Rethinking Georgian Healthcare: The Patent Medicines Industry in England, 1760-1830

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The candidate confirms that the work is submitted is his own and that appropriate credit has been given where reference has been made to the work of others.

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Abstract

Patent medicines were a major constituent of the healthcare of late Georgian England, but their position in the medical market has escaped the attention of scholars. In this thesis, information from advertisements for medicines in runs of provincial newspapers have been combined with contemporary reports and opinions, surviving printed bills, some preserved financial accounts and official documents to provide a systematic and inclusive account of the industry. My argument is that the production, distribution and sale of patent medicines constituted a stable, substantial and largely respectable industry, with only a minority of its participants being irregular practitioners.

The thesis first analyses the status of patent medicines and the imperfect boundary between regular and irregular practice before exploring the functional components of the industry, which include the crucial role of the printed word. The industry employed specific practices from fixed, longstanding, premises, the owners being predominately reputable tradesmen or medical practitioners and the wholesaling being led initially by London booksellers before passing to medicine specialists and chemists. The retail market was national and structured, with the wholesalers organising and paying for much of the publicity. Medicine vending was initially dominated by the newspaper printers and the booksellers, and it was a substantial part of the income of some of them: it was later shared with the druggists. The advertising built up confidence in the medicines by a predominately low-key factual approach and by repetition, and contemporary physicians were aware that this confidence often ensured that the benefits of the medicines were greater than the sum of their pharmaceutical constituents. Thus we can regard the printed word as an essential ingredient of an effective patent medicine.

The findings necessitate a reassessment of the late Georgian medical market with the patent medicines industry positioned as a distinct entity, separate from orthodox and irregular medicine, but overlapping both of them.

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Abbreviations

BBTI British Book Trade Index

BNA British Newspaper Archive

CUP Cambridge University Press

DM William Buchan, *Domestic Medicine*, 14th edn (London, 1794)

ECCO Eighteenth Century Collections Online

JJC John Johnson Collection, Bodleian Library, Oxford

LRO Lancashire Records Office, Preston

LTS Leeds, Thoresby Society

NA National Archives, Kew

OBPO *Old Bailey Proceedings Online*

ODNB *Oxford Dictionary of National Biography*

OED *Oxford English Dictionary*

OUP Oxford University Press

Newspapers and Journals

ABG *Aris's Birmingham Gazette*

GM *Gentleman's Magazine*

HC *Hampshire Chronicle*

LI *Leeds Intelligencer*

LM *Leeds Mercury*

MCR *Medical and Chirurgical Review*

MPJ *Medical and Physical Journal*

SBC *Swinney's Birmingham Chronicle*

SWJ *Salisbury and Winchester Journal*

SJ *Salisbury Journal*

Introduction

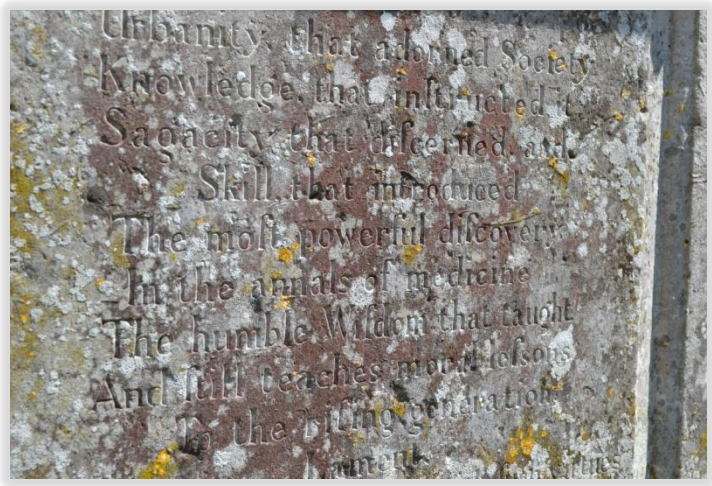
0.1 Prologue – An Obscured History

Figure 0.1. *The tomb of John Newbery at Waltham St. Lawrence, Berkshire (south-west aspect).*

The large tomb of John Newbery (1713-67) occupies a prominent position in the picturesque churchyard of Waltham St. Lawrence in Berkshire (Fig. 0.1). As a successful London publishing bookseller, John Newbery was a close friend of Oliver Goldsmith, Samuel Johnson and many others, as well as an employer of Tobias Smollett. Today he is well known as the father of children's publishing, with the John Newbery Medal being awarded each year by the American Library Association for the most distinguished American children's book. However, the tomb reveals that Newbery was more than just an innovative London bookseller.

As might be expected, the south and north faces of the tomb commemorate his publishing activities, with some of the inscriptions probably added at a later date. But examination of the smaller west face reveals a different facet of John Newbery, and also a great deal about the prejudices of later generations. The west face, unlike the north and south faces, has not been cleaned, leaving its inscription partly obscured by lichen (Fig. 0.2). Closer inspection shows

Figure 0.2. *Part of the west face of John Newbery's tomb.*



that the wording is a sixteen-line eulogy extolling Newbery's virtues, written by the Rev. C. Hunter.[1] The middle seven lines read:

> Sagacity, that discerned, and
> Skill, that introduced
> The most powerful discovery
> In the annals of medicine.
> The humble wisdom that taught,
> And still teaches, moral lessons
> To the rising generation.

'The most powerful discovery in the annals of medicine', a truly breath-taking claim, refers to the most successful patent medicine in late Georgian England, Dr James's Fever Powder. Newbery was the wholesaler and part-owner of this powder. This activity is placed ahead of, and expressed in more superlative terms than, Newbery's children's publishing, which taught 'moral lessons to the rising generation'. The words on any tomb are not a spur of the moment impression of little consequence; they reflect the considered opinion of at least some family members or contemporaries on the life of the deceased. And for John Newbery, this opinion was that selling a patent medicine was as important as, or perhaps more important than, publishing children's books.

As we shall see in Section 3.3, Newbery's will suggests that the medicines were the most profitable aspect of his business.[2] An indication from his will of the importance of patent medicines to Newbery and his friends is the names of the three friends who were each left

[1] Arthur Le Blanc Newbery, *Records of the House of Newbery* (Derby: Bemrose, 1911), 42.
[2] Kew, National Archives (NA), Will of John Newbery, Prob 11/935.

money for a commemorative ring. They were Dr Robert James, a physician, writer of the first medical dictionary and inventor of the famous fever powder, Thomas Greenough, an apothecary and business collaborator, and Benjamin Collins, publishing bookseller and printer of the *Salisbury Journal*. The physician, apothecary and bookseller had one thing in common – they were all medicine owners who each patented at least one medicine (Appendix 4). The inscription on the tombstone was not a mistake: patent medicines were a substantial part of Newbery's business.

So why has this inscription, which tells us so much about John Newbery, escaped the scrubbing brush? The tomb was restored in 2002, but I have not been able to discover who supervised its cleaning.[3] So the answer must remain uncertain. The probable answer reflects a common modern attitude to Georgian patent medicines, an attitude which is so powerful that it can trump the available evidence. If the persons responsible for the cleaning understood that the wording demonstrated Newbery's close connection with patent medicines, they wished to ignore this involvement. Newbery's medicine interests have been well documented, though underestimated, by biographers, and it seems that the cleaners wanted to suppress or minimise Newbery's involvement with patent medicines.[4] They did not regard it as a respectable activity for a revered eighteenth-century publishing bookseller, especially one associated with children's books. A blind eye had to be turned. By contrast, John Newbery's relatives and friends two centuries earlier had wished to herald that involvement.

The inscription provides a brief glimpse of an organised Georgian industry which was regarded as being perfectly respectable by many of its participants, and by their friends and relatives. But later generations hid Georgian patent medicines away or portrayed them with condescending humour. Like deciphering the words obscured by lichen on the west face of Newbery's tomb, we need to find the authentic picture of Georgian patent medicines underneath the prejudices of later centuries. Only then can the position of these owned, secret, medicines in the medical market be properly assessed, and the full structure of late Georgian healthcare be allowed to emerge. That is the object of this thesis.

[3] http://www.booktrade.info/index.php/showcomments/1751 [accessed 22 January 2015].
[4] Charles Welsh, *A Bookseller of the Last Century* (London: Griffith, Farran, Okeden & Welsh, 1885); S. Roscoe, *John Newbery and His Successors: A Bibliography* (Wormley, Herts: Five Owls Press, 1973).

0.2 The Medical Market and Patent Medicines

In recent decades, the dominant framework for the study of Georgian healthcare in England has been the medical market.[5] Orthodox medicine was only one of the market's many components, and the consumer could choose freely between them in an unregulated medical world. Patent medicines are readily observable in this market, but historians have largely conceived them as a constituent, and indeed an accessible illustration, of irregular practice.[6] They provided historians with access to 'quackery', but were rarely considered as a separate entity. This study of patent medicines in the period of 1760 to 1830 will argue, in contrast, that the ownership, distribution, retailing and promotion of patent medicines was a stable, successful, and mostly honest industry which was run predominately by tradesmen, specialised medicine wholesalers, regular medical practitioners, newspaper printers, booksellers and druggists. Much of this established industry was separate both from quackery and from orthodox medicine. As a result, the structure of late Georgian healthcare needs to be redrawn with the patent medicines industry regarded as a distinct entity which overlapped with the care provided by both regular and irregular practitioners, but had its own specific character.

Further, exploring the patent medicine industry does more than revise our view of the overall configuration of the medical market: it provides the functional detail for an important section of the market. Jenner and Wallis have pointed out that the term 'medical marketplace' has been used to avoid precise investigation of the market.[7] My study brings the market back into the medical marketplace by approaching the ownership and sale of patent medicines as a commercial activity which supplied a form of healthcare. Their role in the healthcare of the time then emerges from this methodology because the perceived benefits of the medicines were important for their commercial success. In contrast, many histories of Georgian medicine aim to explore some aspect of healthcare, with its commercial background added in where possible. As a result, we have surprisingly little detail on how the commercial facets of the medical market functioned across the country. This thesis exposes, for the first time, some of the business principles and practices throughout England of a major section of the medical market, and it may encourage exploration of other commercial aspects of this market.

A third justification for this thesis is to explore the promotion of the patent medicines. The printed word was the essential vehicle for publicising and explaining the medicines, and

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[5] For a recent analysis of the medical market and a discussion of the origins of the term 'medical marketplace' see Mark S. R. Jenner and Patrick Wallis, 'The Medical Marketplace', in *Medicine and the Market in England and Its Colonies, c.1450-c.1850*, ed. by Mark Jenner and Patrick Wallis (Basingstoke: Palgrave Macmillan, 2007), 1-23.

[6] Especially Roy Porter in his influential book, *Health for Sale: Quackery in England 1660-1850* (Manchester: Manchester University Press, 1989).

[7] Jenner and Wallis, 2.

this research expands our understanding of its power. Print historians are constantly exploring the impact, whether rational, irrational or unconscious, of the printed word on human ideas and behaviour. This thesis goes further by revealing the print's direct effect on human *health*: it shows that reading about patent medicines increased their efficacy over and above the pharmaceutical actions of their components. The printed word could have its own therapeutic potency, and the concept will extend print history when it is applied to additional therapies and devices in this, and other, periods. The beneficial effects of this potency have a further implication for the study of the irregular medicine of the period. Uninvolved observers realised that the efficacy of patent medicines and other forms of irregular therapy was often genuine, and so the promoters were frequently being honest in extolling the virtues of these therapies, even if they misunderstood how the benefits had been achieved.

The next section of this introduction reviews the history of Georgian patent medicines. I will then explain the rationale of my commercial approach to the subject, and why the period of approximately 1760 to 1830 was chosen. The introduction goes on to clarify the meaning of 'patent medicine', and to describe the research methods, especially the benefits of using runs of unselected newspaper advertisements. Several other available, but previously unrecognised, sources provide a surprisingly detailed picture of the retailing and promotion of these medicines. The introduction finishes with a plan of the chapters of the thesis.

Before concluding this section, I need to make it clear what this social history thesis does *not* contain. As it is not a history of pharmacy, it does not attempt to reveal the constituents of the medicines, except for the information which the consumers of the medicines could easily obtain themselves. The secrecy of the recipe was essential for the commercial success of patent medicines, and as we shall see, the owners were reluctant to reveal even the most general description of the contents. For our purposes, the level of knowledge of the consumers who were contemplating a purchase is more relevant than later exposures of the constituents.[8] Similarly, I will not attempt to assess the medical efficacy of patent medicines in any detail, or, to put it another way, to answer the question whether they 'worked' as assessed by twenty-first century medical science. Such an approach would be anachronistic as it would test this Georgian therapy by today's assumptions and knowledge, something which is not required for other historical topics. For example, we do not study the ability of the hand press to transfer knowledge in comparison with the internet, neither do we ask whether the horse-drawn coach was as comfortable and fast as a modern vehicle. The effectiveness of Georgian medicines by today's standards is irrelevant. The question should be – did the Georgian consumers benefit

[8] Twenty-four 'compositions of quack medicines' were published in the first four issues of the *Lancet* (*Lancet*, 1 (1823), 30, 62, 89 and 138).

from these medicines? The large volume of sales over many decades shows that many of them clearly did.

0.3 Patent Medicines and the Historian

The very success of late Georgian patent medicines led to their historical downfall: a minor role could have been ignored. Many orthodox medical practitioners of the period sought to diminish this commercial and professional challenge in the crowded medical market by questioning the safety of the medicines, and by describing any apparent benefits as a delusion. Then the later medical reformers of the mid-nineteenth century needed to brand them as a menace to the community in order to establish a separate and unified medical profession, the sole guardian of the public interest: medical care which was not under the control of the profession had to be immoral and inconsequential.

Until the last quarter of the twentieth century, historians followed the lead of the medical profession and paid little attention to Georgian patent medicines. Indeed, as Cook and Walker have remarked, the history of medicine contains little on the history of medicines in general.[9] Descriptions of the patent medicines appeared spasmodically as an amusing feature to lighten the text, but the dominant approach was humorous condemnation. For example, in 1965 Wiles wrote that 'someone ought to gather together a few of these advertisements of patent pills and medicines; they would make a diverting section in a volume for holiday reading'.[10] This approach has persisted to this day amongst some historians: Tweedale described the advertisements for patent medicines as providing 'amusement for the historian, with their hair-raising remedies and extravagant claims and promises'.[11] Other selected examples of the selling of patent medicines, from both the Georgian and Victorian periods, can still provide enjoyable anecdotes for the general reader; but this is entertainment, not historical research.[12]

However, the growing interest from the 1980s in Georgian consumption and its medical market sparked a new awareness of all forms of alternative medicine, led by the research, energy and memorable phrases of Roy Porter. Porter and others have explored several medical and commercial aspects of this Georgian alternative medicine, often using advertisements for

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[9] Harold J. Cook, and Timothy D. Walker, 'Circulation of Medicine in the Early Modern Atlantic World', *Social History of Medicine,* 26 (2013), 337-51 (345).
[10] R. M. Wiles, *Freshest Advices: Early Provincial Newspapers in England* (Columbus: Ohio State University Press, 1965), 183.
[11] Geoffrey Tweedale, 'Archives of the Pharmaceutical Industry: Their Scope and Use', in *The Pharmaceutical Industry: A Guide to Historical Records,* ed. by Lesley Richmond, Julie Stevenson, and Alison Turton (Aldershot: Ashgate, 2003), 33-48 (37).
[12] An agreeable recent example is Caroline Rance, *The Quack Doctor: Historical Remedies for All Your Ills* (Stroud, Gloucestershire: The History Press, 2013).

patent medicines as a means of studying quackery in general. They had little or no appreciation of a patent medicines industry separate from irregular practitioners and colourful itinerants.

Overall, Porter brought a fresh, open-minded, approach to the topic of Georgian alternative medicine in many publications, which substantially altered the previous views and brought this type of therapy out of the shadows.[13] His main contribution was to demonstrate that the Georgian medical market was driven by consumers with extensive medical knowledge, who sought out both the diverse forms of regular medicine and a wide variety of alternative practitioners. To fulfil this demand, the quacks imitated the orthodox, and the boundary between the two was indistinct. In contrast to earlier writers, he largely considered alternative therapies, including patent medicines, to be as effective as regular treatment, and so they were not to be considered as a trick on the gullible on most occasions. Porter's emphasis was on the wide range of alternative practitioners and therapies which had escaped the attention of historians, but he had little engagement in the overall structures, mechanisms, geographical patterns or temporal changes. As Cook expressed it, 'the ways in which medical buying and selling occurred did not occupy his attention for long'.[14] In particular, he did not analyse patent medicines as a distinct entity: rather he described them as one of the tools of quackery, often using their promotional wording to illustrate the aims and activities of quacks in general.

Several historians have joined Porter in exploring Georgian alternative medicine and the patent medicines available within it. Some have investigated the use of patent medicines in a particular geographical area, especially Brown in his much quoted studies of patent medicines in Bath.[15] Helfand has provided an illustrated, transatlantic, perspective.[16] More investigators have focussed on aspects of their retailing, often being concerned with their promotion and advertising. In studies of the development of national markets, patent medicines have provided an easily identified product for research.[17] These medicines can open up our

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[13] Amongst many publications, two important books were Dorothy Porter and Roy Porter, *Patient's Progress: Doctors and Doctoring in Eighteenth-Century England* (Stanford, California: Stanford University Press, 1989) and Porter, *Health*.

[14] Harold J. Cook, 'Roy Porter and the Persons of History', in *Medicine, Madness and Social History: Essays in Honour of Roy Porter*, ed. by Roberta Bivins and John V. Pickstone (Basingstoke: Palgrave Macmillan, 2007), 14-21 (20).

[15] Jonathan Barry, 'Publicity and the Public Good: Presenting Medicine in Eighteenth-Century Bristol', in *Medical Fringe and Medical Orthodoxy 1750-1850*, ed. by W. F. Bynum and Roy Porter (London: Croom Helm, 1987), 29-39; P. S. Brown, 'Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 20 (1976), 152-68; P. S. Brown, 'The Venders of Medicines Advertised in Eighteenth-Century Bath Newspapers', *Medical History*, 19 (1975), 352-69.

[16] William Helfand, *Quack, Quack, Quack: The Sellers of Nostrums in Prints, Posters, Ephemera and Books* (New York: The Grolier Club, 2002).

[17] Lisa Forman Cody, ' "No Cure, No Money," or the Invisible Hand of Quackery: The Language of Commerce, Credit, and Cash in Eighteenth-Century British Medical Advertisements', *Studies in Eighteenth-Century Culture*, 28 (1999), 103-30; Patrick Wallis, 'Consumption, Retailing, and Medicine in Early-Modern London', *Economic History Review*, 61 (2008), 26-53; Nancy Cox, *The Complete Tradesman: A Study of Retailing, 1550-1820* (Aldershot: Ashgate, 2000), 103-10; Hoh-Cheung Mui

understanding of how non-essential goods in general were sold.[18] In addition, patent medicines have appeared in the early sections of histories of the pharmaceutical industry.[19] However, many of these accounts of Georgian pharmacy only explore patent medicines by anecdotes, with the notable exception of two papers by Burnby which are rare attempts to investigate their ownership and distribution outside a study of irregular medicine.[20] Thus patent medicines have not escaped the attention of recent historians, but only minimal efforts have been made to analyse the ownership, distribution and sale of patent medicines as a whole industry. As a result, their distinct role in the inseparable healthcare and commerce of late Georgian England has yet to emerge.

A lack of available records from the businesses involved explains some of the reluctance to undertake this analysis.[21] Eighteenth-century businesses rarely retained records once they ceased to have a practical use. However, there was also a degree of censorship which probably discouraged the retention of relevant documents. The activities of medicine owners, distributors and retailers were readily discussed by their contemporaries, but their descendants preferred to ignore any details or even not to mention the business at all. Thus the patent medicines business started by John Newbery remained within the family for over 150 years after his death, and a family memoir in 1911 described the succession of Newbery directors and printed a photograph of the current large premises in central London.[22] The author of the memoir mentioned the medicine-related activities of John and his son Francis: he could hardly do otherwise. But he was then unable to describe at all what the business had been doing for the subsequent hundred years, just referring to it as ‘the company’, ‘the house’ or ‘the business’. We shall see further examples in the thesis of this suppression of patent medicines from family memoirs and biographies.

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and Lorna Mui, *Shops and Shopkeeping in Eighteenth-Century England* (London: Routledge, 1989), 228-31.

[18] Peter Isaac, 'Pills and Print', in *Medicine, Mortality and the Book Trade*, ed. by Robin Myers and Michael Harris (Folkestone: St. Paul's Bibliographies, 1998), 25-47; Hannah Barker, 'Medical Advertising and Trust in Late Georgian England', *Urban History*, 36 (2009), 379-98; John Strachan, *Advertising and Satirical Culture in the Romantic Period* (Cambridge: CUP, 2007), 4-96.

[19] S. W. F. Holloway, *Royal Pharmaceutical Society of Great Britain 1841-1991: A Political and Social History* (London: The Pharmaceutical Press, 1991); Geoffrey Tweedale, *At the Sign of the Plough: 275 Years of Allen and Hanburys and the British Pharmaceutical Industry 1715-1990* (London: John Murray, 1990); T. A. B. Corley, 'The British Pharmaceutical Industry since 1851', in *The Pharmaceutical Industry: A Guide to Historical Records*, ed. by Lesley Richmond, Julie Stevenson, and Alison Turton (Aldershot: Ashgate, 2003), 14-32.

[20] J. G. L. Burnby, 'The Preparers and Distributors of English Proprietory Medicines', *Dental Historian*, 32 (1997); J. Burnby, 'The Early Years of the Pharmaceutical Industry', in *The Pharmaceutical Industry: A Guide to Historical Records*, 1-13.

[21] Tweedale, 'Archives', 37; Helfand, 8.

[22] Newbery, 59-62 and 82.

Another reason for the hesitancy in studying patent medicines as a distinct entity is that many writers have still found it difficult to avoid taking a moral position on these medicines: patent medicines were perhaps not worthy of their attention. Cody provided a blanket denunciation when she described 'quack medicines' as 'perhaps the most worthless of consumer goods in the eighteenth-century marketplace'.[23] Most recent accounts have avoided such overt condemnation, but some of these earlier attitudes are still evident. Barker described them as '"quack" cures, which were likely to have produced little benefit for those who took them in physiological or pharmacological terms'.[24] Many writers implicitly or explicitly regard patent medicines as a confidence trick, while ignoring the strong possibility that the medicines prescribed by regular practitioners may have been no better, or perhaps worse. Even an apparently balanced account can have an intrinsic bias. Thus Porter, who tried harder than most to be open-minded about patent medicines, stated that taking them was not a mass delusion as they were probably as effective as orthodox therapy;[25] but this approach was undermined by his choice of words which tended to diminish patent medicines as a genuine healthcare provision. For example, his common use of the description 'quack medicines' linked them to colourful irregulars, while his alternative term 'nostrum' carried an implication of inefficacy. Similarly, his description of medicine wholesalers and some of the newspaper printers who sold the medicines as 'cronies' does not encourage a careful assessment of their true relationship.[26] We need to assess the production and selling of patent medicines by the normal healthcare and commercial standards of an era untroubled by medical and pharmaceutical regulation.

0.4 The Patent Medicines Industry

In this research, I have striven to avoid the bias against patent medicines which was encouraged by the nineteenth-century medical profession and has been continued by some historians. My approach has been to consider these medicines initially as a commercial product and subsequently as a means of improving health. Of course, these two aspects are inseparable as the products would not become a commercial success unless the consumers expected to derive some benefit, in some way, to their health. Nevertheless, analysing the production, distribution and retailing of patent medicines as an industry, enables the participants and their actions to be evaluated by the same criteria as other industries. What did they produce and

[23] Cody, 103.
[24] Barker, 379.
[25] Porter, *Health*, 17 and 141.
[26] Porter, *Health*, 116.

what was the intended use? How successful was the industry? Who were the leading participants? How were the products promoted and distributed? Who sold the products to the consumers? This approach frees the researcher from the Victorian and early twentieth-century overlay that those involved with patent medicines were probably dishonest and that the medicines were worthless. Georgian tradesmen of all types could be deceitful, but the participants in the patent medicines industry had no reason to be more mendacious than those involved in other industries of the period. Patent medicines were popular and consumers derived benefit from them, so their production and sale did not take place in a different moral world. Dishonesty should be demonstrated, not presumed.

The origins of the industry can be traced back to the mid-seventeenth century. Early examples of these branded products with a secret recipe were Anderson's Scots Pills, on sale by 1635, and Daffy's Elixir (Elixir Salutis), which was available across England from the 1670s.[27] The first royal patent for a medicine was granted to Nehemiah Grew in 1698 for his version of Epsom Salts (Appendix 4). By 1748, the *Gentleman's Magazine* was able to print the *Pharmacopoeia Empirica*, listing 202 'nostrums and empirics' from London and elsewhere, although it is not clear how many of the medicines were directly available to the public rather than being part of the treatment provided by the named irregular practitioners.[28]

By the mid-eighteenth century, the quicker and more reliable transport provided by the improved roads, and the advertisement opportunities offered by the expanding provincial press, encouraged the development of inland trade in general and the national patent medicines industry in particular.[29] So the period covered by this thesis starts around 1760 when the turnpike system had been linked up, facilitating two-way communication and allowing the efficient transfer of goods.[30] By that time, most areas had fairly stable local newspapers which not only gave medicine distributors access to consumers across the whole country, but can also provide the necessary information for this research. The studied territory is confined to England and Wales. Patent medicines sold poorly in Scotland according to the revenue figures

[27] P. S. Brown, 'Medicines Advertised', 153; David Hancock, and Patrick Wallis, 'Quacking and Commerce in Seventeenth-Century London: The Proprietary Medicine Business of Anthony Daffy', *Medical History*, Supplement 25 (2005), 3.
[28] *GM*, 18 (1748), 348-50.
[29] J. A. Chartres, *Internal Trade in England 1500-1700* (London: Macmillan Press, 1977), 55; M. J. Daunton, *Progress and Poverty: An Economic and Social History of Britain 1700-1850* (Oxford: OUP, 1995), 306.
[30] Dorian Gerhold, 'The Development of Stage Coaching and the Impact of Turnpike Roads, 1653-1840', *Economic History Review*, 67 (2014), 818-45.

for the medicine excise stamp, and its legal system, including the granting of patents, was separate.[31]

Finishing the research period around 1830 reflects the changing position of patent medicines in the medical market in the 1820s and 1830s. As we shall see, up to that time the owners had sought to keep their products as close as possible to orthodox medicine, following the same theories and promoting the medicines as an adjunct to regular therapy. From that period, some owners expressed an outright opposition to conventional treatments, advising the public to avoid them altogether. A prominent example was James Morison who rejected all established medical techniques and proposed 'Hygeism', and his own vegetable pills, as the solution to medical problems.[32] At the same time, the branches of the medical profession became more capable of presenting a united front and effectively campaigning against alternative therapies, including patent medicines.[33] These changes in the medical market pushed patent medicines away from orthodox practice, and encouraged a more censorious attitude towards them by the educated general public. Exploring the Victorian patent medicines industry of Thomas Holloway, Joseph Beecham and Jesse Boot would be a different topic and perhaps another thesis.[34]

I shall argue that the patent medicines industry had a distinct and stable structure, with a large volume of sales across England. Individual medicines were aimed at a narrower range of conditions than scholars have assumed, but collectively they provided something for nearly all acute or chronic complaints of consumers of all ages. They were often produced from fixed, publicised, premises, and they might be available for several decades. Some of the proprietors were irregular practitioners, who could be infamous, but the majority were Georgian tradesmen, who did not practise medicine, accompanied by a sprinkling of regular practitioners. Wholesaling was dominated by a few large London businesses which organised advertising across the country. At the start of the period, many of the owners and wholesalers were also booksellers, like John Newbery, but chemists and specialist medicine wholesalers led the market by its end. Retailing was largely in the hands of newspaper printers and booksellers in the eighteenth century, and it was a significant proportion of the overall business activity of some of them. From the beginning of the next century, retailing was shared with the druggists.

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[31] According to the annual Parliamentary report on excise duties, in 1811 Scotland provided 0.35% of the total gross revenue from the medicine excise duties in Britain (House of Commons Papers (Accounts and Papers), viii, Finance Accounts of Great Britain, 16-17).
[32] Michael Brown, 'Medicine, Quackery, and the Free Market: The 'War' against Morison's Pills and the Construction of the Medical Profession, c.1830-c.1850', in *Medicine and the Market*, 238-61.
[33] Michael Brown, *Performing Medicine: Medical Culture and Identity in Provincial England, c.1760-1850*, paperback edn (Manchester: Manchester University Press, 2014), 195-97.
[34] For a summary of these large firms see S. D. Chapman, *Jesse Boot of Boots the Chemists: A Study in Business History* (London: Hodder and Stoughton, 1974), 23-38.

So the production, distribution and retailing of patent medicines was an established industry. Understanding the structure of this industry enables us to position the patent medicines in the medical market and assess more clearly their contribution to Georgian healthcare. Most of the participants in the industry were neither 'quacks' nor regular practitioners; they were providing a distinct form of healthcare, which placed the responsibility for taking the medicines in the hands of the consumer. Their methods of promoting the patent medicines show that they were seeking to position their products close to regular medicine without becoming incorporated in it. The involvement of printers, booksellers and stationers in the industry was not a matter of chance or convenience. Print was the vehicle for the essential promotion of patent medicines, which gave these members of the print trades an advantage over other traders, such as grocers, who might have been expected to assume a greater role in this profitable trade.

0.5 What Was a 'Patent Medicine'?

We need to clarify the meaning of *patent medicines* given that only a minority had ever received a royal patent, and even fewer had been granted one within the previous fourteen years, the legal duration of a patent. Up to 1830, 118 medicines had been patented (Appendix 4), while over 1,300 owned medicines were listed in that year for taxation by the excise stamp.[35] None of the terms used to describe these owned medicines provides an entirely satisfactory use of Georgian terminology that is also easily understood today. In recent years, they have often been described as proprietory medicines, but this term was rarely used for medicines in the eighteenth century. At that time, 'proprietory' referred more often to land possession, or associated legal rights, than to commercial ownership.[36] In the promotional material of the period, the term 'patent medicines' was commonly used regardless of whether a patent had been issued. 'Public medicines' was an alternative, but this term is vague and also potentially confusing for today's readers who might regard these secret, owned, products as being private. Regular practitioners and other critical commentators of the period often referred to them as nostrums, quack medicines, or empirical medicines, but a more neutral term is preferable. So I will continue with the predominant eighteenth-century usage and describe all these owned medicines as patent medicines.

The consumers of patent medicines appear to have had no difficulty in identifying patent medicines as a coherent category. Nevertheless, the 1783 Medicines Act, which attempted to

[35] *Journal of the House of Commons,* 85 (1830), 313-19.
[36] *OED* s.v. 'proprietory' (3).

