A young man in "an advanced state of pulmonary phthisis" was induced through desperation to seek treatment from the Weidhaas Institute. After a time this man's mother wrote to the Institute complaining that the treatment appeared to have done her son more harm than good. The Institute in its reply insisted that their treatment was "the very best cure for her son's complaint" and continued, "As to it lowering his vitality, let me say that it is not unusual for patients to feel apparently worse at the beginning (38) but it only shows that the treatment is disturbing the cause of the trouble. Now this is just what I want it to do. I want to disturb it and thus drive it out of the system" (39). This was an obvious reference to a 'constitutional' aetiology for consumption which was a tenaciously held concept right up to the discovery of the tubercle bacillus by Koch in 1882.

In seeking cures, quacks reiterated what they had said many times before. "Doctors don't understand" or "they don't know" or "Who shall decide when doctors disagree?" (40). Quacks sought first to discredit the doctors and then to vaunt their own remedies as the "only cure". This well tried technique could be relied upon to induce people who were not really ill to

believe that they or someone dear to them were in the direst peril of contracting some serious disease. The quack, driven by pecuniary interest, could afford to fix the price high and write his advertisements up to it and if, by chance, a frightened sufferer could not afford a prolonged course of 'essential treatment', the price could be reduced as a 'special concession' in return for testimonials (41). The sale of "Stevens' Consumption Cure" was conducted entirely along these lines. (C.H.Stevens, the proprietor of the remedy was a South African). In his advertisements Stevens made his confidence quite clear. "I do not say in my advertisements 'consumption can be cured', 'consumption is curable' or any such evasive remarks, but I say 'I will guarantee to cure you if you are consumptive, or return your money in full'" (42). Stevens specifically warned the public against "the preposterous and wicked swindles of Polish or German Jews" (43). His effrontery bettered that of all his rivals. Persons who responded to his advertisements received a list of questions to be answered by the doctor who attended them (44). Patients were strongly advised to continue under the observation of their own doctors "so they may be impressed by the marvellous effects of the remedy". As if this wasn't insulting enough, Stevens bombarded medical practitioners with circulars asking them to treat consumptive cases, "which defy all the ordinary remedies" with his secret preparation. He conceded one small disadvantage for his treatment, "The great drawback of my cure", he boasted, "is that it cures too quickly, often before the enfeebled frame is sufficiently strong". In order to sell this miraculous cure Stevens tried a number of novel tricks, some of which came to light through evidence before the Select Committee on Patent Medicines (45). It was, for example, a routine practice for Stevens to send a sample bottle of medicine "on the distinct

understanding that you need not pay me for it unless perfectly satisfied with the benefit received from it and consider the progress made warrants its continuance". Once the patient decided to continue treatment (and of course anyone ill enough would want to give the remedy a fair chance) the fee was two guineas for a month's treatment or five guineas for three months (46). Directions for using the medicine were extremely vague and contained such advice as "begin taking the medicine exactly as instructed, using discretion, increasing or decreasing the dose according to how you feel it to be attacking the disease" and "do your utmost by physical effort to keep the cough back and make a point of never breathing through your mouth under any consideration" (47). Along with these printed conditions of treatment and instructions Stevens included a flamboyant "Certificate of Analysis". The 'certificate' was given by Mr. J. P. Lord, Analyst and Bacteriologist, Consulting Bacteriologist to the Councils of Carshalton, Cheam, Dorking, Epsom, Leatherhead, Malden and Coombe etc. (48) under an address 'The Bacteriological Laboratory, New Malden, London.

"To whom it may concern. I had submitted to me by a physician a bottle of lung specific made by Mr. Charles H. Stevens, of Wimbledon, with a request to determine whether the medicine contained any harmful ingredient. After a careful analysis, I was able to assure him that it was perfectly innocuous. Since then several medical men to my knowledge have used this specific and have found that their tubercular patients have derived great benefit from it. In one case a tubercular ankle, which was doomed to amputation, has been saved..... After two exhaustive analyses and complete bacteriological examinations of raw and finished product, I find; (a) The drug combination contains no poison and

no Kramaria (or Krameria). (b) The Drug contains no mineral or metal, but is purely a herbal or vegetable tincture. (c) It contains a very minute amount of tannin. (d) It contains no known alkaloid. (e) Tested against living cultures of tubercle germs, at a dilution of 1-100 it kills both human and bovine tubercle germs in 10 minutes (49). (f) It contains 12.7 per cent of alcohol as a preservative, the equivalent of one drop per dose. This is negligible from a physician's point of view. (g) The active drug is unknown to the British Pharmacopoea and to those of France and America. Altogether, the conclusion I have come to after experience of the specific in the hands of English Physicians, and after my own analyses, is that Mr. Stevens has discovered a new drug which will be of great value to all suffering from tuberculosis in whatever form. (signed) John P. Lord, Natural Science Honours, Cantab. Ph.D., F.R.M.S. etc. Licentiate en Medicin, late Professor St. Xavier's Coll. Calcutta etc" (50).

These outrageous claims did not go unchallenged. Stevens, aware of doctors' increasingly publicised antagonism to secret remedies, magnanimously offered to disclose his formula. "My remedy", he said, "contains 80 grains of Unckaloabo Root and 13½ grains of Chijitse to every ounce prepared according to British Pharmacopoea methods". Unckaloaba Root and Chijitse were unknown to the British Pharmacopoea. On the principle that any publicity is good publicity, Stevens attempted to capture the headlines again when he challenged the Brompton Hospital to infect him with tubercule so that he could then demonstrate the effectiveness of his own treatment as a cure. The Brompton Hospital (and all other doctors whom he approached with similar schemes) declined the challenge

but Stevens used their refusal as an advertisement. On the back of a printed letter giving details of the 'Brompton Hospital Challenge' were specimens of Guarantee Bonds (Appendix 22). There were two different 'bonds'. Number one, was given to any sufferer considered by his doctor to have at least six months to live "in the ordinary course of events". Terms of number two bond "were mutually arranged". The bonds were cleverly worded and Stevens categorically stated that "I do not accept many under this bond until all the conditions are fulfilled. However, the guarantee bond actually given to the patient differed in containing an extremely important clause which could not possibly be fulfilled. The crucial paragraph required that the patient; "hereby agrees to take same (i.e. Stevens' Consumption Cure) according to the directions sent out with the medicine, for three calendar months, and to fill in the form on the attached counterfoil correctly". The "attached counterfoil" contained a number of questions to be answered by the patient as well as questions "to be filled in by a Medical Practitioner after the above have been completed by the Patient". The doctor was expected to answer such questions as:

How long have you attended to this patient?

Do you consider this a mild, severe, or hopeless case?

Do you consider the Patient has a fair chance of recovery providing Stevens' Consumption Cure is all it is claimed to be? (51)

The likelihood of any registered medical practitioner cooperating in this way was remote but Stevens maintained the appearance of guaranteeing cure without the remotest chance that he would ever be troubled to refund the money.

Stevens took printed criticisms of his remedy and methods, omitted their censorial clauses and used the rest to infer that a particular periodical or newspaper approved of his treatment.

For example, an article which appeared in 'Truth' (52) was circulated in a mutilated form, (omitting an outright condemnation of its sale) as an absolute remedy for consumption. Stevens used the same technique in other countries. For example, his remedy was marketed in South Africa under the name 'Sacco' and later as 'Lungsava', the recipe for which was made up of herbs used by Kaffirs and Zulus (53). Stevens' remedies of course belonged to that class of patent medicines which were manifestly fraudulent; (54) there was nothing in the medicine which could affect the course of the disease in any beneficial way (55). Quite the reverse, because the faith placed in the 'cures' by several thousands of sufferers prevented them from seeking medical aid at an earlier stage in the disease (56). It is just conceivable that the alcohol content of the remedy may have produced an initial but short lived placebo response (57). Stevens' Consumption Cure quickly lost popularity when its fraudulent nature was exposed by an intensive campaign of disclosure by the British Medical Association and 'Truth' (58).

After a long period of doubt, the infective nature of tuberculosis was finally proven in 1882, but progress in the control of the human infection was held up by the major discovery that most adults had in fact been infected with the disease in childhood. Although this fact was absolutely demonstrated by anatomical proof, it received over-whelming support early in the 20th century from the specific diagnostic tuberculin skin test (59). The view that infection was inevitable was tenacious, but was replaced by the view that what mattered most was resistance to disease. This aspect once again raised the "constitutional" question and the "eradication of filth"

from the system by 'blood mixtures', 'purgatives' and emetics. The Botanic System (60) placed great store on emetics and stressed their vital importance, since "they cleanse the whole system, removing the tough and ropy phlegm and breaking up the ulcers". The Botanic System, like so many of its rivals, insisted on the "necessity of a strict and liberal adherence to the treatment prescribed, as many patients are irretrievably lost in consequence of a deviation therefrom, or from occasional and not regular and persevering application of the remedies" (61)

Quack "systems", "fresh air therapy" (62) diet (fig.42) and allopathic medicines provided the gamut of treatment of consumption. Special significance was given from time to time to a particular aspect of the disease at the expense of another. This was in part due to the popular conception that tuberculosis was pulmonary tuberculosis, even though it was recognised that most organs of the body may be affected by tuberculosis. Only 5 per cent of mortality was attributed to non-pulmonary tuberculosis (63) and the chief structures affected by this form of the disease were bones, kidneys, genitalia and the skin. The term scrofula covered this broad non-pulmonary group. It had long been a common disease, being widely known as the King's Evil (64). There was a presumed correlation between low hygienic standards and the incidence of scrofula (65) In the mid 19th century scrofula was particularly common amongst children living in Institutions (66).

A number of proprietary remedies claimed some degree of effective control over scrofulous sores (figs.15, 17 and 36), Clarke's Blood Mixture (Fig.41), Dr. Martin's Miracletts and "Cuticura". The latter was a group name for a 'system' of remedies prepared by the American Drug and Chemical Corporation, The 'system' was widely

advertised and consisted of 'Cuticura' (an ointment), 'Cuticura Soap' and 'Cuticura Resolvent' (a liquid or pills). Claims made for the system were along familiar extravagant lines. Thus, for the ointment, "Even the most obstinate of constitutional humours, such as bad blood, scrofula, inherited and contagious humours, loss of hair, glandular swellings, ulcerous patches in the throat and mouth, sore eyes, copper-coloured blotches, as well as ulcers, scofulous rheumatism..... are cured". (67) Parents were assured that "these remedies are composed of the purest and sweetest ingredients known to modern pharmacy and may be used on the youngest infants with complete satisfaction". Analysis of the ointment showed it to be composed of a mixture of hard and soft paraffins, slightly perfumed and coloured green (68). Similarly Cuticura 'Resolvent' was vaunted as "an alternative, antiseptic, tonic, digestive and aperient, superior to other preparations for purifying the system of humours of the skin, scalp and blood with loss of hair" (69). Some idea of the conditons the manufacturer had in mind are hinted at in another passage in their advertising pamphlet. "Cuticura is believed to be one of the most successful of blood-purifying and strengthening medicines for children in all conditions which point to inherited impurities and weaknesses, and may be taken on the first appearance of glandular swellings, ulcers, sores especially on the neck with every hope of success"! (70).

The baffling nature of tuberculosis was reflected by the rise and fall in popularity of innumerable fads and fancies for its treatment. Quacks continued to reap a rich harvest simply by using virtually the same methods as those used by the more celebrated of their kind John St. John Long. No-one of course matched the personality of this charmer who at the height of his

fame in the 1830's reputedly earned £10,000 out of his tuberculosis cures. At the other end of the scale a contemporary pathologist, Laennec, much ridiculed in his time, left behind an intellectual legacy which formed the basis of all future clinico-pathological understanding of the disease. He made considerably less money and in 1826 died of consumption.

A medical history of tuberculosis reveals many frustrations, repudiations and even disasters. Thus, despite the seemingly irrefutable proof that Koch's discovery provided, doctors found it difficult and even embarrassing to admit the existence of the tubercle bacillus. How could a doctor accept Koch's theory light-heartedly? If Koch was right, the sins of omission committed by the medical profession were grievous and the irresponsibility of the medical schools had helped to spread the disease. As if to emphasise the doctors' dilemma, a huge disaster occurred in 1929 at the old Hanseatic town of Lübeck (71). In an ambitious attempt to increase their immunity, live tubercle bacilli were fed in error to three hundred babies, instead of a weakened Calmette tubercle serum. Ninety babies died as a result of the experiment and the rest became chronic consumptives! What would Morison have made of that? This is reminiscent of the administration of trivalent intrathecal arsenicals for neurosyphilis which was also attended by deaths and long standing morbidity.

But the deaths to be laid at the door of orthodoxy in no way match the many tragedies due to quacks' other useless nostrums. Furthermore, orthodoxy's errors alone are redeemed; in the case of T.B. by the triumphs of immuno prophylaxis and in the case of syphilis by the development of new arsenicals advancing the new era of chemo therapy.

NOTES AND REFERENCES.

1. This aspect is discussed in detail by George Rosen in "People, Disease and Emotions; Some Newer Problems for Research in Medical History", Bull. Hist. Med. xii pp 5-23 1967.
2. FARR W., "Vital Statistics" ed. Noel A. Humphreys, London 1885 p.150.
3. CHADWICK E., "Report on the Sanitary Conditions of the Labouring Population in Great Britain in 1842" Edinburgh 1845.

also, Lancet 1 pp. 364-71 1835-6
and ibid. ii pp.353-9 1835-6.
4. FARR W., Op. cit. p.159. "The Principal causes of these differences, besides the age, sex and hereditary organisation, must be sought in three sources, exercise in the ordinary occupation of life, the adequate or inadequate supply of warmth and of food, and the differential degrees of exposure to poisonous effluvia and to destructive agents".
5. KOCH. R., "The Aetiology of Tuberculosis", translation by Berna and Max Pinner. Amer. Rev. Tubercle. Vol. 25 pp 285-323 1932.
6. LOND. E. R., "The Decline of Tuberculosis". Bull. Hist. Med. 8 p.820 1940.