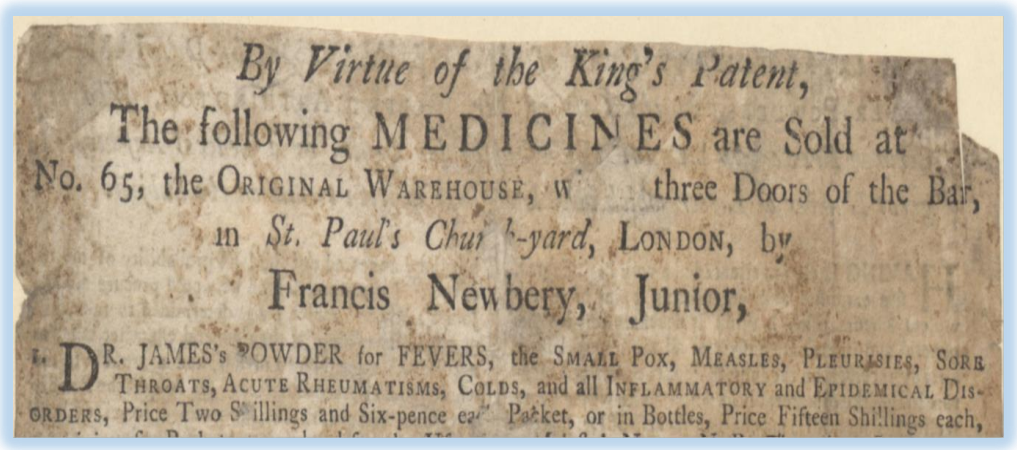
tax patent medicines for the first time, immediately ran into difficulties because the government assumed that identifying the medicines would be easy and then found that this was not legally straightforward.[37] The Act was soon replaced by the 1785 Medicines Act, which described the taxable medicines as all medicines which had been patented at any time, together with any other medicines which had an owner and a secret recipe, and were publicised 'by any public notice, advertisement, or by written or printed papers or hand bills'.[38] In this thesis, I refer to all medicines which satisfied these three criteria as patent medicines and I also include a few more which fell just short because their recipes had been divulged, because the intended advertising had not yet taken place, or because their owners in the upper reaches of society were unlikely to advertise extensively. It is important to realise that some medicines which I call patent medicines were not described as such by their owners, especially if the owners were regular practitioners. Fulfilling these three criteria is more important than any gloss put on the medicine by owners seeking to maintain a professional reputation or a social position.

So how did these owned medicines become known as 'patent medicines' in late Georgian England, regardless of whether they actually had received a patent? The answer lies in the proprietors' common desire to extend the authority of a genuine patent to their other, unpatented, medicines, and also in the lack of a memorable alternative name to describe these owned, but unpatented, medicines. The authority of the royal patent, which is explained in more detail in Section 2.3B, could be unofficially widened to unpatented medicines by a number of means. One method was the ambiguous use of a heading: for example, a handbill from Francis Newbery, John Newbery's son, describing a mixture of patented and unpatented medicines, was headed 'By Virtue of the King's Patent', thereby extending this royal authority to all the medicines (Fig. 0.3).

Another technique for spreading the authority of the patent was to publicise wholesale or retail premises as a patent medicine warehouse. Thus, a 1781 newspaper advertisement from Jackson, Warter, and Co. had two headings. The first was 'By the authority of the King's Patent granted to Jackson, Warter and Co', and the second was 'At their royal patent wholesale medicinal warehouse, Fleet Market, London'.[39] Fifteen medicines were then mentioned in the advertisement, only three of which can be clearly identified as having ever received a patent. This advertisement is also an example of the extended description of a patent for publicity purposes. Jackson, Warter and Co could not have been granted a medicine patent, as all

[37] Francis Spilsbury, *Discursory Thoughts*, 2nd edn (London, 1785), 3-7.
[38] G. Kearsley, *Kearsley's Tax Tables 1786*, (London, 1786), 89.
[39] *LM*, 23 January 1781.

Figure 0.3. *Top of a handbill (c.1779) from Francis Newbery extending the authority of the King's Patent to a mixture of patented and unpatented medicines (JJC, Patent Medicines, 14 (41)).*


By Virtue of the King's Patent,
The following MEDICINES are Sold at
No. 65, the ORIGINAL WAREHOUSE, w three Doors of the Bar,
in St. Paul's Chur h-yard, LONDON, by
Francis Newbery, Junior,
DR. JAMES's POWDER for FEVERS, the SMALL POX, MEASLES, PLEURISIES, SORE THROATS, ACUTE RHEUMATISMS, COLDS, and all INFLAMMATORY and EPIDEMICAL DISORDERS, Price Two Shillings and Six-pence each Packet, or in Bottles, Price Fifteen Shillings each,

medicine patents in this period were granted to individuals, or a small group of individuals, not to companies (Appendix 4). The senior partner, Thomas Jackson, had obtained one in the past, but this was granted in 1761 which meant that it had expired by the time of the advertisement. It suited many vendors to be vague about which of their medicines were genuinely patented and to imply that patented and unpatented medicines were similar. As a result they could all be referred to as patent medicines.

Wholesalers and retailers sometimes did provide a separate descriptive term for their unpatented medicines, but this was a variable, and less memorable, word than 'patent'. For example, a catalogue from William Bacon in Oxford Street used 'patent and public medicines' (Fig. 4.2), a handbill from Pearson and Rollason in Birmingham headed a section as 'genuine and patent medicines', a catalogue for Shiercliff's Circulating Library in Bristol included 'patent and other medicines', and a newspaper advertisement for Shaw and Edwards of St Paul's Churchyard was content with just 'patent medicines, etc.'[40] In the absence of single clear word to describe the unpatented medicines, *all* the owned medicines sold by a medicine vendor were commonly referred to simply as patent medicines with any additional description omitted. The reasons for patenting some medicines, but not the majority, are both complex and revealing: they are discussed in Chapter 2.

[40] W. Bacon, *An Account of Several Valuable and Excellent Genuine Patent and Public Medicines* (London, 1790?); *Pearson and Rollason, Printers, Booksellers, and Stationers* (Birmingham, 1782?); *Shiercliff's Circulating Library, The Following Articles are Sold* (Bristol?, 1779?); Messrs. Shaw and Edwards, *LI*, 21 December 1807.

0.6 Research Methods

The adjectives 'inclusive', 'systematic' and 'contextual' summarise the methodology of this thesis. As I have already explained, patent medicines in late Georgian England have rarely been assessed as a distinct entity, so the aim of this research was to include information from whatever source was available, and then to analyse it as free as possible from the overt or unconscious bias of later generations. Contemporary primary sources were sought to reveal the workings of the patent medicines industry. In view of the later criticisms of patent medicines, and the successful attempts to ignore them, the chosen sources were, as far as possible, unselected by later generations. Memoirs and opinions which were written later in the Victorian period are inevitably subject to bias.

Such primary sources for the industry are scattered and it would have been difficult to combine them until recently. However the digitisation of books, newspapers and many other records, and their availability on-line, has now enabled the dispersed resources to be linked up, and sometimes searched electronically. Furthermore, the digital environment encourages the development of a national picture, not just the impressions derived from the London archives of printed material. I have tried to capture information on late Georgian patent medicines from a wide range of sources both in digital archives and on paper.

A systematic analysis of all the medicine advertisements in continuous runs of provincial newspapers provides the backbone and some of the flesh of this thesis. The advertisements have the substantial advantage of being immune to later selection: they are exactly the same now as the day they were published and read by local consumers. The newspapers from the towns and city of Leeds, Birmingham and Salisbury were chosen to provide a range of urban and more rural locations from across the country. All the weekly issues of the *Leeds Intelligencer, Leeds Mercury, Aris's Birmingham Gazette* and *Salisbury and Winchester Journal* in the first half of five selected years between 1769 and 1822 were inspected.[41] Further details on the choice of newspapers, the years, and a six-month period for analysis are provided in Appendix 1A. The texts of the advertisements expose much of the core ownership and wholesaling of the industry, together with some of the retailing arrangements, in a systematic fashion. Knowledge of this core then provides a context for other sources, and it can provide an anchor for fragmentary or disparate information.

Government, parliamentary and other official or semi-official records have also proved to be good primary sources when they are available. Some are unselected, such as the records

[41] Out of a total of 520 issues of all four newspapers published in these five periods, ten issues were missing from the archives (seven from the *Leeds Mercury*, three from the *Salisbury and Winchester Journal*).

of the Old Bailey and the wills of those rich enough to require one. Others are selected to some extent. For example the early accounts of Parliament initiated in this period by William Cobbett and Curson Hansard were largely summaries: *Hansard* only became a true verbatim report in 1907.[42] However, the selection in this type of record was usually based on criteria which were unrelated to the patent medicines themselves. Thus Bennet Woodcroft's monumental work, published in 1872, on the abridgements of patent specifications does not provide the original specifications, but it includes similar information for medicines as it does for other types of eighteenth-century patents.[43]

One of the problems in exploring the actions, triumphs and failures of the patent medicines industry is that many of the sources were mediated by favourable or critical opinions. Several sources are directly or indirectly promotional in nature, and so they may be incomplete, or just made up. Cody concluded, without much evidence, that many of the testimonials in the newspaper advertisements were complete fabrications.[44] However each source should be assessed on its own merits: favourable, truthful, news may have been the best form of promotion. If we are aware of the character of these mediated sources and their relationship to other sources, then they can be very revealing. On the whole, I have assumed that practical information, such as the recommended indications and the names and addresses of the owners, distributors and retailers, was correct as there would seem to have been no purpose in misleading potential customers on this type of factual information. In assessing information we must avoid the later bias against patent medicines: the promotional material for medicines was not automatically less trustworthy than similar material for other Georgian goods.

In addition, I will not ignore the forceful contemporary criticisms. They can obscure the structure of the patent medicines industry, but they are essential to understanding the status of patent medicines, which is necessary for their correct positioning within Georgian healthcare. Vigorous diatribes against the medicines are not difficult to find, especially towards the end of our period, but more nuanced criticisms and attitudes in favour are usually more informative, especially when combined with views on other forms of irregular medicine. A particularly helpful source has been the responses from medical practitioners across the country to a questionnaire sent out in 1806 by Edward Harrison as part of an effort to achieve medical reform (Appendix 1B). These largely unselected views of the rank and file practitioners from

[42] David Lewis Jones, *Debates and Proceedings of the British Parliaments: A Guide to Printed Sources* (London: H. M. Stationery Office, 1986), 73.
[43] Bennet Woodcroft, *Abridgements of Specifications Relating to Medicine, Surgery and Dentistry, 1620-1866* (London: Commissioners of Patents for Inventions, 1872).
[44] Cody, 123.

across England, and the reasoning behind them, fit better with the methodology of this thesis than the isolated denunciations which have sometimes been chosen by other scholars.

The intended inclusiveness has potential drawbacks. One is that the precise information will inevitably be incomplete in places, with gaps being filled by probabilities and argument rather than by evidence. However, excluding these conjectures would make the thesis less comprehensive. Another potential drawback is that the participants will appear briefly in several sections of the thesis as different aspects of the industry are discussed, and this could be confusing to the reader unless their descriptions were tediously repeated. I have tried to avoid this by giving fuller descriptions of the owners and wholesalers in Chapters 3 and 4 than would be immediately required: these descriptions are then cited when these participants reappear elsewhere in the thesis.

A third potential weakness is that a claim to inclusiveness will provoke the criticism that topics have been omitted: 'Why did you not mention so-and-so?' But inclusiveness is not the same as completeness. The former indicates that the major aspects of the ownership, distribution, promotion and retailing of patent medicines have been considered, but by no means all features of these activities appear in the thesis. The main gap in the overall account is the methods of producing the medicines, which remain largely inaccessible; the secrecy of the composition was crucial for commercial success, and the owners, with an occasional exception, did not provide details on how they were made. The patent specifications of the medicines which received one are not helpful; they were designed to be as uninformative as possible within the necessary legal requirements, as shown in Chapter 2, and we also have no guarantee that the later composition of a medicine was the same as its specification. So the production methods often remain obscure.

Exploring the industry in its Georgian context is also an aim of the methodology. An ideal would be to think like a Georgian, but this is impossible in practice as only Georgians can do that. My intention is to get closer to that unattainable state by using available contemporary elucidatory material and by avoiding explanations which employ later knowledge. Thus the indications for the patent medicines are analysed with the help of William Buchan's best-selling popular account of medical therapy from the second half of the eighteenth century, not by any more modern medical viewpoint.[45] Similarly, the effects of the 'imagination' on medical therapy, including patent medicines, are explored through late eighteenth-century trials and contemporary opinions, not by any conclusions of modern science. As part of this

[45] The edition used was William Buchan, *Domestic Medicine*. 14th edn (London: 1794).

methodology, Georgian words are used for Georgian objects, actions and ideas as far as possible, though more modern words are not avoided if they make the meaning clearer.

This methodology provides a more accurate and wider assessment of the patent medicines than other, briefer, accounts which have looked at them through the lens of modern medicine, or have reflected the uncomplimentary views of later generations. It also has the substantial advantage that conclusions can be derived from the evidence in the thesis without any dependence on earlier analyses of the topic by others. This thesis stands on its own feet. The opinions of other scholars remain important and are incorporated in the thesis where appropriate, but the thesis strikes an independent line on many aspects of the patent medicines industry, and indeed its very existence. In the next section, I will explain how the thesis is organised.

0.7 Structure of the Thesis

Chapter 1 starts by clarifying the types of practitioners and the sources of medicines within the medical market of the time, and outside the market as self-help. Medical care was largely unregulated, and the boundaries between categories were ill-defined and often subjective. Thus the final decision on whether a practitioner was a regular was often decided by local medical opinion. Irregulars were described frequently as ‘quacks’: the different meanings of this common term of abuse are explored. Patent medicines emerged into this flexible market in the seventeenth century, and by the end of the eighteenth century they were a very popular form of therapy, with millions of bottles or boxes being sold each year.

The second chapter explores the attitudes to patent medicines, and it demonstrates that they were more important in healthcare than previously assumed. Although subjected to vigorous criticisms by some regular practitioners, they were regarded favourably by many influential members of society. Other regular practitioners, especially physicians, accepted their use under certain circumstances, and surgeons and apothecaries owned and produced several of them. The status of patent medicines was enhanced by the patent system which was largely used by medicine owners as a form of royal approval for promotional purposes, rather than as a legal device to prevent imitation. The government inadvertently provided another, more convenient, form of apparent approval when it introduced the taxation of patent medicines by excise stamps in 1783.

This thesis employs a commercially based approach to patent medicines, and in Chapter 3 I argue that the ownership and production of patent medicines were part of an established industry which was largely separate from irregular medical practice. Using a classification of

the published indications for these medicines based on William Buchan's *Domestic Medicine*, I demonstrate that many of the medicines advertised in the selected runs of newspapers were recommended for a narrow range of conditions: panaceas were also present, but they were a minority. Something could be provided for most conditions in patients of all ages, so, taken as a whole, patent medicines could help in most forms of illness. The medicines were produced by a wide variety of owners, who could either devise the medicines themselves or obtain them from another source. To provide a more coherent account of these owners, I have divided them into six groups – market leaders, tradesmen, medical professionals, elite, irregulars and local. A few owners are described in each group, partly because they illustrate the range of owners and their activities within the industry, and partly because many of them reappear elsewhere in the thesis. Most owners of the widely publicised medicines were in the first three groups and ran stable, reputable, businesses from fixed premises, without acting as irregular practitioners. A few made a fortune. A minority of the medicines was owned by irregular practitioners who could be colourful itinerants, but selling these medicines in the open air had become rare by this period.

Good wholesaling was essential for patent medicines as they were normally made on a single site and then sold all over the country. Chapter 4 shows that this trade had a defined structure, and was also part of an established industry. Although a variety of methods were used and some owners distributed the medicines themselves, the wholesaling was dominated by stable London businesses which were often booksellers early in the period, but later usually chemists or specialised medicine vendors. The records of the plates used to print the excise stamps confirm that wholesaling at the beginning of the nineteenth century was dominated by the businesses of the Newberys and the Diceys. The limited information available on the methods of distribution indicates that the patent medicines were *not* transported with books as has been suggested in the past. The patent medicines industry provides an early example of the effective distribution of goods in response to local demand generated by advertising.

Successful wholesaling is predicated on large sales, and Chapter 5 explores the retailing and promotion of patent medicines. It confirms that printers and booksellers often sold medicines, but it goes further to demonstrate that these print trades dominated medicine retailing in the first half of our period, before sharing the role with druggists in the second half. Also this involvement was more textured than earlier supposed. Newspaper printers could act as local wholesalers while selling a range of medicines themselves with varying degrees of enthusiasm. Similarly, some booksellers could derive a substantial part of their income from medicines, while others may not have sold medicines at all. The active medicine vendors were knowledgeable about their medicines, but do not seem to have acted as irregular practitioners. Newspaper advertising was essential for medicine retailing, and the advertising accounts of the

Hampshire Chronicle reveal for the first time the detailed finances and some of the advertising arrangements for medicines in an eighteenth-century newspaper. These accounts show that the advertising was often commissioned by the wholesalers at a significant cost, and that the resulting revenue made an important contribution to the finances of the newspaper. Overall, the retailing and promotion of patent medicines was an organised, specialised, activity which had little in common with irregular medical practice.

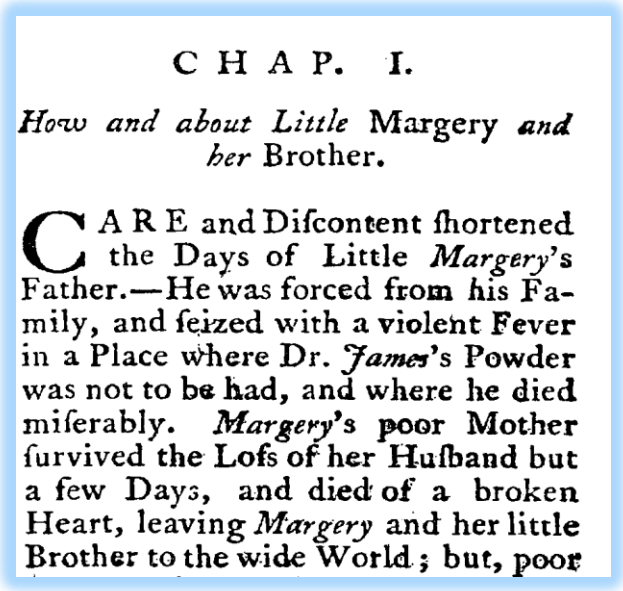
The printed word in newspaper advertisements, bills and other formats was the vehicle for this promotion. Chapter 6 investigates how the words were used. Contrary to examples of a hard-sell which have been found in the past, the predominant tone of the advertisement texts was low-key and factual. The advertisers aimed to build up confidence in their medicines mostly by positioning them close to orthodox medicine, not by hyperbole. This confidence was augmented by guaranteeing the source of the medicine, by the apparent official authority of the patent and the excise stamp, and by the repetition of advertising to make the medicines familiar. Further, the printed word did more than just boost sales: it increased the therapeutic benefits of the medicines. Contemporary physicians realised that suitable promotion enhanced the effectiveness of a patent medicine, and that the same ingredients prescribed by a regular practitioner might not work as well. They attributed this success to changes in the 'imagination', and they found that these changes were driven by the consumers' confidence accompanied by a degree of mystery. Only the printed word would have been able to achieve this effect across the country, and the texts of the newspaper advertisements and printed bills were well-suited to doing so. Thus the printed word increased the efficacy of the medicines, and it can be regarded as an essential component of patent medicines, alongside the pharmaceuticals.

The thesis concludes by redrawing the structure of the late Georgian medical market. The patent medicines industry was a separate entity, distinct from, but also overlapping with, both regular and irregular medicine. By studying it as a commercial activity, the national wholesaling and retailing arrangements of a Georgian industry are revealed, and this may encourage similar analyses of other industries across the country. The printed word was the vehicle for the patent medicine industry, and the revelation of its therapeutic powers should provoke explorations of its influence on other forms of therapy.

This introduction started with the obscured history of John Newbery and his Dr James's Fever Powder. I will finish it with his blatant puff for the same medicine at the beginning of Chapter 1 of his enduring children's book, *Little Goody Two-Shoes*, as shown in Figure 0.4. Patent medicines were a crucial part of his business, and he also listed the Fever Powder and

nine other of his medicines on the last page. No opportunity for promotion could be missed, even in a book for children.

Figure 0.4. *John Newbery's insertion of Dr James's Fever Powder into 'Little Goody Two-Shoes' as the story explains how Margery became an orphan* (*The History of Little Goody Two-Shoes*, 3rd edn (London: J. Newbery, 1766), ECCO, British Library).



CHAP. I.

How and about Little Margery *and her* Brother.

CARE and Diſcontent ſhortened the Days of Little *Margery*'s Father.—He was forced from his Family, and ſeized with a violent Fever in a Place where Dr. *James*'s Powder was not to be had, and where he died miſerably. *Margery*'s poor Mother ſurvived the Loſs of her Huſband but a few Days, and died of a broken Heart, leaving *Margery* and her little Brother to the wide World; but, poor

Chapter 1. Medical Therapy, Practitioners, and the Rise of Patent Medicines in Late Georgian England

The commercial success of Dr James's Fever Powder and the resulting income for John Newbery, his son Francis, and many later members of the family is a small, but vivid, illustration of the Georgian medical market in action. The first section of this chapter will consider some of the market's underlying principles, especially whether it was driven by influences other than profit. I will then discuss the supply of medicines within the pluralistic medical market: a wide range of medical and lay producers were involved. This will be followed by the important question of the status of the medicine providers. Contemporary medical practitioners were often concerned whether the prescriber or supplier was a regular or, as an irregular, outside their definition of orthodoxy. This division was probably less pressing for the public, but it was not ignored by them, and it set the framework for many discussions on the safety and efficacy of therapy. It is also important for later discussions in this thesis on the nature of the patent medicines industry. So I will explore how a practitioner was assigned to the regular category: contemporary opinions might over-ride apparent qualifications. Further, with the help of the opinions of regular practitioners across the country, I will investigate the meaning contained in the common critical description of irregulars - 'quacks'. Patent medicines emerged into this market in a recognisable form during the seventeenth century, followed by a rapid expansion as they developed as an industry in the mid-eighteenth century. By the end of the century they were purchased frequently by all sections of society but the poorest, and consequently they were a substantial component of the medical market.

1.1 The Georgian Medical Market

Most healthcare in Western Europe during modern times has been, and still is, a market. For example, the medical market did not end in Britain with the advent of the National Health Service as suggested by Mark Jenner and Patrick Wallis.[46] Much healthcare in Britain in recent years has taken place outside the Health Service, and even within it institutions and individuals compete for power, reputation, and ultimately money, although their income does not immediately depend on direct payments from patients. For the purposes of this thesis, the medical market will be narrowed down to the Georgian medical market in England, a type of

[46] Jenner and Wallis, 10.

market present in that period but not confined to it. An immediate problem in assessing this market is that medical transactions took place in a locality, not nationally. No national regulations were put forward until the early nineteenth century, and so the local arrangements varied considerably. Describing the national medical market for this period in any detail is difficult, and historians have focussed instead on its underlying principles.

Many authors have written about aspects of the Georgian medical market, which has been characterised by Michael Brown as being fluid, plural and driven by commercial individualism.[47] Its origins can be traced back to the Stuart era. For Harold Cook, it began in the mid-seventeenth century when economics forced the physicians to abandon their ethos as men of learning and virtue, without necessarily much experience, in order to compete with the empirics, who were developing a commercialised medicine based on practical knowledge.[48] The clergy, gentry, women and 'drug pedlars' all competed in the market. However, the recognised orthodox practitioners, including the apothecaries by the end of the seventeenth century, were able to use the need to acquire additional practical knowledge as a means of separation from less trained participants. Laurence Brockliss set the start of this medical market, in both England and France, a little later at the beginning of the eighteenth century, when the traditional distinction that the regulars treated the rich and the irregulars looked after the poor receded as some irregulars took on the appearance and behaviour of physicians.[49] Whatever its origins, the market can be seen all over the country throughout the Georgian period, with commercial supply networks for apothecaries and the advertising of patent medicines being detected during the early eighteenth century even in Wales, where most of the population was illiterate and only spoke Welsh.[50] For Roy Porter, the Georgian medical market was largely, if not entirely, profit driven.[51] An informed public selected the therapy, and the practitioners, regular or irregular, competed to provide it. As a result, boundaries were eroded between the practitioners, and all their activities were covered with a layer of commerce. Religious and cultural influences played little part in Porter's market.

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[47] Michael Brown, 'Medicine, Quackery', 239.
[48] Harold J. Cook, 'Good Advice and Little Medicine: The Professional Authority of Early Modern English Physicians', *Journal of British Studies*, 33 (1994), 1-31; Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (London: Cornell University Press, 1986).
[49] Laurence Brockliss, 'Organisation, Training and the Medical Marketplace in the Eighteenth Century', in *The Healing Arts: Health, Disease and Society in Europe, 1500-1800*, ed. by Peter Elmer (Manchester: Manchester University Press, 2004), 344-81.
[50] Alun Withey, '"Persons That Live Remote from London": Apothecaries and the Medical Marketplace in Seventeenth- and Eighteenth- Century Wales', *Bulletin of the History of Medicine*, 85 (2011), 222-47 (238).
[51] Porter, *Health*.

In contrast, several historians have pointed out that the Georgian medical market was more than the sum of economic forces. Jenner and Wallis emphasised that the economic relationships in the medical market were subject to social backgrounds and religious beliefs.[52] For instance, high or low church Anglicans might have different views on treatments in the early eighteenth century, particularly on those therapies associated with the low-church emotional religious behaviour known as 'enthusiasm'.[53] Similarly, Mary Fissell concluded that the upper classes disengaged from irregular medical treatment over the second half of the eighteenth century due to a distrust of the irregulars' associated religious 'enthusiasm'.[54] Away from religion, Brown has stressed the different social and cultural identity between the orthodox practitioners and many others in the medical market.[55] Specifically, Adrian Wilson showed that the shift from female to male midwives was largely secondary to the mothers' choices, not to economic forces.[56]

This multifactorial approach to the medical market is important, but in line with the methodology of this thesis which prioritises commerce, I will initially consider the Georgian medical market as an economic entity. Then other influences will be introduced as they appear, such as the importance of philanthropy to some medicine owners and the need of others to maintain a professional position. This is not to downplay the non-economic, particularly religious, factors, but they are difficult to apply to a wide variety of sources across the country, especially when only limited additional knowledge about a source may be available.

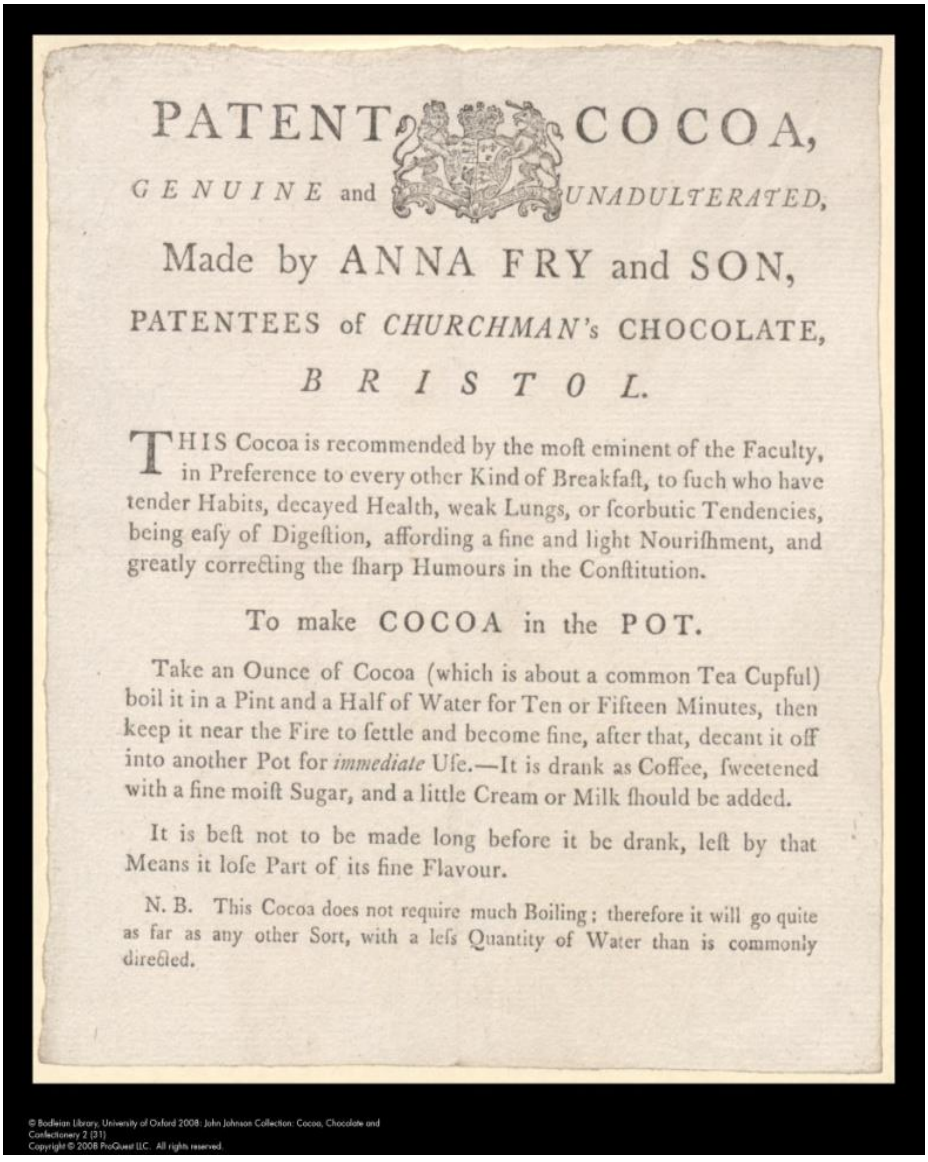
1.2 Provision of Medicines

Within the economic commotion of the Georgian medical market, even the term 'medicine' lacked precision. Today, a medicine can be defined easily in terms of some form of government regulation, or a list created by a professional body. By contrast, the eighteenth-century English medical world was almost entirely unregulated, and any earlier supervision of medical therapy, such as the right of the London College of Physicians to inspect apothecaries' shops, had fallen into disuse.[57] The result of this lack of definition was that some items were

[52] Jenner and Wallis, 3.
[53] Mark Jenner, 'Quackery and Enthusiasm, or Why Drinking Water Cured the Plague', in *Religio Medico: Medicine and Religion in Seventeenth-Century England*, ed. by Ole Peter Grell and Andrew Cunningham (Aldershot: Scolar Press, 1996), 313-39 (321-26).
[54] Mary Fissell, *Patients, Power, and the Poor in Eighteenth-Century Bristol* (Cambridge: CUP, 1991), 172.
[55] Michael Brown, *Performing Medicine*, 4.
[56] Adrian Wilson, 'Midwifery in the "Medical Marketplace"', in *Medicine and the Market*, 153-74.
[57] Medicus, 'On the Adulteration of Medicines, and the Religion of Quacks', *The Scourge*, 2 (1811), 30.

simultaneously medicines and consumer products with non-medical benefits. Sometimes this uncertainty was intrinsic to the type of product; for example, a toothpowder could be promoted as both a cleaner of the teeth and a means of preventing mouth scurvy,[58] or a skin preparation could have cosmetic effects and cure 'eruptions' of the face.[59] A health benefit could also be claimed for items which were normally ingested for refreshment or nutrition. The well-known examples in the early eighteenth century were tea and coffee. Their promotion by promised health benefits was less obvious by our period, although a medicine for consumption and other

Figure 1.1. *Bill for Fry's Patent Cocoa, c.1790 (JJC, Confectionery 2 (31)).*



PATENT COCOA,

GENUINE and UNADULTERATED,

Made by ANNA FRY and SON,

PATENTEES of *CHURCHMAN's* CHOCOLATE,

B R I S T O L.

THIS Cocoa is recommended by the moſt eminent of the Faculty, in Preference to every other Kind of Breakfaſt, to ſuch who have tender Habits, decayed Health, weak Lungs, or ſcorbutic Tendencies, being eaſy of Digeſtion, affording a fine and light Nouriſhment, and greatly correcting the ſharp Humours in the Conſtitution.

To make COCOA in the POT.

Take an Ounce of Cocoa (which is about a common Tea Cupful) boil it in a Pint and a Half of Water for Ten or Fifteen Minutes, then keep it near the Fire to ſettle and become fine, after that, decant it off into another Pot for *immediate* Uſe.—It is drank as Coffee, ſweetened with a fine moiſt Sugar, and a little Cream or Milk ſhould be added.

It is beſt not to be made long before it be drank, leſt by that Means it loſe Part of its fine Flavour.

N. B. This Cocoa does not require much Boiling; therefore it will go quite as far as any other Sort, with a leſs Quantity of Water than is commonly directed.

[58] Jackson's British Powder for Teeth, *ABG*, 8 January 1781.
[59] Dickinson's Gowland's Lotion, *LM*, 4 January 1794.

complaints in the 1780s was named 'English Coffee'.[60] A more precise example was the promotion of chocolate as a medicinal product by Fry's of Bristol (Fig. 1.1). The founder, Joseph Fry, originally sold chocolate for health reasons in his apothecary's shop before starting a chocolate factory in 1761, and as late as 1843 the company chose to name its new, very popular, drink *Homeopathic Cocoa*.[61]

The relative importance of the medicinal element of a product diminished in some cases over our period. Thus, in the mid-eighteenth century, mineral waters were often ingested for health reasons and were sold by specialist water dealers in a similar manner to medicine distribution:[62] but Jacob Schweppe's new artificial mineral waters were designed to be drunk at table in the 1800s, although they did not escape taxation as patent medicines until 1840.[63] So the concept of a 'medicine' was not ring-fenced, and medical treatment spread out from agents which were exclusively used for health purposes into a broader range of consumer products which also fulfilled other purposes. For clarity, this thesis restricts the word 'medicine' to products which seem to have been devised primarily for healthcare, and it excludes items created for other purposes.

So how could people acquire their medicines? Some historical accounts have concentrated on the prescriptions from physicians, surgeons and apothecaries, but medicines were also bought from chemists and druggists without a prescription, and, as we shall see, patent medicines were often acquired from other tradesmen, especially printers, booksellers and stationers. In addition, many medicines were made at home or within a small community, usually for immediate consumption. I shall review in turn these different sources. A complicating factor is that many sources did not fit conveniently into these categories, as Georgian healthcare was largely free of any boundaries, whether regulatory, medical, social or economic. It should also not be forgotten that a patient often used more than one source of medicines for a single illness.

Medicines could be prescribed by the regular practitioners in the physician, surgeon, and apothecary branches of what later became the united medical profession in the mid to late nineteenth century. All three varieties of regular medical practitioners prescribed and also

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[60] English Coffee, *ABG*, 1 January 1781.
[61] Stephanie Diaper, 'J. S. Fry & Sons: Growth and Decline in the Chocolate Industry, 1753-1918', in *Studies in the Business History of Bristol*, ed. by C. Harvey and J. Press (Bristol: Bristol Academic, 1988), 33-54, 34 and 38).
[62] Sylvia McIntyre, 'The Mineral Water Trade in the Eighteenth Century', *Journal of Transport History*, 2 (1973), 3-4; John Burnett, *Liquid Pleasures: A Social History of Drinks in Modern Britain* (London: Routledge, 1999), 98.
[63] McIntyre, 10.

supplied medicines, usually after seeing the patient, but sometimes after a postal consultation.[64] Some physicians restricted themselves to writing a prescription for the apothecary to dispense, but outside London many physicians and surgeons prepared and supplied the required medicines themselves, thereby increasing their incomes.[65] For the apothecary, his income was often reliant on supplying medicines. This provision of medicines continued to be a significant component of the income of the apothecaries' professional successors, the general practitioners, who in 1911 still dispensed 90% of all prescriptions in their surgeries.[66] A common feature of all the dispensing by the regular professions is that the patient did not necessarily know what was being taken. Some prescribed medicines had simple names, but many were compounds written by hand in abbreviated Latin which was incomprehensible to most patients. This would have made it more difficult for patients to decide if their treatment was appropriate, increasing any suspicions about the regulars' true motives. By contrast, the names of patent medicines were written on all the packaging, and they were easy to remember.

As the apothecaries increasingly provided medical advice in the patients' homes and were less concerned with their shops, their place as day-to-day medicine suppliers was often taken up by chemists and druggists, a controversial group.[67] Originally, chemists could compound drugs and might be wholesalers, while druggists only supplied ready-made or simple preparations: but in practice the absence of regulation meant that the two terms were used interchangeably, and often together, especially outside London. This resemblance is shown in a book offering practical advice to the parents of future apprentices which listed chemists and druggists separately, but with similar apprentice fees, similar sums to set up in business and similar annual incomes for a journeyman.[68] Chemists and druggists sometimes had completed a period of apprenticeship with another chemist or druggist, but many seem to have had no organised training, for example Francis Spilsbury (Section 3.4A). Thus the degree of expertise of the average druggist was disputed in this period, and remains so amongst modern historians. One Georgian polemicist depicted them as being poorly trained, careless and regularly adulterating medicines to increase their profit;[69] but the *Universal British Directory* entry for Leeds confidently listed them in a separate section entitled

[64] The elite form of postal consultation is well described in Wayne Wild, *Medicine-by-Post*, (Amsterdam: Rodopi, 2008).
[65] S. W. F. Holloway, 'The Orthodox Fringe: The Origins of the Pharmaceutical Society of Great Britain', in *Medical Fringe and Medical Orthodoxy*, 129-57 (154).
[66] Ibid., 154.
[67] Holloway, *Pharmaceutical Society*, 32-42; Juanita G. L. Burnby, *A Study of the English Apothecary from 1660 to 1760* (London: Wellcome Institute, 1983), 22.
[68] George Kearsley, *Kearsley's Table of Trades* (London, 1787), 5-24.
[69] Medicus, 'Adulteration'.

'Physic', together with all the physicians, surgeons and apothecaries.[70] More recently, Loudon has regarded druggists as being more akin to grocers than part of the healthcare system;[71] whereas Holloway has suggested that they were very similar to apothecaries, except that they remained in their shops.[72] Probably all these points of view have some merit as the lack of a monitored apprenticeship system would result in a variable degree of expertise.

Whatever their level of skill, druggists had a key role in the provision of medicines, responding quickly to consumer pressure and often undercutting the apothecaries' prices.[73] Present in nearly every town by the end of the eighteenth century, they ensured a local supply of a wide range of products. Their surviving handbills reveal hundreds of conventional stock items and they could compound others.[74] Also, as we shall see, they increasingly sold patent medicines during the late Georgian period. Some, at least, did provide professional advice by choosing medicines on behalf of the consumer, as illustrated by this brief letter to Samuel Glover, a Leeds druggist, which is reproduced in full:

> I will thank you to send a few pills for my wife, such as you think will suit her, she got her bed about three weeks ago, also ½ lb of the best salts. Your obedient servant J Barstow. June 25th 1822.[75]

Even the poor had access to the druggists' medicines, as many were cheap and the druggist could also provide small quantities out of a bottle or box of an expensive medicine.[76]

Druggists practising medicine was a major concern for several of the correspondents to Edward Harrison in 1806/7 (Appendix 1B). In order to create a firm factual basis for his medical reform proposals, Harrison, a Lincolnshire physician, sent out a circular letter with specific questions to many contacts across the United Kingdom. One reply was an account of a meeting of 12 'gentlemen of the profession' in Sunderland, which reported that 'most if not all the chemists and druggists do interfere with the practice of physic and surgery':[77] another practitioner in Middlesex reported that one of the two druggists in his area 'interfered' a little

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[70] Peter Barfoot and John Wilkes, *The Universal British Directory, 1793-1798* (London, 1793-98), 536.
[71] Irvine Loudon, "'The Vile Race of Quacks with Which This Country Is Infested."', in *Medical Fringe and Medical* Orthodoxy, 106-28 (109-11).
[72] Holloway, *Pharmaceutical Society*, 38.
[73] Ibid., 42.
[74] A typical example is an 1806 handbill from Robert Spencer & Sons in Leeds listing over 400 items (Leeds, Yorkshire Archaeological Society, Small Accounts and Vouchers for Lord Ribblesdale 1806, MD 335/1/7/2/56).
[75] Leeds, West Yorkshire Archives, Business Papers of Samuel Glover, WYL 33/GL/A 18.
[76] Mui and Mui, 231.
[77] *MCR*, 13 (1806), cxxxix.

with the practice of medicine, while the other tried to do all the branches of medicine and to undercut the apothecary.[78]

In this unregulated period, anybody could sell medicines. In addition to their normal business, many tradesmen sold small quantities of pre-prepared medicines as a side-line, particularly patent medicines, and a few sold them in larger quantities. When these non-medical sources are mentioned, the conventional story is that a wide range of shopkeepers can be found amongst these major vendors;[79] but this thesis will show that, in *late* Georgian England, the sale of patent medicines in large quantities outside druggists' shops was concentrated amongst printers, booksellers and stationers (Section 5.1). Whether the consumers arrived at the shops knowing which medicines they needed, or whether the members of these print trades selected the medicine on behalf of consumers is a fascinating and difficult question to answer. This potential healthcare role for printers and booksellers will be discussed in Section 5.7.

Many medicines were not purchased, but were created at home and taken without any professional advice. John Wesley's best-selling book on medical self-help, *Primitive Physic*, aimed to provide a choice of suitable medicines for all common conditions.[80] The ability to prepare medicines was regarded as part of good housekeeping, just as much as a knowledge of food preparation or the management of the linen. For instance, when Sabine Winn of Nostell Priory in Yorkshire died in 1798, she possessed eleven volumes of handwritten, mainly medicinal, 'receipts' handed down from her mother for the benefit of the family and household, together with articles on medical topics copied from the *York Chronicle*.[81] Lower down the social scale, *The Compleat Housewife* of 1753 provided over 300 medical receipts, and much other practical information, for five shillings.[82] Jane Austen provided a vignette of this frequent recommendation of domestic medical preparations in *Sense and Sensibility*, when one of the characters, Marianne, developed a cold which then deteriorated and, in advance of any trained medical help, 'prescriptions poured in from all quarters, and as usual, were all declined'.[83] Domestically prepared medicines were often the initial, and sometimes the only, treatment for many conditions.

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[78] *MCR*, 13 (1806), lxxiv.
[79] Porter, *Health*, 113.
[80] John Wesley, *Primitive Physic*, 24th edn (London, 1792), x.
[81] Julie Day, 'Elite Woman's Household Management: Yorkshire 1680-1810', (unpublished doctoral thesis, University of Leeds, 2007), 210.
[82] Eliza Smith, *The Compleat Housewife*, 15th edn (London, 1753).
[83] Jane Austen, *Sense and Sensibility*, (First published 1811. Harmsworth, Middlesex: Penguin Books, 1986), 302.

So medicines in this period were obtained from many and variable sources, allowing consumers not only to choose their supplier but also to decide how much accompanying medical advice they wanted, if any. The provision was also flexible, enabling different sources to be used in the same illness and ensuring that all, with the financial assistance of the Poor Laws if necessary, could have access to medicines.[84] On the whole, all but the poorest late Georgian consumers could quickly buy or make any widely known medicine, with or without medical advice.

1.3 Regular and Irregular Medical Practitioners

A. *Who Was a Regular?*

The sources of medicines in this period may have been many and varied but they were not equal. The quality of the person behind a medicine was important, whether he, and sometimes she, was the prescriber, compounder, owner, distributor or retailer.[85] If that person was some kind of medical practitioner, the major division was whether he had completed an accepted training and had continued to practice within a branch of the medical profession, and so was considered to be a 'regular'; or whether he or she had not accomplished such training and was referred to as an irregular, empiric, or other more derogatory terms. Women could not be regulars in this period. Irregular practitioners were regarded both as economic competitors and as threats to the status of the regulars, who therefore sought to identify them and to squeeze them out of the market.[86] Consumers of the medicines were probably less concerned about the involvement of irregular practitioners, but the division into regular or irregular practitioners ran through many discussions on medicine benefits and side effects. An additional reason to consider the division between regulars and irregulars is that this enhances our understanding of the status of patent medicines (discussed in the next chapter), and also of the nature of patent medicine ownership (explored in Chapter 3).

What criteria were used to identify a regular? In principle, a regular could be simply delineated as a medical practitioner who had completed a recognised form of training as a

[84] By the late eighteenth century, the Poor Law surgeon of the parish was often paid to provide medical services, including medicines, at the same cost as private practice (Irvine Loudon, *Medical Care and the General Practitioner 1750-1850* (Oxford: Clarendon Press, 1986), 231).
[85] Strachan, 11; Wesley, xvii; John Haygarth, *Of the Imagination* (London: Cadell and Davies, 1800), 30; Barker, 397.
[86] Loudon, 'Vile Race', 109-10. For a vigorous condemnation of a large number of irregular practitioners by a physician, see James M. Adair, *Essays on Fashionable Diseases* (London: T.P. Bateman, 1790?).

physician, surgeon or apothecary: an irregular would be anybody who had not completed such training. For regular physicians a university education and practical training would be followed by approval in the form of a MD; while surgeons and apothecaries needed a seven year apprenticeship. But recognised by whom? The achievement of a MD, the confirmation of the status of a physician, was at the discretion of the granting body, and practices varied widely. For instance, many English physicians had received their MD from a Scottish university. At Edinburgh University, the requirements for this degree were relatively rigorous, including attendance at the university: in contrast, Marischal College, Aberdeen, could hand one out in exchange for two letters of recommendation and thirteen guineas, without the candidate needing to leave London.[87]

Apprenticeships for surgeons were also very variable, ranging from minding the shop for a few years in a small town then marrying the surgeon's daughter, to a substantial period of organised training in London or Edinburgh.[88] The required level of previous education was uneven, with Loudon commenting that at the end of the eighteenth century some surgeons were grammar school educated with a knowledge of classics, while a few were largely illiterate.[89] Before 1800, a prospective apprentice to a member of the Company of Surgeons was required to understand Latin, and this was tested by a governor of the Company:[90] but many surgeons were not members of the Company. After the creation of the College of Surgeons in 1800, the more ambitious surgeons took an examination to become a Member of the College, aiming to confirm their regular status: but examiners were accused of bribery and other abuses.[91] Until the Apothecaries Act of 1815, no organisation had any responsibility for regulating medical training across England, and even afterwards the powers under the act to assess newly qualified apothecaries were loosely applied.[92] To add to the uncertainties about what constituted regular training, practitioners who styled themselves as 'surgeon-apothecaries' were emerging as the fore-runners of general practitioners: the necessary training for this dual competency was even less clear.[93]

Faced with these uncertainties, the full recognition of a practitioner as regularly trained required some local subjective assessment. Groups of regular practitioners would decide whether others could join them in cases of doubt. For instance, the notorious Dr Brodum

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[87] Ietros, 'Of Quacks and Empiricism', *MPJ*, 13 (1805), 66-75 (70).
[88] Peter Puzzle-Pate, 'Medical Science Exemplified', *The Scourge*, 2 (1811), 260-68 (261).
[89] Loudon, *Medical Care*, 31, 35.
[90] Kearsley, *Trades*, 52.
[91] Puzzle-Pate, 267.
[92] Loudon, 'Vile Race', 119. In theory, the colleges of physicians and surgeons in London had some powers to regulate training, but they were rarely applied, even within the capital.
[93] Loudon, *Medical Care*, 24-26.

(Section 3.7A) was rejected as a regular by the surgeons at Westminster Hospital in 1811, but the hospital's physicians felt that they had to accept his Aberdeen MD.[94] A more day-to-day illustration is an anonymous letter to a medical journal in 1806, probably written by William Hey, the well-known Leeds surgeon. It reported on a meeting called to discuss medical reform, which was attended by twenty-one invited physicians and surgeons who were known to have had some regular medical education 'and who are received by each other as regular practitioners'.[95]

So regulars were required to practise in an orthodox fashion which was approved by their contemporaries. The line between the regular and irregular style of practice was narrow, as demonstrated by the personal criticisms of the medical reformer Edward Harrison and their rebuttal by his supporters (Appendix 1B). With an Edinburgh MD, Harrison was appointed first physician at Horncastle Dispensary in Lincolnshire by Sir Joseph Banks, President of the Royal Society and also a Lincolnshire land owner.[96] It might seem that Harrison's position as a regular physician was beyond dispute. However this was questioned when Harrison, using his status as President of the Lincolnshire Medical Benevolent Society and supported by his patron Banks, led a national campaign for medical reform which inevitably had its opponents.

One of these opponents was 'Veritas' who subjected Harrison and his colleagues to personal criticism in a national medical journal, questioning whether they were indeed regulars.[97] Veritas first derided the members of the Lincolnshire Medical Benevolent Society by saying that several seemed to be apothecaries 'ornamented with the initials M.D.' He then asserted that Harrison was not a regular physician. In this context, he claimed to be prepared to overlook Harrison's apparent partnership with Dr Fawsett, a physician and a vice-president of the Lincolnshire Medical Benevolent Society, although regular physicians did not take on partners.[98] However, there was an additional problem with a handbill which mentioned a lunatic asylum founded by Harrison and Fawsett:

> I cannot be equally tolerant on the subject of the handbill, which was obtained by me from the White Hart Inn, Lincoln, where it adorned the walls in the same manner that Dr Solomon is seen to figure in the stationers' shops.[99]

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[94] Medicus, 'Dr Brodum's Intrigues with the College of Physicians', *The Scourge,* 2 (1811), 491-93.
[95] *MCR,* 13 (1806), lxvi.
[96] *ODNB,* s.v. Edward Harrison.
[97] *MPJ,* 16 (1806), 349-53.
[98] In this period, physicians claimed to be above commerce and therefore partnerships. They received voluntary 'honorariums' rather than fees from patients.
[99] *MPJ,* 16 (1806), 352. Samuel Solomon M.D. from Liverpool was a notorious, imperfectly trained, physician and patent medicine owner (Section 3.7B).

Veritas continued that this bill promoted Harrison's mental asylum, particularly by illustrating the case of a gentleman who was restored to health after three other practitioners had been unable to help him. 'If this is not a quack bill, it is certainly very much in the spirit of quackery.'[100] Veritas questioned whether such a bill hung on the walls of an inn was different 'from the modest advertisements of Mr Thomas Taylor, or Messrs Godbolds?' This Thomas Taylor was a London surgeon and the owner of Leake's Patent Pills, a preparation for venereal disease (Appendix 3A). Nathaniel Godbold had made a fortune from his vegetable balsam which at this time was owned by his sons, N. and S. Godbold (Section 3.4B). Veritas was clearly trying to equate Harrison with these prominent medicine owners.

Harrison's supporters responded to these, and other, accusations that Harrison was not a regular physician. A meeting of the Faculty at Horncastle and a separate letter from another Thomas Taylor, the secretary of the Benevolent Society, formally confirmed that Harrison was well-respected, had not practised surgery or midwifery, and had definitely not been involved in selling any nostrum.[101] Separately, R. Hamilton, an Ipswich practitioner, commented that most physicians who ran asylums advertised them as their potential patients often came from some distance away and would not otherwise know about the institution.[102] For him, such advertising did not justify the epithet 'empiric'.

We can see that even Edward Harrison, a respected Lincolnshire physician attached to a public institution, was not immune to accusations of irregularity in a national medical journal, and he could only be defended against them by the opinions of his local colleagues and longstanding acquaintances. Both the opponents and the supporters of Harrison could find evidence to substantiate their point of view. Being regular or irregular was often a matter of opinion, though the nature of any training would play a large part in making such a decision.

In this thesis I will follow, as far as possible, the same approach: practitioners were regulars when contemporaries, medical or lay, thought them to be so, and this in turn was partly based on their training. Other practitioners were irregulars. The exact status of many practitioners will remain uncertain as their colleagues' views are not available. In these cases, I will use the descriptions, such as surgeon, which they gave themselves. The medicines commonly prescribed or provided by regular practitioners can be termed 'regular medicines'. Fortunately, the definition of regular medicines is less subjective than that of regular

[100] *MPJ*, 16 (1806), 352.
[101] *MCR*, 14 (1807), xxvii and lvi. Physicians traditionally did not practise surgery or midwifery, though many of them did.
[102] *MCR*, 14 (1807), xxvii-xxviii.

practitioners, as the *London Pharmacopoeia*, published by the College of Physicians, listed the names and composition of regular medicines.

B. *Who Was a Quack?*

As part of this division of practitioners, irregulars were often referred to, especially in a derogatory sense, as 'quacks', and their activities as 'quackery'. These terms have eluded a precise definition, partly because they were used in different ways and partly because, as Porter pointed out, there was no hard division between quackery and orthodox medicine.[103] Their very imprecision was a virtue for many Georgian writers as the words could be extended to a wide range of poorly-defined activities and practitioners. Indeed, these eye-catching words were employed outside healthcare. James Adair, the vituperative critic of the medical profession, patent medicines and much else, noticed that 'in every department of life, quackery prevails'.[104] For Adair, 'There are therefore philological, philosophical, political, theological, critical, juridical, and *medical quacks* [his italics]; but the proportion of the latter much exceeds the sum total of all the others.'[105] The popularity of the word 'quack' in contemporary, and later, discourses on Georgian healthcare indicates that we need to understand the range of meanings contained within it.

The modern *OED* definition of quack emphasises dishonesty: a quack is a medical imposter.[106] However the Georgian meaning carried a stronger sense of being an outsider rather than just being dishonest: quacks of the period could sometimes be quite open about the nature of their activities. Appropriately for his book title of *Quack, Quack, Quack,* Helfand has explored this topic in some depth, and he provides two definitions, one detailed and one memorable. His detailed definition is:

> Quack is a pejorative term, disparagingly, albeit sometimes defensively, applied by a member of the establishment, the orthodox, regular, professional, credentiated and accepted class to describe the unorthodox, unlicensed, disapproved member of a fringe or irregular group.[107]

His memorable definition is pithy and short: 'A quack is someone else.'[108]

Helfand's definitions provide a useful emphasis on the quack as an outsider, but they do not deal with all the situations when the term was used, nor do they explain the sense

[103] Porter, *Health*, 4-8.
[104] Adair, 75.
[105] Adair, 75.
[106] *OED*, s.v. 'quack' (2).
[107] Helfand, 13.
[108] Helfand, 11.

conveyed by it. In late Georgian England, 'quack' was used in three ways. One was as a non-specific term of *criticism* for an irregular, and sometimes a regular, practitioner. Something was being disapproved of, or a whole range of health related activities was being roundly condemned. A more precise usage was as a *description* of all irregular practitioners, but not regulars. Here, 'empiric' was an alternative term. When used by a regular practitioner a variable degree of criticism would normally follow, but the writer was seeking first to establish a category, not immediately to provide an offensive portrayal. In the third usage, the term was referring to a recognisable *style* of medicine which was different from the one employed by many regular practitioners. The defining nature of this style was variable but it included exaggerated claims, panaceas, itinerant practice, astrology, or the use of charms and other non-pharmaceutical materials. Importantly, in this usage a regular could be a quack, and an irregular might not be a quack.

Georgian writers often employed 'quack', or its derivatives, in the first style, as a term of criticism. The censure could be directed at an undefined group; for example when an Edinburgh physician noted that the healing art was 'too frequently intrusted to the interested pretensions of nefarious quacks'[109] The disapproval could be more directed but still broad, such as when Adair used 'quack' or a derivative word several times in the abusive dedication to Philip Thicknesse of his book *Essays on Fashionable Diseases*, in five of the chapter titles of the same book, and frequently with regard to practitioners, both regular and irregular mentioned within it.[110] It could be focussed on a specific point; for instance when William Rowley accused William Hunter of prescribing a secret remedy and so indulging in a 'quackery project'.[111]

The second and third usages of 'quack' are well demonstrated in Harrison's survey of regular practitioners across the country (Appendix 1B). As already described, this survey was a key part of Harrison's campaign for medical reform. The third of the five questions posed by Harrison in his circular letter asked for an assessment of the local 'quacks or empirics'.[112]

Six respondents to the letter used 'quack' in the second way, as a descriptive term for irregulars, in their replies. Harrison himself took this approach when he, in his initial letter to the same journal proposing medical reform, said that one of his aims was 'to suppress all

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[109] Duncan Forbes, 'On the Origin and Progress of Empiricism', *MPJ*, 14 (1805), 437-48 (438).
[110] Adair.
[111] William Rowley, *Two Letters to Dr William Hunter* (London, 1790), 23-25. This letter was originally published in 1774.
[112] *MCR*, 12 (1806), clxxxiii.

quacks that cannot obtain licences from the magistrates of their own district':[113] he was viewing quacks as being the same as irregular practitioners. One correspondent in this group, a Yorkshire surgeon, regarded local irregular practitioners who had obtained their medical experience on Greenland whalers as being quacks, without needing to consider their expertise or methods of practice.[114]

Twelve other correspondents confined the term to a style of practice, the third usage. How the quacks conducted themselves was the major criterion, and, to this group of correspondents, a regular could be a quack. Conversely, an irregular could practise regularly and perhaps not be regarded as a quack. This distinction was shown clearly by a correspondent from an unspecified location who, following a meeting of local 'medical men' to discuss the issue, precisely separated his thirty-six local practitioners into six groups in his reply. He used this table to describe the groups:

14 regularly educated, and practice regularly
6 irregularly educated, and practice regularly
4 regularly educated, but incompetent, and practice regularly
3 regularly educated, and practise as quacks
5 irregularly educated, and practise as quacks
4 druggists, all interfering, more or less, with the practice of physic[115]

Thus six irregulars were not regarded as quacks, while three regulars were practising as quacks. He did not attempt to explain what style of practice earned the designation of quack.

Others did provide some detail as to why they designated a practitioner as a quack. A surgeon in Dorset identified three irregular practitioners in his area whom he did not regard as quacks, while the twelve quacks in the district included a shopkeeper who advertised, a bonesetter who also sold charms made from frogs' feet for scrophula, and a shoemaker who also did physic and surgery.[116] The bonesetter was a quack because he sold magic charms, not because he was a bonesetter. For some correspondents, itinerancy and showmanship were key components. For example, a Cambridgeshire correspondent wrote: 'In the summer time, we are visited by quack doctors, who not only sell their nostrums, but their imposing manner impresses upon the ignorant a confidence in every thing that savours of quackery.'[117] Those correspondents who separated quacks from a larger group of the untrained did so by a variable

[113] *MCR*, 12 (1806), lxxii. No such licensing system was in force at that time: Harrison was probably anticipating such a system as a result of the reforms.
[114] *MCR*, 13 (1806), liii.
[115] *MCR*, 13 (1806), xvi.
[116] *MCR*, 13 (1806), clxxxiv.
[117] *MCR*, 13 (1806), xliii.

combination of attributes, which included itinerancy, showmanship, magic charms, and self-acknowledged separation from regular practice.

So referring to somebody as a quack had different meanings depending on the writer's perspective, though none were complimentary. In line with the methodology of this thesis, I avoid the description if possible. It does appear in many quotations or paraphrases from contemporary publications, but rarely at my instigation. I do use 'quackery' in the sense of the third Georgian usage of 'quack'. It refers to a style of medical care which was different from the practice of most regular practitioners and recognisable as such by both regulars and lay people with the help of some of the criteria already described. Unfortunately a more neutral term, free from a sense of moral condemnation, is not available.

We can see that the designation as a regular or an irregular was sometimes subjective and that the common disparaging description of a 'quack' had different connotations. These imperfect boundaries were a feature of late Georgian healthcare. All these categories of practitioners were represented in the production, distribution and sale of patent medicines, whose historical origins will now be explored.

1.4 Historical Origins of Patent Medicines

Purchasing pre-prepared medicines for self-medication has a very long history, but the sale of what later became known as patent medicines became visible in the seventeenth century. This type of medicine, with an owner and a wide distribution helped by advertising, was being sold pre-packaged, branded and at a fixed price in the mid-seventeenth century.[118] Although communications at that time were slow by later standards and unreliable in winter, and periodicals were in their infancy in London and largely non-existent elsewhere, these branded medicines were widely distributed with the help of the postal service and traveling merchants.[119] They were advertised across the country in the annual almanacs, particularly from 1680 onwards.[120] They were also promoted locally by printed bills which were designed for distribution by hand, or to be fixed to the walls of coffee houses or other buildings.[121] This

[118] Cook, *Good Advice*, 5.
[119] Louise Hill Curth, 'Medical Advertising in the Popular Press: Almanacs and the Growth of Proprietary Medicines ', in *From Physick to Pharmacology: Five Hundred Years of British Drug Retailing*, ed. by Louise Hill Curth (Aldershot: Ashgate, 2006), 29-47.
[120] Curth, 34.
[121] Cook, *Decline*, 38-41.

development of widely available, proprietory, medicines for self-help was part of a general surge in medicine-taking during the seventeenth century.[122]

Several popular late Georgian patent medicines date from this earlier period, or at least their names do: the preservation of a name does not necessarily indicate the continuation of the recipe. Two of them, Anderson's Scots Pills and Daffy's Elixir, have already been mentioned in the Introduction. Also directions for Nendick's Pills were published towards the end of the seventeenth century and a medicine with the same name was advertised in newspapers in 1781.[123] Other medicines which were extensively advertised in almanacs in the late seventeenth century, such as Buckworth's Lozenges, are not so apparent in later periods.[124] The preservation of Anthony Daffy's account books and legal documents from the 1670s and 1680s means that we have more precise information on his Elixir than on nearly all other patent medicines in both the Stuart and Georgian periods.[125] Anthony Daffy was a shoemaker who apparently inherited the recipe from a clergyman cousin and turned it into a very profitable medicine with 132 agents in England outside London and 38 in Ireland, continental Europe and New England. It was still a popular medicine for gout and stone in the mid-nineteenth century and was mentioned by Thackeray in several of his novels.[126]

The introduction of medicine patenting at the beginning of the eighteenth century gave these owned medicines some official recognition. The first medicine patent is usually regarded as Nehemiah Grew's patent in 1698 for medicinal salts from the spa at Epsom; but, as Josiah Peter who acquired the rights to the patent in 1700 pointed out, that patent was to protect the well-known production process of a naturally available medicine, and not for the compounding of a medicine itself.[127] The first patent to seek to protect the formulation of a medicine was taken out by Timothy Byfield in 1711 for sal. oleosum volatile (Appendix 4). In a promotional treatise for his medicine, Byfield did not explain the reasons for seeking a patent; but he commented that there must be a clear distinction between his medicine and other dangerous 'factitious compounds' made from inferior ingredients.[128] In taking out a patent, he was probably aiming both to establish the uniqueness of his product and to prevent reproduction of its name. Medicine patents were infrequent before the 1740s (Fig. 2.2); but owners now had

[122] Patrick Wallis, 'Exotic Drugs and English Medicine: England's Drug Trade, c.1550 - c.1800', *Social History of Medicine*, 25 (2011), 20-46 (26).
[123] Curth, 40; *ABG*, 2 April 1781.
[124] Curth, 39.
[125] Hancock and Wallis.
[126] Hancock and Wallis, 34.
[127] Josiah Peter, *Truth in Opposition to Ignorant and Malicious Falsehood* (London, 1701), 58.
[128] Timothy Byfield, *A Short but Full Account of the Rise, Nature and Management of Smallpox and Other Putrid Fevers* (London, 1711), 13.

an official, but cumbersome, mechanism for promoting their medicines and perhaps protecting their medicine names. The patenting of medicines will be discussed in Section 2.3.

The market for patent medicines changed more radically in the middle third of the eighteenth century with the development of a patent medicines industry. Helped by advertising in the expanding provincial press, true national markets were created for several patent medicines, and the owners and wholesalers became more expert and specialised in supplying the medicines across the country. The surge in the provision of patent medicines was mirrored in a sharp rise in the number of medicine patents from 1742 (Fig. 2.2). Further, the pattern of ownership and distribution changed. Previously, owners and distributors had only been associated with a small number of medicines, often a single one; but some owners now introduced a string of medicines for a range of different conditions. An early example was the controversial Joshua Ward (1685–1761), an irregular practitioner who enjoyed the patronage of George II, and who sold his pills and drops from the 1730s.[129] At his death in 1761, nine medicines bearing his name were on sale, and their recipes were made public with the help of funds from the government.[130] Also the apothecary John Hill (1714–1775) produced eight herbal remedies, starting from the 1740s, and they were still being sold by his daughter in 1802.[131]

Patent medicines were being developed as consumer products subject to the normal commercial practices of the day. The owner directly linked to a single patent medicine persisted throughout the Georgian period, but by the mid-eighteenth century some owners and wholesalers were involved with a range of medicines which they had not created. They were acquiring the medicines by one means or another, including purchase and inheritance. We have already seen in the introduction that John Newbery was a part-owner of Dr James's Fever Powder. In addition he was part of a four-man group that bought the right to sell Hooper's Pills in 1743, he agreed to sell three medicines owned by James Grosett in 1757, and he owned a share in a version of Dr Bateman's Pectoral Pills from 1761.[132] A major interest in five patent medicines was recorded in his will, though he created none of them himself.[133] At the same time, Cluer Dicey (1715–1775) was building a range of medicines for national distribution (Section 4.2A), advertising twenty-two medicines together in 1769.[134] Joseph

[129] ODNB, s.v. Joshua Ward.
[130] John Page, *Receipts for Preparing and Compounding the Principal Medicines Made Use of by the Late Mr Ward* (London, 1763), 28.
[131] G. S. Rousseau, ed., *The Letters and Papers of Sir John Hill, 1714-1775* (New York: AMS Press, 1982), xxviii & 189.
[132] Welsh, 18, 36 & 64-65.
[133] NA, Prob 11/935.
[134] *ABG*, 30 January 1769.