7. MUIR E., "The Control of Leprosy", Amer. J. Trop. Med.
Vol. 17 pp. 51 - 58 1937.

Muir considered "Leprosy to be characteristic of one age of civilisation and tuberculosis of another". The interesting point in Muir's argument was the substitution of leprosy by tuberculosis as an historical disease. It was unknown at the time that the causative bacilli of leprosy and tubercle are closely similar.

Also see LOND. E. R., "Tuberculosis in Modern Society" Bull. Hist. Med. 27 pp 301 - 309 1953. He discusses the effectiveness of quarantining leprosy and tuberculosis victims as the role of quarantine as a preventive measure.

8. Trustworthy and reliable records of the incidence of tuberculosis were not available until the 20th century. An important reason for this defect was that tuberculosis did not become an officially reportable disease until 1908 (and then only for cases treated by Poor Law Medical Officers). Tuberculosis became an officially notifiable disease in 1912.
9. William Guy (1810-85), was Professor of Forensic Medicine at King's College, London during 1838 - 69. Later he became one of Sir John Simon's investigators.
10. KAYNE G., "The Control of Tuberculosis in England, Past and Present". London 1937 p.60.

11. NEFF Wanda F., "Victorian Working Women". New York pp 39 and 122, 1929.

Also see "Report on Sanitary Conditions" op. cit. pp.168-9

12. 3rd Report, , Medica Officer, Privy Council 1860 pp. 102-94.

13. The Hospital for Consumption and Diseases of the Chest was enlarged in 1842 to become the Brompton Hospital. Other chest hospitals were also enlarged, City of London Hospital for Consumption (1860); Manchester Hospital for Consumption (1875). See also Bulstrode H. T. "On Sanatoria for Consumption and Certain other Aspects of the Tuberculosis question". Supp. Rep. Medical Officer, Local Government Board 1905-6 (1908).

14. CARTER A. H., "Elements of Practical Medicine" 5th Ed. London 1888 pp. 158 and 160.

There is an association between consumption and amenorrhoea.

The class of female most likely to be affected by this combination were those also at risk for "suppression of menses by obstructions" (See Chapter 8).

15. Brit. Med. J. 1 pp 510-511 1875, contains an editorial comment on "Coughs".

16. ABERCROMBIE R., "New Medical System. Consumption, diseases of the heart, bronchitis, asthma, dropsy, tumours, coughs etc. cured by a peculiar solvent" 22nd ed. London 1877. See also, "Superstitious materia medica" in Med. Press and Circ. XXV (N.S.) p. 196 1878.

and "How to live 100 years (Incorporating Glorious

Freedom), issued as an advertising pamphlet by James Robinson & Sons, Bradford (Circa 1880). This pamphlet included several recommendations of "popular" remedies; Pine Tar and Mullein Cough Balsam contains Tinctures of Lobelia, Mullein and Capsicum. Comfrey Root, Liquorice and Linseed, percolated with black treacle were also very popular.

17. CARTER. op. cit. p. 163.

also see in "Health Finders; An Encyclopaedia of Health Information from the Preventive Point of View", ed. J.I. Rodale, Rodale Press, London 1954, p. 351. Some time ago it was discovered that tuberculosis patients had a deficiency of Vitamins A and C in their blood. This discovery led to a brief popularity for the "McConkey Cocktail", a mixture of cod liver oil and fresh tomato juice". Cod Liver oil provides Vitamin D and Tomato juice Vitamin C.

18. Garlic became popular and was used variously as an internal medicine, an inhalant, an ointment for tuberculous skin lesions and as a compress or poultice for tuberculous joints. McDUFF M. W., "Tuberculous Treatment" in North American Journal of Homeopathy" May 1914.

19. ROGERS F. B. "The Rise and Decline of the Altitude Therapy of Tuberculosis". Bull. Hist. Med. XLIII P.1-16
1969.

20. LONG op. cit. p. 828.

21. "Secret Remedies" B.M.A. London 1909 p. 9.

22. "Beecham's Cough Pills", Keating's Cough Lozenges",
"Powell's Balsam of Aniseed", "Kay's Linseed Compound"
all contained opium or morphia.

23. "Secret Remedies" op. cit. p. 10.

24. Report from Select Committee on Patent Medicines,
H.M.S.O. London 1914 p. 497.

Proprietary medicine manufacturers sometimes modified the composition of their remedies because various legislation in other countries imposed restrictions on imports of certain classes of medicines.

25. Ibid. p. 360.

26. LAWRENCE D. R., "Clinical Pharmacology", 2nd Edition,
London 1963. pp.41-42.

27. Ibid.

Suppression of a cough may be accomplished by suitably altering the sensitivity of the respiratory mucous membrane. When cough arises as a result of irritation of the respiratory tract above the larynx then syrups, demulcents and 'soothers' are useful. When the cough originates below the larynx steam inhalation often gives relief. Friars Balsam, with its connotation of ecclesiastical wisdom, is really Benzoin Inhalation. Its addition to an inhalation gives the inhalation a therapeutic smell.

28. "Report as to the Practice of Medicine and Surgery by Unqualified Persons in the United Kingdom", Cd. 5422.
H.M.S.O. London 1910 p. 6.

"Phthisis, and cancer in the early stages are sometimes, through improper treatment, aggravated and in many cases become too advanced for effectual medical and surgical treatment afterwards".

29. From a pamphlet enclosed in a package of "Owbridge's Lung Tonic". This remedy contained 15 minims of ipecacuanha wine and 2 minims of Chloroform to each fluid ounce ("Secret Remedies" op.cit.p.14).

30. There were five sizes of bottle of this preparation, selling respectively at 1s.1½d, 2s.9d, 4s.6d, 11s and 22s. The 2s.9d. bottle contained 1½ fluid ounces and the 4s.6d. contained 4 fluid ounces. Analysis showed it contained 28.5% by volume of alcohol 1% sugar and a trace of opium.
31. Richard Heynel (or Haynel) believed to be a German Jew, was principal shareholder and director of the Weidhaas Hygenic Institute, Burgin Hall, London. See "Truth" vol. 65 p. 1562 1910.
32. Other companies used this method of recruiting clients; a company would send a postcard to chemists offering 5s for the name and address of anyone suffering from diabetes, others would solicit clergymen to supply names and addresses of smokers amongst their congregation. Edward J. Woods, proprietor of Woods' Tobacco Treatment offered 8s to clergymen for each name and address supplied. Report from Select Committee on Patent Medicines. Evidence of Mr. Sidney Paternoster, 17th October 1912.
33. The 'Carbolic Smoke Ball' affair hung like a warning light over all advertisers' desks. This was a common law action concerning proven breach of contract fully reported in 61 Law Journal Reports, Queen's Bench Division, p.696 1892.
34. The process of pooling or 'bulking' milk diluted the danger from infected milk. A.S. Griffith, who was a member of the Royal Commission appointed in 1911 to study bovine tuberculosis, commented on the situation as it existed in 1937. "Twenty Six years have passed and the country still has a milk supply infected with tubercle bacilli to such an extent that from 5 to 12 per cent and more of ordinary churn milk contains tubercle bacilli, and more than

a third of the milking cows of the country are tuberculous".

A.S. Griffiths, "Bovine Tuberculosis in Man",

Tubercle vol.18 pp.529-543 1937.

The presence of bovine infection in the past was presumably at least as great.

35. 'Truth' vol.65 p.1562 1910.

36. Report from Select Committee on Patent Medicines 1914
op. cit. p.317 paras. 5385-5388.

37. Ibid. There were several Dr. Macnamaras on the Medical Register but none registered at Burgess Hill.

38. This was not invariably the case. Initial response to a wide variety of treatments for phthisis are notoriously encouraging and misleading..

39. "Secret Remedies" op. cit. p.24.

40. DICKSON, S. "Fallacies of the Faculty; being the spirit of the chrono-thermal system". London 1839 and 1840 (printed in parts).

Also see "London Medical Practice; its sins and shortcomings" by a Physician (? i.e. S.Dickson) London 1860.

"I do not know a single disease where two of the medical authorities agree". Dickson then takes pulmonary consumption as an example and cites a number of well known British and Foreign physicians who held opposing views.

41. ROGERS F. T. "The correspondence method of treating disease", Providence M. J. 6 pp.16-25 1905.

42. "Truth" Vol. 64 pp.696, 1126 and 1496, 1910.

Also see, "Secret Remedies" op. cit. p.30.

43. This was an oblique reference to the Weidhaas Hygienic Institute and its director Richard Haynel (Heynel), and the Derk

P. Yonkerman Company Ltd. Manufacturers of Tuberculozyme.

44. Registered medical practitioners maintained their anti-quack attitude and all forms of cooperation with unqualified medical practitioners was proscribed.
45. Report of Select Committee on Patent Medicines, op. cit. p.247-256.
46. These fees appeared to vary and a different figure was quoted with the guarantee Bonds (Appendix 22).
47. Directions circulated with "Stevens' Consumption Cure".
48. Report of Select Committee on Patent Medicines, op.cit. p.250.
49. Tubercle bacilli have a highly resistant 'envelope' which enables them to survive within the body's protective cellular or macrophage system. The information given by the analyst would only have useful application if the substance was used as a disinfectant or "antibiotic".
50. There were a number of practitioners who gave analysts' certificates to quack remedies for a usual fee of a guinea. One, Dr. A. B. Griffiths, 78, Stockwell Park Road, London S.W. was notorious. He had a long string of foreign 'honours' and American 'degrees' attached to his name and was at one time "President" of the egregious Society of Science, Letters and Art. (See "Truth" vol.65 p.876 and p.996).
Another, Wentworth Lascelles Scott, Little Ilford, Essex, was also a supplier of puffs for quack remedies. He operated from modest apartments in a little suburban house which he described as his 'chemical and physical laboratories'.

51. "Secret Remedies" op. cit. p.31.
52. "Truth" 66 p.329 and 438, 1910.
53. "Secret Remedies" op. cit. p.29.
54. The estimated cost of a 5s bottle of Stevens' Consumption Cure was 1½d ("Truth" Cautionary List for 1910).
"Secret Remedies" estimated the cost of the ingredients of a 4s.6d bottle to be ¾d.
55. Mr. Edward F. Harrison, an analytical chemist employed by the B.M.A., gave this composition of Stevens' Consumption Cure; "Rectified spirit of wine 23.7 parts by measure, Glycerine 1.8 parts and Decoction of Kramaria (1 in 3) to 100 parts by measure".
56. Cd. 5422 op.cit. pp.6-7 and 12-13.
57. A placebo is a medicine which is given to benefit by psychological means to please a patient and not for any pharmacological action which it might have. It is a vehicle for cure by suggestion. (Lancet ii, 321, 1954).
58. Evidence of Dr. Cox, Secretary of the British Medical Association, before the Select Committee on Patent Medicines, June 13th 1912 and "Truth" vol. 65 p.248, 1316, 1910.
59. LONG. E. S., Bull. Hist. Med. 8 p.826, 1940.
- 60 (Also see Fig.23) "Model Family Botanic Guide", ed. and enlarged by A.R. Fox, 21st. Edition, Sheffield 1916, p.220.
61. Ibid. p.221.
62. ROGERS F. B., "The Rise and Decline of the Altitude Therapy of Tuberculosis", Bull. Hist. Med. 43 p.1-16 1969.

63. LONG E. R., op. cit.
64. CRAWFORD R. D., "The King's Evil", Oxford 1911.
65. VAN BEHRING E., "The Suppression of Tuberculosis",
translation by Charles Bolduan; New York, 1904.
Von Behring considered that "pulmonary tuberculosis is
alimentary in origin and "the milk fed to infants is the chief cause
of consumption in later life".
66. GLOVER R. M. "On the Pathology and Treatment of Scrofula",
Fothergillian Prize Essay for 1846. London 1846.
The weekly ration of food to the Kent workhouse inmates
consisted of 60 ounces of bread, 23 ounces of flour,
14 ounces of oatmeal, 6 ounces of meat, half a pound of potatoes
and 7½ pints of milk. The small amount of potatoes in this
diet appears anomalous.
67. These symptoms and signs are highly suggestive of the
secondary stage of syphilis.
68. "Secret Remedies" op. cit. p.110.
69. Many of these signs are similar to those found in syphilis.
'Clarke's Blood Mixture' claimed to treat a similar range of
conditions.
70. Cuticura mixture contained
- | | |
|-------------------|------------------|
| Potassium iodine | 17 grains |
| Sugar and glucose | 486 grains |
| Extractive | 8 grains |
| Alcohol | 10 fluid drachms |
| Water to | 6½ fluid ounces. |
71. GLASSCHEIB H.S. "The March of Medicine", Macdonald
London 1963 p.65-67.

CHAPTER 12CAUSES AND CURES OF DIPSOMANIA

The enormous social significance of alcohol is conveyed in a comment by Freud. "Services rendered by intoxicating substances in the struggle for happiness and in warding off misery rank so highly as a benefit that both individuals and races have given them an established position within their libido-economy. It is not merely the immediate gain in pleasure which one owed to them, but also a measure of that independence of the outer world which is so sorely craved....." (1). It was this particular property of alcohol which constituted its chief danger in the 19th century. This danger was exacerbated by the creation of an urban society which represented "the permanent conflict between the needs of industry and the needs of humanity". It was necessary for the sake of industry that men should aggregate and they did this in the factory and the pub and in the street.