Collett, who styled himself as a 'dealer in medicines', took out patents for four different medicines between 1744 and 1758, and he later patented a urinary catheter.[135] Patent medicines had become consumer products to be handled by the commercial practices of the time, not just medical therapy at a distance. The owners and distributors of patent medicines from around 1760 onwards will be explored in Chapters 3 and 4.

As this industry grew up and replaced some, but not all, of the single-handed efforts of a more traditional type of owner, the print trades took on a dominant role within in it. Booksellers, printers and stationers had always been prominent amongst the owners and their agents, but many other trades had also been involved. Out of the 132 recorded English agents outside London for Daffy's Elixir in the 1670s and 1680s, nineteen were booksellers, only exceeded by twenty-one merchants.[136] But the agents also included coffee sellers, grocers, ship commanders, shoe makers, surgeons and other tradesmen. Porter characterised the early eighteenth-century retailing arrangements as being 'an oilman here, a cheesemonger there, this stationer, that coffee-house, or simply Mr So-and-so at the Duck and Drake'.[137] However by the start of our period, much of the distribution and retailing of patent medicines, together with some of the ownership, was in the hands of booksellers, printers and stationers, as we shall see in Chapters 4 and 5.

Thus the production, distribution and sale of these patent medicines at the start of our period around 1760 were different from these activities in the seventeenth century. In the earlier period, these medicines were closely linked to their inventors and many of them can be considered as a remote extension of their inventors' medical practice, which could be regular or irregular. Such practitioner owners persisted through the eighteenth century, but many of those involved with patent medicines from the middle of the century were tradesmen who were not medical practitioners, as we shall see. Some patent medicines remained an extended manifestation of a medical practice, but much of the making and selling of these medicines now constituted a separate industry with its own commercial practices and non-medical participants. In the next section, I will explore the overall demand for patent medicines which was produced by this commercial approach.

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[135] Woodcroft, *Abridgements*; Bennet Woodcroft, ed., *Titles of Patents of Invention, Chronologically Arranged* (London: Patent Office, 1854).
[136] Hancock and Wallis, 18.
[137] Porter, *Health*, 113.

1.5 Demand for Patent Medicines

Several historians have noted the expansion of medicine-taking, both regular and irregular, during the Georgian era.[138] The population of England more than doubled between 1771 and 1831, but the increase in medicine-taking was more than just the result of a larger number of consumers.[139] Roy Porter's assertion that 'Georgian England was becoming a medicated society, drunk on self-drugging' is somewhat melodramatic, but it does emphasise the importance of medicines to the people of that period.[140] All types of medicines became more popular, but this section will assess the prominence of patent medicines.

How often were patent medicines taken and by whom? Undoubtedly, they were widely used. Three examples from across the country are Mary Dennett, a member of the Isle of Wight gentry, describing her friends taking a patent medicine as an alternative to consulting a medical practitioner, Richard Latham, a Lancashire yeoman farmer, recording the purchase of at least thirty-five bottles or boxes of medicines in his accounts covering the last ten years of his life, and James Boswell's attraction to patent medicines for his recurrent episodes of venereal disease in London.[141] Also, Fanny Burney's respect for some patent medicines runs through her copious journals and letters, where she recommended Dr James's Fever Powder at least six times. Her most revealing entry is in a letter from Brussels to her husband, an Allied general, dated four to two days before the Battle of Waterloo. With the opposing armies manoeuvring and fighting only a few miles away, she had managed to buy three, urgently needed, patent medicines for her husband from a commercial traveller from Manchester.[142]

Several sources confirm the widespread sale of a large number of patent medicines. Indeed, the multiple medicine advertisements in nearly every issue of every provincial newspaper are testimony to their popularity.[143] Each advertisement for a medicine normally

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[138] Marina Benjamin, 'Medicine, Morality, and the Politics of Berkeley's Tar-Water', in *The Medical Enlightenment of the Eighteenth Century*, ed. by Andrew Cunningham and Roger French (Cambridge: CUP, 1990), 165-93 (177); Holloway, *Pharmaceutical* Society, 37; Roy Porter, and Dorothy Porter, 'The Rise of the English Drugs Industry: The Role of Thomas Corbyn', *Medical History*, 33 (1989), 277-95 (280); J. F. Kett, 'Provincial Medical Practice in England 1730-1815', *Journal of the History of Medicine and Allied Sciences*, 19 (1964), 17-29 (20); Fissell, 56.

[139] E. A. Wrigley and R. S. Schofield, *The Population History of England 1541-1871: A Reconstruction* (Cambridge: CUP, 1989), 208.

[140] Porter, *Health*, 43.

[141] Avril Pedley, ed., *A Georgian Marriage: The Family Papers of Sir Nash and Lady Grose 1761-1814* (Wimborne Minster: Dovecote Press, 2007), 113 and 228; Lorna Weatherill, ed., *The Account Book of Richard Latham 1724-1767* (Oxford: OUP, 1990); Porter and Porter, *Patient's Progress*, 104.

[142] Peter Hughes, ed., *The Journals and Letters of Fanny Burney (Madame D'Arblay): Vol.VIII* (Oxford: Clarendon Press, 1982), 209.

[143] For examples of the number of medicine advertisements see Appendix 1A, Table B.

cost at least four to six shillings in the 1770s, including excise duty, and rather more later as the duty progressively increased.[144] Even when a newspaper printer who was a medicine retailer was advertising his medicines in his own newspaper, each advertisement still cost at least the stamp duty of a minimum of two shillings: there was no such thing as a free advertisement. This torrent of advertisements would not have been affordable unless significant sales of these medicines were anticipated. Other publications corroborate their frequent use and their many varieties, such as an educational book on the different English trades, whose description of the typical chemist and druggist included 'he also sells numerous quack medicines'.[145]

Contemporary estimates also consistently reported that the number of patent medicines taken was considerable and growing. Edward Harrison summarised his reports from across the country as, 'empirical medicines of very pernicious effects are sold to an incredible amount'.[146] One surgeon reported to Harrison that sales of 'quack medicines' in his unidentified Suffolk town raised over £500 per year in stamp duty: this return implies a sale of many thousands, probably tens of thousands, of bottles or boxes in this single town each year.[147] These reports from practitioners, consistently describing a rising use of patent medicines, could be considered as special pleading for reform in the interests of regulars. However, this uniform increase is in contrast with the fluctuating number of empirics they recorded in their areas.[148] It seems unlikely that the consistent reports on the ubiquity of patent medicines in England during this period were a gross exaggeration.

These estimates of large sales reported by regular practitioners are confirmed by the fortunes made by some patent medicine owners and wholesalers. As we shall see in Chapters 3 and 4, Francis Newbery, Cluer Dicey and Nathaniel Godbold were able to purchase substantial estates and to join the local gentry. Amongst the less respectable owners, Samuel Solomon's large house and garden on the edge of Liverpool was for many years a symbol of homecoming as a traveller returned to Liverpool from London.[149] Even Francis Spilsbury, who, as we shall see in Section 3.4A, apparently owned and promoted only one medicine, set up a trust fund of four thousand pounds in his will.[150] This potential for earning a fortune

[144] Francis Spilsbury, *Free Thoughts on Quacks and Their Medicines* (London, 1776), xxxiii; T. R. Nevett, *Advertising in Britain: A History* (London: Heinemann, 1982), 18.
[145] *The Book of English Trades* (London: Rivington, 1821), 82.
[146] *MCR*, 13 (1806), cxlix.
[147] *MCR*, 13 (1806), xxxviii.
[148] See a reduction of empirics recorded in Essex and Middlesex, *MCR*, 13 (1806), lxxiv and lxxvii.
[149] J. A. Picton, *Memorials of Liverpool*, 2nd edn, 2 vols (London: Longmans, Green & Co, 1875), II, 223.
[150] NA, Will of Francis Spilsbury, Prob.11/1236/50.

from a secret patent medicine was reflected in the award of thirty thousand pounds by Parliament to Edward Jenner for making his technique of vaccination freely available to all.[151]

The clearest evidence of the extensive sale of patent medicines comes from taxation reports. As described in Section 2.4, after 1783 all patent medicine containers were required to have an attached excise stamp, which started at 1½d for medicines priced at one shilling or less and then increased progressively with the medicine prices.[152] We can use the revenue raised to estimate the total annual sales of the medicines. For example, in 1810 £41,201 was collected in England and Wales.[153] Using 4.4d as the average duty payable, based on the smallest quantity of each medicine advertised in Leeds and Birmingham newspapers (Table 2.3), this total means that the equivalent of about 2.2 million of the smallest bottles or boxes of patent medicines would have been sold across the country in 1810. I use the term equivalent because some medicines were sold in larger containers, which would reduce the number of bottles and boxes, but would not significantly diminish the total volume of medicine. Of course, this figure is only an estimate as many medicines were not advertised in these newspapers. Also, some advertised medicines would sell better than others, which would alter the figure for the average duty, and the duty collection was unlikely to be completely efficient. But cheaper products often sell better than more expensive ones, so these caveats could mean that this calculation is an underestimate rather than an exaggeration. It seems probable that at least two million bottles and boxes of patent medicines, or their equivalent volume in larger containers, were being sold annually in England and Wales by 1810. Loeb's comment that the mass market for patent medicines started around 1860 was wide of the mark.[154]

So the popularity of patent medicines is clear, but who took them is less apparent. Historians have provided a wide range of opinions, with Porter concluding that the high prices meant a market amongst the affluent, whereas Loudon had 'little doubt' that they were taken in the homes of the poor.[155] Contemporary accounts also came to different conclusions. For example, the surgeon Thomas Prosser described the takers of patent medicines as 'being mostly the lower sort of people, who live by industry or labour', while another source painted the opposite picture: 'the consumers of quack medicines are largely the wealthy but ignorant, superstitious old women and profligate rakes'.[156] A further opinion from an anonymous

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[151] Christine MacLeod, *Inventing the Industrial Revolution: The English Patent System, 1660-1800* (Cambridge: CUP, 1988), 193.
[152] George Kearsley, *Kearsley's Tax Tables 1808,* 146.
[153] *House of Commons Papers (Accounts and Papers),* ix, Finance Accounts of Great Britain, 20-21.
[154] Lori Loeb, 'Doctors and Patent Medicines in Modern Britain: Professionalism and Consumerism', *Albion,* 33 (2001), 404-25 (409).
[155] Porter, *Health*, 52; Loudon, *Medical Care*, 213.
[156] Thomas Prosser, *The Oeconomy of Quackery Considered* (London, 1777), 13; *Deadly Adulteration and Slow Poisoning* (London: Sherwood, Gilbert and Piper, 1830), 135.

physician focussed on the great and wise, who not only tolerated patent medicines, but could be among their most active supporters:

> You should consider, also, that many of the richest and greatest, and those who should be wisest, men in the nation (judges, bishops and peers), not only believe in quack medicines, and take great quantities of them, but are professed patrons of quacks, and allow their names to be used every day, in the common newspapers, as vouching for the efficacy of various quack medicines which they had employed in their own families, or on their own persons.[157]

At the other end of society, their price was a barrier for its poorer sections, but retailers could still supply a small quantity from a single bottle.[158]

These variable opinions on consumers, together with the large sale demonstrated by the taxation records, probably mean that patent medicines were taken by all sections of society, except the very poorest. In 1795, Joseph Townsend, a Wiltshire rector who had trained in physic at Edinburgh before taking holy orders, came to the same conclusion, and posed some questions on the medicines which will be explored in the next chapter:

> What reason can we assign then for the astonishing, and still increasing, demand for quack medicines and quack books? Whence is it that quack medicines and quack books are to be found, not merely among the lower classes of society, but in respectable families, and almost every house?[159]

1.6 Conclusion

Patent medicines were a prominent component of the late Georgian medical market. Starting as a remote extension of some form of regular or irregular practice, they developed an identity of their own as they became widely used and readily available to all but the poorest across the country. Yet positioning them within the medical market is not straightforward, particularly due to the uncertainties in classifying the people involved. The boundaries within the Georgian medical market were usually indistinct and porous. Whether we are considering medicines versus non-medicines, regular practitioners versus irregular practitioners, quacks versus other practitioners, or even medical practitioners versus educated lay people, attempts to create clear dividing lines often dissolve amongst the detail as the many exceptions and qualifications are brought forward.

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[157] *MCR*, 12 (1806), cliii.
[158] Spilsbury, *Discursory Thoughts*, 14.
[159] Joseph Townsend, *A Guide to Health* (London, 1795), vi.

However, the late Georgian medical market was not unstructured. Although it was almost entirely unregulated, it was not devoid of all restrictions. For example, the desire of some apothecaries to become civic worthies and the early attempts to form medical associations such as the Medical Society of London (1773) and the General Pharmaceutical Association of Great Britain (1794) imposed a few limits on the behaviour of some regulars.[160] The market was also subject to social pressures which checked medical profiteering and created an expectation of fair conduct.[161] When divisions were needed, for instance to decide whether a practitioner was regular or whether particular behaviour was acceptable, local opinion was often the determinant. This opinion could come from medical practitioners, regular or irregular, or lay people, depending on the circumstances. It could be a joint decision: three of the responses to Harrison's circular letter in 1806 on the local state of medical care came from joint meetings of regular practitioners and lay people. In creating the structures of this medical market, opinions, not rules, dominated.

By the beginning of the nineteenth century, millions of bottles or boxes of patent medicines were being sold every year in England. To assess further the role of patent medicines in the healthcare of the time, we need to know more about the opinions of the consumers and practitioners on both the medicines as a class and on individual examples. The opinion of the state, that is any official recognition granted to patent medicines, also shaped the market. The issues will be investigated in the next chapter on the status of patent medicines.

[160] Penelope Corfield, 'From Poison Peddlers to Civic Worthies: The Reputation of the Apothecaries in Georgian England', *Social History of Medicine,* 22 (2009), 1-21; *Regulations of the Medical Society of London* (London, 1775?); Loudon, *Medical Care*, 136.
[161] Jenner and Wallis, 13.

Chapter 2. The Contested Popular, Professional and Official Status of Patent Medicines

> Every man has a title to speak where his life or his health is concerned, and every man is entitled to suggest what he thinks may save the life of his friend.
>
> John Gregory, 1770[162]

Medical care in this period was far from being the exclusive responsibility of the medical professions and trades, whether regular or irregular. The above quotation from the first book in English on medical ethics illustrates this point by showing that even elite physicians recognised the role that all people had in maintaining both their own health and that of their fellows. John Gregory was the eminently respectable Professor of Physic at Edinburgh University and First Physician to George III in Scotland, and not, as this quoted remark might seem to imply, a Wesleyan proponent of self-help or an advocate of private nostrums. Thus all people were entitled to propose medical remedies for themselves and others, and many did. Furthermore, any required medical knowledge was open to all, professional or lay, who had acquired the appropriate level of education, and so these lay recommendations were not just based on individual experience or folklore.[163] Consequently, any consideration of patent medicines in late Georgian England must go beyond the knowledge and experience of regularly trained prescribers and medically interested writers, and encompass the opinions and activities of the whole community.

The fresh approach to late Georgian patent medicines in this thesis necessitates a reassessment of the status of these medicines. Indeed, most previous assessments have been limited in scope due to the underlying assumptions, described in the Introduction, which pre-judged this status and determined that it was modest and largely irrelevant. Once these assumptions have been discarded, we can explore the importance of patent medicines and their true position in the medical market. Understanding their status will also help to explain the structure and aims of the industry which was created to supply them.

Assessing the status of patent medicines is not easy. An evaluation should not be a repetition of the opinions of later medical practitioners and writers, as they sought to minimise the role of patent medicines in their own and earlier eras. Further, much of the evidence is

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[162] John Gregory, *Observations on the Duties and Offices of a Physician* (London: W.Strahan & T.Cadell, 1770), 32.

[163] Roy Porter, 'Laymen, Doctors and Medical Knowledge in the Eighteenth Century: The Evidence of the Gentleman's Magazine', in *Patients and Practitioners: Lay Perceptions of Medicine in Pre-Industrial Society*, ed. by Roy Porter (Cambridge: CUP, 1985), 283-314 (313).

indirect because the owners and consumers of patent medicines, unlike some physicians, rarely committed their thoughts to print. This is not necessarily a disadvantage: the day-to-day actions of the medical practitioners, the medicine owners, and the consumers will be more informative than single pieces of writing aimed at achieving a favourable impression. In this chapter, the status of patent medicines will be explored by means of a range of *contemporary* opinions, individual actions, government regulations and legal cases. Of these four types of sources, actions will often be best in revealing the true significance of patent medicines in the medical market. In that commercial environment, the events may be more reliable for historians than opinions which may reflect admirable, but unfulfilled, intentions.

The last chapter revealed that patent medicines were popular as self-administered therapy across late Georgian society. This chapter will first explore the reasons for this popularity amongst consumers. One motivation was their concerns about both the effectiveness and honesty of regular medical practice, particularly the compounding of preparations by local druggists and apothecaries. Further, patent medicines were a convenient form of self-help, especially in towns. More generally, buying new and fashionable products was prevalent in the developing eighteenth-century consumer society, and medicines were no exception to the rising demand for finished goods.

The chapter will then investigate the status of patent medicines amongst medical professionals. This was complex as many regular practitioners were critical of patent medicines, but others owned, used or recommended specific examples. Most regular practitioners, especially physicians, wanted to distance patent medicines from orthodox therapy for reasons of commercial competition, creation of a professional identity, or intended protection of the public; but, in comparison to later periods, many regulars were guarded in their criticisms and they understood the reasons for taking patent medicines. As part of this tolerance, many orthodox practitioners prescribed patent medicines from time to time, and some were prepared to develop and market their own.

Third, the chapter will examine the official status of patent medicines, by reconstructing both the system for patenting medicines and the effects of the government's medicine excise duty, neither of which has been specifically explored before. I will explain how the patent system gave the medicines authority and a form of copyright, and I will also describe the reasons why many owners did *not* seek this official recognition. The authority of the patent was largely, but not entirely, replaced by the excise stamp, introduced in 1783, which had the significant, though unintended, impact of apparently confirming the efficacy of the stamped medicines and implying a degree of expertise amongst the licensed vendors. For a time, the excise duty seems to have encouraged non-medical trades to sell patent medicines, reducing

the role of the druggists in this aspect of the medical market. Both of these legal devices gave the patent medicines a degree of official approval at a national level, at a time when orthodox therapy had none.

By the end of the chapter it will be clear that the status of patent medicines was contested, and was also adjustable for the convenience of both individuals and the government. Consumers took them when they seemed to be the most practical or effective therapy. The attitudes of the medical practitioners were strongly influenced by their aims within the medical market. For successive governments, the need to raise money took priority over any risks of attaching an official stamp to every bottle and box.

2.1 Why Take a Patent Medicine?

As a preliminary step, we need to consider briefly whether the rising demand for medicines resulted from an increase in ill health. But England in this period was not conspicuously unhealthy compared to earlier times: indeed the threat of major epidemics and food shortages had become rare, and several commentators, particularly Malthus, were becoming concerned about excess population growth.[164] Nevertheless, serious illness, both life-threatening and chronic, remained common. Life expectancy at birth did not exceed 40 years until about 1830,[165] and chronic illness not only reduced the quality of life but could also remove income by preventing sufferers from working.[166] Even in the absence of any significant current problem, the *threat* of future illness could encourage the consumption of preventative therapy. In addition, frequent mild symptoms were common, as they are for some people in all periods. For example, an analysis of the surviving portions of Dorothy Wordsworth's *Grasmere Journal* for 1800-1802 shows that out of a total of 21 recorded months, either Dorothy or William was described as being ill, not well, sick, or suffering from a headache or toothache on 87 days.[167] We can conclude that the incidence of disease was not rising substantially, but the population still had plenty of motives for taking medicines.

The question as to why consumers often took patent medicines, rather than orthodox preparations, can be regarded as anachronistic as it imposes twenty-first century assumptions

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[164] B. W. Clapp, *An Environmental History of Britain since the Industrial Revolution* (London: Longman, 1994), 2; Daunton, 4-6.
[165] Wrigley, 528.
[166] R. J. Morris, *Men, Women, and Property in England, 1780-1870: A Social and Economic History of Family Strategies Amongst the Leeds Middle Classes* (Cambridge: CUP, 2004), 10.
[167] Jonathan Wordsworth, ed., *Dorothy Wordsworth, The Grasmere Journal* (London: Michael Joseph, 1987).

of the minimal value of these medicines onto the dissimilar Georgian daily life. Espousing the attitudes of an unregulated medical market, the reply to the question might be - why not? Nevertheless an awareness of the reasons why patent medicines were sometimes preferred to regular therapy increases our understanding of their status amongst the lay public, and it also explains some of the methods of promotion which will be explored in later chapters. The concerns and inducements which swayed consumers' decisions on patent medicines will be discussed at several points in this thesis. In this section, I will argue that the growth in irregular medicines was specifically encouraged by a wariness of both the theory and practice of official medicine, and that self-medication, that is therapy chosen by the consumers without the advice of medical practitioners, had practical benefits. Some of these irregular medicines were prepared domestically, but, in line with the growing consumption of finished goods in Georgian society, many were purchased pre-prepared as patent medicines.

Members of all ranks of society displayed a wariness of both medical practitioners and their prescriptions.[168] One example is Mary Dennett, the daughter of a wealthy family staying at Bath in 1778, who quickly fell out with her physician, Dr Moysey, when he suggested a further consultation. She described it in a letter to her fiancé:

> He wrote me a prescription which I am to take four times, and then I suppose I am to consult him again, but I will see him hanged first. It is Tincture of Bark and Cheltenham Water; to be taken morning and evening. Nonsense - Nonsense! So much for Dr Moysey.[169]

Dr William Buchan, a strong advocate of lay medical information, found similar problems further down the social scale when he commented on self-dosing:

> Instances of this are daily met with amongst the ignorant peasants, who, while they absolutely refuse to take a medicine which has been prescribed by a physician, will swallow, with greediness, anything that is recommended to them by their credulous neighbours.[170]

Orthodox practitioners were intermittently distrusted for several reasons. One was an impression that internal medicine was unable to deal with many problems and it had been held back from realising its full potential by the deficiencies of regular physicians. John Gregory, Professor of Physic in Edinburgh, who was quoted at the start of this chapter, was uncomfortable about the current state of medical knowledge in 1770:

> The science of physic has been sometimes advancing, sometimes declining; it has been subjected to the fate of the different systems of philosophy that have prevailed, besides

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[168] Porter and Porter, *Patient's Progress*, 101; Wild, 19.
[169] Pedley, 126.
[170] William Buchan, *Domestic Medicine* 6th edn (Edinburgh: 1779), xx.

> being sometimes disgraced by peculiar follies of its own; its only genuine source, observation and experiment, has been corrupted by fraud, credulity, and a heated imagination, while men of genius and learning, because they were not physicians, have kept at a distance, as if it had been a matter in which they were not interested.[171]

Even in a long, critical, article on empiricism Duncan Forbes, an Edinburgh physician, expressed similar thoughts when he wrote that the 'science of medicine' was behind other branches of human knowledge in 'progressing towards maturity'.[172]

Others, especially John Wesley, felt that corruption ran deeper and that practitioners were inclined to maximise the number of medicines prescribed and to prolong their administration as much as possible for financial gain.[173] For example, Boswell thought that his surgeon Andrew Douglas wanted to prolong treatment in this manner even though he was also a friend.[174] Francis Spilsbury, a patent medicine proprietor (Section 3.4A), similarly asserted that the faculty used a large quantity of useless medicines for financial benefit, subjecting the patient to an unnecessarily unpleasant and extended illness.[175] As a medicine owner, Spilsbury was not a disinterested observer, but in this fully argued pamphlet he was seeking support for patent medicines and would not have made this claim unless he felt that it would be believed by at least some of his readers. In addition the regulars' therapy was often thought to be unnecessarily rigorous. As we shall see in Section 6.2B, patent medicine advertisements sometimes emphasised the product's gentleness and lack of interference with daily life in contrast with regular therapy. This concern for the hardships of orthodoxy was also described by Spilsbury, who unpleasantly wrote that the regulars felt that they must open all the 'doors' to let the 'enemy', that is the illness, out:

> To this effect, the poor patient is served with a medicine to vomit, and sometimes (oh! dreadful to relate) to operate all-fours at once; that is to say, they purge, they vomit, they sweat and they urine all together.[176]

In addition to this distrust of the motives and methods of regular practitioners, some consumers were also concerned that the regular medications were not made up correctly. An anonymous 1830 book asserted that nine tenths of drugs prescribed by regular practitioners were adulterated by 'unprincipled druggists' to increase their profits.[177] In 1811, the anonymous 'Medicus', who was proposing Parliamentary legislation to control medicines, described in some detail how medicines were made carelessly by untrained 'boys' or

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[171] Gregory, *Observations*, 172.
[172] Forbes (1805), 438.
[173] John Wesley, *Primitive Physic*, 23rd edn (London, 1791), vii.
[174] Cited in Wild, 23.
[175] Spilsbury, *Free Thoughts on Quacks*, xi.
[176] Spilsbury, *Free Thoughts on Quacks*, 77.
[177] *Deadly Adulteration*, 127.

deliberately adulterated: 'Scarcely a single article which is sold either to the public or the apothecaries, is prepared according to the directions of the Pharmacopeia'.[178] He also made a sweeping, unproven, estimate of the consequences of incorrect medicine compounding:

> I very seriously doubt whether more human beings have been killed or disabled since the commencement of the war on the peninsula, by the sword of the enemy, or by adulterated drugs of these retailers of poison.[179]

Whether they were true or not, doubts about the quality of locally produced medicines favoured the purchase of the patent variety, normally made up by a single apparent expert to a uniform standard. As we shall see in Section 6.2C, advertisers made good use of these concerns. The perceptions of dishonesty and incompetence amongst both medical practitioners and medicine suppliers would encourage the purchase of patent medicines and other forms of self-help, regardless of whether the accusations were correct. Forbes summed up a common assessment when he wrote that the backward state of medical knowledge and the actions of regular physicians ensured that the healing art was 'too frequently entrusted to the interested pretensions of nefarious quacks, and to the far less dangerous prescriptions of superannuated females'.[180]

Doubts about regular medicine promoted self-help. Medicines for self-help could either be made within the household or purchased from druggists or patent medicine vendors. The best-selling proponent of domestic self-help was John Wesley's *Primitive Physic* which was in press in multiple editions well into the nineteenth century: it provided lists of many self-prepared remedies which could be tried for all the common conditions. Wesley emphasised the safety and acceptability of domestic medicines in his preface: 'So that every man of common sense (unless in some rare cases) may prescribe either to himself or his neighbour: and may be very secure from doing harm, even where he can do no good'.[181] Domestic medicines also had practical and financial advantages, and both these types of benefit were well described in the preface to *The Country Housewife's Family Companion* which ended the summary the book's contents as follows:

> […] many receits of plain, cheap, experienced medicines and the cures they have made in country families, with many other most serviceable matters, by which poor families, and those that live some distance from a town, may become their own physician and surgeon, and probably many lives thereby saved, as well as chargeable bills prevented.[182]

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[178] Medicus, *Adulteration*, 31.
[179] Medicus, *Adulteration*, 31.
[180] Forbes (1805), 438.
[181] Wesley, 23rd edn, viii.
[182] W. Ellis, *The Country Housewife's Family Companion* (London: 1750), ii.

For many, however, self-help took the form of buying pre-prepared medicines from booksellers, druggists and other retailers as will be described in Chapter 5. Some of these purchased medicines had well-known recipes and could also be prepared at home, but many were patent medicines with a secret composition. The patent medicines came pre-packaged with clear indications for use and printed instructions, and they were designed to be taken without any local medical advice. The vendor could emphasise the care of its preparation at a central source in contrast to the dangerous efforts of local druggists. One reason amongst many for buying patent medicines was that they fulfilled a role as the commercial equivalent of domestic medicines. With the rapid urbanisation in our period, many people were separated from the stable, often rural, domestic life, which was the normal setting for these home-prepared receipts. If city dwellers or travellers, especially those without family support, wanted to treat their ailments themselves, a patent medicine could provide the equivalent of a home-made medicine.[183] This desired resemblance is demonstrated by the names of some patent medicines which imply a similar composition to a domestic medicine made from simple vegetable ingredients. Thus in 1807 the following medicines were advertised in the four studied newspapers (for more details of the medicines, see Appendix 3):

Dr Brodum's Botanical Syrup
Godbold's Vegetable Balsam
Taylor's Essence of Jamaican Ginger
Oxley's Essence of Jamaica Ginger
Whitehead's Essence of Mustard
Cundell's Balsam of Honey
Essence of Coltsfoot (a herb)
Balsam of Liquorice
De Velno's Vegetable Syrup
De Velno's Vegetable Pills

Hill's extensive range of named herbal medicines has already been mentioned in Section 1.4. For some, the patent medicines provided an available commercial equivalent of the familiar medicines prepared at home.

However, the upsurge in patent medicine use was more than just a commercial replacement for domestic remedies. The environment of the eighteenth-century consumer society allowed these medicines to thrive as alternative therapies to the orthodox. The consumer society has been well described by many social historians since the late twentieth century, who concluded that an increasing number of people had surplus income which could be spent on produced goods.[184] Consumers were prepared to search out medicines with the help of

[183] Fissell, 38.
[184] Neil McKendrick, John Brewer, and J. H. Plumb, eds., *The Birth of a Consumer Society: The Commercialization of Eighteenth-Century England* (London: Europa, 1982); John Brewer, and Roy Porter, eds., *Consumption and the World of Goods* (London: Routledge, 1994); Maxine Berg, *Luxury and Pleasure in Eighteenth-Century Britain* (Oxford: OUP, 2005).

publicity and to pay for them. By this period many consumers had enough money to buy expensive medicines: a large bottle of a high-priced medicine could cost over a pound.[185]

The London physician Samuel Fothergill reflected the power of this growing consumption of finished products when he wrote that regular physicians needed to promote their orthodox medicines more effectively to compete with patent medicines and other types of therapy: 'If we do not promise more for the effect of our medicines than experience authorises, it is very likely they will not be taken.'[186] The opponents of patent medicines claimed that the public was being persuaded to buy medicines for diseases they did not have. As an anonymous pamphlet reported:

> Many credulous and foolish people in this island, especially in the metropolis, are very opulent, and often imagine themselves indisposed when only labouring under the torpor of indolence. Such beings will purchase any nostrum, however ridiculous.[187]

Fashion and novelty were integral features of this growing consumption of patent medicines, just as much as they were important for activities such as the sale of clothes, tea drinking or horse racing.[188] Fashion was led by the superior members of society and, as we shall see in Section 6.3, some advertisements reported that the medicines were used by the aristocracy, the gentry and other members of the higher ranks. Other advertisements were utilising fashion, amongst other promotional tools, when they stressed the recommendations by friends and neighbours. Novelty was reflected in the testimonials which demonstrated that trying out a new medicine could solve the medical problem.

In addition, the permitted conspicuous consumption of the time could also reinforce patent medicine sales by allowing proprietors who were also irregular practitioners to flaunt their wealth, encouraging a belief that the large income must be derived from a very effective product. One such proprietor was the well-known Samuel Solomon, a colourful medicine proprietor of humble origin and also without regular medical training in spite of his MD (Section 3.7B). A contemporary account described how he purchased an estate near Liverpool and rode around in a four-wheeled carriage for all to see.[189] William Brodum (Section 3.7A) was another example.

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[185] For an extreme example, a large bottle of Solomon's popular Cordial Balm of Gilead was priced at 33 shillings (*ABG*, 14 January 1822).
[186] Samuel Fothergill, 'An Account of the Practice of one of the Physicians of the Westminster General Dispensary', *MPJ*, 18 (1807), 284-86 (285).
[187] *Quack Doctors Dissected*, (Gloucester, 1805?), 25.
[188] McKendrick, 40-45; Berg, 247-50; J. H. Plumb, 'Commercialisation and Society', in *The Birth of a Consumer Society*, 263-334 (273-74); Mike Huggins, *Flat Racing and British Society 1790-1914: A Social and Economic History* (London: Frank Cass, 2000), 18.
[189] Denizen of Liverpool, 'Samuel Solomon M D', *The Scourge*, 2 (1811), 287-303 (297).

To summarise, in the Georgian medical market, choosing to take a patent medicine instead of, or as well as, a visit to a medical practitioner, whether regular or irregular, was a rational decision. It was encouraged by the practical convenience of self-help, and also by a distrust of regular medicine in general and more specifically the local compounding of medicines. The growing consumption of finished products of many kinds in the eighteenth century directed patients towards new, publicised, and more expensive medicines, rather than just encouraging a withdrawal into domestic remedies or folk cures. The public were taking patent medicines in growing numbers: we now need to explore the response of the regular practitioners to this threatening development.

2.2 Attitudes of Regular Practitioners to Patent Medicines

In the Introduction, I discussed the problems with the historiography of patent medicines from this period, particularly the assumption that these medicines were ineffective in comparison to regular therapy, and so amounted to a confidence trick on the consumer. However, we have no evidence that they were any more or less effective than the remedies prescribed by the regular medical practitioners: indeed they contained similar ingredients.[190] I will argue in this section that the boundaries between regular therapy and patent medicines were ill-defined, and that the antipathy of the regular practitioners to patent medicines was not as deep and widespread as has previously been reported. Thus the use of patent, or secret, remedies was, at times, acceptable to regular practitioners and a few of these remedies became orthodox treatments. Criticisms of patent medicines could be trenchant, especially from some surgeons and apothecaries who were in direct commercial competition, but the leading physicians of the day were often sympathetic to their use in certain circumstances. Further, many regularly trained practitioners developed secret remedies for their own use or for commercial exploitation, without suffering undue censure.[191]

A. Opinions of Regulars

Some patent medicines became recognised as part of orthodox therapy and were prescribed by regular physicians, surgeons and apothecaries. The best-known example was Dr James's Fever Powder, which featured in the Introduction. Created in 1743, this powder was formulated and part-owned by Robert James, a London physician who was also well-

[190] Porter, *Health*, 24; Helfand, 15.
[191] As we have seen in the Introduction, a secret recipe was the key feature of a patent medicine.

known for his three-volume *Medicinal Dictionary*.[192] With claimed sales of over 80,000 doses a year in the 1760s, the powder quickly became part of orthodox therapy.[193] Indeed, William Buchan, in his *Domestic Medicine*, regarded it as the accepted medical standard for some fevers, and the apothecary William White referred to it as one of two orthodox antimonial preparations.[194] Attempts at copying were only partly successful and it remained a secret remedy from a single wholesaler: it was still being advertised as a patent medicine in newspapers in 1822 with a confident endorsement as 'the greatest discovery in medicine during the last century'.[195] Another patent medicine, Anderson's Scots Pills, was also recommended by the regular physicians, including William Cullen in a postal consultation in 1770.[196] Other patent medicines, such as Godfrey's Cordial and Dover's powder, were being frequently used by regular practitioners in this period.[197] Thomas Fowler, a York physician, described Dover's Powder as 'a very efficacious remedy in the treatment of both the acute and chronic rheumatism'.[198] John Hunter expressed the feelings of some regular practitioners when he felt that the important consideration was whether the treatment worked, not whether it was derived from regular or 'quack' medicines.[199] This ill-defined boundary between regular and irregular therapy was well demonstrated by the difficulties of demarcating patent medicines for the purposes of the 1783 Medicines Act, as described later in this chapter: the replacement 1785 Act attempted to resolve the problem by listing eighty-five of them in an accompanying schedule.

Most patent medicines nevertheless remained outside orthodox therapy and could be described by regulars in very unflattering terms. Words used by a few of Harrison's correspondents (Appendix 1B) included 'trash', 'abominable impositions', 'composed of the most pernicious materials';[200] though more of these correspondents used relatively neutral descriptions such as 'quack' or 'empirical' medicines. In general, the criticisms of patent medicines by the regulars were gentler up to about 1820 than later in the nineteenth century. Thus even a 1777 pamphlet written by Thomas Prosser, a Wrexham surgeon, in order to condemn patent medicines, recognised that the risk of harm by these medicines was low, and that 'many excellent medicines are advertised, as they are imitations of the compositions of the

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[192] Welsh, 21.
[193] Porter, *Health*, 45.
[194] Buchan, 6th edn, 726; William White, *Observations on the Use of Dr James's Powder, Tartar Emetic and Other Antimonial Preparations in Fevers* (London: T. Cadell, 1774), 6.
[195] 'The Messrs. Newbery', *Chemist and Druggist*, 15 (1874), 112-16 (115); *LI*, 4 February 1822.
[196] Wild, 201.
[197] Porter and Porter, *Patient's* Progress, 107.
[198] *MCR*, 2 (1795), 176.
[199] Wendy Moore, 'John Hunter: Learning from Natural Experiments, "Placebos", and the State of Mind of a Patient in the 18th Century', *Journal of the Royal Society of Medicine, 102* (2009), 394-96, (395).
[200] *MCR*, 13 (1806), xcviii and cvi.

common dispensatories'.[201] An anonymous 'eminent physician', writing to the *Medical and Chirurgical Review*, went a stage further by recognising that patent medicines were useful in resistant conditions and 'imaginary disorders', when regular therapy had little to offer:

> What can an honest physician do with an hysterical fine lady, or a fanciful hypochondriac who has got all the diseases in all systems of nosology, and ten times more; or with a gouty lord, or a guzzling alderman, or a greasy bishop?[202]

This type of low-key censure of patent medicines, accompanied by some understanding, is found in the writings of John Gregory and Thomas Percival. As pioneers in medical ethics, they were concerned about the correct behaviour of medical practitioners and they were also physicians with impeccable reputations.[203] They criticised the medicines, but were also sympathetic to their use in certain circumstances. John Gregory issued a qualified condemnation in 1770:

> It is further alledged, that some of the best remedies were originally introduced as secrets, though discredited by the regular physicians. But allowing this to be true, yet I am persuaded, that these nostrums, on the whole, do much more hurt than good to mankind;[204]

For Gregory, the problem with patent medicines was the lack of a trained practitioner to guide the patient, not the medicines themselves. As a result he regarded them as 'one of the greatest public nuisances under which we labour in Great Britain'.[205] Two years later, in a revised version of the original work, he recognised that patent medicines and other forms of self-help did have a role:

> Cases are continually occurring of people labouring under diseases, who can have no access to the assistance of one of the faculty. It would be barbarous to hinder those from using such remedies as appeared to them most likely to afford them relief, or to prohibit a friend or a bystander from giving their assistance in such a situation.[206]

A generation later, Thomas Percival, a leading Manchester physician, wrote in *Medical Ethics*, a work which had received the 'approbation or assistance' of Erasmus Darwin, William Withering, Archdeacon Paley, and William Heberden amongst many others, that quack

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[201] Prosser, 2.
[202] *MCR*, 12 (1806), clvi.
[203] For summaries of their contributions to medical ethics: Robert Baker, and Laurence McCullough, 'The Discourses of Philosophical Medical Ethics', in *The Cambridge World History of Medical Ethics*, ed. by Robert Baker and Laurence McCullough (Cambridge: CUP, 2009), 281-309; Laurence McCullough, 'The Discourses of Practitioners in Eighteenth-Century Britain', in *The Cambridge World History of Medical Ethics*, 403-13.
[204] Gregory, *Observations*, 56.
[205] Gregory, *Observations*, 57.
[206] John Gregory, *Lectures on the Duties and Qualifications of a Physician*, new edn (London, 1772), 230.

medicines 'should be discouraged by the faculty, as disgraceful to the profession, injurious to health, and often destructive even of life'.[207] He recognised, however, that some patients, especially those with 'lingering disorders', had confidence in them, and he observed that 'in these cases, some indulgence seems to be required to a credulity that is insurmountable. And the patient should neither incur the displeasure of the physician, nor be entirely deserted by him'.[208]

Percival also seemed to be making a distinction between secret, but potentially effective, medicines, and those based solely on bluff and salesmanship. In regard to the former, he observed that 'no physician or surgeon should dispense a secret *nostrum*, whether it be by his invention, or exclusive property'.[209] This implied that apothecaries and chemists *could* devise a patent medicine: one example might be the Calcined Magnesia created by his close friend Thomas Henry, a Manchester apothecary, though the secrecy of this medicine was debatable (Section 3.5A). Percival's observation also seems to suggest that physicians and surgeons could use a secret remedy if they did not own it, or had not been involved in its creation. In contrast, on the same page Percival roundly condemned ineffective 'quack' medicines, observing: 'And if mystery alone give it value and importance, such craft implies either disgraceful ignorance, or fraudulent avarice'.[210] Thus two leading physicians were critical of patent medicines, but they regarded the prescription and consumption of patent medicines as being tolerable under certain circumstances.

B. Development of Patent Medicines by Regulars

Surgeons and apothecaries, and occasionally physicians, did develop secret medicines in this period, providing a link between orthodoxy and patent medicines. More physicians produced secret remedies before our period. One example is John Colbatch, a London physician knighted in 1716, who devised his vulnerary powder for wounds in the 1690s.[211] Another example, Robert James, has already been mentioned. However, by the late Georgian period examples of ownership by regular physicians are rare. Those that did devise patent medicines after 1760 include James himself who patented his Analeptic Pills in 1774 and Robert Priestley, a Leeds physician, who advertised a secret anti-bilious powder (Section 3.5B).[212] However, most regular physicians seem to have become cautious about creating

[207] Thomas Percival, *Medical Ethics* (Manchester: Russell, 1803), 44.
[208] Percival, 45.
[209] Percival, 45.
[210] Percival, 45.
[211] Harold J. Cook, 'Practical Medicine and the British Armed Forces after the "Glorious Revolution"', *Medical History,* 34 (1990), 1-26 (19).
[212] Appendix 4; Robert Priestley, *A Few Interesting Remarks on Bilious Disorders and Yellow Fever* (Leeds: Thomas Gill, 1798).

secret remedies. One example of this reluctance was Glass's Magnesia, which had largely been invented by Thomas Glass, a prominent Exeter physician; but Thomas passed it to his brother Samuel Glass, an Oxford surgeon, to own and sell it.[213] The cause of this reluctance was probably the need for a successful late eighteenth-century physician to attain the qualities of a gentleman and remain at a distance from commercial activity.[214] The London physician William Fordyce supplied an example of the importance of such a reputation to a physician. As a surgeon, he had patented a stomach pill in 1763, but ten years later he had become a physician and, though well aware of the commercial potential of his fever powder, he felt unable to sell it as a patent medicine:

> Had I been more ambitious of dying a rich man, than of living a useful member of Society, the powers of our Prophylactic Powder in preventing putrid fevers, or of nipping them in the bud, […], would have remained a secret while I lived.[215]

Both surgeons and apothecaries were more prepared than physicians to create secret remedies. These remedies can be divided into two types. One type was a new formulation which could be named after the inventor/owner and then be nationally publicised and distributed. Samuel Glass actively promoted his magnesia in the 1760s, and an advertisement claimed that it 'far exceeds every other' in purity and goodness.[216] Edmund Swinfen, a surgeon-apothecary and major of Leicester, provided other examples in the 1790s, with his Swinfen's Electuary for stone and gravel, Swinfen's Worm Cakes, and several other medicines bearing his name.[217] Edward Galliard, an Edinburgh apothecary, proposed that his antimonial febrifuge, the Edinburgh Powder, should be distributed from London, with the recipe kept secret.[218] In 1783, Edward Jenner, at the time an ambitious Gloucestershire surgeon-apothecary, intended to sell his own secret Tartar Emetic, and he corresponded with his friend and teacher John Hunter on the best methods of doing so.[219] Hunter emphasised the importance of maintaining the secrecy of the Tartar Emetic's recipe – 'I would also desire you to burn your book, for you will have all the world making it'.[220] For unknown reasons, Jenner did not go ahead with his plans.

The other type of secret medicine created by regular practitioners was a composition used solely in their own practice, or within a small circle of regulars. These medicines do not

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[213] *ODNB*, s.v. Thomas Glass.
[214] For a discussion of the need for physicians to display gentlemanly conduct see Wild, 10-21.
[215] From the final paragraph of William Fordyce, *A New Enquiry into the Causes, Symptoms and Cure, of Putrid and Inflammatory Fevers* (London: T. Cadell, 1773), 228.
[216] *ABG*, 1 January 1781.
[217] *ABG*, 21 April 1794; Holloway, *Pharmaceutical Society*, 50.
[218] Edward Galliard, *The Use and Abuse of Antimonial Medicines* (London: John Murray, 1773), 38.
[219] Stephen Paget, *John Hunter: Man of Science and Surgeon (1728-1793)* (London: Fisher Unwin, 1897), 164-67.
[220] Paget, 164.

fulfil my criteria for a patent medicine as they were not advertised, but they do confirm that some regulars were comfortable with owned, secret, remedies. Richard Greene, a surgeon-apothecary who was also an alderman and sheriff in Lichfield, used such a remedy made from rhubarb in his practice, and was reluctant to divulge the composition even to his brother.[221] Bradford Wilmer, a surgeon, described in his published case records the recipe of a secret remedy for pulmonary disease which had been passed from one Coventry master apothecary to his apprentice over many years.[222] These secret, unpublicised, remedies used by regulars may have been common, but the records of them are necessarily scanty.

To summarise, the regulars recognised a separation between orthodox and patent medicines, and they frequently criticised the latter, sometimes forcibly. Nonetheless, there were also links between the two, as the regulars prescribed patent medicines at times, and they often recognised that both types of medicines had similar ingredients and effects. Physicians tempered their criticisms with practical understanding, while the surgeons and apothecaries sometimes created their own secret remedies. Thus patent medicines were not shunned by regular practitioners as they were to be later in the nineteenth century. These views of the regular practitioners are relevant to the positioning of patent medicines within the medical market; but the fate of the medicines in that market was determined by the consumers, not by the practitioners. In the next two sections, we shall see how the standing of patent medicines amongst the general public was enhanced by the patent system and by the medicine stamp duty, both of which gave patent medicines an apparent official recognition.

2.3 Official Recognition: The Royal Patent

The contemporary exploitation of the term ‘patent medicine’ for most owned and advertised medicines, as discussed in the Introduction, implied that all such medicines were *capable* of being patented, and also shared properties with those that were recognised in this way. The result was that the eighteenth-century patent system was not only a component of the status of the patented minority of these medicines, but it was also in the background for the status of all of them, irrespective of their legal position. How important was the patent system for patent medicines? The patent system might be expected to have an essential role in a product which was named after it. However medicine owners rarely trusted the system to enforce a fourteen year monopoly for their recipe, the official aim of a patent: they preferred

[221] *ODNB*, s.v. Richard Greene; Levi Fox, ed., *The Correspondence of the Reverend Joseph Greene: Parson, Schoolmaster and Antiquary 1712-1790* (London: H.M. Stationery Office, 1965), 133.
[222] Joan Lane, 'Eighteenth-Century Medical Practice: A Case Study of Bradford Wilmer, Surgeon of Coventry, 1737-1813', *Social History of Medicine*, 3 (1990), 369-86 (375).

to rely on the secrecy of the recipe. They employed patents as a form of authority for promotion and also as a means of copyrighting the medicines' names. The patent system was not essential to patent medicines, which would have existed without such a system, albeit with a different appellation. Indeed, many of the benefits of the patent system were provided more efficiently after 1783 by the medicine excise stamp.

To understand the role of the patent system for these medicines, we need to explore how the patent system worked in the period, first in general and then specifically for medicines, and also how it changed, often inadvertently. Such an exploration is complicated, because the patent system during this period was largely an ill-defined system derived from usage, rather than from specific statutes or clear legal precedents: changes came about gradually by legal decisions on individual cases or by practical constraints, rather than as a result of considered planning.

A. The English Patent System

The discussion of the English patent system as a whole and how it changed during the Georgian period, draws extensively on the work of Christine MacLeod amongst others.[223] The principles underlying the patent system will be described, followed by a discussion of the specification, which was a key component for medicine patentees. The patent system was cumbersome and of uncertain effectiveness: some inventors preferred to avoid it. In the following sub-section, the reasons for and against patenting medicines will be investigated.

The patent was derived from the old concept of the letters patent; that is a grant from the sovereign of any rights or privileges by means of an open document that could be read by anybody. By stages, a patent came to mean the granting of a temporary monopoly for the use and sale of a new product. This was a gradual process over at least three centuries before the first overall statuary provision in the 1852 Patent Law Amendment Act. The 1624 Monopolies Act has been regarded as the foundation of the patent system before 1852; but it should be emphasised that this act only excluded patents from the limitations of the king's powers to grant monopolies.[224] The act allowed the existing system of conferring temporary monopolies for new inventions to continue, but it was not a clear statuary provision for patents. The overall

[223] MacLeod.
[224] MacLeod, 15.

number of patents granted annually rose sharply in our period, with 14 granted in 1760, 96 in 1800, and 180 in 1830.[225]

But what did the owner have to do in exchange for this monopoly? The *principle* behind the eighteenth-century, and later, patents was that the patentee benefitted from the fourteen year monopoly in exchange for discovering, and eventually allowing widespread use of, a new product. Before 1734 a written specification for the product was optional: it was rare before 1711 and it was submitted by about a fifth of the successful applicants during 1711-1734, before becoming standard practice after 1734.[226] However the required content of the specification was unclear until 1778 when Lord Mansfield in *Liardet* v. *Johnson* determined that the patentee should ensure that the specification was sufficient for a skilled tradesman to use it without further experimentation after the patent had expired.[227] So for much of the century, the patent specification did not have to reveal the full details of the new product. Indeed the specification did not have to be submitted until after, usually one to four months after, the patent had been granted: it was not part of the approval process. Thus its main purpose until the late eighteenth century was not to inform the public of the details of the product: it was used to clarify the nature of the patented product for later defence against any legal challenges over priority or novelty.

The uptake of the patent system by inventors was variable. James Watt and Matthew Boulton obtained eight between them, whereas Josiah Wedgwood only patented one of his many new production methods.[228] In addition to the costs and inconvenience of obtaining a patent, the potential applicant had to decide whether the benefits of legal protection, and perhaps favourable publicity, outweighed the commercial risks of wider dissemination of the product's details. Showing your hand might be fatal to the prospects of a mechanical invention which could be readily imitated. The risks were heightened by rivals being able to enter a caveat with the office dealing with the patent so that they would be notified of any application in their area of interest *before* the application was processed.[229] In addition, the policing of a patent was left to the courts, with the Privy Council giving up all its few remaining powers to intervene in 1752.[230] The maintenance of the patent's monopoly was in the hands of individual judges with little legal precedent to ensure consistent decision-making, and recourse to the courts was

[225] H. I. Dutton, *The Patent System and Inventive Activity During the Industrial Revolution 1750-1852* (Manchester: Manchester University Press, 1984), 2.
[226] MacLeod, 49.
[227] William Cornish, 'Secrecy and Evolution of an Early Patent System', in *Patents and Technological Progress in a Globalized World*, ed. by Martin J. Adelman and others (Berlin: Springer-Verlag, 2009), 751-61 (754).
[228] Woodcroft, *Alphabetical Index*, 59, 599 and 602.
[229] Dutton, 35.
[230] MacLeod, 59.

expensive. Thus the uncertain benefits of a patent, coupled with the risks of encouraging imitation and the costs of the application, deterred some from applying for them. On the other hand, products where the exact specification could be easily concealed, such as chemical processes, and where the prestige of a royal patent would increase their value, were good candidates for patents. Medicines fitted into both of these categories.

B. Patenting Medicines in Georgian England

This sub-section provides the first systematic assessment of medicine patents and patentees in Georgian England. As described in the Introduction, only a minority of patent medicines had ever been patented, and even fewer had a current patent issued in the previous fourteen years. Nevertheless, many medicines did receive this form of royal approval, especially in the mid-eighteenth century when the patenting of other products was much less frequent than later in the century. This patchy uptake of the patent and the fall in demand for it after the mid-century peak indicate that, as with other products, there were both benefits and disadvantages of patenting medicines. This sub-section will explain these pros and cons for medicines, and will show that the evolving patent system, together with social and commercial changes, initially encouraged and then discouraged applications.

The research is based on the records of Bennet Woodcroft and colleagues, who in the 1850s and 1860s turned the previous patent records, hand written on legal rolls scattered over three offices, into printed and catalogued registers. In particular, they published abridged specification summaries of patents relating to medicine, surgery and dentistry in a single volume, allowing me to extract the patents dealing with medicines and then to look at the description of their patentees in a separate chronological index.[231] The few historians who have looked again at the original rolls confirm that Woodcroft's records are reliable.[232] Some details of *all* the medicine patentees and their medicines up to 1830, the end of my study period, have been collected in Appendix 4.

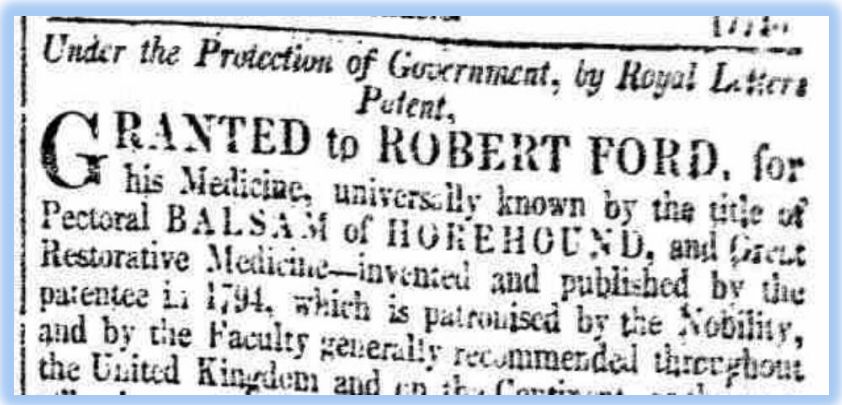
Patenting medicines was a new phenomenon in the early eighteenth century, as we saw in Section 1.4. The patenting of medicines continued throughout the Georgian period, with a mid-eighteenth-century peak (Fig. 2.2). By 1830, 118 medicines had been patented by 109 applicants, with four medicines having more than one patentee and ten patentees submitting more than one medicine (Appendix 4). Two patentees were women. However, many owned, secret, medicines were not patented, even those which were advertised in newspapers and might be expected to benefit from this royal seal of approval. For example, Brown found that

[231] Woodcroft, *Abridgements*: Woodcroft, *Titles*. Unless otherwise specified, information on individual patents in this chapter was obtained from these sources.
[232] Christine MacLeod, personal communication, 26 November 2012.

five of the ten most advertised medicines in Bath newspapers of the period were not patented, and the majority of medicines advertised in Leeds newspapers during the studied periods in 1781, 1794 and 1807 had also not received a patent.[233] Furthermore, many medicine owners only sought a patent after their medicine had been available for several years: Francis Spilsbury introduced his antiscorbutic drops around 1770, but only patented them in 1792.[234] Another example of a long delay before patenting was Ford's Pectoral Balsam of Horehound as shown in Figure 2.1. So what were the benefits of patenting medicines and why did many owners prefer to do without them?

We also need to consider the striking finding that medicine patenting was predominately, albeit not entirely, confined to the period 1740-1805. Figure 2.2 shows that medicine patenting peaked in the mid-eighteenth century, followed by a gradual decline. This decline is even more striking when we consider the progressive increase in the overall number of all types of patents from around 1770.[235] In addition, nine of the seventeen medicine patents issued during 1806-1830 were described as 'improved' or 'new formulation', and another one without a specification was probably not legal, leaving only seven completed applications for new products during these twenty-five years. Why was this so? I will first discuss the benefits and disadvantages of patents for medicines, and then I will explore the reasons for this pronounced rise and fall in patent grants during the eighteenth century.

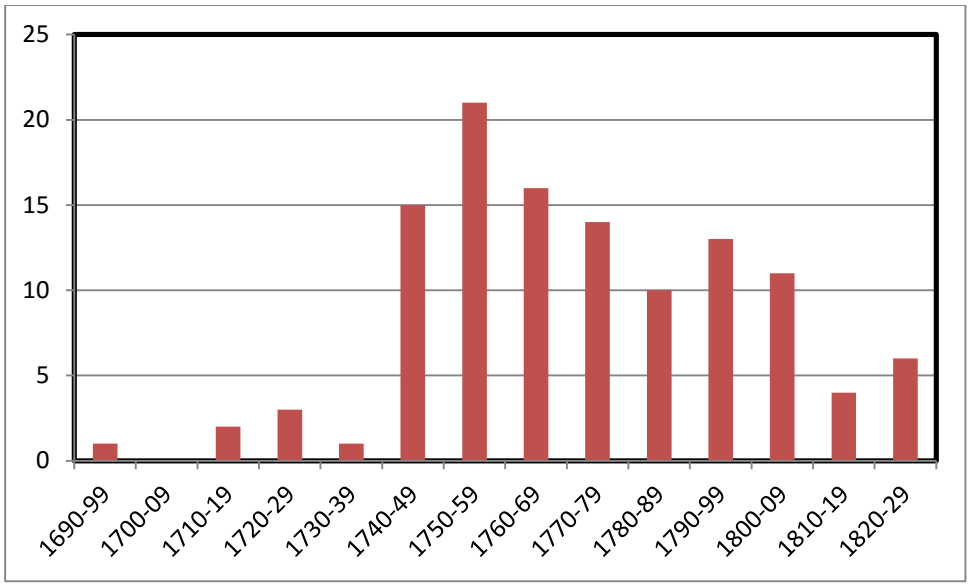
Figure 2.1. *Top of an advertisement for Pectoral Balsam of Horehound in the Salisbury and Winchester Journal, 7 January 1822 (BNA, British Library). Ford's Pectoral Balsam of Horehound was patented in 1816, apparently twenty-two years after its introduction. Note the government authority conveyed by the heading.*


Under the Protection of Government, by Royal Letters Patent,

GRANTED to ROBERT FORD, for his Medicine, universally known by the title of Pectoral BALSAM of HOREHOUND, and Great Restorative Medicine—invented and published by the patentee in 1794, which is patronised by the Nobility, and by the Faculty generally recommended throughout the United Kingdom and

[233] P. S. Brown, 'Medicines Advertised', 153-56.
[234] *GM*, 63 (1793), 773.
[235] Dutton, 2.

Figure 2.2. *Number of patented medicines per decade.*



The intended benefit of the patent system for a medicine owner was to ensure that his recipe could not be copied for a period, a form of temporary property retention. In theory, the owner had fourteen years to publicise and sell his medicine unhampered by imitations. But the medicine owners showed little confidence that they could achieve this solely on the legal authority of the patent. For the patent to be effective in this way, it had to be defendable in the courts, which, as we have seen, was always going to be unpredictable. But particularly for medicines, the specification did not normally reveal the detailed composition of the product; nor would the composition of the imitation be known exactly.[236] So a precise comparison of the two recipes would be impossible, and a prosecution of an apparently copied recipe would be unlikely to succeed. Owners preferred to rely on secrecy to retain their monopoly of the medicine's recipe:[237] this monopoly persisted for as long as the recipe remained hidden, which was often considerably longer than the patent's fourteen years.

In practice, the owners utilised the legal benefit of the patent in a different way by attempting to exploit it as a form of copyright for the medicine's name in an era when only printed works officially received this protection. An owner often wished to prevent the imitation of the medicine's name, rather than, as the patent system was supposed to do, the imitation of the medicine's contents. These attempts could prosper, as shown by Richard Stoughton's successful 1721 prosecution of William Wilkinson for a number of offences

[236] Joseph Gabriel, *Medical Monopoly: Intellectual Property Rights and the Origins of the Modern Pharmaceutical Industry* (London: University of Chicago Press, 2014), 23.
[237] Gabriel, 19; MacLeod, 95.

against his patented medicine, including Wilkinson's imitation of publicity materials and using a nearby warehouse.[238] In 1783, Lord Mansfield confirmed in his judgement on *Singleton* v. *Bolton* that the name of a patented medicine possessed more protection against reproduction than that of an unpatented one.[239] According to a newspaper advertisement in 1807, Ebenezer Sibly's successor had successfully obtained an injunction from the Lord Chancellor forbidding the use by a competitor of the name of the Reanimating Solar Tincture, which Sibly had patented in 1795.[240] Away from the rare cases which entered the courts, Francis Spilsbury's widow (Section 3.4A) advertised in 1794 that she was now the sole proprietor and patentee, and that part of the reason for her late husband getting a patent was to protect the public from 'spurious compositions'.[241] In other words he had wanted to prevent different medicines being sold with the same name, not to prevent duplication of his recipe. Most owners would probably have been less unhappy for the recipe of their medicines to be reproduced than for the names to be copied.

The major reason for patenting was to gain a sheen of respectability and authority by procuring an apparent royal or government approval.[242] This was in spite of the fact that medicine patents were granted for fulfilling legal requirements, not on grounds of efficacy. The basis of this authority could be stretched to include additional dignitaries, as shown in an undated handbill for Jackson's British Balsam of Health, patented 1752 (Fig. 2.3). It is very unlikely that the archbishop or members of the House of Lords mentioned in the bill were conversant with this patent. Unlike bills, newspaper advertisements did not print royal crests, but they often included the patent in their headings (Fig. 2.1), as will be discussed further in Section 6.3.

This official authority enhanced the standing of patented medicines, and, at least in the mid-eighteenth century, a patent was thought to increase sales significantly. For example, Mary Schwanberg, concerned about the effects of the patented Dr James's Fever Powder on the sales of her unpatented Universal Powder, wrote that 'the demand for the same has greatly decreased […] wholly owing to James having obtained such letters patent'.[243] As we saw in the Introduction, the authority bestowed by the patent could also be stretched to encompass the whole of the owner's, or the wholesaler's, range of medicines.