In a predominantly rural society, pub and church were complementary institutions and gave social cohesion to society (2) but urbanisation shattered this contenting symbiosis and at the same time gave a reason for intemperance and a cause for the vigorous temperance crusade which throughout the 19th century remained a predominantly urban movement (3). Even so drunkenness was widespread. Its increased prevalence, particularly amongst women (4) prompted various attempts to correlate alcohol consumption with the 'change of life' or 'their multitudinous pains and ailments' (5). One thing was clear, there were social differences in the ways alcohol was abused (6) as well as social differences in the ways inebriates or habitual drunkards

were treated. The 'Inebriates Retreat' was mainly for the financially secure and usually well beyond the means of most (7). 'Rescue Homes' and the certified inebriate reformatories catered for those lower in the social scale, while prison remained a reliable standby for the dregs of society (8). Controlling the abuse of alcohol - the evil - for the benefit of society as a whole as well as to alleviate the suffering and wretchedness of the addict was the desirable aim (9). The extent of the 'evil' was variously attributed "to the excitement and wear of modern life; to the unwisdom of young husbands pressing their wives to join them in taking toddy at bedtime; to the exaggerated and ignorant notions as to the use of malt liquors to nursing mothers: and last and largely to the Grocer's Licence" (10). There were also the new popular phenomena - 'beer houses' - which introduced upper class comforts working class people could communally enjoy (11). However, not everyone who frequented a pub became an habitual drunkard. The habit was more likely to begin amongst 'secret drinkers' and there was more than one way one could become a secret drinker. "One of the greatest obstacles in the way of temperance are physicians so poorly informed that they can find no substitutes for alcohol and dangerous drugs" (12). Curiously, temperance and non-conformist newspapers and magazines decried doctors for prescribing alcohol and were active campaigners against "the evil" but at the same time (and often in the same issue) they accepted advertisements for nostrums containing addictive amounts of opium and alcohol (Fig.45).

Towards the end of the 19th century another vogue began with the popularity of 'Medicated wines' (13). "Inebriates were readily formed amongst the neurotic classes" by their unrestricted use of nostrums containing alcohol and narcotics (14). Bearing in mind

that claret contains 9 per cent alcohol, hock 10 per cent, champagne from 10 to 15 percent, sherry 18 per cent and port 20 per cent alcohol, the strength of some medicated wines appears surprisingly high and easily accounts for their popularity. Thus Bovril Wine contained 20 percent, Lemco Wine 17 per cent and Wincarnis 19.6 per cent alcohol (Appendix 19). Although they were called 'medicated wines' they approximated more to port than to a wine. An unsuspecting public consumed gallons of a port substitute 'medicated' with a small amount of beef extract (15).

'Wincarnis was a medicated wine which fell exactly into this category. An advertisement for Wincarnis stated "Wincarnis is a natural nerve food" which was obviously an untrue statement, once its alcohol content was discovered (16). Another advertisement claimed that "'Wincarnis' gives a strength that is lasting, because in each wineglassful of Wincarnis there is a standardised amount of nutriment". Thus people were led to believe that 'Wincarnis' really contained protein nutriments of an extraordinary kind. In fact, it contained very little meat ("carnis") - only 1.2 per cent - but more than 20 per cent alcohol and large amounts of sugar (17).

Another advertisement which aroused medical disapproval stated, "Wincarnis is the world's greatest tonic, restorative, blood maker and nerve food. Over 10,000 doctors say so." In view of the profession's increasing hostility to medicated wines and their advertising methods it seems unlikely that 10,000 doctors would affirm their value in such exalted terms. This aspect was taken up by Dr. Simpson, a Plymouth general practitioner who wrote to Colemans*(18) questioning the accuracy of their claim to so many testimonials. In their reply, Colemans expressed willingness to allow Dr. Simpson (or any person acting on his behalf) to call at

* Colemans were the manufacturers of Wincarnis Tonic Wine.

their works and inspect the testimonials in their possession, upon the distinct understanding that written undertaking was given to the effect that "no use whatever be made of the information so obtained and that none of the medical men who have written to us will be in any way communicated with or their names divulged" (19). How did it come about that Colemans had such a large list of medical men? The source of so many medical testimonials probably sprung from the 'coupon' system, because 'Wincarnis' advertised "if a doctor signs this coupon and sends it to us, a bottle will be returned as a free sample". Also once or twice a year the proprietors of 'Wincarnis' widely distributed to the profession a free order for a 2s 6d bottle for doctors to give to "any poor person amongst their patients" (20). The result of this gimmick was that doctors were constantly badgered to sign coupons; indeed refusal would appear to fall hardest on a poor patient begging for a signature to obtain a free bottle.

Whether alcoholic meat extracts can properly be called nutritious or not is difficult to say but their use encouraged and even established the alcoholic habit. Medicated wines were widely advertised and "created a deep impression on the minds of the poor". Furthermore medicated wines could also be bought at grocers' shops, as women and school girls easily discovered (21).

Thus, many teetotalers enjoyed the peculiar qualities of medicated wines in ignorance that they had broken the pledge. People didn't think of 'Wincarnis' (or any other medicated wine) as an alcoholic beverage (22) and since the nature of its contents was not put on the label, millions of bottles of port strength medicated wines were consumed annually by a public unaware of the lurking danger. Several instances came to light of homes wrecked through drunkenness directly attributable to secret indulgence of 'tonic wine' or 'malt and meat wine' (23).

A curious situation arose from all this; one group of quacks sold medicated wines and another group of quacks sold cures for inebriety. In an attempt to counter this problem, the British Medical Association pressed for compulsory disclosure of formulae, hoping no doubt that it would help to reduce the consumption of medicated port strength wines, but efforts to discourage the trend towards self medication with tonic wines met with a poor response. Similarly, attempts by doctors to displace the popularity of inebriety cures were just as unsuccessful.

Inebriety cures were of two main classes. There were those which were advertised and sold in the same way as ordinary secret remedies, that is, the purchaser sent so much money and received a box or bottle along with directions for administering the remedy. In the other class the inebriate was required to enter a home maintained by the proprietor or his agents and submit to "medical examination". Between these two were many intermediate methods which all showed "the characteristic mark of transatlantic enterprise". (24)

One of the oldest and, in religious circles, most esteemed remedies was a draught called "Rev. Newman Hall's Dipsomania-Cure". It was this preacher's father, the Rev. Vine Hall, who in the 1840's made the compound well known through a tract first published in Stirling. The cure claimed to originate from an authentic physician's prescription. "A physician was consulted as to the possibility of medicine being rendered effectual to stop the disposition to intemperance, and he pledged his credit that if his prescription was punctually followed the happiest results would ensue." The 'Dipsomania-Cure' was made up in a draught and two draughts were taken each day. Each draught was equivalent in alcoholic strength

to a dessertspoonful of whisky (25). It was hoped that this ingredient together with the stimulating effect of the nutmeg and tonic properties or iron, would gradually wean the victim from the craving for alcohol. In order to fortify the power of the remedy, its originator advised "the use of prayer to be used along with it".

Cures for the alcohol habit adopted egregious titles, such as the "Temperancia Treatment for Alcohol" (26) the "The Teetolia Treatment" Association (27). Most of these inebriety cures freely provided the usual booklets filled with vague instructions and testimonials. For example, "The Teetolia Treatment for Alcoholic Excess, Drug Habits and Resultant Nervous Diseases" was a twenty page booklet sent to an applicant along with a form requiring particulars of the case to be treated (28). This cure, far from rejecting any orthodox medical associations, stressed its connection with 'eminent physicians' and 'medical science'. "The discovery of the Teetolia method and treatment for the permanent eradication of the crave for drink and drugs marks an era in medical science. It is the outcome of a life's study of the subject by one of our best known West End Physicians. Whilst undergoing the treatment you can pursue your ordinary methods of living. You continue to take your daily modicum of alcohol; but somehow about the third and fourth day of treatment, without having made any physical or mental effort, you feel that you no longer want a drink; it holds out no attraction for you; its magnetic influence has gone....." (29). There must have been a strong appeal in the 'effortless' and inevitability of a cure which claimed such a good pedigree. Its appeal was backed up by an offer which underlined the manufacturer's confidence. "We are willing to supply you with sufficient medicine for eight days treatment free of all charge. This will enable you to determine whether the treatment

is acting successfully, for at the end of the fourth day an obvious and perceptible effect should be experienced." (30). The advertisement appeared to place the client on trust. "We impose no conditions; we rely on your candour, honesty and gratitude that at the end of the eight days treatment, if you are convinced of the value of the Teetolia Treatment you will forward to us the ordinary fee of £1.1s. If you have derived no benefit from the treatment at the end of the same period, then you are under no obligation whatever to pay us one single penny". On impressively headed paper, the Teetolia Association further undertook to treat "all communication with strict confidence". "Please therefore fill in and return without delay the special treatment sheet and upon our receiving it the Physician will go carefully into the case and will prescribe special medicine, which will reach you along with expert advice in the course of two or three days in a perfectly plain sealed package" (31).

'Expert advice', purporting to come from the "Medical Superintendent", contained such passages. "I want, if possible, the patient to use his own endeavours to try and keep off alcohol during the first few days of treatment; if this cannot be done, then the treatment must be commenced when the patient is not drinking in order to give the medicine a better hold on the system. The dislike for alcohol, which we claim, does not come on all at once * (32).

The eight days treatment is enough to show you that it will do you good, but not sufficient in this case to effect a permanent cure. I would advise the patient to continue for at least a month to six weeks".

The letter from the 'Medical Superintendent', although by proxy, carried with it the implied authority of a professional medical man and by making such an assertion the Teetolia Treatment Association gained

* my emphasis.

a spurious respectability, denied to many other proprietary remedies. However, the passage quoted above and taken from the pamphlet differs in important detail from the advertisement, particularly in regard to the statement "You continue to take your modicum of alcohol" and "you will be a free man within a week".

The 'one guinea treatment' consisted of a mere 2½ fluid ounces of liquid which analysis revealed to be 30 per cent by volume of alcohol and 2½ per cent of an alkaloid, principally quinine (33). In effect the 'cure' was equivalent to a gin and tonic!

Proprietors of dipsomania cures had a commercial interest in reviewing the growing volume and scope of medical literature with a view to 'spotting' any profitable modern line in treatment. The methodology of scientific investigation was at last being applied to a wide range of medical problems and there was some recognition that addiction to alcohol was a disease, and therefore possibly curable as certain other diseases were. The realisation passed through customary initial phase of neglect, indifference and denial (34) and then entered the second phase of recognition and enthusiastic acceptance. This evolution stimulated a characteristic and predictable response. Once the idea of cure began to receive public recognition it was acclaimed by the credulous and visionary enthusiast who surrounded it with the most extravagant expectations. The same idea of a cure attracted the charlatan or empiric continually searching for ways to turn all such advances to his own profit. In this way the credulity of one and the charlatanism of the other concealed the true value of an idea and impeded its true assessment.

Communication about the problem was difficult because there was confusion about terminology. Terms were freely interchanged without regard to their true clinical applications. Gradually however, a set

of valid terms evolved which were used in the context of the previous history of the patient and the process whereby his or her condition became established. Thus a sharp distinction was drawn between 'alcoholism' and 'inebriety'. The term 'inebriety' described the acute state of patients "rendered stupid or demented" from alcohol or other narcotics. "Alcoholism" on the other hand referred to a chronic clinical condition which specifically relate to alcohol as a predisposing cause (35). Once these terms were assimilated into medical jargon there was a stimulus to search for an aetiology and answers were sought to two questions. First, why the alcohol habit started at all and second, why the addiction became established. There were many answers to the first question. The simplest was an environmental influence. Thus, publicans, bar keepers and others often drank alcohol in the normal course of their employment. Drinking was also regarded as a normal function in the context of certain social groups. However social factors of a more general kind such as poverty and slum life probably encouraged people "to undertake periodic trips to Nirvana"(36); and alcohol was readily available for the purpose. Some excessive drinking was symptomatic of certain specific psychiatric illnesses as, for example, the lack of restraint seen in early G.P.I. (37) or hypomania. Some manic-depressive patients would show that recurrent and periodic form of drinking known as dipsomania (38).

A satisfactory answer to the question, why do some people become addicted to alcohol is still not possible, but by raising the question with patients, late 19th century doctors were encouraged to discuss the feasibility of reversing the addiction by producing a revulsion to alcohol. This provided a basis for the much used "aversion therapy". Aversion treatment consisted of producing a conditioned response against alcohol by combining its intake with emetine, pilocarpine and ephidrine. Emetine produced vomiting

pilocarpine produced sweating and ephidrine counteracted any fall in blood pressure caused by emetine.

One of the most famous 'aversion cures' was the 'Gold Cure' invented in 1890 by an American doctor, Lesley E. Keeley (39). The cure became so famous that a boom town was built entirely on the fame of Dr. Keeley's "Gold Cure". There was a certain scientific rationale behind Keeley's treatment. He asserted the relatively new, but readily accepted, view that "drunkenness is both a disease and a habit and any attempt therefore to treat it as one of these, disregarding the other, will fail in most instances. No man becomes a drunkard through deliberate choice. He begins to use alcoholic drinks either at intervals or habitually and usually through the influence of his surroundings..... The condition which requires a constant alcoholic stimulus is the result of a habit." (40). These were the well established truths which the Keeley Institute considered well worth frequent repetition.

Patients undergoing the Keeley Treatment were kept under surveillance in a home for inebriates (Appendix 18) and told they were to be given 'whisky' of some kind in a red mixture. The opinion of analysts attributed the conditioning effect of the mixture to apomorphine. * At the end of a 6 - 10 week course of treatments a fierce injunction 'to keep away from alcohol' was given to the patient. There was even a threat that "the man who goes back to liquor will not be again received for treatment" (41). As a matter of fact the same men were repeatedly 'cured' and discharged with no evident desire for drink (42).

* The inseparable association of alcohol intake and the wretchedness produced by repeated vomiting, on numerous occasions, produced the aversion.

Considerable excitement was caused in England between 1893 and 1894 by the advent of the Tyson Cure, which under the aegis of religious institutions enjoyed much popularity. This 'cure' was the subject of a prosecution under the Pharmacy Act of Victoria in 1893, when the Government analyst reported that he had obtained from the 'cure' 0.11 per cent of strychnine and brucine (43) Strychnine, although a popular ingredient in alcohol cures(44) was not included in the Keeley cure. Strychnine was partially successful - "it killed the craving but spared the habit". (45)

Quite distinct from these alcoholic preparations there were those which owed their properties entirely to solid ingredients. A nostrum of this type, prepared in Birmingham, was hopefully called 'Dipsocure' and like the majority of similar products offered a free sample. Offering a free sample was a cheap and simple way of getting hold of a list of names of sufferers and a request for a sample brought the applicant a regular stream of letters and abundant printed matter filled with testimonials and ingenious advice. For example, "Eminent medical men have testified over and over again that if a cure for drunkenness could be discovered both TASTELESS AND ODOURLESS, and placed in the hands of a devoted woman to administer SECRETLY, the greatest difficulty in affecting cures would be overcome". This advertisement was an ingenious attempt to attract the interest of a long suffering wife. It offered her power and responsibility for the treatment of an alcoholic husband (46). The booklet carried its persuasive message a stage further. "Dipsocure" IS TASTELESS AND ODOURLESS and CAN BE administered SECRETLY: so that it has been our privilege and good fortune to have solved the problem. Whilst counteracting and freeing the alcoholic-laden system of the poison, it is soothing to the nerves

and restores the health, and is harmless to the most delicate persons".

The powders contained acetanilide and potassium bromide (47) and neither of which could be said to be 'harmless to the most delicate persons'. In fact, if 'Dipsocure' was taken over a long period it could easily induce 'bromism', a condition which would declare itself with psychotic states of all kinds (48).

At a time when 9s, could buy several shirts or substantial bed linen, "the devoted woman" was beguiled to regard the outlay of 9 shillings on Dipsocure as good business. She was told she could recoup the expenses incurred by becoming an agent for the Company. "When a cure has been effected we ask you kindly to acquaint us of the fact and perhaps you will then consider our agency proposal, showing how a good income can be made by introducing the cure to others. To show you the ease with which it can be sold, if you remit us 10s. three packages will be sent, two of which you can readily dispose of to other sufferers at 9s, each, thus making 8s. profit and obtaining one packet quite free". Each packet of Dipsocure contained 50 powders (25 white and 25 buff tinted) and normally cost 9s. An estimate of the cost of the ingredients for the 50 powders in the packet was one third of a penny (49).

The temperance revival movement was to a large extent dependent upon a suitable psychological subsoil of despairing hope and expectant credulity. Such conditions were also ideally suited for dogmatic empiricism and hysterical confidence of permanent results (50). 'Coza Powder' was a preparation, manufactured and sold by the Coza Institute 62 Chancery Lane, London W.C. It contained ninety percent bicarbonate of soda flavoured with 5 per cent each of cinnamon and cummin (51). A 130 page booklet of testimonials and instructions claimed that Coza Powder

"has the marvellous effect of producing a repugnance to intoxicating drink of any kind and may be administered in coffee, tea, milk, water, beer, whisky, brandy, or solid food without the partaker's knowledge. Coza Powder does it work so silently and surely that any person interested in the intemperate can administer it to him or her without his or her knowledge and without him or her learning what has affected the reformation". Cinnamon however has a bitter aromatic taste and it is quite impossible for it to be added to any drink or food and remain undetected. The booklet entitled "No more Drunkenness" continued to proselytise. "Coza Powder has reconciled thousands of families, saved from shame and dishonour thousands of men and transformed them into sturdy citizens and capable business men..... It has led many a young man along the direct road to good fortune and has prolonged by several years the lives of many individuals..... We particularly wish to draw your attention to the fact that we guarantee Coza Powder to be absolutely harmless". In view of its startling efficacy and guaranteed safety, it is surprising that some enterprising temperance movement did not buy the compound in bulk and add it to the domestic drinking water or even contaminate a brewer's water supply as a prophylactic against alcohol addiction.

Compared with the general run of testimonials, Coza's were for the most part amateurish and restricted to mere expressions of hopefulness or records of slight variations in alcohol intake believed to be due to the powders. For example, "My friend has been taking 'Coza' this last two days and he has had no desire for drink" or "I think the powders are doing my friend good. Enclosed you will find P.O. for which send me another box. Send at once".

The last page of the Coza booklet revealed another trend; advertisements of several other products (52) all manufactured at the Canexia Chemical Works, 61, Chancery Lane. Brixa Tablets for Thin people and Anticelta Tablets for obesity were supplied from 62 Chancery Lane. The double number (61 and 62 Chancery Lane) intended to convey commercial importance represented the one entrance to a large block of buildings containing 'hundreds of different offices'. In fact, all the Coza enterprises were accommodated in three rooms on the second floor but this detail didn't inhibit them in any form giving the impression of affluence and importance. In their booklet, "No More Drunkenness", they included a photograph of the entire block, which they described as the "Coza Institute".

In one way or another alcohol provided a great deal of employment for doctors. Apart from the medico-social pathology produced by the habit itself its lesser clinical sequelae such as gastritis, liver disease, and dropsy, required medical attention. In addition, there were the iatrogenic effects of empirical cures containing bromides and acetanilide and orthodox remedies composed of strychnine and ipecacuhana. Each produced a steady crop of side effects (53) (Appendix 1)

Another example is cited, 'Hall's Wine' was the product of Stephen Smith & Company, Bow, London. The company was founded by Henry James Hall in 1887 and he remained managing director for nearly thirty years. Two registered medical practitioners, Stephen Smith and Frederick Maccabe, along with Dr. Kenwood, public analyst of the City of London (54) completed the board. There were many doctors amongst the shareholders of the company. Hall's Wine contained about 17 per cent of alcohol in the form of Douro and Priorato Port.

To this wine macerated Bolivian Coca leaves were added as well as some meat and malt extract. The product did not bear a revenue stamp but paid Excise Duty on the spirit it contained (both manufacturers and retailers therefore paid a wine duty). From its beginning Hall's Wine tried to remain on good terms with doctors. They avoided as far as possible, those actions which appeared to offend the profession. For example, they only advertised in the Medical Press (55). They invariably recommended that a doctor should be consulted before the wine was given to children. Also, doctors were told that "if a patient was too poor to purchase it we would send a bottle free on the recommendation of a medical man". (56). Doctors were advised in the Medical Press, by booklets and by direct correspondence about the contents (but not proportions) of Hall's Wine (57).

There were some doctors who considered Hall's Wine to be a particularly dangerous one because it contained cocaine and could induce an addiction to that drug. Although the amount of cocaine was small cases of cocaine addiction were reported. A more serious danger of Hall's Wine was its capacity to produce alcoholism. Several cases of cocaine and alcohol addiction together were attributed to the easy way in which Hall's Wine could be purchased from any licensed grocer (58).

The hazard of 'tonic wines' really lay in their advertisements. It was not usual for an ordinary wine to advertise a claim of medicinal properties, whereas a tonic wine always claimed therapeutic properties but did not (usually) disclose its alcohol content. Also because the wine was advertised to treat 'female

disorders' there was a danger that the alcohol habit would be induced in women and children unwittingly who drank 'alcohol' in the belief that tonic wine had some great medicinal value. Manufacturers of tonic wines were anxious to refute the growing suspicion of danger in continuous self-medication with tonic wines. "When it has affected its cure they will cease to take it..... They will not continue to pay 3s 6d for a bottle of wine which does not do them any good". (59) The flaw in this argument was that advertisements of tonic wines made claims to treat such a wide spectrum of complaints "that as soon as they were cured of one complaint there is another handy".

There is no doubt that in the first half of the 19th century the medical profession prescribed alcohol more or less indiscriminately but the profession also helped the community to form a truer opinion of the dangers of alcoholic beverages once sounder knowledge became available. Against this, powerful advertising techniques continually sought to counteract these advances of medical views. If one doctor wouldn't prescribe a tonic wine, another sort of "doctor" would. Understandably tonic wines were popular with patients. The addition of beef to a tonic wine conveyed to an invalid and his family the ideal way of continuing "on the road to recovery". Therein lurked the danger. Whatever malt was capable of doing, it is certain meat extract had no sustaining effect "but when these are combined with a stimulant of doubtful composition... should there be an imaginary success from their use (as will happen in convalescence from any disease) the patient will prescribe it wholesale to his friends". (60)

Every innovation in the medical armamentarium was applied at various times to treat inebriety. Electricity, massage, cold baths were all tried with an occasionally reported advantage. Strict diet and exercise and "where necessary an occasional soporific in the shape of a chloral draft" were just as ineffective. Something more than a purely clinical approach was needed.

One way to oppose such proliferations of alcoholic 'tonic' wines and inebriety cures seemed to be by a clear statement of formulae and composition on the label but this recommendation was strongly opposed by the Proprietary Articles Section of the London Chamber of Commerce (61). As doctors became better informed about the dangers of alcoholism and drug addiction, an entirely different attitude developed towards 'medicated port'. The growing influence of the scientific attitude towards objective assessment and thus sounder pronouncements is again apparent. "Primarily the medical profession are scientific men - a doctor might be a religious man, he might be a teetotaler, but primarily he is in the world to do certain medical and scientific things - and from the medical and scientific point of view, they read this great absolute physiological fact before them; that the first thing alcohol does in 99 cases out of 100, is to affect the mental working of the brain of the man who imbibes. As scientific men, they have to ask what is the ultimate or the general effect - not the immediate effects" (62). This attitude provided a template for future policy and although a few doctors continued to make large private fortunes from the popularity of medicated wines, or through spurious treatments of the alcohol habit, others sought to restrict absolutely the use of alcohol and certain other addictive drugs.

The scientific consensus prevailed. Tonic wines, as well as many other types of proprietary remedies were scrutinised, analysed and assessed. Unsubstantiated claims for 'miracle' cures were therefore regarded with increasing scepticism unless supported with scientific evidence.

NOTES AND REFERENCES.

1. FREUD S. "Civilisation, War and Death. Psycho-analytical Epitomes No. 4. " London 1939.
2. Vestry meetings and Sunday Schools were often held in pubs. This flowed naturally from its usual prominent position in the transport system as well as from the lack of alternative accommodation.
3. HARRISON B. 'Pubs' in "The Victorian City" edited by H.J. Dyos and Michael Wolff. London 1973, p.161.
4. Contemporary Review 75 pp 740-6,1899. "Habitual Inebriates". See also, Charles Macfie, "On the Duty of the Profession with regard to Alcohol", in Br. Med. J. 2 pp 194-200, 1899, relates that "under 2,000 death certificates have alcohol as a primary or secondary cause of death, though the Registrar General's last report shows the death rate from intemperance, both among males and females, to have been the highest on record" and later, "Half the certificates we write are mere anodynes for the public conscience". Medical men also wished to spare the family's feelings.
5. "A Physical Basis in the Drunkenness of Women" Lancet 2 p 159, 1898.
6. HARRISON, op. cit. p. 168. See also correspondence to Lancet 2 p. 227, 1898.

"That there is a specific drunkenness amongst women confined to the climasteric period is a point on which I want the eyes of my profession to be opened."

7. See, for example, advertisements in the back pages of "Whittaker's Almanak" or "The Medical Annual" from 1880 onwards.
8. SHADWELL A. "Should Inebriates be Imprisoned?" in Nat. Review 31 p. 280 1880.
9. Contemp. Rev. op.cit.
10. "Overstimulation in Women", Gentleman's Magazine, Jan 1879.
11. HARRISON, op. cit. p. 170.
12. Western Druggist 14 p.4. 1892.
13. The British Pharmacopoeia defined medicated wines as those which "in the opinion of the Board of Inland Revenue are excisable wines so medicated as to be unfit for use as a beverage". The question of 'unfitness' was never defined.
14. Western Druggist, op. cit.
"Alcoholophobia Therapuesis is likely to form the basis of a new medical sect, using, like all medical sects, its tenets as an advertisement".
15. According to Dr. Sturge, giving evidence before Select Committee on Patent Medicines, 4th July 1912, "Wincarnis" contained 1.2 per cent of beef extract. Compared with beef tea this was a very small amount.
"Wincarnis" contained 22% alcohol.
16. SOLLMAN T. "Manual of Pharmacology" 8th ed. Philadelphia 1957.
"The first functions to be lost are the finer grades of judgement, reflection, observation and attention.

..... Another characteristic feature, evidently resulting from paralysis of the higher functions, is the loss of power to control moods".

17. Select Committee on Patent Medicines. Sturge op. cit.
18. Coleman's manufactured "Wincarnis" and "Coleman's Coca Wine" (see Appendix 19). The latter product competed with "Hall's Wine".
19. Select Committee on Patent Medicines, op. cit. p. 217.
- 20 Ibid.
- 21 "Dangers of so-called medicated wines. A Warning by Leeds Medical Men" - an unbound pamphlet signed by 58 Leeds Doctors. N.D. circa 1900.
22. Sister Eva, Editor of the "Nurses' Own Magazine" states, "Although I am a total abstainer, never taking intoxicants in any form, I had never thought of "Wincarnis" as an alcoholic beverage". Cited in Report of Select Committee on Patent Medicines op. cit. p. 214.
23. Ibid.
24. 'Doc.' Hartmann, founder of the 'Rivuna Company' rivalled the enormous wealth of Lydia Pinkum. Hartmann was a millionaire many times over and his co-director, Schumacher, left 50 million dollars to the Columbus Gallery of Fine Arts (cf. Holloway). Lydia Pinkum's company was reported to be grossing 30,000 dollars a month in 1881.
25. Pharmaceutical Formulas, 8th Edition p.582. 1911.
Sulphate of Iron, 5 grains. Spirit of Nutmed 1 drachm.
Magnesia, 10 grains. Peppermint-water 11 drachm.

26. This compound was advocated by the Temperance Movement.
(Select Committee on Patent Medicines p. 174) There was a false claim about its composition.
27. 'Secret Remedies' B.M.A. London 1909 p. 166.
"Thousands have been cured by this treatment and we guarantee to cure you..... "
28. Ibid.
29. From the "Teetolia Treatment for Alcoholic Excess, Drug Habits and Resultant Nervous Diseases" p. 2.
30. Ibid.
31. The Confidentiality of the mailed packet was also extensively used by the many "Obesity cures".
32. The italicised passage is against the spirit of the rest of the Teetolia Company's claims.
33. Quinine was widely known to the general public as an abortifacient. It was unreliable for this purpose even in lethal doses. However, quinine does have toxic effects including tinnitus, deafness, vertigo, rashes, diarrhoea and abdominal pain.
LAWRENCE, D.R. "Clinical Pharmacology". London 1963 p.92.
34. As, for example, occurred with the Freudian interpretation of human sexuality.
35. Dr. T. Crothers, Medical Record Sept. 3rd 1904 cites a patient "having previously been temperate, begins to drink to excess following a severe head injury....."
36. CURRAN D and PARTRIDGE M., "Psychological Medicine" London 1963 p. 318.