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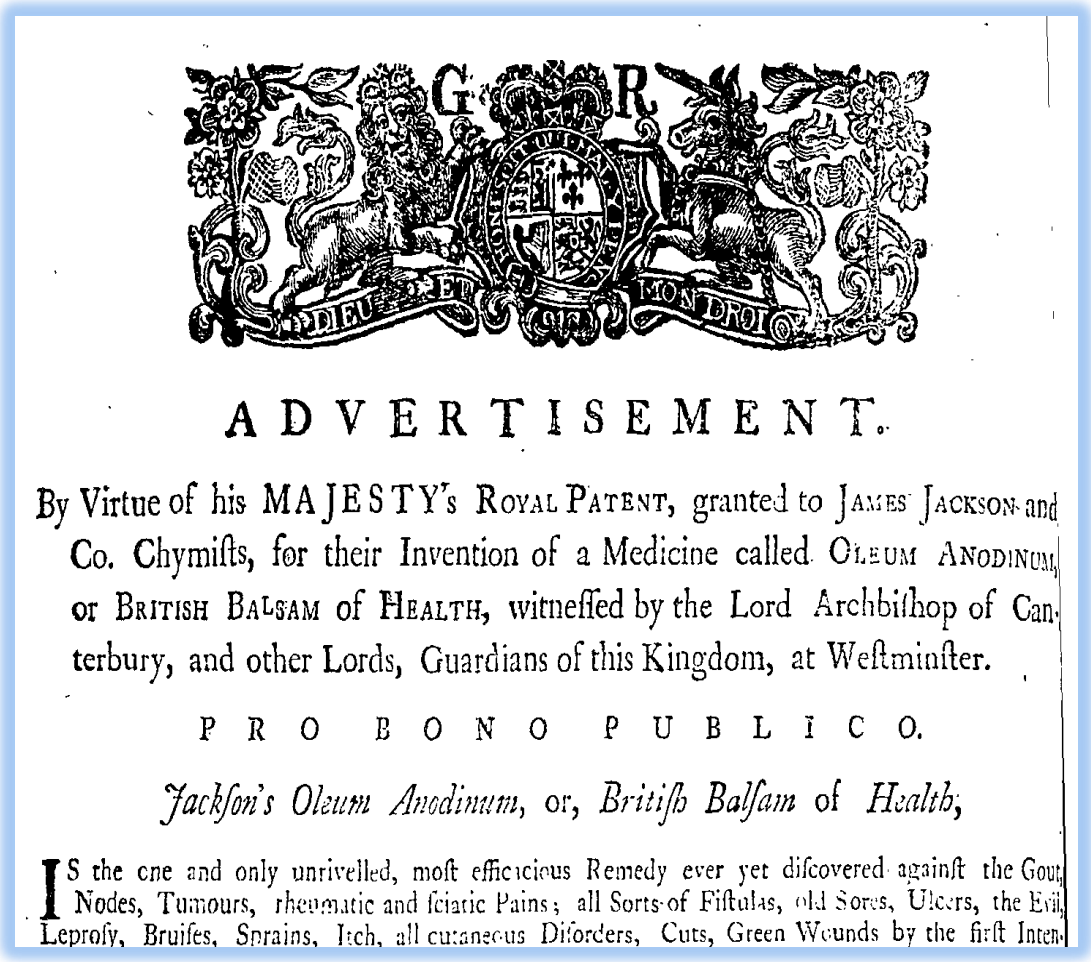
[238] MacLeod, 85.
[239] Lionel Bently, 'The First Trademark Case at Common Law? The Story of *Singleton* v. *Bolton* (1783)', *UC Davis Law Review*, 47 (2014), 969-1014 (989).
[240] *LM*, 17 January 1807.
[241] *ABG*, 6 January 1794.
[242] MacLeod, 86.
[243] MacLeod, 86.

Figure 2.3. *Top of a handbill for Jackson's British Balsam of Health (c.1760) attempting to add the authority of the Church and the House of Lords to the royal command (ECCO, British Library). Note the large royal crest dominating the bill.*



ADVERTISEMENT.

By Virtue of his MAJESTY's ROYAL PATENT, granted to JAMES JACKSON and Co. Chymiſts, for their Invention of a Medicine called OLEUM ANODINUM, or BRITISH BALSAM of HEALTH, witneſſed by the Lord Archbiſhop of Canterbury, and other Lords, Guardians of this Kingdom, at Weſtminſter.

PRO BONO PUBLICO.

Jackſon's Oleum Anodinum, or, *Britiſh Balſam* of *Health*;

IS the one and only unrivelled, moſt efficacious Remedy ever yet diſcovered againſt the Gout, Nodes, Tumours, rheumatic and ſciatic Pains; all Sorts of Fiſtulas, old Sores, Ulcers, the Evil, Leproſy, Bruiſes, Sprains, Itch, all cutaneous Diſorders, Cuts, Green Wounds by the firſt Inten-

In obtaining the patent, the owner did not normally run a risk, in the mid-eighteenth century, of the patent specification allowing a competitor to duplicate the medicine. How was this sleight of hand achieved? In this era, chemical processes were difficult to describe on paper as they relied on empirical experience and on subjective assessments, such as the taste of a substance. Also, the patentee could be deliberately obscure about the chemistry, secure in the knowledge that the specification only had to be submitted after the patent had been granted. In his 1747 specification, Dr James concealed the true nature of his fever powder by using a mixture of precise terms – 'in an unglazed earthen vessel' – and vague descriptions ─ 'adding to it from time to time any animal oil and salt'.[244] Before Lord Mansfield's judgement in 1778, the specification was not required to explain the production process in any detail, and

[244] Messrs. Newbery, 115.

James freely admitted that: 'in my specification I mention no particular salt, but reserve to myself the choice of whatever salt I find by experience to answer my purposes best'.[245] He was so successful in this disguise that efforts to copy his powder after the patent had expired, including one commissioned by the Apothecaries Company, had only limited efficacy, and 'Pulvis Jacobi Vera' was still being ordered for the Army and Navy in the 1870s.[246] Even after 1778, owners could decide to submit a vague specification and accept the added risk of a legal challenge.[247]

With these commercial and legal benefits, and only a small risk of the composition being reproduced, at least up to 1778, why did most medicines not possess a patent? No records were routinely kept for any application which was declined, so we do not know if some of the applications for these medicines had been rejected. An occasional example of a medicine failing to obtain a patent can be found;[248] but it seems that such rejections were uncommon, at least after a formal request had been submitted. So we can conclude that the owners of most unpatented medicines had not applied for one.

A major reason for not applying for a medicine patent was that the expense and time required to acquire one was not thought to be worthwhile. The procedure was laid down in the 1536 Clerks Act which was designed to generate fees for unsalaried officials. The application had to go through up to ten offices on different sites, with the applicant paying fees at each stage and being responsible for steering it through. The only stage which was not normally a formality was the Attorney or Solicitor General's Office which had to decide whether the application was legal, not whether it was original: this office usually relied on a statement from the applicant that it was a novelty.[249] Obtaining a patent for England would cost £100-120 plus the cost of any legal assistance, with a similar sum for each of Scotland and Ireland if required: patents for the whole of the United Kingdom were only available from 1852.[250] An application would also require the patentee, or his representative, to be in London for one or two months; patent agents only appeared in the early nineteenth century.

The required cumbersome procedure in London seems to have deterred medicine owners from outside the south east of England, including those with several available medicines who did not obtain any patents such as Samuel Solomon in Liverpool, Edmund Swinfen in Leicester, G. Ramsay in Penrith, and John Lignum in Manchester. Seventy-four of the ninety-five

[245] MacLeod, 62.
[246] Messrs. Newbery, 115.
[247] MacLeod, 50.
[248] In 1774 the Lord Chancellor refused to approve a patent for a genital wash to prevent VD, on the grounds of public decency (Appendix 4).
[249] MacLeod, 41.
[250] Dutton, 35.

patentees with recorded addresses came from London or the Home Counties (Appendix 4). Also, the potential commercial benefits had to be weighed against the enormous upfront costs of a patent: the total fees of £100-120 would have been a good annual income for a skilled artisan. This explains why patents were sometimes sought only after the medicine had been available, and presumably profitable, for several years.

Another reason for not seeking a patent was a possible reduction in the status of the proprietor. In the first half of the eighteenth century physicians and other medical practitioners, such as Robert James, applied for patents as mentioned earlier in the chapter: but in the late Georgian period this became rarer. For example, Henry's Calcined Magnesia, owned by Thomas Henry of Manchester, a leading chemist and apothecary (Section 3.5A), was heavily advertised from the mid-1770s until at least 1822 and was very profitable, but it remained unpatented until Henry's son, William, patented it as a chemical process, as opposed to a medicine, in 1816. Advertisements for medicines which were owned by regular practitioners and also patented often omitted a reference to the patent, so providing evidence that medicine patents might diminish the regulars' status. Such a claim in an advertisement was simple to make, requiring as a minimum only one word such as 'patent' or 'patented'. Thus, in the two Leeds newspapers in the first half of 1781, seven out of a total of thirty-nine advertised medicines claimed a patent, though only one had been granted in the previous fourteen years: none of these patented medicines was associated with a current medical practitioner. In contrast, in the same newspapers, two others which *had* received a patent in the previous fourteen years, Dr James's Analeptic Pills and Norton's Maredant's Drops, did *not* mention this award in their advertisements, probably because both were linked with a current practitioner. In the late Georgian period, practitioners who were medicine owners were reluctant to be associated with patenting, and other owners, who tried to position their medicines as close as possible to regular therapy, probably followed their example. The possession of a patent did not always enhance the standing of a medicine, particularly if the owner was a regular practitioner.

These pros and cons for medicine patenting persisted throughout the whole Georgian period. Why did medicine patenting rise and then wither in the eighteenth century? The increase towards the middle of the century can be associated with the development of a patent medicines industry (Section 1.4). Selling more medicines across the country needed better publicity and improved branding: both were enhanced by the authority of the royal patent. Also, the participants in the industry had become more commercially aware, and they were probably seeking greater protection for their property, however uncertain that protection might be. Thus not only were more medicines coming to the market, but there was also a greater perceived benefit from obtaining a patent.

However, the *suddenness* of the increase in 1740s is more difficult to explain: the patent medicines industry developed over several decades. Owners have not left records of their decisions on patenting and only the following conjecture is possible. At the beginning of the century, there was little incentive and precedent to patent medicines. Then, as the national markets developed, the specification requirements in the patent system probably held back medicine patenting. Proprietors were always concerned about retaining the secrecy of their recipe to maintain their commercial advantage, and the specification attached to a patent had, in theory, the potential to reveal it to a competitor. So, none of the seven patentees up to 1734, when the specification was only an option, chose to provide one. After this date, as we have seen, a specification was compulsory, and, probably as a result, no medicine patent was granted until 1742. In other words, not a single specification for a medicine was submitted before this date, nearly half a century after Grew's patent. From 1742 the number of medicine patents grew rapidly, with seven granted in 1744 alone. It seems that it took a few years from 1734 for potential patentees to realise that the specification for a chemical process, such as making a medicine, did not have to be sufficiently detailed to allow reproduction. Once this had been appreciated, medicines could be freely patented without the immediate risk of a direct copy, and a sudden surge in medicine patenting was the result. The owners of medicines which had not yet been patented might feel obliged to join in.

The reasons for the decline in medicine patenting towards the end of the century, at a time when overall patenting activity in England was increasing sharply, were multiple. One probable reason which has already been mentioned was Lord Mansfield's judgement in 1778 that the specification should enable others to produce the patented item once the patent had expired. Once again, the specification was threatening the secrecy of a patented medicine, though several more legal judgements were required before the specification became fully informative.[251] A further reason was a growing concern that the owner's professional or social standing might be reduced by the acquisition of a patent: proprietors usually wished to emphasise philanthropy rather than personal gain. By the early nineteenth century, patent medicines were coming under more concerted attack by the proponents of medical reform, preventing patent applications by anybody who wished to remain within the orthodox medical professions. In short, for a variety of reasons, patenting of medicines was going out of fashion.

In addition, a major cause of the decline in medical patenting in the late eighteenth century was the introduction of the medicine excise stamp, another official device which could itself provide many of the benefits of the patent, but with much less expense and inconvenience. The stamp was a printed label with a central crown, which was provided by the stamp office

[251] Cornish, 755.

and was stuck over the stopper of the bottle, or on the box of pills. How the excise stamp influenced the status of patent medicines will be discussed in the next section.

To summarise, patents were less important to patent medicines than this generic term implies. Some medicine owners did apply for a patent to increase the prestige of their medicines, but not usually to prevent imitation of the contents, which was achieved more easily and effectively by keeping the recipe a closely guarded secret. The main legal benefit of the patent was the possible protection of the medicine's name, an early example of copyrighting, not the protection of its composition. However the majority of owners did not bother, or could not afford, to seek a patent. We can speculate that if the patent system had been abolished before the late Georgian period, the descriptive name of these medicines would have been altered, but it is unlikely that their creation, manufacturing or selling would have changed significantly.

2.4 Official Recognition: The Medicine Excise Stamp

When an excise duty on patent medicines was introduced in 1783, this was solely for the purpose of raising revenue. However the duty was collected by an excise stamp, which was applied to every single bottle and box of a patent medicine sold in England, and it had the inadvertent effect of bestowing an apparent government approval on both the medicines and, to a lesser extent, their vendors. This not only enhanced the standing of patent medicines, but did so more conveniently than the patent. The stamp also provided a form of copyright which was simpler, cheaper and possibly more effective than a patent. In addition, the accompanying regulations for the excise duty required all vendors to take out an official licence which augmented the status of some, and the regulations probably influenced the sale of patent medicines by ensuring that druggists were discouraged from the publicised vending of these products for a period of twenty years.

This account will summarise the key features of the prolonged legislative action to introduce and improve the excise duty for patent medicines. Although the six Acts between 1783 and 1812 created a duty on many medicines lasting a century and a half, and had several unintended consequences, no coherent account of them has been written. Even authoritative histories of pharmacy largely ignore them; for example Holloway's chronicle on the Royal Pharmaceutical Society only contains a brief mention of the Acts.[252] Yet they raise a series of important questions which impinge on both the status of patent medicines and the methods of

[252] Holloway, *Pharmaceutical Society*, 36.

the patent medicines industry. Why were the initial Acts ineffective, for instance? How much revenue was indeed raised and were the Acts successful in the longer term? What were the effects of the apparent official recognition of patent medicines on selling and using them? What were the consequences of the initial discouragement of selling patent medicines by regulars? For this account, I will first summarise the results of these Medicine Acts which were passed in two main batches, one in 1783 and 1785 followed by another in 1802, 1803 and 1804, together with a tightening-up Act in 1812. I will then go on to consider the effects of the Acts in providing official authority and a means of copyrighting, finishing with an assessment of their influence on the involvement of druggists in the selling of patent medicines.

One problem in answering these questions is that the Medicines Acts were regarded in Parliament as purely tax-raising devices and seem to have generated minimal contemporary interest, apart from the amount of revenue obtained, with the result that contemporary descriptions and comments are sparse. No Parliamentary Commission or Committee seems to have specifically looked into medicines between 1780 and 1840. As regards the outcome of the legislation, sources outside Parliament have proved useful, particularly *Kearsley's Tax Tables*, an annual publication which explained current, especially new, taxation arrangements for a general commercial readership; several editions have survived for the period 1786-1808. Taking the evidence together, the end-product of the legislation is fairly clear, but it is much harder to see at which stage of each parliamentary process the previous law was changed and why. The practical interpretation of the Acts can also be uncertain as, in the absence of considered, official, judgements, the surviving descriptions inevitably have an element of special pleading by aggrieved witnesses.

Lord John Cavendish introduced the excise tax on patent medicines amongst a string of additional revenue raising measures in his 1783 Budget. An additional £560,000 per year was needed to finance the extra interest on the now enormous national debt after the American War. Cavendish expected that it would generate £15,000 per year, quickly revised to an estimate of £30,000, once the practical issues had been sorted out. He was reported as saying 'Quack medicines he thought very proper objects of taxation; and he believed the House would be surprised at the sum that he had good grounds that a tax on them would produce'.[253]

However he was initially proved wrong in both assumptions; the 1783 Medicines Act produced strong opposition and very little revenue. Overall, it required five more Acts of Parliament before Cavendish's aims were fully achieved nearly thirty years later; he also failed

[253] William Cobbett, *Cobbett's Parliamentary History of England*, 36 vols (London: R. Bagshaw, 1806-1820), XXIII, 934.

to anticipate that the six Acts would have wider effects than just raising money, in that they altered the standing, use and distribution of the taxed medicines. One such effect was to give these medicines, and their vendors, an official recognition by the state, or, as usually expressed at that time, by the King; orthodox, prescribed, preparations had no such status. Another effect was temporarily to discourage apothecaries and druggists from promoting advertised medicines, leaving the market wide open to other tradesmen, especially printers and booksellers.

The 1783 Medicines Act was poorly drafted in that it sought to tax both *some* medicine vendors and *some* medicines, without being able to define either satisfactorily. Vendors 'who were not regularly bred to the profession of doctors, Exc.' had to take out an annual licence, which generated additional revenue and allowed their sales to be monitored:[254] regular vendors, defined as those who had been apprenticed to a surgeon, apothecary or druggist, or had been an army or naval surgeon, were not included. Irregular vendors who had dealt solely in medicines without selling anything else for the previous three years were also excluded; this additional exemption inevitably led to disputes as the boundary between medicines and other articles was difficult to delineate.

The result of the 1783 Act was confusion. Three large London medicine owners and wholesalers, Francis Newbery, Thomas Dicey and Hilton Wray (Sections 3.3 and 4.2A) initially took out licences: then, acting in concert, they refused to renew them after a year and were taken to Court by the Stamp Office.[255] Newbery and Dicey were acquitted, but Wray was found guilty because he had sold two small tooth brushes and tooth powder which were categorised as perfumery, and he was consequently no longer exempt as a long-standing specialised medicine seller. No significant revenue seems to have been obtained under this Act, as later Parliamentary revenue figures regard stamp duty income from medicines as starting with the 1785 Act, with 1784 not appearing in tables of annual totals.[256]

The main thrust of the 1785 Act was to tax the medicines, rather than to tax both the medicines and the medicine vendors.[257] The principles stated in the Act were that the unpatented medicines to be included were the ones that remained secret in composition, had a claimed ownership, and were advertised. In practice, however, deciding if a medicine should be taxed was often difficult. Many of the features of the earlier Act were retained, but the main changes were to define more clearly which medicines should be taxed and to limit the

[254] Cobbett, XXIII, 935.
[255] Spilsbury, *Discursory Thoughts*, 48-52.
[256] For example, *House of Commons Sessional Papers of the Eighteenth Century*, vol. 50, 361.
[257] *Kearsley's Tax Tables 1786*, 88-94.

Table 2.1. *Medicine stamp duties in the 1785 Act (Kearsley's Tax Tables 1786,* 88).

Medicine price	Stamp duty
1s or less	1½d
>1s to 2s 6d	3d
>2s 6d to <5s	6d
5s or more	1s

exemptions to 'regular bred' surgeons, apothecaries, chemists and druggists. A schedule of eighty-five medicines to be taxed was produced with the Act and others were to be included if they fulfilled the specified criteria. Depending on the medicine price, the stamp duty varied from 'one penny halfpenny' to one shilling (Table 2.1). Vendors were also required to take out an annual licence, costing twenty shillings in London and five shillings elsewhere.

The 1785 Act did produce revenue from medicines (Table 2.2) but not as much as was anticipated or required. The Act had planned an annual net revenue to the Treasury of £30,000, although it might take several years to achieve it. However, the income received did not increase over several years from 1786, and remained less than half the intended amount. The target revenue of £30,000 per year was not to be reached without further legislation, which followed early in the next century.

The rush of Parliamentary activity on medicine taxation from 1802 to 1804, with Medicines Acts in the first two years and a more general Stamp Act in 1804, aimed to increase the medicine revenue by ensuring that more medicines were taxed, by increasing the duties, and by promoting better compliance. These three Acts were a small component of a widespread increase in excise duties to help finance the war with France. In the absence of any detailed

Table 2.2. *Medicine excise duty revenue for England (selected calendar years).*

	Gross Revenue (£)	**Net Revenue to Exchequer** (£)
1786		12,708[258]
1790		11,292[259]
1801		12,945[260]
1810	41,201	35,857[261]

[258] *House of Commons Sessional Papers for the Eighteenth Century*, vol.50, 409.
[259] *Parliamentary Register 1780-96*, vol.28, appendix C.
[260] *House of Commons Papers (Accounts and Papers)*, iii, Public Income of Great Britain, 28-29.
[261] *House of Commons Papers (Accounts and Papers)*, ix, Finance Accounts of Great Britain, 20-21.

Parliamentary reports, it is hard to discover which Act introduced a particular change, and the Acts can best be regarded as a single piece of legislation, introduced over three years. As a result of these Acts, *all* medicine vendors, proprietors, and manufacturers had to be licensed; regular practitioners were no longer excluded.[262] The number of specified medicines to be taxed rose from 85 to 440,[263] and others were included under general descriptions such as all tooth powders and tinctures, and all lozenges.[264] It was made clearer that the first person to handle the medicine was responsible for fixing the stamp, and rewards for informers were specified. The new duties with more high-level bands are shown in table 2.3.

These Acts more than doubled the revenue from medicines and achieved the earlier revenue target of £30,000 per year (Table 2.2). The apothecaries and druggists were unhappy about their effects and several petitions were received by both Houses, for example from the druggists of Plymouth, Tavistock and Sheffield.[265] However, I have yet to find any complaints from the irregular medicine vendors, mostly booksellers, stationers, and printers, who were perhaps gratified that the regulars were being taxed in a similar fashion to themselves. The 1812 Medicines Act produced so little initial impact that it was largely ignored by the parliamentary records. Its main effect was to widen the scope of medicines to include mineral waters and other products, and the number of taxed medicines in the official schedule rose to over 1,300 by 1830, a considerable increase from the 440 in 1804.[266]

Table 2.3. *Medicine stamp duties from 1802 (Kearsley's Tax Tables 1808), and their frequency for the smallest bottle or box of medicines advertised in the studied Leeds and Birmingham newspapers in 1807. This frequency is used for the estimation of the annual sales of patent medicines in Section 1.5.*

Medicine price	**Stamp Duty**	% of advertised medicines in the 1807 newspapers
1s or less	1½d	20
>1s to 2s 6d	3d	54
>2s 6d to 4s	6d	11
>4s to 10s	1s	15
>10s to 20s	2s	-
>20s to 30s	3s	-
>30s to 50s	10s	-
>50s	20s	-

[262] George Kearsley, *Kearsley's Tax Tables 1808* (London, 1808), 119.
[263] *House of Commons Papers (Accounts and Papers*), viii, 636.
[264] *Kearsley's Tax Tables 1808*, 155.
[265] *House of Commons Journal*, 58 (1803), 35, 60 and 79.
[266] *House of Commons Papers (Accounts and Papers)*, xxv, 518.

Figure 2.4. *1½d medicine excise stamps printed with the names of Francis Newbery and Dicey & Co and a signed stamp (courtesy of the Thackray Museum, Leeds).*

For the Medicines Acts to be successful in raising money, an efficient method of tax collection was required, and the resulting medicine stamps had an important influence on patent medicine selling. Designs varied over time, but all the stamps had an engraving of the crown which was positioned over the cork and the stamps were then stuck to the side of the bottle by two wings (Fig. 2.4). The same stamps were also stuck to boxes of pills or other containers. Some of the stamps up to 1819 had four wings in a cruciform pattern.[267] For each value of excise duty, the stamps had a different design and colour, and the names of the larger owners

[267] R. G. Booth, *A Catalogue of the Revenue Stamps of the U K, Isle of Man, Channel Islands and Eire. Vol. 2* (Hexham, Northumberland: Tim Clutterbuck, 1982), A138.

and wholesalers were engraved on them. The stamps were bought from the Stamp Office in London or one of its nationwide agents, with a discount for large orders. The method was in itself simple and effective, with the government's revenue being obtained in advance of any sale; but universal implementation was crucial. As always in this period, forgery was taken very seriously, and it did occur (Fig. 2.5). An extreme case was Thomas Collicott, a London medicine vendor, who was sentenced to death, later commuted to transportation, at the Old Bailey in 1812 for what seems to have been a fairly crude forgery of the six penny stamp.[268] Maximising revenue required strict enforcement: it is hard to know whether this was successfully accomplished, but it was certainly attempted.

So the Medicines Acts eventually achieved their single purpose of raising the required amount of government income. What, however, were their other consequences? The most significant was that they enhanced the standing of *all* patent medicines by bestowing a degree of official recognition and authority which was denied to orthodox therapy. The physical presence of the official stamp, with a crown at its centre, on every bottle or box gave each medicine an unintended respectability, which was visible with every new purchase. Furthermore, allowing the larger vendors to have their own names engraved on the stamp, as shown in Figure 2.4, linked them with the apparent official endorsement; this promoted both the creation and the recognition of a brand, essential components for maintaining a premium price. The stamp also carried a strong implication that the medicine was effective. The newspaper advertisers were not slow to promote this authority as we shall see in Section 6.3.

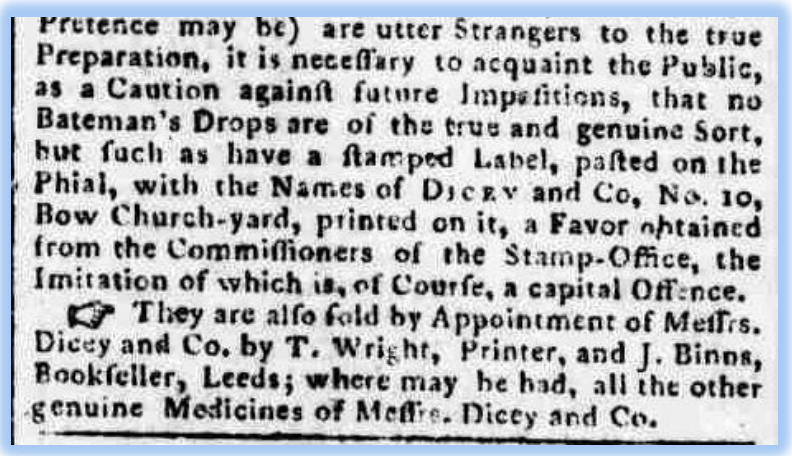
Figure 2.5. *Forged, unnamed, medicine excise stamps (courtesy of the Thackray Museum, Leeds).*

[268] *OBPO*, 1812, Thomas Collicott.

A particular advantage of the excise stamp in comparison to the expensive, cumbersome, patent was that there was no additional cost or inconvenience in obtaining this form of official endorsement for all patent medicines; the duty had to be paid anyway. Like the patent, the excise stamp could be a form of copyrighting, but it was backed by much clearer laws than the patenting system, was not limited to fourteen years, and posed no threat to the secrecy of the recipe. The printing of the names, or the signatures, of the owners or wholesalers on the excise stamp made it more difficult for a counterfeiter to sell his own medicine under the original name. Copying the stamp would be forgery. Furthermore, in comparison to the uncertain case law supporting a patent, the excise stamp had been created by recent statuary law with clear mechanisms and penalties, particularly after the revisions of 1802-4. Proprietors were not slow to advertise that imitating the stamp was a felony and the possibility of the death penalty could be mentioned (Fig. 2.6). Figure 6.12 shows how the excise stamp replaced the patent as a promotional tool in newspaper advertisements. Some owners did continue to obtain patents after 1783. However they now had a new, cheaper, universal, system available to them and the excise stamp contributed to the declining importance of the medicine patent in the late Georgian period.

In addition, the licensed medicine retailers, as well as the wholesalers, also obtained a form of official recognition, at a time when regular surgeons, apothecaries and druggists had no form of general licensing. Francis Spilsbury claimed in 1785 that medicine vendors were

Figure 2.6. *Bottom of an advertisement for Dr Bateman's Pectoral Drops (LI, 10 March 1794), reminding readers that imitating the stamp could attract the death penalty (BNA, British Library). A Dicey & Co stamp is shown in Figure 2.4.*


Pretence may be) are utter Strangers to the true Preparation, it is neceſſary to acquaint the Public, as a Caution againſt future Impoſitions, that no Bateman's Drops are of the true and genuine Sort, but ſuch as have a ſtamped Label, paſted on the Phial, with the Names of Dicey and Co, No. 10, Bow Church-yard, printed on it, a Favor obtained from the Commiſſioners of the Stamp-Office, the Imitation of which is, of Courſe, a capital Offence.

☞ They are alſo ſold by Appointment of Meſſrs. Dicey and Co. by T. Wright, Printer, and J. Binns, Bookſeller, Leeds; where may be had, all the other genuine Medicines of Meſſrs. Dicey and Co.

starting to add M.L. (Medicinae Licentiatus) after their names, though the practice does not seem to have been widespread.[269] By 1830, opposition to this official recognition of both the medicines and their vendors could generate intemperate views, as shown in a Commons petition from a member of the Inner Temple who had 'long regretted that the vile and destructive trade of tampering with the lives and health of the community should have received a legal and authoritative sanction and protection by virtue of the Stamp Duty on the villainous trash'.[270] Thus, whatever the grumbles from patent medicine vendors in the 1780s about the new Medicine Acts, a vociferous opponent recognised the considerable commercial benefits conferred by the Acts upon the patent medicines industry. Only from 1885 did the stamps carry the caveat 'This stamp implies no government guarantee'.[271]

An additional consequence of the 1783 and 1785 Acts on the retailing of patent medicines was that these Acts probably discouraged the regular druggists from selling them. Under the Acts, regular chemists and druggists could avoid taking out a licence, and thereby elude the excise duty, if they did not sell medicines which were owned, secret and advertised. The day-to-day application of the Acts is unclear and may have been variable, but there was probably a risk that once a druggist had a licence, more of his stock would be subject to taxation. This would discourage druggists from publicising any sale of patent medicines, and may have deterred some from even stocking them. Certainly, druggists were infrequently listed as agents for advertised medicines in Leeds, Birmingham and Salisbury newspapers in 1794 (Section 5.1). Druggists were more prominent in newspaper advertisements in 1807 and 1822, partly because they were treated identically to other medicine vendors once the exemptions for regular practitioners were removed in the 1802-04 Acts. However, for twenty years, non-medical medicine vendors, who were commonly members of the print trades, were in a better position to publicise their sales of advertised medicines than the druggists.

In conclusion, the Medicine Acts eventually achieved their aim of raising a significant amount of revenue, with a minimum of controversy and a modest collection cost. Indeed, unlike most excise duties of the period, the stamp duty on certain medicines continued throughout the nineteenth century and nearly half of the twentieth, again making an extra contribution to raising funds for a war when it was doubled in 1915, before being finally abolished in 1941 when purchase tax took over.[272] Overall the acts had the unintended effect of raising the status of patent medicines, and also of their vendors. Moreover, they did this, and also provided a form of copyright, by a universal and simple mechanism. The 1783 and

[269] Spilsbury, *Discursory Thoughts*, 23.
[270] *House of Commons Journal*, 85 (1830), 623.
[271] Booth, A147.
[272] Booth, A138.

1785 Acts also probably discouraged the regular druggists from promoting these medicines. So, for a time, these medicines would be predominately in the hands of non-medical entrepreneurs who perhaps would be more willing than the druggists to advertise vigorously, denigrate competitors, and use the law courts.

2.5 Status of Patent Medicines in Late Georgian England

The status of patent medicines in this period was contested both by the public and by the practitioners, and it is hard to pin down. This is to some extent inevitable when many individuals made their own decisions on whether to take, recommend or prescribe a patent medicine, and these decisions were based on a number of factors, both current and in the past. Summarising the actions and opinions of millions of people and thousands of medical practitioners of all types is inevitably challenging. But the task is made more difficult by a lack of explanations which would otherwise have put the actions in a clearer context. Thus we know that patent medicines were widely taken by the public and some reasons for this can be revealed, yet hardly any documentation of an individual's motives for taking a patent medicine has survived, or has been allowed to survive, outside promotional material: so we are largely ignorant about the relative importance of these reasons. Did consumers purchase the medicines because they had confidence in their superiority, or was it really because buying a patent medicine was cheaper and more convenient than consulting a regular practitioner? How important were the concerns about regular therapies? How often did consumers take a patent medicine as a convenient commercial equivalent of domestic medicines? These comparative questions are unanswerable with the currently available evidence. So the public's views on patent medicines remain indistinct.

Also, the attitude of the public, practitioners and governments to patent medicines was ambivalent. The public seemed to want them to be new and different from regular therapies, but they also preferred them to be close to these regular therapies, and not too new or too different. The practitioners were often sharply critical of 'quack' medicines in general, while many amongst their ranks prescribed them and some were owners of patent medicines. Successive governments claimed to be neutral, or critical, on the desirability of taking patent medicines, yet they structured the medicine excise stamp in such a way that it implied government approval, and they did not seek to reverse this until the late nineteenth century. Critics accused governments of trying to maintain or increase patent medicine sales to

maximise revenues, regardless of the consequences.[273] So the status of patent medicines was not only contested but also fluid: views and actions could change depending on the aims of an individual or organisation at a particular moment.