37. General Paralysis of the Insane (G.P.I.) is an inflammatory affection of the brain of syphilitic origin. Though once common it is now a rare disease. The cardinal psychological feature is a progressive disturbance of the personality, depression, excitement and stupor.
38. CURRAN and PARTRIDGE. op. cit. p. 319.
39. Pharmaceutical Formulas op. cit. p. 583.
The cure was seriously considered by the Society for the Study of Inebriety, who passed a resolution that "having been informed by a competent London analyst, that the alleged "bichloride-of-gold-cure" shows no trace of gold or of chlorides and contains 27.55 per cent of alcohol, condemns unreservedly the prescription of such an intoxicating prescription to an inebriate".
40. Western Druggist 13 p. 337, 1891.
41. JAMESON E. "The Natural History of Quackery". London 1961. pp. 108-110.
42. Ibid.
43. 'Times' 16th June 1894.
44. Mercks Arch. July 1904.
45. Western Druggists col. 13 op. cit.
46. The price was at least 9 shillings. Best quality underclothing and bed lincine advertised in the Illustrated London News was considerably less.
47. Secret Remedies op. cit. p. 164.
Acetanilide 6 parts; potassium bromide 35 parts and Sugar of Milk 59 parts.
48. LAWRENCE op. cit. p. 122.

- 49 Secret Remedies op. cit. p. 165.
50. CROTHERS, T.D. "Specifics for the Cure of Inebriety"
Pop. Sci. Monthly 41 pp 732-739, 1892.
51. Report of Select Committee on Patent Medicines
op. cit. p. 171.
52. For example, Canexia Hair Elixir, Canexia Brilliantine
and Canexia Shampoo Powder.
53. LAWRENCE op. cit.
54. Select Committee on Patent Medicines op. cit. pp 456-459
55. Meat and Malt Wines and 'Coca' Wines were discussed in
the Analytical Records Series in Lancet 1886 and 1899.
56. Select Committee on Patent Medicines op. cit. p. 456.
57. A 26oz bottle of Hall's Wine contained 1 grain of the
active principle of coca leaf (cocaine) and 17.8 per cent
of alcohol.
58. Contemporary Review op. cit.
59. Select Committee on Patent Medicines op. cit. p.463.
60. Br. Med. J. op. cit. 2 p.197 1899.
61. Evidence of Mr. J.C. Umney to the Select Committee on
Patent Medicines 1912.
62. Br. Med. J. 2 p.197 1899.

CHAPTER 13.CANCER CURES

No other word in the medical vocabulary conveyed such utter hopelessness or was able to arrest attention so effectively as a scare headline of "CANCER". The cancer quack was aided to a great extent by doctors' ignorance and the horror conveyed by the two syllables "cancer". All classes of people were familiar with the name (1), all dreaded it and no-one understood it (2). The quack was enabled to exploit prevailing uncertainty, ignorance, fear and credulity and doctors could offer no alternative but the knife.

The term 'cancer' did not imply any knowledge of the histology or accurate pathological anatomy of malignant new growths; in fact until quite late in the 19th century 'cancer' had only a clinical significance (3). The introduction of histology and advances resulting from a study of the microscopical structure of healthy and diseased tissues gradually provided a rational basis for the accurate application of the term 'cancer' but these technical advances induced a subtle change in terminology. Amongst uneducated people 'cancer' remained (as it still does) a blanket term for malignant tumours, as well as others of an entirely different nature such as syphilitic sores, whereas amongst the medical profession and educated people the term cancer ceased to be so indiscriminately applied. Although laboratory based advances may have altered the scientific connotation of the term, the layman tenaciously held to his right to use 'cancer'.

All attempts to correlate an exact anatomical knowledge of the relationships of the primary tumour and its offshoots or metastases produced a crop of new terms or 'omas'. Each was coined to give a precise expression to what the microscope revealed to the pathologist (4). This expansion of knowledge didn't reduce but rather increased the fear of cancer and its insidious spread. Both patient and doctor wanted the pathologist to give a straight answer to one basic question. "Is the growth or ulcer, benign or malignant?".

Attempts to provide a scientific classification of 'cancers' were an unexpected bonus for quacks specialising in cancer cures. Advances in nomenclature were not matched by a corresponding precision in symptomatology and there were no foolproof clinical criteria for assessing degrees of malignancy or prognosis so that cancer cure quacks could easily ridicule the doctors and echo Morison's taunt, "Medical men have been labouring and studying since Hippocrates, more than 2,000 years, without ever establishing fixed principles as to their science. All has been random and conjecture with them!" (5).

There was really no worthwhile retort that surgeons and pathologists could make to this, or any other sarcastic comment on their ignorance. Doctors were all too familiar with the unpredictable behaviour of malignant new growths which appeared to be identical in structure (6). It soon became obvious they were dealing with so many contradictory phenomena that even uniform care and surgery could not ensure uniform results. To modify the surgical procedure in the sense of restricting its extent or

delaying it was to court disaster. Weighing the possible advantages against the certain risks of surgical intervention often led to the patient or the surgeon refusing to take a step, apparently so unavailing, either to relieve suffering or to prolong life (7). The prevailing consensus of clinico-pathological knowledge suggested that the only rational treatment for cancer was to treat each suspected case as if for the worst. Quacks on the other hand adopted a procedure exactly the opposite and treated each case for the best and "chanced" it. Such an attitude increased the very reasonable anxieties aroused in the patient, faced with the terrifying dilemmas posed by uncertainty of diagnosis and prognosis and the absence of any treatment except by mutilating surgery.

Under this sort of pressure some surgeons panicked. They either vaunted their skills by writing such texts as "Cancer; its allies and other tumours" (8) or they turned on the pathologists and blamed them for inadequate histological categorisation. "To the existing practical divorce between surgery and pathology and to the confused state of the latter, to the defective way in which it is usually taught, to the ultra-conservative instincts of the societies devoted to its culture, must be ascribed a large share in the progressive increase of cancer mortality" (9). Pathologists were not the only scapegoats, surgeons too were castigated. "This huge aggregate of yearly deaths signifies nothing less than imperfect acquaintance of technique by most of those who are entrusted with cancer operations" (10)

In describing surgery as the only rational treatment, doctors had to provide a satisfactory answer to a crucial question. Is cancer a constitutional disease or strictly localised and circumscribed in its origin? Opinion amongst doctors favoured the latter conclusion, whereas quacks insisted that cancer was a 'constitutional' or 'blood' disease (11). There was plenty of unsolicited prestigious medical opinion to support this contention and it was mainly in this field that the habit of writing 'popular' books for the lay public did immense harm. When doctors wrote 'explanations' they were usually more successful in raising doubts and spreading confusion. Even the most ignorant of the lay public, for example, were capable of conceiving that they had a "constitution" which (they could be brought to understand) they had abused by some form of self-indulgence. On this basis many ailments were satisfactorily explained away simply by saying, it is 'constitutional' or it is 'in the blood', without reference to the patient's style and mode of living. The constitution theorists were very persuasive:-

"Consider the various effects of a contaminated blood stream upon the epithelial cell, the culminating point of the pollution (sic) resulting in cancer.... It is of no more avail to excise the local manifestation of blood contamination - which cancer undoubtedly is..... and thus expect to eradicate the constitutional affliction, than to cut out a piece of dry rot from a beam without adopting means to remove the cause of the mischief"

(12) When such a statement was backed up by vague reference to 'carbuncles', 'scurvy', 'psoriasis' and 'eczema', cancer ceased to be a mystery to the credulous. Coupled with a universal dread of the knife, it is easy to understand why

a woman believing herself to be 'contaminated' would go to great lengths to avoid amputation of her breast for a cancer merely suspected of being there (13).

There was an immense proliferation of theories concerning the nature of cancer and suggestions for its control. Sir James Paget modified the 'blood contamination' idea and lent it some respectability. He suggested that a "predisposition for cancer may be spread from parent to offspring" (14). A logical outcome of this developed as a proposition that "our efforts should be directed towards the suppression of all hereditary predispositions, powerful for which will be the prohibition of intermarriage with families in which there is even a suspicion of a cancerous habit on either side" (15). Others, pointing out that "the gouty and diabetic habits may be most favourably influenced by diet", suggested a similar trial in controlling cancer and "suitable climate and dietetic conditions may go far towards arresting the progress of the disease" (16). Certain doctors were so anti-surgery that they were irrationally antagonistic to every form of surgery and regarded it "as interfering fatally with the therapeutic measures which otherwise might have proved efficacious" (17). One such author, Dr. Robert Bell, held that his "therapeutic, dietetic and hygienic measures have a much larger proportion of cures to their credit than surgery has ever been able to obtain" (18).

A feverish search for "a cause of cancer" soon produced a catalogue of associations. Blackbile, humours, sterility, suppression of menses, adiposity, age, consumption of pork, of meat, of vegetables, of salt, of sugar, of fruit, of metals, and temperament, worry, suppression of perspiration, rheumatism,

and acidity of the blood all played a part in the serious discussion of cancer as a constitutional disease. Advances in knowledge led to some of these ideas being discarded altogether and attributed some modified and qualified significance to others but this information was either only available or only understood by some medical men and a few educated laymen. For the rest of the theories, they remained in the popular memory as part of the lore and latent credulity which the quack was able to work upon.

Doctors were unable to treat cancer satisfactorily and they were often unable to diagnose it adequately (19). A great advantage was therefore offered to the quacks who could do no worse than the doctors. Furthermore their armamentarium was more extensive and consisted of caustics, herbs, ointments, plasters, pills, poultices, turpentine, friars balsam, magnetism and dietetics (20). To this formidable list were later added electricity, ferments, electric light, radioactive drinking water and organotherapy.

Another pharmacological area was available to both doctor and quack. Attributing powers and virtues to plants was a widespread habit and herbalism was frequently resorted to when other 'unnatural' methods had failed (21). Beliefs in the power of plant derivatives were occasionally bizarre; "the American aloe is useful for this disease because it is of similar appearance to an inverted cancer" (22).

Extravagant claims were made for chian turpentine, and its derivative terebene. It appeared to "act on the periphery of the growth with great vigour, causing the speedy disappearance of what is usually termed the cancerous infiltration, and thereby arresting the further development of the growth, destroying its vitality, and dissolving all the cancer cells, leaving the

vessels to become subsequently atrophied" (23). Molasses was hailed as a miraculous cancer cure and one form of it, the 'McKay Cure for Cancer' extended its scope and was soon also advertised as a cure for other complaints including "shortness of breathing, corns and constipation" (24).

Sarsaparilla, a root extract from Jamaica, also became fashionable and was recommended to improve the general health of a cancer sufferer "poisoned by the accumulation of morbid matter which is sent amongst the glands and other vascular portions of the system. The plant providing the poisonous sedative hemlock, could be used externally. The cancer was thus poulticed with spotted hemlock "bruised with a hammer very fine, spread on a cloth and applied to the part.... if the tumour has advanced too far, poultice it with slippery elm and lobelia in equal parts at the same time washing the cancer with oak bark tea. If this is persevered with, it will never, or seldom, fail to cure" (25),

Vegetable products however were more frequently used merely as vehicles for much more active ingredients. Many so-called pure herbal remedies were topically applied as poultices, plasters and ointments and false claims by quacks were made about the properties of some of these. For example, sorrel plus potassium chloride or 'lye' was known to produce a strongly alkaline solution but owes none of it to the sorrel although its activity was attributed to the plant. "The sorrel will cook the cancer but does not eat it as it does the flesh, hence it eats all the flesh away and lets the cancer loose!" (26). The notion that a cancer had tentacle-like processes or 'roots' was widely held. "I spread the ingredients on a piece of skin the size

required by the plaster, and a fresh plaster being applied every eight days. It generally occupies two months before the skin and flesh crack around the growth, the ingredients all the time killing it. I generally find the cancer hangs loosely for about one month - during which time I have to apply sticking plaster supports to prevent the roots of cancer breaking instead of being gradually withdrawn. When the growth has been extracted I heal the wound with ointment and lotion" (27).

Caustics, in varying strengths, were an alternative to the knife. Quacks and doctors alike used them. The mainstay of this group of substances were chloride and sulphate of zinc, tartar emetic, corrosive sublimate and arsenic (28). Portions of a tumour could certainly be removed by application of caustics, but it was quite impossible to eradicate the whole of the malignant growth solely by their use. The boast of the cancer quack - "cancer treated without the knife" - appealed to a public well aware of the disadvantages of surgery but ignorant of the terrible long drawn out agony produced by treatment with caustics (29).

Not surprisingly, the attitude of the medical profession to 'cancer', its origins, mode of spread and treatment was of course hardly less empirical than quackery. The distinction was blurred by men holding medical qualifications who argued publicly against surgery as a rational treatment for the disease and even alleged it was "a means of inducing or aggravating it". One of the most noteworthy of these medical empirics was Dr. Robert Bell (30). He was absolutely opposed to the use of surgery as a treatment for cancer and only

slightly less against the use of mineral caustics. Instead he used "therapeutic, dietetic, hygienic and organotherapeutic measures". Bell wrote, "Did not Solomon say: 'Go to the ant though sluggard; consider her ways and be wise?' He might have added with advantage; 'Go to the beasts of the field, the fowls of the air, the fish of the sea and even crawling things, for a lesson in common sense and taken an example from them in sanitary matters, and not harbour in your insides offensive and disease-generating material which you would not tolerate for a moment within range of your vision or olfactory nerves". Contradicting his own advocacy, Dr. Bell did use a caustic, but not a mineral one. Instead he turned once again to the ant.

"I was convinced that the injection of formic acid into the tumour would prove of immense service in destroying the cancer cells which accumulated there.... I therefore injected formic acid..... which within two weeks resulted in complete enucleation of the morbid growth. Formic acid of suitable strength is possessed of a selective power upon the morbid cells, destroying these, while the normal cells are left intact". (31). However, Dr. Bell's views did not deter more rational endeavours.