However, the most important conclusion of this chapter is not the varied and sometimes fluctuating standing of patent medicines; it is the finding that they had a status of their own which was distinct from the activities of irregular practitioners. The public regarded them as a popular form of self-help which was separate from alternative therapies provided by the irregulars. Their legal and official status was unique within the medical market: no taxation was imposed by governments on any other participants in the market. Regular practitioners were sometimes less sure in their general condemnations about a separation between 'quack medicine' (the practice of quacks) and 'quack medicines' (mostly patent medicines); but once they analysed irregulars and patent medicines in more detail, their recommendations show a clearer distinction between them. Arguments will persist on the precise status of patent medicines in this period, but the important observation is that they had a status of their own.

In conjunction with this status, an industry was created to supply these widely used consumer products. Providing medicines in large quantities across the country required the investment, the skills and the organisation of an industry, and many of its main operators were respectable tradesmen or regular practitioners rather than colourful irregulars. The next chapter will reveal the range of available patent medicines within the industry and who owned them, together with some examples of how they were produced.

[273] *MCR*, 12 (1806), clii; *MCR*, 13 (1806), clxxi; *MPJ*, 15 (1806), 259.

Chapter 3. The Owners and their Products in the Patent Medicines Industry

Patent medicines were a significant and growing constituent of the medical market, widely consumed by all sections of society, and with millions of bottles or boxes sold each year by the early nineteenth century. As a result, many men, and some women, derived much of their income from devising, producing, wholesaling and vending patent medicines which were often sold all over the country. This chapter is the first systematic and across-the-board study of the ownership and production of patent medicines in late Georgian England, and it puts forward two main arguments. One is that these activities were part of an established industry in that they were mostly organised, respectable, stable and profitable, and with their own business practices. The other is that, contrary to the views of many historians, the ownership and the production were mostly distinct from irregular medicine and quackery. The wholesaling and vending of patent medicines will be discussed in the following two chapters. As well as exploring the medicine proprietors and their medicines, this chapter also acts as a *Dramatis Personae* for some of the participants in the industry who have already been mentioned in the thesis or will appear in later chapters.

The first section of this chapter investigates the range of patent medicines and their degree of specificity. I argue that the industry was responding to the demands of the market by providing medicines for most medical complaints and for all the demographic sections of the population. Some of the medicines were promoted as panaceas, but more were targeted at a relatively small range of illnesses. The chapter then describes the range of medicine owners, placing them in the six groups of market leaders, tradesmen, medical professionals, elite, irregular practitioners and local owners, with a section allocated to each group. Examples of owners within each group show that much of the production of patent medicines was organised and it could be very profitable. Most of the owners were regarded as being respectable in the sense that they were considered to be honest according to the business practices of the time and they could maintain a position in society. Many of their businesses were stable, persisting for several decades and sometimes being inherited by widows, sons or daughters. The industry employed its own practices, for instance maintaining the secrecy of the recipe and advertising heavily as described in this chapter, and in later chapters we shall see that the industry used its own advertising techniques, nationwide distribution from a single source, and specialised retailers. After these six sections on the groups of owners, the following section provides numerical confirmation that the majority of the owners of the widely distributed medicines did not indulge in irregular medical practice, apart from promoting their own medicines. The last

section before the Conclusion explores the possible origins of the medicines. The patent medicines had similarities to regular therapy, but most were not copies of prescribed medicines and they were often created for the industry.

I contend in this chapter that patent medicine ownership was largely separate from quackery, both in the techniques used and in the aims of the participants. Most medicine owners were seeking to make money by selling their medicines as widely as possible to consumers they had not met: they were not giving medical advice or providing therapies other than their medicines. A minority were irregular medical practitioners, and some of these were colourful itinerants who were described as quacks by contemporaries. In practice, the mountebank selling medicines in a public space was becoming rare by this period, and these itinerant owners sought to remain as close as possible to regular medicine by mimicking the actions of orthodox physicians, rather than those of quackery.

3.1 Available Patent Medicines

This section will summarise the products of the patent medicines industry in late Georgian England by exploring their published indications. Most of the medicines were sold as liquids in bottles for internal use, though some were pills and others were liquids and ointments for external application. A comprehensive analysis of the medicines is impossible as many hundreds were produced, some with little or no surviving documentation. As we have seen in Chapter 2, lists of patent medicines subject to the medicine stamp duty were published by Parliament from time to time; but these lists were just names with no further information. This section is based on the advertisements for a large number of medicines in the four studied newspapers during five selected periods (Appendix 1A). Taken as a whole, the indications printed in the advertisements were aiming at a broad range of both acute and chronic conditions at all ages, confirming that the medicines were a significant proportion of the medical market. Considered individually, most medicines were aimed at a relatively small assortment of related illnesses, though others were publicised as universal remedies for a wide range of indications.

Previous writers on patent medicines have rarely had much to say about their indications apart from a few examples. Rawlings felt that advertisers ‘aimed at patients suffering from painful, unpleasant, serious, but not immediately fatal’ conditions.[274] These adjectives could cover most significant medical problems. Porter did not attempt to define their therapeutic scope, but he did note that the medicines had become more targeted by the late eighteenth

[274] F. H. Rawlings, 'Old Proprietary Medicines', *Pharmaceutical Historian,* 26 (1996), 4-8 (6).

century.[275] We need a much clearer idea of the range of conditions for which the owners recommended their products.

The range of conditions can be explored by recording the advertised indications for each medicine. These were taken from the first advertisement for each medicine in the five studied periods of the four newspapers (Appendix 1A). Medicines were excluded if they only appeared in lists or as brief addenda, because in these cases there was insufficient information to determine their indications, leaving the *featured medicines* for analysis. The first advertisement of all the featured medicines were included for all five of the studied years from 1769 to 1822, making a total of 559 advertisements in all. Some medicines were entered several times when they were advertised in different newspapers or during more than one sample period: recording such a medicine once would have produced a misleading picture of the range of indications because the indications could vary across the newspapers or the years. Eight advertisements did not mention an indication, leaving 551 for analysis. It should be remembered that these advertisements were a *sample* of the newspaper medicine advertisements of the period, so they are not a comprehensive survey of all the medicines advertised in newspapers and obviously they do not include medicines which were only advertised locally by handbills or other means. Nevertheless, they are derived from three localities across the country and they are based on five periods spread over fifty-four years; so they should provide a good impression of the range of indications of late Georgian patent medicines.

The indications were assessed using a categorisation of diseases derived from the chapter headings in Part 2 of William Buchan's *Domestic Medicine*.[276] The fourteenth edition was selected from the multiple editions of this best-selling book as this edition was published at the mid-point of our period; though the chapter headings do not seem to have varied significantly from edition to edition. The most popular medical book from this period was John Wesley, *Primitive Physic*, but this work was unsuitable for my purposes as Wesley just listed the diseases in no clear order without attempting to organise them into chapters. First published in 1769, *Domestic Medicine* was one of the best sellers of all books, not just medical ones, in Georgian England, and would have been read not only by the consumers of patent medicines, but also almost certainly by the producers who made the decisions on their indications.[277] Beside its enormous popularity, the book also fits well with this analysis as it followed the principles of orthodox medicine, unlike *Primitive Physic* which encouraged consumers to avoid orthodox practitioners as far as possible. As we saw in Chapter 2, patent medicines were also

[275] Porter, *Health*, 119.
[276] William Buchan, *Domestic Medicine*, 14th edn (London, 1794).
[277] Richard B. Sher, *The Enlightenment and the Book: Scottish Authors and Their Publishers in Eighteenth-Century Britain, Ireland and America* (London: University of Chicago Press, 2006), 219.

positioned close to orthodox medicine in this period, and so they shared underlying theories with Buchan's book.

The categorisation of diseases based on Buchan's chapter headings is listed in Table 3.1. Buchan devoted seven chapters to fevers and agues, but they were uncommon indications for patent medicines and so I have grouped them together for clarity. Patent medicines were

Table 3.1. *Categories of diseases based on condensed chapter headings in 'Domestic Medicine' (DM).*

Category	Diseases	*DM* chapter numbers
1	Fevers, agues	13-15, 19-22
2	Pleurisy, inflammation of the lungs	16, 17
3	Consumptions	18
4	Smallpox	23
5	Measles, scarlet fever, bilious fever	24
6	St Anthony's Fire	25
7	Inflammation of the brain	26
8	Inflammation of the eyes	27
9	Quinsy, inflammation of the throat	28
10	Colds and coughs, hooping cough	29
11	Inflammation of the intestines, kidneys, bladder, liver; colic	30
12	Cholera & excessive bowel discharges	31
13	Disorders of the kidney & bladder, diabetes, incontinence	32
14	Discharges of blood including in spit, vomit & urine	33
15	Headache, toothache, earache	34
16	Worms	35
17	Jaundice	36
18	Dropsy including ascites and hydrocephalus	37
19	Gout, rheumatism (acute and chronic)	38
20	Scurvy, leprosy, scrophula, evil, itch	39
21	Asthma	40
22	Apoplexy	41
23	Costiveness, loss of appetite, indigestion, heartburn	42
24	Nervous diseases[278]	43
25	Disorders of the senses (sight, hearing, taste, smell, touch)	44
26	Scirrhus and cancer	45
27	Poisons including bite of a mad dog	46
28	Venereal disease	47
29	Specific diseases of women	48
30	Specific diseases of children including croup, teething, rickets, convulsions, water on the head	49
31	Surgery including wounds, fractures, burns, bruises, leg ulcers, sprains, strains	50, part of 52
32	Corns	Not in *DM*

[278] Buchan regarded the nervous diseases as being very varied and often changing in a particular patient. Among them he included melancholy, palsy, epilepsy, hiccup, stomach cramps (ie acute abdominal pain), nightmares, swoonings, flatulence, low spirits, hysteria and hypochondriasis.

normally not recommended for acute casualties such as dislocations, drowning and suffocation, and these problems have been excluded. The treatment of corns, which was the sole indication for a few medicines, did not feature in *Domestic Medicine*; it has been added as an extra category. Apart from being a useful tool to classify patent medicines, Buchan's arrangement of his chapters is interesting as it seemed to reflect his understanding of the readers' priorities. For example, inflammation of the eyes, quinsy and throat inflammation, and worms benefitted from a chapter each, while nervous diseases, which may have been less important in day-to-day life and were difficult to treat at home, were all included in a single chapter with an impressive range of problems.

First, these categories can be used to discover whether the medicines were aiming to be panaceas or were targeted at a limited range of conditions. Table 3.2 shows the number of advertised medicines whose indications were confined to one, two, three or more than three categories of diseases. We should remember that these categories could include several conditions, as can be seen in Table 3.1, but Buchan felt that there was some commonality in either the conditions or their management when he grouped them in the same chapter. We can see that around a fifth of the medicines were indicated for more than three categories, a wide range of problems, with the percentage diminishing a little during the period. Some medicines were indeed proudly proclaimed in the advertisements as cures for a very wide range of conditions, though few went as far as the one for Turlington's Balsam of Life which described indications in nine of these categories and then finished by summarising the indications as 'in short, almost every disorder incident to the human frame'.[279] In contrast, over a third of the medicines were recommended for a single category of diseases and this proportion seems to have been roughly constant over the years. A number of these medicines were only indicated for a single disease, particularly for the itch, worms, deafness or corns. Long lists of indications, which seemed irrational and absurd to later medical practitioners, can provide vivid examples for historians, but this detailed analysis shows that many patent medicines in this period were promoted for a relatively small number of problems. Both Porter and Helfand came to a similar general conclusion without providing evidence.[280] This focussed approach corresponded to developments in regular therapy where prescribed medicines were becoming more specific for particular conditions.[281]

[279] *ABG*, 1 January 1781.
[280] Porter, *Health*, 119; Helfand, 32.
[281] Cook and Walker, 341; Andrea-Holger Maehle, *Drugs on Trial: Experimental Pharmacology and Therapeutic Innovation in the Eighteenth Century* (Amsterdam: Rodopi, 1999), 2.

Table 3.2. *Numbers and percentages of featured medicines recommended for one, two, three, or more than three categories of diseases. The percentage is out of the total number of medicines in each year.*

	1769		1781		1794		1807		1822		5 year total	
No. of medicines	**48**	%	**128**	%	**93**	%	**114**	%	**168**	%	**551**	%
1 category	**18**	*38*	**47**	*37*	**43**	*46*	**39**	*34*	**62**	*37*	**209**	*38*
2 categories	**3**	*6*	**24**	*19*	**15**	*16*	**22**	*19*	**42**	*25*	**106**	*19*
3 categories	**13**	*27*	**21**	*16*	**15**	*16*	**35**	*31*	**35**	*21*	**119**	*22*
>3 categories	**14**	*29*	**36**	*28*	**20**	*22*	**18**	*16*	**29**	*17*	**117**	*21*

Second, these categories can provide strong guidance on which conditions the medicines were seeking to improve. The four most popular categories were scorbutic conditions, joint problems, nervous disease and bowel problems including bilious diseases (Table 3.3), with the first being indicated for nearly a third of the medicines. Many, but by no means all, of the conditions in these four categories were unlikely to be fatal and could have taken a long time to treat. They may have been resistant to regular therapy and were probably recurrent. So we can see that the market encouraged the treatment of diseases which might result in the sale of a substantial quantity of a patent medicine. Amongst other categories, venereal diseases were an indication for several medicines, but this category was not as common as isolated examples of medicine advertising might suggest.[282] When the categories were placed in rank order, venereal diseases appeared as twelfth, below both asthmas and consumptions. The two categories at the bottom of the rank order were inflammation of the brain (7) and cholera and excessive bowel discharges (12), with no medicines recommended for them. At least one

Table 3.3. *The five most frequent categories of indications for patent medicines (percentage of total number of medicines).*

Category number	Brief description (see Table 3.1)	No. of medicines	Percentage of all medicines
20	Scurvy, etc.	169	*31*
19	Gout & rheumatism	131	*24*
24	Nervous diseases	115	*21*
11	Bowel inflammation, colic	115	*21*
10	Colds and coughs	98	*18*

[282] Loudon, 'Vile Race', 114.

patent medicine was sold for the remaining thirty of the thirty-two categories. Also, contrary to some claims by historians, the medicine indications were not confined to conditions in the middle years of life.[283] Some advertisements mentioned that the treatment could also be used in infants, children, nursing mothers or in old age, and other medicines were indicated for conditions confined to women or children (categories 29 and 30). The promotional content of the advertisements is discussed in detail in Chapter 6.

Although the indications were biased towards chronic conditions, acute diseases were not neglected, with colds, coughs and hooping cough appearing fifth in rank order (Table 3.3). These acute respiratory illnesses were not regarded as trivial in this period when consumers were aware that the complications of a cold could prove fatal and that many infants died from hooping cough. A small number of medicines were specifically promoted for acute conditions, especially Dr James's Fever Powder. Strikingly, one of these, Dr Sibly's Reanimating Solar Tincture, was indicated for sudden death due to blows, fits, falls, suffocation, drowning or other problems: it is difficult to suggest a more acute indication than this.[284] When we compare individual years, the frequencies of the categories were broadly similar, with no category appearing or disappearing during the period. For example, the frequency of category 20 (scorbutic conditions) ranged from 24% to 34% in individual years, and the frequency for category 10 (coughs, colds and hooping cough) ranged from 14% to 20%.

Overall, the patent medicines industry could provide something for nearly all diseases, amongst all sections of the population. Nothing suggests that this wide range was planned; rather it shows an industry responding to the demands of the market. The range was biased towards chronic, troublesome, complaints, such as scorbutic conditions, which could be particularly profitable; but the numerous consumers required a wide array of patent medicines for their many conditions. Within this broad range, these consumers were often supplied with a medicine focussed on a limited group of conditions, rather than one aimed at curing everything.

3.2 Types of Medicine Owners

Who owned these popular medicines and, in a few cases, made a fortune out of them? With hundreds of medicines, the variety of proprietors was considerable, ranging from large London businesses which owned and distributed a range of medicines across the country to

[283] Loudon, 'Vile Race', 113; Rawlings, 6.
[284] *SWJ*, 15 June 1807.

rural owners who just sold a small quantity of a single medicine in their locality. To simplify this variety, I have divided the owners into six groups (Table 3.4), which have been created to explain the wide assortment of owners and are not based on any primary or secondary source. Each group contains some similarities in the owners' backgrounds and actions, while exhibiting distinguishing features from other groups. For each group, except the last one, a case study will describe an owner's participation in the patent medicines industry, followed by an exploration of the methods of some other proprietors within the same group. Many of these owners and medicines will reappear later in the thesis.

Table 3.4. *Groups of owners.*

Market Leaders
Tradesmen
Medical Professionals
Elite Owners
Irregular Practitioners
Local Owners

These case studies and the discussion of other owners will fulfil three principal functions. The first will be to demonstrate that producing patent medicines was usually organised, stable and profitable: it was part of an established industry. The second will be to assess the range of owners placed in their social background, and as a result show that most were respectable in the context of their period and distant from quackery. Only a minority were irregular medical practitioners. The third function will be to introduce some of the methods employed by the industry to ensure that the medicines would be commercially successful over a prolonged period. Some of these methods will be explored in more detail in later chapters. Overall, proprietors in the first four groups ran normal commercial enterprises, with an additional element of philanthropy amongst the elite owners: only those in the last two groups can be connected to quackery.

Each of these groups contained a range of proprietors, but the groups had some features in common which illustrate different modes of medicine ownership and the variable practices of the industry. The *market leaders* owned, or part owned, several medicines, might produce some of them, and also acted as wholesalers for these and other medicines. London-based and few in number, they nevertheless controlled a large section of the medicines industry judged by their volume of sales. The more numerous owners who were *tradesmen* and *tradeswomen* could be found across the country, and they tied their fortunes to a small number of medicines, often just a single one. Producing medicines might only be part of their

livelihood. The *medical professionals* were the regular physicians, surgeons and apothecaries who owned patent medicines. If they wished to maintain their regular status, they had to justify their ownership and perhaps present their medicine as being somehow different from the mass of secret patent medicines. The *elite owners* were members of the upper classes or held high public offices. They were rare, but nevertheless significant, as they show that owning a patent medicine could have an element of philanthropy on top of profit.

The last two of the six groups were more diffuse and had rather less in common. The *irregular practitioners* combined the production and sale of their medicines with irregular medical practice. Some were itinerant for at least part of the time and a few of these became nationally known and controversial figures. The *local owners* are often largely unknown to us, only appearing as a brief reference in an advertisement. They produced one or more medicines outside London for local distribution, and they were probably commoner than the newspaper advertisements suggest as they may have employed other forms of publicity. Many owners in these last two groups would be regarded as quacks by contemporaries, but they still might follow the practices of the established patent medicines industry.

Categorising the wide range of medicine owners is not straightforward, especially when the required amount of information is not available, and it can remain difficult even when we know rather more. One example of this uncertainty is the continuum which existed between the successful tradesmen owners of several medicines and the market leaders; but this is of little practical importance as their methods were similar. A more challenging problem is whether a tradesmen proprietor also practised medicine and should be regarded as an irregular practitioner. I have taken the view that a tradesman was entitled to give verbal or written advice on his own medicine, such as a published treatise, without being considered an irregular: but once he took up medical practice, perhaps by claiming to be a surgeon, he moved into the irregular group. The greatest difficulty is in deciding whether an acknowledged practitioner was regular or irregular. As we saw in Section 1.3A, in theory regular practitioners were identified by having completed the required training or experience, and by the nature of their practice; but the criteria were flexible and the final decision often depended on the opinions of local regular practitioners. Fortunately some contemporary, or nearly contemporary, opinions, particularly the views of James Adair, are available to help us decide which side of the dividing line some well-known owners fell.[285]

[285] Adair, 180-90.

3.3 Market Leaders

The market leaders amongst the proprietors ran London businesses which owned several medicines: they were also the wholesalers for these, and for some that they did not own. So the market leaders feature both in this chapter and the next which deals with wholesaling. The three most prominent market leaders were the Newbery family, the Dicey family and their successors, and Thomas Jackson along with his partner and successor James Barclay. The fortunes of the Newbery family were created by ownership, especially Dr James's Fever Powders, and so Francis Newbery will be presented here, whereas those of the Diceys and the Jackson/Barclay business were based on wholesaling and will be discussed in the next chapter. The substantial, respectable, and longstanding, businesses of the market leaders, accompanied by their national distribution networks, are indicative of an established industry.

A. Case Study – Francis Newbery

Francis Newbery (1746-1818), usually referred to as 'junior' up to 1781 to distinguish him from his older first cousin of the same name, was the best-known market leader. We have already met his father, John, in the Introduction. Inheriting a thriving medicines business from his father in 1767, along with part of his bookselling/publishing interests, Francis concentrated on the more lucrative medicines. As the proprietor of several popular medicines and the wholesaler for others, he was able to develop a business utilising national coverage, contracted local agents, and fixed price brands. But his commercial success with patent medicines did not alienate him from contemporary polite society.

At the time of his father's death in 1767, Francis had spent five years at Oxford and had studied anatomy in London, with the intention of becoming a physician.[286] Francis's inheritance, and the advice he received concerning it, show that medicine vending was an acceptable occupation which could be pursued in place of a career as a physician or a publishing bookseller, something that would be regarded as inconceivable by later generations. Francis was the sole inheritor of the medicines business, receiving only a minority interest in his father's printing and bookselling business. With the help of advice from Dr James and Samuel Johnson, Francis gave up training to be a physician, and his interest in the publishing business only lasted a few years.[287] Following a dispute in 1779 with his step-brother, Thomas Carnan,

[286] Welsh, 120-34.
[287] Welsh, 135.

Figure 3.1. *Francis Newbery painted by Thomas Gainsborough (Public Catalogue Foundation, National Trust).*

he moved along the road from 65 to 45 St. Paul's Churchyard, and took no further part in the book trade.[288] The business was still owned by his descendants in the twentieth century.[289]

Medicine selling became Francis's only paid occupation but it was not his only activity. He had many cultural accomplishments suitable for polite society. He played the violin, his translations of Horace were published and some of his poems were set to music.[290] In 1791, he became a country gentleman by purchasing the Sussex estate of Heathfield Park (Fig. 7.2) and he was appointed sheriff of East Sussex in 1795. Francis was reputed to be almost a millionaire when he died at Heathfield in 1818.[291]

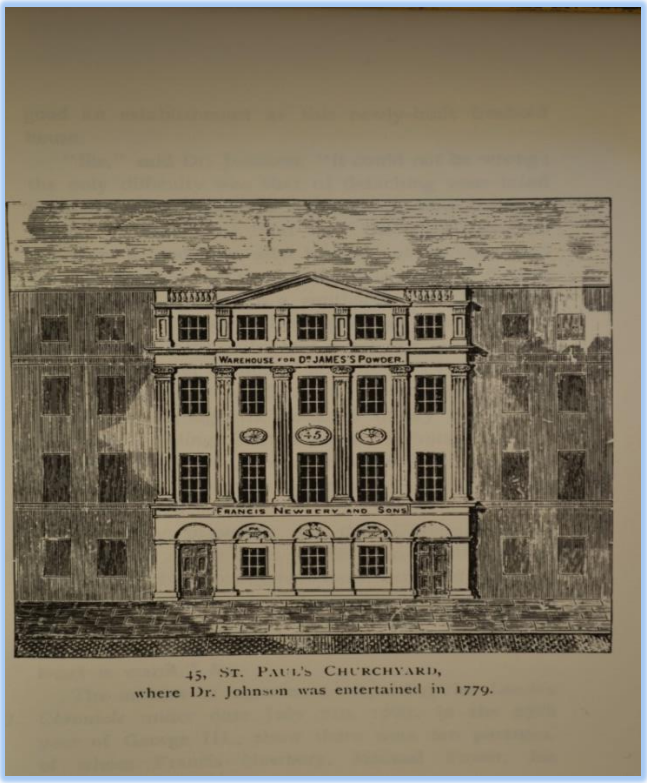
How did he run his medicines business? His success seems to have been due to maintaining a good stock of sought-after products, and advertising frequently while keeping a tight control of branding and his retailers. The key medicine in his stock was Dr James's Fever Powder which he inherited from his father. This preparation, containing mercury and antimony, was enormously successful, and was frequently prescribed by regular practitioners

[288] Roscoe, 18.
[289] For a 1910 photograph of the imposing 'Newbery Business House' in Charterhouse Square, London, see Newbery, 80.
[290] *ODNB*, s.v. Francis Newbery.
[291] Roscoe, 17 (footnote).

(Section 2.2A). It was still being sold by Francis's descendants in the 1870s.[292] He sought to keep it in the public eye by painting the words 'Warehouse for Dr James's Powder' on the front of his premises and printing his address in advertisements as 'The only warehouse for Dr James's Powder, 45 St Paul's Churchyard' (Figure 3.2). Francis was responsible for producing the Powder, with the ingredients of antimony and cream of tartar being provided by a well-known chemist, William Jones (Section 3.4B), who received a supply of the finished product as part payment.[293] Francis partly owned several other medicines, including Dr James's Analeptic Pills and Dr Steers's Opodeldoc. In addition he acted as both wholesaler and retailer for a number of other medicines which he did not own.

As we will see in Section 4.2, the market leaders showed substantial longevity. They could also act together in their mutual interest, a characteristic feature of an established industry. One who did was Hilton Wray. In the 1780s, he was in partnership with his aunt, Martha Wray, who was the neice of Robert Turlington, the creator of a very successful balsam,

Figure 3.2. *Francis Newbery's house in St Paul's Churchyard opposite the east end of St Paul's (Newbery, p.46). For a map see Fig.4.3.*



[292] 'Messrs. Newbery', 115.
[293] G. M. Watson, 'Some Eighteenth-Century Trading Accounts', in *The Evolution of Pharmacy in Britain*, ed. by F. N. L. Poynter (London: Pitman Medical, 1965), 45-77 (56).

patented in 1744.[294] Hilton Wray was described by the tradesman owner Francis Spilsbury (see below) as 'a regular wholesale and retale chemist and druggist, in an extensive medical line of many years standing'.[295] In 1785, he combined with Francis Newbery and Thomas Dicey in refusing to renew his licence to sell patent medicines as described in Section 2.4.[296] The licence had been introduced in 1783 to permit the collection of the new excise duty on patent medicines. The trio felt that the licence and the duty were uncertain in their application and a restraint on their businesses. They were prosecuted, and Newbery and Dicey were found not guilty by the jury, but Wray was convicted on a technicality. A new Medicines Act later in the year removed some of these uncertainties.

The market leaders can be regarded as the central, stable, core of the patent medicines industry. However, they were few in number and not typical of the mass of medicine owners. A larger group of proprietors were the tradesmen who owned medicines, and their engagement with the industry will be explored in the next section.

3.4 Tradesmen Owners

Georgian London teemed with tradesmen who would turn their hand to anything which might make money.[297] Other towns were not far behind, and as the market for medicines increased, many tradesmen in London and across the country started to produce their own remedies, either in addition to, or instead of, their normal occupations. Little is known about many of them, but some of the more successful ones can be seen in a clearer light. The best documented was Francis Spilsbury.

A. Case Study – Francis Spilsbury

Francis Spilsbury (1733-93) and Francis Newbery were both medicine proprietors and they had similar names, but otherwise they had very little else in common. Newbery was a cultured man who developed an already successful business while distancing himself from its more controversial aspects, but Spilsbury created his business from nothing by relentless advertising, and any participation in polite society, or the attentions of fashionable portrait painters, have remained unrecorded. He also invited publicity, and was quick to publish his views on controversial subjects, including some unrelated to medicines. We can regard him

[294] Turlington's Balsam of Life, *ABG*, 1 January 1781.
[295] Spilsbury, *Discursory Thoughts*, 52.
[296] Spilsbury, *Discursory Thoughts*, 48.
[297] For an exposition of the diversity of trades, see Jerry White, *London in the Eighteenth Century: A Great and Monstrous Thing* (London: Vintage, 2013), 212-15.

as an aggressive patent medicine entrepreneur, who conformed to the normal commercial standards of the time.

Francis Spilsbury was a substantial London tradesman and a member of the Goldsmiths' Company, who ran a successful medicines business for about 25 years. Like his father, Spilsbury was a regular goldsmith who, for uncertain reasons, started medicine production around 1770.[298] At least initially, he seems to have continued as a goldsmith, giving evidence to a Parliamentary Committee in 1773 on the unauthorised leakage of silver plate designs from the Assay Office.[299] However, his own publications make no mention of persevering as a goldsmith amongst their comments on a wide range of topics, and it is probable that medicine production and vending became his only occupation.

Spilsbury's medicines business was unlike Francis Newbery's. It consisted largely, perhaps entirely, of manufacturing and distributing a single product, Spilsbury's Antiscorbutic Drops, in contrast to Newbery's ownership of a selection of medicines and the wholesaling of others. With this single medicine, Spilsbury was able to create a lucrative business, as shown by his will which set up a trust fund of four thousand pounds for his wife, Dorothy and their children.[300] Dorothy continued the business herself until at least 1807, and the Drops were still available in 1823, one of many examples of a medicines business continuing after the death of the original proprietor.[301]

So how did Spilsbury make, publicise, and sell his Antiscorbutic Drops? Like all medicine proprietors he wanted not only to keep the recipe secret, but also to demonstrate that only he, and perhaps one or two others, knew the secret, so that any counterfeit version would be ineffective, and perhaps dangerous. For example, his will stated, for the benefit of the public, that only his wife knew the recipe and that she should continue with the business. His advertisements confirm that the Drops were made at his premises ('dispensary'), and that he was responsible for distributing the Drops throughout England.[302] The records of an Old

[298] A. G. Grimwade, *London Goldsmiths 1697-1837*, 3rd edn (London: Faber, 1990), 667; *GM*, 63 (1793), 773. 'Goldsmith' included tradesmen, like Spilsbury, who largely worked with silver.
[299] Grimwade, 667.
[300] NA, Prob 11/1236.
[301] *LI*, 26 January 1807; *Lancet*, 1 (1823), 30.
[302] For example, 'Prepared at his Dispensary, Mount Row, Westminster Bridge, Surrey', *LM*, 27th March 1781.

Figure 3.3. *Bottle specifically created for Spilsbury's Antiscorbutic Drops (Bottle Digging UK). Note the name of Mrs Spilsbury and the King's Patent to emphasise the branding.*

Bailey trial, for the theft of a consignment of the Drops, support this by showing that, a year after Spilsbury's death, his wife sent this consignment to a bookseller in Newbury in Berkshire without any other wholesaler being involved.[303]

Spilsbury relentlessly used newspaper advertisements and other forms of publicity to promote his Drops in their unique bottle (Fig. 3.3). As we shall see in Chapters 5 and 6, his advertisements are notable for their frequency, their variety and their determination to get the reader's attention. However, Spilsbury's publicity was not confined to advertisements: indeed he searched for opportunities to keep his medicine in the public eye, and to create the impression that he was honest and well-intentioned. Such publicity could be the promotion of his views on the treatment of scurvy in general or on the use of his Drops in particular, or it could be comments on more general issues relating to the sale of patent medicines or unrelated topics such as the new horse tax.[304] Like many proprietors, he wrote a separate treatise extolling the virtues of his treatment methods.[305] As far as we know, he remained within the normal

[303] *OBPO*, 1795, Philip Gibson.
[304] Spilsbury, *Discursory Thoughts*, 23.
[305] Francis Spilsbury, *Free Thoughts on the Scurvy, Gout, Diet and Remedy* (Rochester, 1783).

commercial standards of the era, using an image of honesty and benevolence as a business asset.