Some doctors, desperate for a breakthrough in treatment tried almost anything. One medical practitioner injected potassium bichromate into a tumour and this had the same effect as a caustic. A consulting surgeon to the "Glasgow Cancer and Skin Institution" started a crusade against surgical treatment and advocated drugs such as potassium iodide. The Institution's prospectus reads: "In most cases there had been one, two or more surgical operations before the patients came to this institution, where the cancer was eliminated by medical treatment. These facts should convince anyone that medical treatment was the treatment which ought to be applied for the elimination of cancer". (32)

Many of the methods used by doctors smacked of empiricism and experimentation, but whereas empiricism was the whole story for the quack, for some doctors the aim was towards objective measurement of the value of any of available methods. The apparent hopelessness did not deter all. Meanwhile a large business was done in the sale of proprietary cures for cancer by quacks and allopaths alike.

Of the several factors working in favour of proprietary remedies, the notion that cancer was a contamination of the blood was a favourite of the quacks. This helped to popularise remedies held out to be "blood purifiers". It was almost impossible to refute such a claim for it was true that a great many diseases were related to the condition of the blood.

One of the most notorious of this group of remedies was "Clarke's World-Famed Blood Mixture" (Fig.41). A pamphlet enclosed with a bottle of this mixture boasted that the medicine "is a guaranteed cure for all blood diseases". The manufacturers insisted that no matter what the symptoms may be, "the real cause of a large proportion of all diseases is bad blood". Probably in order to avoid pushing credulity too far, the pamphlet confessed that "Clarke's World-famed Blood Mixture is not recommended to cure every disease; on the contrary there are many that it will not cure;..... (but)..... It never fails to cure Scrofula, Scurvy, Scrofulous Sores, Glandular Swellings, Cancerous Ulcers, Bad legs, Secondary Symptoms, Syphilis, Piles, Rheumatism, Gout, Dropsy, Black Heads or Pimples on the Face, Sore Eyes, Eruptions on the Skin and Blood and Skin Diseases of every description".

Though this catalogue of conditions is impressive it is not quite as startling as it appears. The 'secondary symptoms' referred to the secondary stage of a syphilitic infection (33). Syphilis, often called the "Great Imitator", could cause

'bad legs', 'cancerous ulcers' and 'rheumatism' (34).

Since "Clarke's World Famed Blood Mixture" contained potassium iodide, which at that time was a popular treatment for gummatous syphilis, the doses recommended by Clarke were enough to bring about an abatement of these symptoms and healing of the gummatous ulcers of syphilitic origin (35). One skin disease, acne, would be made worse by using mixtures containing iodides, and an excess intake would eventually produce "iodism" (36). Clarke sold millions of bottles of "Blood Mixture".. An unsuspected benefit of this sweetened solution of potassium iodide would have been the prevention of cretinism, a sad event always more likely to occur in an inland population fed on cheap brassica type vegetables (37). The medical profession dismissed Clarke's Blood Mixture as worthless and ridiculed the Mixture's exaggerated claims, but they were wrong to put it in the same class as 'Munyon's Blood Cure', for instance. This cure of American origin, was made up by Munyon's homeopathic Home Remedy Company in London and fell in the category of fraudulent nostrums. The outer package contained exuberant claims for the benefits bestowed by a bottle of about 200 pellets. Quantitative determination of the composition of pills showed them to consist of 100 per cent sugar! (38).

Another American product resurrected all the old claims of sarsaparilla; The wrapper of a bottle of "Hood's Compound extract of Sarsaparilla" declared that "a trial bottle will convince even the most sceptical of the real merit of Hood's Sarsaparilla and will enable everybody to test its wonderful power in restoring and invigorating the whole system, in renovating and enriching the blood... in eradicating Syphilitic Affections, Cancerous Humours, Boils, Pimples and Humours on the Face,

costiveness and all diseases arising from an impure state or low condition of the blood". The message on the wrapper went on to explain how the remedy worked. "Hood's Sarsaparilla is designed to act upon the blood and through that upon all the organs and tissues of the body. It has a specific action upon the secretions and excretions, and assists nature to expel from the system all humours, impure particles and effete matter either through the lungs, the liver, or the skin. The peculiar point of this medicine is that it strengthens and builds up the system while it eradicates disease". Emphasis was laid once again upon the removal of 'impurity' and 'effete matter' from the system. The style is reminiscent of James Morison or the little known German physician Johann Kämpf who originated the 'doctrine of infarctus' in which the cause of most diseases was claimed to be faecal impaction (39).

Hood's Compound Extract of Sarsaparilla contained only a small amount of sarsaparilla and rather more (at 20% by volume) alcohol, which doubtlessly gave it some immediate impact. Hood's Sarsaparilla contained more potassium iodide than Clarke's Blood Mixture. Possible beneficial effects of both "blood purifiers" would therefore have been similar and attributable to the anti-luetic effect of their potassium iodide content; a point of some significance in an age when 5 - 10 per cent of city dwellers would be syphilitic.

Ordinary allopathic or homeopathic treatment of certain diseases generally involved the use of so called specific drugs. The proprietary medicines of quacks were often variants of these well tried or other old fashioned remedies. In preparing a proprietary 'cure' for cancer however, the manufacturers had no such guidelines of acceptable treatment from the past. Largely because of the difficulty of diagnosing 'cancer' or distinguishing a 'cancerous ulcer' from a 'syphilitic ulcer' the quack and the doctor

were equally perplexed. Sometimes an apparent improvement or even a cure of one type of lesion followed the fortuitous use of some compound or other but such a remission was hardly interpretable as a prototype response for every 'cancer' or 'ulcer'. The inclusion of potassium iodide in certain 'blood mixtures' for example produced a beneficial effect on some lesions, while others would be unaffected. If the orthodox physician had any advantage over the quack it would be most marked in the area of differential diagnosis and objectivity in therapy.

Whilst several proprietary medicines included orthodox compounds in their formulation, many other manufacturers gave free range to their fancy in the selection of ingredients. The use of plants and vegetable extracts offered the greatest scope for this type of experimentation. The mystique of herbalism was enhanced by the use of Latin nomenclature and the powerful insinuation that only mysterious herbs could rectify a poisoned or polluted human system. "Professor" O. Phelps Brown (40) advertised along these lines. The label on bottles of his preparations purported to show the medical herbalist's art. "This medicine is a concentrated preparation of Rock Rose and Stillingia combined with other plants well known for their specific action on the blood (41) which makes a compound medicine that has never been equalled and will be hard to surpass in the scientific future. It is impossible to give a full account of its virtues and cleansing capacities on this label, and the Prof. must, therefore, be content with briefly stating that it is an infallible remedy for All Diseases of the Blood be they Constitutional, Hereditary or of Recent Contraction". The label went on to explain that "Nearly every ailment known to the medical faculty is in greater or lesser

degree dependent for its appearance and its virulence upon a 'Disease of the Blood'..... all afflictions manifested upon the outer surface of the body are the consequence of diseased blood. Many terrible maladies, which take the shape of Internal Inflammation, Sores, etc. and appear in the form of Fevers, Aches, Swellings, Glandular Disturbances, Mental Derangement and General Debility, also proceed from the same cause. It is an admitted fact that, with Pure Blood and Regular Bowels, no individual ever can be permanently, seriously or dangerously ill, if ill at all".

The association of 'pure blood' and 'regularity' of bowel action was always a strong one in advertising, with its repeated emphasis on the importance of 'Nature' of a rhythm (42) and drainage (43). The same tactic was used by another proprietary remedy "Hughes' Blood Pills" (44). This preparation was composed of aloes, jalop resin, ginger and cinchona bark (45). It was a powerful purgative. 'Hughes' Blood Pills' were intended to act directly on the blood because, it was claimed, "it stands to reason that if the blood is poisoned, you poison the whole system and eventually destroy the life of man" (46). This preparation was likely to produce more harmful than beneficial effects, through purgation of a system already debilitated by the characteristic cachexia of cancer or syphilis. The presence of quinine (47) would augment its disabling properties.

Many proprietary cancer cures were clearly intended for external application. These were the soap and resin plasters of the British Pharmacopoea with additional ingredients such as beeswax, soft paraffin and astringent and caustics. Even under the most sympathetic medical supervision these were often hazardous and always painful. Their indiscriminate application

often produced an horrific destruction of flesh and intolerable suffering. An example of this sort of torture was practised by two quacks in Wales. The treatment, (ostensibly secret) consisted of painting the cancerous growth with an oily liquid*. These cancer cure practitioners stressed the non-mineral nature of their paint. They began their treatment with prayers and exhortations to the patient to trust in the Almighty, as well as an assertion that their remedy made the 'roots' shrink into the original growth "which then fall off like a ripe apple from a tree". The patient endured daily attendance and treatment for several months and the growth or ulcer was regularly painted with the caustic. When a crust or scale dried it was removed, put in a bottle and given to the patient as 'proof' that the cancer had been removed. If another ulcer appeared at the same site, it was explained that it was powerful evidence that the patient was excessively polluted and had numerous cancers. One woman who received this treatment was told that her breast cancer was cured and all she needed was a tonic to overcome the cancer's poisonous effects, but a surgeon who examined her shortly afterwards, when she had been admitted into hospital in extremis described the whole breast as a black necrotic mass. The stinking ulcer extended up to the collar bone and down to the margin of the ribs and across the middle of the chest. Some unfortunate patients persevered with 'treatment', bearing the constant excruciating agony until "the spirit was freed from the worn out body" (48).

The quack's formula - 'cancer treated without the knife' - appealed with great force to the public, fed on horrific stories

* made by acidifying oil of turpentine extract from the chian turpentine tree.

of the suffering at the hands of the surgeon. In truth there was sometimes little to choose between the end result of therapy.

One of the first popular works which purported to give the public a glimpse of a doctor's private records was Samuel Warren's "Diary of a Late Physician" (49) written in 1832. In Warren's account, a woman sits alone in her house awaiting the surgeon. She wears only a white muslin dressing gown with an Indian shawl over her shoulders. The Medical attendants pour her a glass of port "but she barely touches the glass with her lips, then one of the attendants removes the shawl and the patient displaces as much of her dress as is necessary for the surgeon to make his incision. She looks fixedly over her shoulder at a letter from her husband, exhorting her to be courageous, which is held there for that purpose. "At the first incision she gives a convulsive shudder, and seems likely to faint but after that she barely moves or even sighs" (50). It was after watching an operation like this that a horrified James Simpson asked, "Can nothing be done to make operations less painful?" (51).

Proprietary cancer cures continued to profess the constitutional basis for cancer into the 20th century. Surgical experiments on cancer in animals strongly suggested the circumscribed nature of cancer but in spite of this evidence misrepresentation of surgical treatment continued. "If one desires to clear a piece of ground of weeds, will one succeed, think you, if he contents himself by merely lopping the heads of the obnoxious plants?"(52) This sort of over-simplified interpretation fostered the 'knife-dread', considered by many doctors to be one of the most unreasoning and unreasonable superstitions which lingered late into the nineteenth century (53) . After all, they argued, the remorseless logic of events showed that surgery was practically the only means of cure. The same could not be said, however, of internal

remedies. Myriads of drugs, vaunted as certain cures - arsenic, sulphur, blood root, clover tea and so on - were tried by hundreds of eager physicians and thousands of anxious victims ready to clutch at any straw. None was found which had the slightest permanent effect upon the course of any malignancy.

There were strong grounds for the widely held belief that cancer was advancing with an annually accelerating rate of progression (Appendix 13 & 14). The statistics suggested an increased incidence but they were distorted by an augmented population during the same period. There was also a significant improvement in diagnosis of the condition and in the mode of registration and reporting. The value of these returns - as evidence on pathological questions - turned on the rarity, both absolute and comparative, with which autopsies were performed even in hospitals, and the impossibility of accepting the vast majority of medical death certificates (which were required to record the cause of death only "to the best of my knowledge and belief") as indisputable statements of fact. In spite of these reservations "the greatly enhanced prevalence of cancer was a very noteworthy feature of the Victorian era" (54).

Doctors hung their collective heads in professional shame in the knowledge that cancer had beaten them; and that all their methods were as empirical as the quacks. The 'cancer problem' as it came to be called, was regarded as "treason in the republic of the body" but it provided at least one benefit to the medical profession, it stimulated research. Almost every aspect of its occurrence, association with other diseases, racial and dietetic factors was investigated. As fast as one theory was overthrown another was constructed. The theory of a parasitic origin of cancer was a popular one, widely and tenaciously held.

This was partly on account of an attraction to assign definitive causes to a phenomenon and partly because of the improved prospects of a cure which would follow the discovery of a specific 'germ'. At least one third of bacteriologists who lived in the 19th century had a tilt at the problem in one form or another but the 'germ' remained elusive (55).

Although the precise cause of cancer was a mystery specific forms of the disease were recognised in association with particular occupations. Thus towards the end of the 18th century Pott described a skin cancer occurring in chimney sweeps and traced it to contamination with soot. In 1875, Volkmann described occupational skin cancer among the workers in the tar industry. In the following year Joseph Bell, the Edinburgh surgeon reported the so-called 'paraffin cancer' in the Scottish shalefields. These occupational cancers in a sense were undesigned natural experiments and they indicated an approach to the deliberate production of cancer under experimental conditions.

The cancer problem in retrospect turned out to be a hone on which medical research sharpened its techniques and though quackery remained interested in cancer-cures, it was only on a small, local scale. No 'giant' entered the field and those that were in such as Holloway, with his ointment, soon pulled out.

NOTES AND REFERENCES

1. 'Cancer' in French and English, (Krebs' in German) was used by the public at large to cover all sorts of malignant new growths and 'ulcers'. Even the medical profession acceded to popular usage of the term and were slow to discard the term 'cancer' in favour of less ambiguous terms. As late as 1910 the Registrar General's Report shows; 'The deaths ascribed to malignant new growths during 1909 numbered 34,052 of which 19,513 were referred to as carcinoma, 1,974 to sarcoma and 12,566 less definitely to 'cancer' not otherwise defined'.
2. Several publications provide a consensus of the clinico-pathological attitude prevailing in the 19th century:
WALSHE W. H., "The Anatomy, Physiology, Pathology and Treatment of Cancer". London. 1844.
SNOW H. "Twenty two years Experience in the Treatment of Cancerous and other Tumours, with an Introduction on the Increasing Prevalence of Cancer and the Remedy for that Disease". London. 1898.
CARTER Alfred H. "Elements of Practical Medicine". London 1888.
3. There was no acceptable definition of cancer.
This defect hampered the first serious attempts to study cancer from a statistical point of view, begun in the U.S.A. (Walshe op. cit.). Le Conte in 1846 compared the statistics of registered deaths in England and Wales during 1838-1839 with those of the Department

of the Seine 1830-1840. The accepted meaning of malignant growth not only varied between the two countries but also within the short period of each study.

4. CARTER A.H. op. cit. p. 100.
5. MORISON J. ed. 'Morisoniana' 3rd ed. London 1831 p.7
6. CARTER A.H. op. cit.
7. 'The Treatment of Cancer' by A.E.T.Longhurst in Med. Press & Circ. May 3rd 1882 p.371.
8. "On Cancer: its Allies and Other Tumours with Special Reference to their Medical and Surgical Treatment" by F. Albert Purcell. London 1882.

This book was regarded as a plagiarised version of a series of lectures published in the Lancet in 1881. Also, a review of Herbert Snow's book (see Ref. 2) in the Lancet, December 31st 1898 commented "There are many ideas of value in the book though throughout is manifested a tendency by the writer to magnify his own work, knowledge and power and to belittle the skill and achievements of others".

9. SNOW H. op. cit. p.38.
Also, LONGHURST op. cit. and CARTER op. cit. They regarded the increased prevalence of cancer in England as out of proportion to the increase in population.
10. SNOW H. op. cit.
The extent of work at one specialist hospital is shown in the Report of the Fulham Cancer Hospital

for 1879. In the years between 1851 and 1872, 10,759 cases of 'cancer' were treated.

11. CARTER op. cit. p. 99

"It remains yet to be settled whether, on the one hand, the new growth is but a local expression of a constitutional taint; or on the other, whether it is primarily a local disorder and only affects the system secondarily".

12. BELL R. "The Evolution of the Tumour Cell".

London 1903.

13. Report as to the Practice of Medicine and Surgery by Unqualified Persons in the United Kingdom.

CD. 5422, H.M.S.O. London 1910 p. 20

See also

Br. Med. J. May 27th 1911, p.1222 which cites an example in a lecture given by Sir T. Spencer Wells in 1857. "A surgeon found a woman dead in bed and a cancer curer just about to re-apply a dressing on the breast of his dead client. This person was so ignorant of medicine that he did not know she was dead; he was horror stricken when Dr. Jenner told him so, for he had just before assured the husband that his wife was going on well and would soon be cured".

See also

WELLS Sir T.S. "Cancer Cures and Cancer Curers".

London 1860.

14. This hypothesis was tested in mice and reported to the Royal Society May 4th 1911 by Dr. J.A. Murray (Imperial Cancer Research Fund).

15. In physiological inheritance the rule is that "like

begets like" or as Darwin puts it "The inheritance of any character whatever is the rule, and non inheritance the anomaly". The possibility of a cancer diathesis for man was not entirely acceptable.

Br. Med. J. 2 p.676, 1894 and "19th Century" 28 p.87
1890.

16. BELL R. op. cit.
17. The official report of the Delegate of the British Government to the Conference on Cancer held in Paris 1910 was issued as a White Paper. The Conference underlined the chronic difficulties in defining the aetiology of 'cancer' and interpreting the statistics of the frequency of occurrence of cancer. A 'cancer census', carried out in some European countries, was held to be a fallacious investigative technique and was not applied in Britain.
18. BELL R. op. cit.
19. Novelists often commented upon the variable skills of doctors. Anthony Trollope in "Miss Mackenzie" (1865) p.177 writes "It is an inward tumour" said Mr. Robb, "and has troubled him long, though he has said nothing about it. It is now breaking up, and the doctor says he can't live".
20. Bri. Med. J. 1 p. 1221, 1911.
21. Cd. 5422 p.6.
Also George Elliot, "Felix Holt" 1866. New York p.56.
22. Br . Med. J. 1 p.1225. 1911.
See also Mrs. Starbuck "A Woman against the World" 1864 London 111. p.238. "He had often heard of the filthy remedies employed in the country places in the cure of various diseases, but his imagination never conceived such a loathsome sight as that displayed by the sufferer when she removed her bandages".

23. LONGHURST A. E. T. Med. Press and Circ. May 3rd 1882
p. 372.
24. SCOTT C. "Crude Black Molasses; The Natural 'Wonder-Food'".
London (N.D.) Athene Publishing Co. p. 2.
25. FOX Wm. "The Model Family Botanic Guide" 21st ed Sheffield
(1916) William Fox. (See Fig. 23). pp. 168-169.
26. Br. Med. J. 1 p. 1226, 1911.
27. BELL R. op. cit.
28. The use of arsenic as an internal medicine in the form
of Fowler's Solution was suspected of inducing a cancer
of the intestinal tract, if taken for a long period.
It was recognised as a cause of skin cancer.
Arsenic as a poultice was used along with other
mineral caustics. "Secret Remedies" 1909 B.M.A.
London p. 118.

See also

Review Article by Sir John Hutchinson on "Salcarson ('606')
and Arsenic Cancer". Br. Med. J. p. 976. 1911.
29. "Secret Remedies" op. cit. pp 122-123.
30. BELL R. op. cit.
31. BELL R. op. cit. This claim appears to have been
unsubstantiated and it would be difficult to justify
an experiment on ethical or theoretical grounds because
of the toxicity of formic acid.
32. Many cases consisted of Cancer of the lip or tongue
caused by the tobacco pipe. The distinction between
a 'cancerous' ulcer of the lip or tongue and a chancre
(an ulcer of syphilis) was not always absolutely clear cut.
33. The description of secondary syphilis in modern text books
barely differs from descriptions given in texts such as

Carter op. cit. pp. 88-91

"A wide variety of symptoms occur from six weeks to three months after the initial infection:-

- a) cutaneous eruptions accompanied by a tendency for the hair to become dry and fall off.
- b) lesions of the mucous membrane, including ulcers of the tongue, palate, tonsil, nose and lips.
- c) lesions of the eye.
- d) pains in joints and bones".

34. If the progress of the disease remains unchecked by appropriate treatment in a variable time after the disappearance of the secondary symptoms, symptoms may occur which are termed tertiary. There is no sharp distinction between secondary symptoms and tertiary symptoms, although the latter are commonly characterised by a) their tendency to affect bones or internal organs, b) their assymetry and c) the formation of 'gumma'. A gumma is a syphilitic tumour with a tendency to ulcerate.
35. "Secret Remedies" op. cit. p. 42. Mercury and arsenic were highly favoured remedies but potassium iodide was recommended to be used locally as well as internally.
- RUDDOCK E.H. "Homeopathic Vade Mecum" London.
- Gould (N.R. circa 1880) p. 242.
- See also WALLACE Wm. Lancet 1836-37 1 p.428.
36. LAWRENCE D. R. "Clinical Pharmacology". London. Churchill. 1963 p.411.
- "Patients vary enormously in their tolerance of iodine, some are hypersensitive to it both orally and when put on the skin. Symptoms of iodism include excessive salivation, running eyes and nose,

- sore mouth and throat, productive cough and diarrhoea".
37. CLEMENTS F. W. and WISHART J. W. (1956) "Metabolism"
5. p. 623.
38. Report of Select Committee on Patent Medicines.
Evidence of Mr. E. F. Harrison 27th June 1912
- 39 GARRISON F. H. "An Introduction to the
History of Medicine" 4th Ed. Philadelphia 1929. p. 315.
40. O. Phelps Brown was not a 'professor' of any
British University. He was not a Member of the Royal
College of Physicians.
41. See "How to live 100 years. Herbal Hints and Remedies"
Bradford (N.D.) James Robinson p. 6. This herbalist
recommended these for tobacco poisoning and as soothing
poultices. Many herbalists continually harked to the
remedies of 'Nature' and evoked a pioneering context by
suggesting a particular cure was favoured by "Red Indians" etc.
42. This was the basis of Dr. Thomson's "Vital Principle".
A synopsis of this theory is given in William Fox,
"Family Botanic Guide" op. cit. pp. 11-20.
43. This was the basis of the Hygiean System propounded
by James Morison (see Appendix 17).
44. "Secret Remedies" op. cit. p. 48.
Hughes' Blood Pills were aperient pills and contained
aloes and jalop resin similar to that contained in
Morison's Pills. The laxative was intended to
eradicate poison in the blood for "when the blood
is chilled or distempered through breathing impure
air, unhealthy food, it at once gets disturbed in some
form or other".

45. Quinine is derived from cinchona bark. It is well absorbed from the alimentary tract, although it is a strong irritant and causes vomiting. In higher doses quinine may produce toxic effects or cinchonism. The most significant feature of this condition is impairment of hearing with vertigo and tinnitus. Visual impairment is often sudden and may be complete. Lawrence op. cit. p. 92.
46. This statement on the wrapper of 'Hughes' Blood Pills' is almost a direct quotation from the Hygeist System.
47. Secret Remedies op. cit. p. 122.
48. Ibid.
49. WARREN S. "Diary of a Late Physician" London, 1832.
50. Cited by TURNER E. S. "Call the Doctor; a social history of medical men". London. Michael Joseph. p.177.
51. James Simpson, later Sir James Simpson, began to ease the pangs of childbirth by using chloroform. Queen Victoria in 1853, allowed herself to be anaesthetised in labour.
52. Cited in Br. Med. J. 1 p.1230 1911.
53. HUTCHINSON W. "The Cancer Problem" in the "Contemporary Review" 76 p.116. 1899.
54. SNOW H. "Increase in Cancer; its probable cause". "Nineteenth Century" 28 p. 82 1890
55. Contemporary Review op. cit. p. 111.

EPILOGUE

No emerging society anywhere in the world ever proceeded so far in urbanisation and with such ignorance of its implications as did 19th century England (1). In effect the Victorian city became " a great laboratory of public medicine" discovering the pathological and psycho-social consequences of human density and the terrible capacity of some of the most lethal diseases to bridge the widest social gaps. Several cholera epidemics found the medical profession quite unprepared for the tasks assigned to it. On the occasion of the first cholera epidemic in 1832 the Annual Register was highly critical of the prevailing state of medicine.

"Cholera left medical men as it had found them - confirmed in the most opposite opinions, in total ignorance of its nature, its cure and the cause of its origins....." (2) Similar remarks were repeatedly made about numerous other problems arising from the towns and confronting the medical profession (3). The difficulty was that action to deal with any health problem had to be taken in terms of available knowledge and it was precisely on this point that medical science was defective. The magnitude of some of these problems led medicine's bid for objectivity to an obsession with numbers which characterised many Victorian Medico-Social investigations (4). However, the profession quickly learnt that "its ability to help patients could not be predicted by a few neat physiochemical laws but was dependent upon a warring melange of social, economic and psychological factors that vex and elude control" (5).

An important consequence of growing urbanisation and the great development of industry and commerce was a large increase in newspaper advertising. Victorian city dwellers provided an assured readership for the expanding press which gained influence as advertising revenues increased (6). In 1843, the Edinburgh Review commented on the significance of newspaper advertising. "Advertisements constitute a class of composition intimately connected with the Arts and Sciences and peculiarly calculated to illustrate the contemporary habits of the people" (7). All kinds of advertisements appeared in most newspapers and magazines but some newspapers, and more especially the religious press, included very many advertisements for patent medicines and quack remedies (8). A growing number of quacks starting with Thomas Holloway thus became very wealthy. The obvious commercial success which followed widespread advertising of patent medicines was an inducement to others to advertise their own nostrums (9). Their numbers subtly expanded until the growth of this type of trade became a serious threat to the medical profession because it affected doctors' incomes. It also clearly indicated widespread public dissatisfaction with the medical profession's failure to respond effectively to new medico-social requirements.

The Medical heptarchy, which had hardly changed in more than 300 years, was critically described (10). "The Law recognises only three orders of the medical profession; physician, surgeons and apothecaries. Between the physician, who could claim to belong to a learned profession, the surgeon who practised a craft and the apothecary who followed a trade, the gap was wide and

impassable..... Distinction between the various departments of the medical art had been drawn with great precision..... and each practitioner is protected in his own branch and neither must interfere with the province of the other" (11). This ancient system of stratification was peculiarly rigid. Although it protected various levels of practice the system also prevented the formation of a "general practitioner" or a practitioner able to provide a one man medical service (12). Such a rigid system could hardly survive the enormity and pace of change in Victorian society without having certain modifications imposed upon it. An example of such a change occurred from 1834 onwards when apothecaries began to provide general medical attention and surgeons extended their practice by prescribing drugs (13). The main impulse for change sprang from three sources - first within the profession itself; second by competition from quacks and third because public attitudes increasingly disregarded the rigid stratification of the profession. The influence of public opinion in affecting these changes was summarised in the preface of the London and Provincial Medical Directory (1847). "The law and custom have defined the position and duties of each class of medical practitioners. It is needless to observe however that from a practical point of view this classification has become obsolete. The nomenclature alone remains in force and its applicability to the existing state of things constitutes an admirable argumentum ad absurdum for the re-organisation of the profession. In times

past these several practitioners in their various grades were no doubt equal to the sanitary requirements of the people. At all events in the present age, the public, advanced in knowledge and power perceive that they are considerably benefitted by a departure from the economy as ordered of old. A change, accordingly, is now in progress, which like all transitions is marked by a confusion of position and character amongst individual members that calls for state interference to establish order and union in a profession which has thus been disturbed and to meet the increasing demand for excellence by a people rapidly progressing themselves.....

For whilst physicians, surgeons and apothecaries appear to be so vitally interested in their useless titles, they really are, by the force of public convenience they cannot withstand* being gradually classed into Consultants and General Practitioners..." (14). Before long the emergence of a vigorous class of general practitioner provided the basis of the medical reform movement. They could see no reason for the restricted practice and territorial limitations of the old order which was in stark contrast to the prevailing climate of laissez faire (15). The desire for some expression of corporate professional life was manifest in the formation of the Provincial and Medical Surgical Association by Charles Hastings in Worcester in 1832 (16).

The advantages of forming groups or associations of people with common interest had been demonstrated on the one hand by the Friendly Societies and Workmen's Combinations and on the other by learned societies such as The Royal Institution and the Medical Society of London. Two medical associations were especially powerful,

* My emphasis

the Associated Apothecaries formed before the framing of the Apothecaries Act to bring about improvement in the lot of apothecaries, and the Eastern Medical Association started by John Green Grosse at Norwich in 1835. The purpose of such associations was to advance and protect the interests of the medical profession.

At one time or another the term "profession" has been used by virtually all self-conscious occupational groups either to flatter themselves or to persuade others of their importance. A "profession" has come to be accepted as an occupation which assumes a dominant position in the division of labour in society by gaining control over the content of its own work and becoming autonomous and self-regulatory. Since the work of one occupation often overlaps and competes with several other occupations, a profession must attain its dominant role by virtue of the protection and patronage given to it by some elite section of society which has been persuaded there is some special value in its work. Its position is then secured by the political and economic influence of the elite which sponsors it (17). Clearly professional work must be relevant to the knowledge and values of society and it must persuade its clientele of the trustworthiness of its members and the possession of knowledgeable skill (18).

Acquisition of "knowledgeable skill" was vitally important to the development of the medical profession and its connection with science and technology was highly significant (19). Medicine became a true consulting profession in the late 19th century after having developed a sufficiently scientific foundation that its work seemed superior to that of irregular healers (20). During its early stages whilst acquiring "a valuable body of knowledge" the profession seems to have required protection from "the urgent ignorance of its clientele

and the mischief of lower class competitors" (21). Once freed from trade and competition medicine was able to develop its own foundation of scientific knowledge independent of its clientele. All this was something quacks could not achieve since they were not only in fierce competition with each other but they were utterly dependent upon the whims and gullibility of a clientele with whom they traded. As the Medical Times and Gazette in 1867 reminded its readers "we cannot be too careful in keeping up the distinction between a trade and a profession. The tradesman's business is to exchange commodities for money and in so doing to sell as much of it as he can and get all he can by it. The professional man's business is to give advice. He receives a gratuity for his advice but that advice must be entirely disinterested; he ought not to reap the smallest profit out of any commodities which he may recommend his patient to purchase for if he does his advice is not disinterested or, if in the case of a man of honour it be so, the public will not think so" (22).

The conflict between doctors and quacks was a conflict between a profession and a trade. Although the distinction between the two was probably not all that obvious at the beginning of the 19th century the introduction of a statutory professional examination in 1815 created a clear division between what may be described as orthodox and unorthodox medical practice. The stamp of orthodoxy bestowed by passing the statutory examination accelerated the trend to professionalism (23) and doctors sought to accentuate the differences between themselves and quacks. With self interest served orthodoxy felt free to defend the public. An increasingly active medical press began a series of articles ridiculing and refuting many quack advertisements (24);

the methods used by quacks to procure clients were brought to public attention (25) and the unscrupulous use they made of confidential information was revealed (26).

Several prominent and highly successful quacks including Morison, Holloway and Beecham were apparently unaffected by criticism from any source. James Morison, the hygieist, one of the most successful of the 19th century quacks, made no attempt to conceal his distrust and contempt for the medical profession which he attacked at every opportunity (27). His main line of attack was that "medical men have been labouring and studying since Hippocrates without ever establishing any fixed principles as to their science. All has been random conjecture with them" (28), Morison ridiculed "physicians who carry out research to learn more about the problems they treat". This criticism was difficult to counter because the medical profession recognised that research was a rational way of assessing the value of treatment and ascertaining the cause of the disease whereas patent medicine advertisements made vague claims for treating temporary psycho-somatic illness or a lot of diseases which were ameliorated or wiped out by general social improvement. Courting objectivity had its problems as well as rewards. More and more doctors followed scientific precepts and observed, recorded and published their case reports. This trend was entirely consistent with the development of "colleague opinion and colleague dependent practice" (29). Whilst quacks practised strict secrecy concerning the formulation of their remedies, doctors published accounts of successful treatments. Indeed there was a plethora of medical publications and this was not always beneficial to the profession. As the Medical Times and Gazette

complained in 1879 "not a year passes but some new method of treatment, some novel operation or strange drug is described in glowing language and vaunted as a never failing cure of the disease, whatever it may be, and the usual language is that the author has now used this means of cure 'in a large number of cases' and with 'the best results'. These terms are too vague to be disproved. If the number is known it should be stated and if the number is not known we may infer the author's records as inexact" (30).

Exhortations to avoid a growing trend to uncertainty and conjecture in medical literature appeared in the Medical Times and Gazette. It was prompted by the volume of quack literature which was always full of "typical cases miraculously responding to a particular patent remedy" (31) and it was a clearly recognised advantage for the medical profession to challenge conjecture with scientific proof and uncertainty with accuracy. The Medical Times and Gazette continued to advise "rational therapeutics is to be advanced only by cultivating the greatest exactness in the recording of cases and the estimation of results and by reasoning cautiously and from data of a large number of cases and above all by observing the most important truthfulness in the publication of our experience; vague statements should be left for the advertising druggist and quack; they have no place in scientific medicine" (32). A principle thus became established; observation and cautious reasoning became the hall marks of professional investigation and conjecture without any objective test of validity was the method of quackery. Also, verifiable results, conclusions and debate published in professional journals improved the free access to an expanding body of knowledge

whereas secrecy was essential to quackery. "If the difference between professional men and quacks was sometimes blurred it was because there was too close a resemblance between the lying assertions of quacks and the loose and exaggerated statements of well meaning but injudicious enthusiasts writing in therapeutic literature" (33).

Quackery was not unique to the Victorian era but it had been assumed that its ancient power depended upon credulity and ignorance and so reasons were sought to explain the advance of quackery at a time of great expansion of popular education (34). Quacks alleged that medicine was powerless to give speedy and effective relief in many forms of human suffering and they were right. Some doctors consoled themselves that man shows a natural tendency to self deceit. Others were more circumspect and curious that "a quack could succeed in curing a case where a doctor had failed"

(very much as he had in Sir James Paget's time). Occasionally articles appeared in the Lancet and British Medical Journals which questioned the validity of an absolutely anti-quack attitude. An article in the Lancet in 1883, expressed concern that though the conflict against quackery was essential a number of lines of research and enquiry had been closed because "it was felt that such enquiry would move too far away from orthodox medical practice. However, disease of the body is much influenced by the mind..... and this is not learned at hospitals" (35). Clearly tolerance and cool reason were at work because this was a subtle shift in the profession's attitude and here quackery probably exerted its most important influence on medical opinion and the direction of research. In the British Medical Journal of 1901

under the title "A cure for quackery" a physician posed an interesting question - "Is it right, is it scientific, is it fair that a medical man can go laboriously through college and hospital, sick ward and lecture theatre and learn all that medicine of today has to teach him and yet be left in such ignorance of psychotherapeutics. The day is forever past when a physician can bound his knowledge or his practice by the physical and the recognition of the mental factor in medicine is a great advance in the study of medicine" (36).

The medical profession was accused of blindness and discrimination against new discoveries brought to it by people outside the professional circle. This is not entirely true. Some quack remedies, for example opium, quinine and digitalis, were investigated and accepted as valuable medical aids and included in the pharmacopoeia. Similarly the significance of vaccine (also originally a quack remedy) was duly recognised and became a protection against smallpox. * Valid elements of medical knowledge which add up to present day modern scientific medicine were often embedded in and were indistinguishable from a mass of ineffectual or even harmful empirical procedures, but the 19th century was a time when distinction between empiric and scientific medicine was blurred and there was an unrecognised degree of symbiosis. With increasingly complicated methodology and the growing number of reasearch institutions it became less so.

* Although G. B. Shaw wrote later "that unregistered practitioners are at a heavy premium because they have mastered the modern technique of which registration guarantees ignorance" (Saturday Review 13th October 1928 p.463). He also paradoxically attacked the medical profession for adopting a quack remedy - vaccination!

It became less probable that a layman could make a valuable discovery. Also the medical profession had to check its own ideas and face the problems of discarding or adopting them. It therefore remained no less sceptical towards discoveries by laymen.

Medicine is not only what the physician does. The majority of minor ailments were never seen by a physician. A survey carried out as recently as 1970 showed that a patent medicine was the most common initial treatment and that non-prescribed items were twice as common as prescribed items (37). This survey confirmed the long held suspicion that the majority of all cases of illness were and are treated by the patient himself or his relatives (38). Not surprisingly all the efforts of the medical profession to curtail 19th century quackery impeded but did not eliminate it. If orthodox medicine's response was slow it was effective. As the aetiology and pathology of disease became better understood quack advertisements were forced to narrow the scope of their claims. Doctors have continued their strong disapproval of empirical practice and quack advertisements. Sidney Webb reminded doctors "unless our freedom of choice is to be a mockery all novelties (and remedies) must up to a certain point be actually forced on our attention". The difficulty lay and lies in deciding where and when "a certain point" has been reached. Not least worthy of attention is Dr. Johnson's remark "in an advertisement it is allowed of every man to speak well of himself".

NOTES AND REFERENCES

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1. Although Britain was the first nation of city dwellers the process of urbanisation was often resented. For a discussion on the Victorian attitudes towards the city see Asa Briggs, "Victorian Cities" London 1963 chapter 2.
 2. Annual Register London 1832.
 3. Broadly speaking doctors were confronted by two categories of disease.
 - (a) those that had survived through the ages arousing the antedotal concern of physicians and governments and,
 - (b) diseases not conspicuously fatal but wearing down health and morale, costing money and complicating social economic and political problems.

Also see, Mullett C. P.

"Med. Hist; Some Problems and Opportunities"

Journal of Hist. Med and Allied Sciences 1946.
 4. LEWIS R.A.

"Edwin Chadwick and the Public Health Movement 1832-54". London 1952 Lambert R.

"Sir John Simon 1816 - 1904 and English Social Administration". London 1963.
 5. Annals Int. Med. 1981 95 661
 6. (a) During the railway mania the "Times" received up to £8,000 per week from railway advertisements.
 - (b) Henry Sampson

"History of Advertising" London 1874.

(c) As advertising volume grew and newspapers became larger, publishers adopted a fixed allotment of space for news regardless of the number of pages in an edition.

Also see "The Social Responsibility of the press".

T. E. Gerald. Mineapolis 1963.

7. Edinburgh Review Feb 1843.

This journal suggested that future social investigators would recognise that newspaper advertisements were an important source of contemporary opinion.

8. A book published by Abel Heywood in Manchester (1855) entitled "The Language of the Walls, or a Voice from the Shop Window, or the Mirror of Commercial Roguery" by One who thinks aloud, details quack advertisements in the religious press denomination by denomination also one of the periodicals cited in the Edinburgh Christian Magazine (April 1854) includes a Chapter "Medical Quacks with special reference to the Working Classes".

9. Many of these were advertised locally because the trade was a purely local one. A good example is to be found in the long series of "Wensleydale Almanacks" published in Hawes, Wensleydale 1846 - 1900.

10. Rivington, W. "Medical Professions of the United Kingdom". London Circa 1888 page 251.

11. (a) Holloway, S.W.F. History XLIX 306 1964.

(b) In the 18th century no apothecary could obtain the licence of the Surgeons' Company unless he first withdrew his membership of The Society of Apothecaries. Even as late as 1834 it was necessary for members of the College of Surgeons and licentiates of the Society of Apothecaries to withdraw their affiliation before qualifying as licentiates of the College of Physicians.

12. The term "general practitioner" was used to describe the practitioner who did everything for his patients. For a review of the history of General Practice, see "Medical History and Medical Care - A symposium of Perspectives".
13. Ibid
14. London and Provincial Medical Directory 1847
Cited by Holloway S. W. F. Op. cit.
15. ROBERTS D. "Victorian Origins of the British Welfare State"
London 1959.
16. The advantages of forming groups or associations of people with common interest had been demonstrated on the one hand by the Friendly Societies and Workmen's Combinations and on the other by learned societies such as The Royal Institution and the Medical Society of London. Two medical associations were especially powerful, the Associated Apothecaries formed before the framing of the Apothecaries Act to bring about improvement in the lot of apothecaries, and the Eastern Medical Association started by John Green Grosse at Norwich in 1835.
17. BECKER H. S.
"The Nature of the Profession, in Nat. Soc. for Study of Education" (Chicago) 1962 pp27-46.
18. The role of Thomas Wakely and Sir James Graham was crucial in this respect.

Also see NEWMAN C.
"The Evolution of Medical Education in the 19th century" London 1957.
19. FRIEDSON E
"Profession of Medicine: A study of the Sociology of Applied Knowledge" New York 1972.

20. Unlike law and the ministry which have no important connections with science.
21. BULLOUGH U. L.
"Development of Medicine as a Profession" New York 1966.
22. FRIEDSON op. cit
Medical Times and Gazette August 17 1867 p.173. "Should Doctors hold patents?"
23. FRIEDSON op. cit
also Medical Times and Gazette September 28 1870 p.390
"Quackery and the Clergy"
24. Lancet 1833-4 (2) p. 569
25. Medical Times and Gazette Vol. 1. 1870 p. 11
26. The notorious case of the Chrimes Brothers who devised a blackmailing scheme based upon solicited answers to advertisements.
The Times November 24th 1899.
27. HELFAND. W. H. (1972) "James Morison and his Pills" London p. 22.
28. MORISONIANA ed. J. Morison.
3rd Edition London 1831. p. 8.
29. McCONAGHEY R.M.S.
Journal of the Royal College of General Practitioners
1972 22 p. 775
30. Medical Times and Gazette May 3 1879 p. 479
31. Ibid.
32. Medical Times and Gazette September 22 1883 p.348
33. Ibid.
34. Medical Times and Gazette 1880 Sept. 22.
35. Lancet 1883. 1. P.648.
36. B.M.J. 1901 11 pp.976-78. "The Cure of Quackery" A.T.Schofield.

37. DUNNELL K. and CARTWRIGHT G.

"Medicine Takers, Prescribers and Hoarders". London 1972.

38. SIGERIST H.E.

Bull Hist.Med. 4 1936 5.