B. Other Tradesmen Medicine Owners

Thus, heavy advertising and the grasping of any opportunity for self-promotion enabled Francis Spilsbury to build up a successful, long-term, medicines business based on a single agent. Another successful tradesman owner who employed the same techniques was Nathaniel Godbold (1730-99), originally a baker/confectioner who also speculated in property.[306] He was thought to earn £10,000 a year from his Vegetable Balsam, which he patented in 1785.[307] He bought a house with a hundred acre park near Godalming for £30,000 in 1790 (Fig. 7.4), continuing to produce his balsam in Bloomsbury Square, London.[308] After his death, a memorial plaque was erected in Godalming Church, mentioning 'that excellent medicine, the Vegetable Balsam'.[309] An obituary in the *Gentleman's Magazine* described him as 'proprietor and inventor of the much-celebrated vegetable balsam' and commented 'in him, the world has lost a valuable member of society'.[310] His sons, Nathaniel and Samuel, continued to distribute the medicine from the same address until at least 1822.[311] The Godbold family are an example of a lucrative patent medicine business, occupying the same premises over several decades. Nathaniel senior also provides evidence that owning a successful secret medicine did not diminish social acceptance: indeed his obituary suggests that it might even have enhanced it.

A rather different type of tradesman medicine owner was Thomas Wilson, who owned and distributed several medicines in Birmingham and surrounding towns, without apparently seeking a national market. No biographical details are available for him; but an advertisement in 1794 revealed that he was making and selling ('wholesale and retail') several medicines under his own name in Edgbaston Road, Birmingham, including antiscorbutic drops and worm cakes.[312] By 1807, he was running what seems to have been a larger business in Worcester Street, Birmingham, with eleven of his own retail agents in towns across the West Midlands.[313] The same growth of his business can be seen in the commercial directories of the time. He was not listed in the *Universal British Directory* of the early 1790s, but Chapman's 1801 Directory has an impressive three line entry under his name as 'proprietor of the improved antiscorbutic

[306] *GM*, 91 (1821), 490.
[307] Rawlings, 7.
[308] *GM*, 91 (1821), 598; Rawlings, 7.
[309] *GM*, 91 (1821), 598.
[310] *GM*, 70 (1800), 84.
[311] *SWJ*, 4 February 1822.
[312] *ABG*, 24 March 1794.
[313] *ABG*, 12 January 1807.

drops, worm cakes, Scott's and Hooper's pills, nervous pills, British Oil, Exc. Exc.', with no other occupation being mentioned.[314] Thomas Wilson is an example of a tradesman who devoted himself to a seemingly successful regional medicine business without achieving a national distribution.

Spilsbury, Godbold and Wilson were all examples of tradesmen who ran established, respectable, businesses with a national or regional market. The tradesmen also included established chemists and druggists such as William Jones (died 1789). Jones supplied regular drugs to London hospitals and physicians, to hospitals and apothecaries in the Midlands, Chester and the West Country, and to agents abroad.[315] As we have seen, he supplied Francis Newbery with antimony and cream of tartar, and he also acted as a banker and fire insurance agent.[316] In addition, he sold his own, secret, Tincture of Peruvian Bark at 3s 6d per bottle, and arranged for Benjamin Collins to advertise it in the *Salisbury Journal*.[317]

These four tradesmen produced widely available and sought-after products from fixed, publicised, premises over many years. Owners in this large group could run significant enterprises for the national market, making considerable profits from the appropriate capital. They did not normally practice medicine in the sense of providing a range of treatments, although they were knowledgeable on the available treatments for particular conditions and would sell their own medicine direct to the public. So they were not irregular practitioners who sold medicines: rather we should regard them as artisans who acquired the necessary skills to provide a product for the medical market. As such, they resembled the many other artisans who provided an increasing range of goods for the expanding number of late Georgian consumers.

3.5 Medical Professionals and their Medicines

In this period, several proprietors of advertised patent medicines claimed to be physicians, surgeons or apothecaries, and used their apparent training and experience to enhance the branding of their products. Much of this training was doubtful, but some of these medical practitioners were fully trained, improving the potential reputation of their medicines. However, they shared a problem; as we saw in Section 2.2, ownership of a medicine by a regular practitioner was becoming less acceptable in the late eighteenth century. In particular,

[314] Thomas Chapman, *Chapman's Birmingham Directory* (Birmingham, 1801), 93. Most entries in this directory were only one line.
[315] Watson, 48, 53 and 68
[316] Watson, 58.
[317] Watson, 75.

the secrecy of the composition which was required for medicine ownership was coming under increasing attack from some orthodox practitioners by the end of the century. Thus regulars with their own medicines had to steer a middle course between their commercial interests and the need to maintain their medical respectability. As we shall see, some found it difficult to do so. However, the subject of our case study, Thomas Henry, maintained this balance with conspicuous success, not only creating a family business which provided a very good income for the next two generations, but also achieving a high medical and intellectual reputation in Manchester.

A. Case Study - Thomas Henry

Thomas Henry FRS (1734-1816) was a well-trained apothecary and part of the established order in Manchester.[318] For half a century, he was involved in medicine, natural philosophy and education in the town. He was an apothecary to Manchester Royal Infirmary, an experimenter on the production and use of 'fixed air' (later called carbon dioxide), and one of the founders of the Manchester Academy, or 'New College'. A close friend of Thomas Percival, he was part of the core of Manchester intellectual life, helping to form the Manchester Literary and Philosophical Society in 1781, and becoming its first joint secretary and later its president. His international reputation is illustrated by Alessandro Volta's planned appointments on a visit to Britain in 1782. In Birmingham, this Italian physicist and future inventor of the voltaic pile saw Priestley, Boulton and Watt, while in Manchester he met Henry, Percival, and the industrial dyer Charles Taylor.[319]

A significant proportion of Henry's income came from his version of magnesia, 'Calcined Magnesia'. Magnesia was a popular laxative, and its manufacture as Epsom Salts had been granted the first medicine patent in 1698. During the eighteenth century a number of purer versions of magnesia had been devised, and from the 1760s the most prominent was produced by Samuel Glass, an Oxford surgeon, with the help of his brother Thomas, an Exeter physician.[320] The national distribution of Henry's magnesia was placed in the hands of Joseph Johnson in London, the radical bookselling publisher. Magnesia was a very lucrative medicine: Samuel Glass sold the recipe of his version to the Weymouth bookseller Peter Delamotte in

[318] *ODNB*, s.v. Thomas Henry; William Kirkby, 'Thomas Henry FRS: The Inventor of Calcined Magnesia', *Chemist and Druggist*, 121 (1934), 674-75.
[319] Peter Jones, *Industrial Enlightenment: Science, Technology and Culture in Birmingham and the West Midlands, 1760-1820* (Manchester: Manchester University Press, 2008), 17.
[320] Handbill for Glass's Magnesia Alba, c.1764, JJC, Patent Medicines 3 (34); *ODNB*, s.v. Thomas Glass.

1772 for the enormous sum of £1,500, while Henry's magnesia was the foundation of the family's fortunes for three generations.[321]

How did Henry manage to maintain his reputation as a respectable apothecary and chemist while making a good income from a patent medicine? His Calcined Magnesia was extensively advertised, still appearing in the newspapers in 1822,[322] but preventing competitors from producing the medicine was achieved in a more subtle and profitable way than the usual blanket secrecy when Henry boldly proclaimed his opposition to concealment and published his manufacturing process so that it was available to all.[323] Yet other apothecaries and chemists did not rush to reproduce Henry's magnesia, and its advertisement for over fifty years at a good price shows that any competition was limited. Thus Henry seemed to achieve the same commercial outcome as secrecy, while proclaiming that he was very happy for any apothecary to make his magnesia. How he managed to attain this desirable combination is not clear, but it is probable that his published method was not as easy to imitate as he asserted. The method had over twenty stages, each involving a physical process such as dissolving, boiling, heating, drying or decanting, and Henry emphasised the purity of the water and the need to avoid dust or uncleanliness. Other apothecaries and chemists may have found it difficult or uneconomic to copy the long process. Whatever the reasons, the very public commotion between Henry and the supporters of Glass's magnesia in 1773-4 confirms that Henry had every intention of preventing imitation.

Henry initiated this dispute with a venomous, eight-page, published attack on the purity of Samuel Glass's magnesia and the character of its new owner, Peter Delamotte.[324] Delamotte and Thomas Glass both published replies, quoting numerous experiments which proved that their version of magnesia was superior to Henry's, and commenting that Henry was not to be trusted.[325] Henry then refuted these experiments with those of his own, some of which were a repetition of Glass's experiments but with different results.[326] He also printed supporting letters on his character from Thomas Percival and John Aikin, then a Warrington surgeon. This quarrel is informative not only in exposing Henry's attachment to the ownership of his medicine, but also in showing that the protagonists were prepared to justify their opinions by methodical experiments, as well as by establishing their own superior character. This investigation of a patent medicine is a long way from the traditional belief that these medicines

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[321] Peter Delamotte, *Refutation of Mr Henry's Strictures on Glass's Magnesia* (London, 1774), 12.
[322] *ABG*, 4 February 1822.
[323] Thomas Henry, *The Preparation, Calcination, and Medicinal Uses of Magnesia Alba* (London: Joseph Johnson, 1773), 7.
[324] Henry, *Preparation*, Appendix, 3.
[325] Delamotte; Thomas Glass, *An Examination of Mr Henry's Strictures on Glass's Magnesia* (London, 1774).
[326] Thomas Henry, *Letter to Dr Glass* (London: Joseph Johnson, 1774).

were essentially a confidence trick on the gullible public: few regular medicines would have been explored as thoroughly as these two versions of magnesia.

Thomas Henry shows that a respected medical practitioner could devise and produce a patent medicine in Georgian England without damaging his professional standing. However, this type of ownership became unacceptable in the nineteenth century, and its existence was often suppressed, as illustrated by a biography of Henry's son William. William, a physician and distinguished chemist, managed the family magnesia business in the first two decades of the nineteenth century. William was still sufficiently highly regarded in the 1860s to appear in the famous Royal Institution painting *Distinguished Men of Science of Great Britain Living in the years 1807-8*: but his accompanying memoir, written by his son William Charles (Thomas Henry's grandson), eliminated the patent medicine trade from the record, only briefly mentioning that his father had had 'superintendence of a chemical business previously established by his father'.[327] As we see elsewhere in this thesis, contemporaries were usually more tolerant of producing or selling patent medicines than descendants.

B. Other Professional Medicine Owners

Several medical practitioners who were medicine owners have already been mentioned in Chapter 2. In this section we will see how regular proprietors attempted to combine the commercial necessity of keeping the recipe of their medicine secret with the professional requirements to be seen to be open and honest in dealing with the public. Some tried to justify the secrecy of the recipe, while others decided to give priority to selling their medicine without being unduly concerned about any loss of reputation.

Unlike Thomas Henry, some medical practitioners sought to provide a good reason why the composition of their medicine should remain secret. One such example is provided by Robert Priestley who was listed in the 1783 *Medical Register* as a surgeon-apothecary in Leeds.[328] By 1798 he was a physician with a MD, and he was promoting his own Antibilious Powder in advertisements and by a treatise.[329] In the treatise he claimed that he originally intended to publish the composition of the medicine; then he realised that the ingredients were difficult to acquire and handle as 'they are only to be obtained at suitable seasons, and by a judicious selection, and they require a tedious and careful preparation'.[330] If the recipe was generally known, others might use the wrong ingredients to prepare a medicine which would

[327] William Walker, *Memoirs of the Distinguished Men of Science of Great Britain: Living in the Years 1807-8* (London: W. Walker & son, 1862), 87.
[328] *The Medical Register for the year 1783* (London: Joseph Johnson, 1783)
[329] *LI*, 5 November 1798; Priestley.
[330] Priestley, vi.

be both ineffective and have side effects. It was therefore in the interests of the public that the recipe should remain secret.

Edward Galliard, an Edinburgh apothecary, took a similar approach to Priestley but expressed it more dramatically. In a 1772 paper for an ad hoc group of local physicians, Galliard introduced his Edinburgh Febrifuge Powder as an antimony-based competitor to Dr James's Fever Powder. After explaining the characteristics of the ideal antimony febrifuge, he stated that the process of preparing the ideal powder 'now lies on the table'.[331] But the printed page then had a blank space. Using a similar argument to Priestley, he went on to explain that excellent chemistry, genuine ingredients and expensive utensils were needed: so the interests of the public would be safeguarded by confining the knowledge of the composition to just a few practitioners and employing only one wholesaler in Edinburgh and one in London.[332] Galliard recognised that his suggestions would be controversial amongst regular physicians: 'The proposal hurts you; I see it does: but there is no alternative.'[333] So he sought to mollify his audience by suggesting that the medicine could be sold at cost price, or that some of the profits could be used to support a medical library.

Other practitioners were less concerned about preserving their professional reputations, particularly in the early part of our period. As James Adair, a trenchant critic of both regular and irregular medicine, put it, 'some of these nostrum-mongers have been appendages to the profession'.[334] Robert James never revealed the exact composition of his two patented medicines (Section 2.3B). Sir John Hill (1714-1775) was an established apothecary as well as an actor, writer and botanist. He kept the recipes of his eight advertised medicines (Appendix 3) concealed, and his will emphasised that they should remain secret during his wife's lifetime so that his children could benefit as well.[335] John Norton, a regular London surgeon, earned a fortune from his Maredant's Drops which he advertised in all three of my studied areas in 1769 and 1781.[336] These three practitioners preferred to earn as much from their medicines as possible, if necessary at the expense of their professional standing.

For a medical professional, owning a successful medicine was a serious affair, not a casual, trial-and-error process. Either they had to work out a method of maintaining their reputations while benefitting from their secret discoveries, or they needed to earn enough from their medicines to replace the diminution of their practice. They confirm the importance of the

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[331] Galliard, 36.
[332] The London wholesaler was the first John Murray.
[333] Galliard, 38.
[334] Adair, 187.
[335] Rousseau, 186. Hill's wife and daughter Juliana did benefit from the secret recipes until Juliana sold them to Benjamin Shaw, a London druggist, in 1802.
[336] Adair, 188.

secrecy of the recipe in the patent medicines industry which, as we saw in Chapter 2, was crucial for the long-term commercial success of a medicine.

3.6 Elite Owners

The elite owners were in the upper classes or held high offices. They were few in number, but they show particularly clearly that possessing a medicine was not a bar to social acceptance. Also, they illustrate that philanthropy could be an additional reason for owning a medicine. A striking example, initially described by Amanda Vickery, was Elizabeth Shackleton, a member of the Lancashire gentry, who inherited her late husband's secret recipe for a medicine for the bite of a mad dog, and then used the resulting philanthropic reputation from its sale to expand her social contacts across northern England.[337] Elizabeth did not patent her medicine and she does not seem to have paid for advertisements, though the *Leeds Intelligencer* did describe it as 'the never-failing remedy'.[338] Otherwise, it had the characteristics of a patent medicine and it is reasonable to regard it as one.

A. Case Study - Elizabeth Shackleton

The three case studies of medicine proprietors which I have discussed so far, Francis Newbery, Francis Spilsbury, and Thomas Henry, share one feature in common: they all aggressively defended and commercially exploited their medicines when the occasion demanded. However, Elizabeth Shackleton (1726-1781), was different not only in being a woman and living in the northern countryside, but also in showing restraint in developing and promoting her medicine for the bite of a mad dog. Elizabeth was a member of the minor gentry at Colne in Lancashire, making and distributing her medicine as an act of philanthropy, but also, in my opinion, with an element of moneymaking.

The core of this account has been provided by Amanda Vickery who has used correspondence and diaries to build up an enthralling description of the day-to-day life of both Elizabeth and the section of provincial society which included her relatives, friends and acquaintances. In addition, I have inspected copies of Elizabeth's diaries in the Lancashire Records Office (LRO). Elizabeth's first husband, Robert Parker, had owned a medicine for the bite of a mad dog, whose efficacy was praised by a correspondent to the *Gentleman's Magazine* in 1753.[339] On her husband's death in 1758, Elizabeth took over the preparation and

[337] Amanda Vickery, *The Gentleman's Daughter: Women's Lives in Georgian England* (New Haven: Yale University Press, 1999), 153-55.
[338] *LI*, 13 August 1765.
[339] *GM*, 23 (1753), 368.

distribution of the 'Colne Medicine', and she continued making it until her death in 1781, selling it all over the north of England. Elizabeth managed her lower gentry household which prepared a wide range of produce, such as wine, butter, conserves and perfumes, together with brewing and distilling.[340] Some additional funds were generated by this domestic production: for example, in 1776, butter was sold to neighbours at seven pence per pound, producing the equivalent of two maidservants' annual wages.[341]

Why did Elizabeth continue to produce the medicine for twenty-two years after the death of her first husband? Many widows did so to preserve the business, and the secrecy of the recipe, until a son was of an age to take over. However she continued to make the medicine even after she had passed the secret recipe to her second son John in 1776.[342] One reason to continue was philanthropy. The rural gentlewoman providing medicines for her neighbourhood, for example Lady Grace Mildmay in Northamptonshire 150 years earlier, has been recognised by historians.[343] Closer to Colne, the wives of the eighteenth-century Yorkshire gentry devised and passed on medicinal recipes for the use of their families and staff.[344] Elizabeth's actions can be seen as a similar form of genteel philanthropy. As Vickery has pointed out, the wide distribution of her medicine would ensure that the philanthropy was recognised not only by her immediate neighbours, but also by the socially superior, titled, gentry and nobility across the north.[345]

However, Elizabeth seems to have been concerned about making money as well as making a reputation. Although her first husband Robert Parker was a gentleman and county office holder, the rents from his estate were only £290 a year.[346] Three hundred pounds a year was the minimum for the life of a country squire, so additional income would have been welcome during her first marriage.[347] Vickery was unconvinced that profit was a motive, but the evidence suggests that Elizabeth's medicine was intended to produce an income, in addition to the philanthropy, during her second marriage to the wealthier John. As we have seen, she did make money by producing extra domestic products, such as butter, for sale. Her husband looked after the financial side of the medicine business, determining the price and arranging payments from distant customers.[348] When she passed the details of the recipe on to her son in

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[340] Vickery, 147-53.
[341] Vickery, 152.
[342] Vickery, 154.
[343] Linda Pollock, *With Faith and Physic: The Life of a Tudor Gentlewoman Lady Grace Mildmay 1552-1620* (London: Collins & Brown, 1993).
[344] Day, 210-12.
[345] Vickery, 155.
[346] Vickery, 20.
[347] Roy Porter, *English Society in the Eighteenth Century* (London: Penguin Books, 1991), 66.
[348] LRO, Diary of Elizabeth Shackleton, DDB/81/11.

1776, she exhorted him to keep it secret, which was essential for a continuing profit.[349] This money making does not negate the value of a humanitarian reputation to Elizabeth. She was preparing and selling the medicine for both purposes.

B.The Catholic Medicine Makers

Although Elizabeth Shackleton aimed to make some money, her social position and background kept her a long way from the aggressive commercialism of the previous three case studies. Such elite owners were not common, and, in any case, would be difficult to find. Any proprietor seeking to maintain an elevated position in society was unlikely to indulge in self-justifying treatises or other publications as written by Francis Spilsbury, and the small scale of their enterprises would not warrant extensive advertising. Furthermore, the universal condemnation of patent medicines by Victorian writers did not encourage the long term retention of any relevant collections of letters or accounts. So documented elite owners are rare. Surprisingly, examples are provided by three leading eighteenth-century Catholics. In this era, Catholics rarely participated in the upper reaches of civil society, but this trio were certainly influential in Catholic life and sought to be amongst its leaders. Like Elizabeth Shackleton, their motives in creating their own medicines combined philanthropy with money making.

The information on these Catholic medicine makers is derived from the extant correspondence between James Coghlan, the leading Catholic publishing bookseller in London, and some of the principal Roman Catholics of late eighteenth-century Britain. It reveals both the existence, and some of the detail, of medicine-making activity by Coghlan and by two other Catholics, namely Bishop George Hay, the Vicar-Apostolic for the Scottish Lowlands, and Father Henry Francis Xavier Chappel, a Dominican priest in Leicester. The core of this correspondence is a collection of 152 letters, now in the Lancashire Records Office in Preston, which were sent to James Coghlan by various Catholic friends and contacts between 1770 and 1800.[350] In addition, many outgoing letters from James Coghlan, including some to George Hay, have been preserved in the Scottish Catholic Archives in Edinburgh and elsewhere, and have been published alongside the Preston records.[351] In between the specifics of religious organisation and practice, the letters reveal details of medicine production, ownership and distribution by these three men. Studying these letters poses two related questions. Why did this respectable trio with existing sources of income, and busy lives, become involved in making medicines for sale, and how did this affect their position in Catholic, and wider, society ? The trio probably would not have referred to their unpatented

[349] LRO, DDB/81/27.
[350] LRO, RCBu/14.
[351] Frans Blom and others, eds., *The Correspondence of James Peter Coghlan (1731-1800)* (Woodbridge, Suffolk: Boydell Press, 2007).

products as patent medicines, but their remedies had an owner, were intended to be advertised, and had a secret recipe, and thereby they fulfil my criteria for designation as patent medicines.

James Coghlan (1731?-1800) was the leading Catholic printing and publishing bookseller in London.[352] From 1764 he published annually *The Laity's Directory*, which was the closest publication to a catholic periodical at the time. An essential conduit for many types of information, not just printed works, he was well-known to both the Catholic priesthood and laity in Britain, with many of them calling frequently at his shop or exchanging letters.[353] As a publishing bookseller, he could be placed in the tradesman category of medicine owners, but his role as one of the leading Catholic laymen in England and his added philanthropic motives for medicine production bring him into the elite group.

Coghlan was making, advertising and distributing up to five of his own medicines from 1779 until his death in 1800. At least one of his medicines was advertised at the end of most editions of the *Laity's Directory*, and also in some of his other publications, continuing after his death in 1800.[354] Coghlan does not seem to have had any medical training or notable experience, and he claimed that the recipes originated from the Jesuits' Library or other Catholic sources.[355] The scale of Coghlan's medicine production is unclear; but he was described as having a 'large medical warehouse', and the production must have been lucrative as it continued for over twenty years, with the profits being assigned to a Catholic charity after his death.[356]

Why did Coghlan produce and sell medicines? The obvious answer was to make money. But the reasons seem to be more complex than just profit. Much, perhaps all, of Coghlan's advertising was in his own publications for Catholics, such as *The Laity's Directory* and his own catalogues. This would have reduced the costs of advertising, but Catholics were only 1% of the English population at this time, and a desire to maximise profits above all else would have required advertising to a wider readership.[357] In addition, three of his five medicines had 'Jesuits' in their title and a fourth, a medicated snuff, was 'prepared from the original receipt found in the Jesuits Library'. He clearly wanted to give his medicines Catholic origins, and associating four of his five medicines with the Jesuits would have appealed much more strongly to the small Catholic community than the protestant majority. Thus Coghlan seemed to be devising medicines for consumption by Catholics, and he was aiming to help his co-religionists

[352] ODNB, s.v. James Peter Coghlan.
[353] Blom, xiv-xvi.
[354] All five medicines were in the 1788 edition (*Laity's Directory* (London: Coghlan, 1788)).
[355] J.P. Coghlan, *New Publications* (London: Coghlan, 1787), 12.
[356] LRO, RCBu/14/97; Blom, xxxiii.
[357] Frank O'Gorman, *The Long Eighteenth Century: British Political and Social History 1688-1832* (London: Hodder Arnold, 1997), 312.

as well as making money. Blom and colleagues have noticed a mingling of philanthropy with profit making in Coghlan's publishing business, and we can see a similar linkage with his medicines.[358] For Coghlan, making money and helping fellow Catholics were inseparable.

Coghlan maintained a correspondence with George Hay (1729-1811) for thirty years. From 1778, Hay (Fig. 3.4) was the Vicar-Apostolic for the lowland district and joint head of the Catholic Church in Scotland, resigning on health grounds in 1805. A stern figure, he was widely respected both within and outside the Church in Scotland at a time when it was moving from persecution to partial acceptance.[359] He set up the first Catholic seminary in Scotland and was a recognised scholar with four major religious works, as well as numerous pamphlets. He also supervised a new translation of the Bible – and devised his own medicine.

Hay had originally trained as a surgeon, and he produced his own Antiscorbutic Tincture in Scotland for charitable purposes.[360] In 1798, Hay sent Coghlan fifty copies of his new translation of the Bible for sale in London and four bottles of the Antiscorbutic Tincture to try as a patent medicine. Hay provided Coghlan with precise instructions on the use of the medicine and suggested some background reading.[361] Unfortunately the tincture was not a

Figure 3.4. *Bishop George Hay (1729-1811), (Public Catalogue Foundation, Blairs Museum).*

[358] Blom, xxxiii.
[359] *ODNB*, s.v. George Hay.
[360] LRO, RCBu/14/92.
[361] LRO, RCBu/14/84.

success. Hay promised that he would make 'more trials of its virtues' and provide an improved version in due course, but no further attempts to sell the Antiscorbutic Tincture in London were recorded.[362]

Why did Hay, a very active religious leader and scholar, devise his own medicine? In Scotland, he seems to have produced and dispensed it as charity, but the attempted sale in London was probably to make money. Hay's letters show that his church was suffering financial hardship in 1797/8 due to the combination of the unexpected extra costs of building the new seminary and the suspension of funds from Rome caused by a French invasion of central Italy.[363] These financial problems are a plausible explanation of Hay's desire to introduce his medicine to London at the beginning of 1798, though such a link was not directly referred to in his surviving letters. Hay showed a similar mingling of income with philanthropy in his books. He told Coghlan that his main aim in translating the Bible was to spread the Word among the people, but that the 2d profit on each copy was also important.[364]

Our knowledge of the third member of the trio is limited. One letter represents the only documentation of Father Henry Chappel's medicine making. Henry Chappel (1749-1825) was attached to the secretive Dominican mission at Leicester in the late eighteenth century.[365] Chappel wrote to Coghlan in 1799 with an apparently unsolicited request for Coghlan to sell his 'specific for the cure of stone and gravel', which he had used successfully in over a hundred cases.[366] Chappel offered a business deal with a partial refund to the consumer if the medicine was unsuccessful. No reply from Coghlan is available. With this limited evidence, little can be said about Chappel's motives, but they could represent once again a combination of charity and profit. The Leicester mission may have been suffering from the same financial pressures at the end of the century as the Scottish Church.

The desire of these leading Catholics to be involved in the medicine trade again demonstrates that making and selling patent medicines was often an acceptable form of business without any associated social stigma. This trio, professing a faith which was still frequently condemned, did not show any need to conceal or minimise their attempts to sell medicines. They were not worried that their reputations would be diminished by their activities, or that their leadership in the Catholic Church would be compromised.

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[362] LRO, RCBu/14/94.
[363] LRO, RCBu/14/70.
[364] LRO, RCBu/14/84.
[365] Nicholas Rogers, *Catholics in Cambridge* (Cambridge: Gracewing, 2003), 59.
[366] LRO, RCBu/14/135.

The finding that elite medicine owners could combine profit and philanthropy should produce a small, but distinct, tilt in our understanding of patent medicine owners. Such a combination has rarely been considered as a reason for owning medicines: claims of charitable intentions in advertisements have not been taken seriously. However, several tradesmen owners were reported to be giving their medicine without charge to the poor, or at a reduced price, including Spilsbury and Godbold.[367] In the past, historians have regarded these claims as being only misleading verbiage, solely designed to present the owner in a favourable light. But if we accept the possibility of a combination of profit and philanthropy as a motivation, then some of these claims may be at least partly true. So it could be that an owner did indeed want to benefit other sufferers, as long as he made a good profit as well. Declarations in an advertisement that an owner had charitable intentions should be carefully assessed, rather than being quickly rejected.

3.7 Irregular Practitioners

Unlike some of the owners in other categories, the well-known irregular practitioners were often extensively documented, though not always accurately. Self-publicity was essential as the practitioner and his medicine were linked together: the medicine represented the practical result of the owner's superior knowledge. So the itinerant irregulars who were medicine owners advertised extensively and justified their actions in treatises, producing a considerable amount of inevitably biased information about their actions and their medicines. One consequence was ridicule in the monthly journals, resulting in a rich brew of claim and counterclaim. So we have a lot of information about some of them: the difficulty is deciding how much is accurate.

A. Case Study - William Brodum

The most infamous medicine proprietor of the 1790s and 1800s was William Brodum (Fig. 3.5), a well-known irregular practitioner with medicine production as part of his practice. Seeking to be regarded as an established London physician in spite of a lack of recognised training, he bought a MD and aggressively publicised both himself and his patent medicines. He also travelled widely across England, offering consultations and promoting his medicines. For a time he was very successful, but he attracted widespread criticism and satire; his name was repeatedly used as an icon for irregular practitioners in attacks on 'quackery'.

[367] Spilsbury, *Free Thoughts on Quacks*, 126; *GM*, 70 (1800), 84.

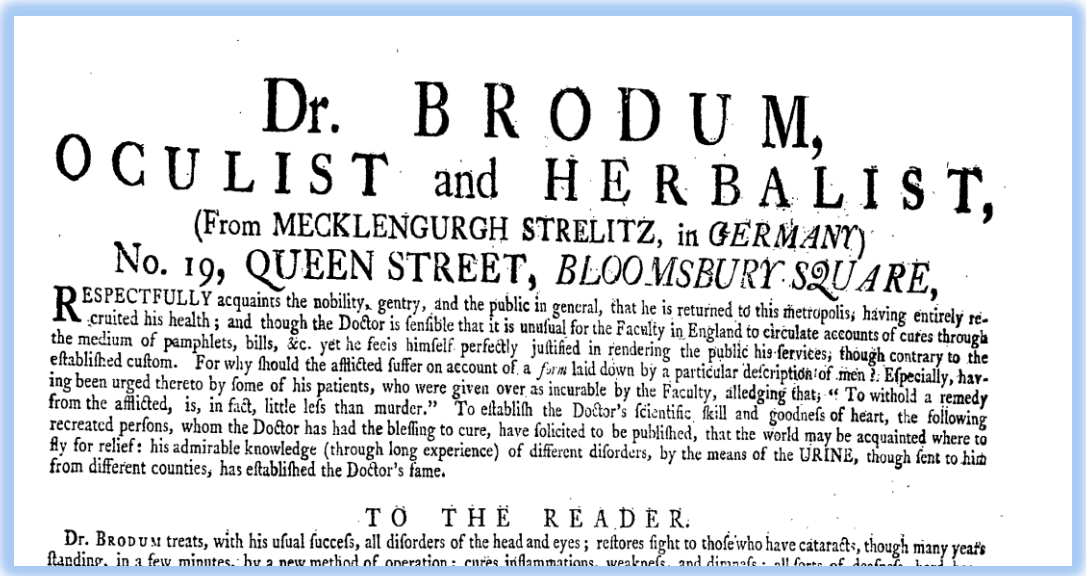
Figure 3.5. *William Brodum (died 1824), (Wellcome Museum).*

Brodum's origins and early life were murky, with a number of conflicting accounts. The accounts agree that he was Jewish and foreign-born, and that he gained some experience with irregular medicine vendors in England, before promoting himself as a physician from around 1790 and obtaining a MD degree from Marischal College, Aberdeen in 1791.[368] He claimed to have been trained as both a naval and army surgeon in Europe.[369] According to his 1790 handbill (Fig. 3.6), he was able to treat a very wide range of disorders, especially 'a certain disorder' (venereal disease), with the minimum of inconvenience, by consultations, letters, or the examination of the urine. For a time he was very successful, allegedly earning £5,000 a year from selling his medicines.[370]

Brodum developed his own patent medicines. From the early 1790s, Dr Brodum's Nervous and Restorative Cordial for nervous conditions, consumptions and deafness and Dr Brodum's Botanical Syrup, used in a wide range of complaints, were generally available, and he patented both medicines in 1799 (Appendix 4). Brodum's medicines conformed to his practice's image of gentility with the lowest price for the smallest bottle or packet of any of his medicines being 5s 5d, with larger ones costing up to 2 guineas.[371] At a time when a labourer's daily wage was often little more than one shilling, these prices indicate that he was targeting

[368] *House of Commons Journal*, 41 (1798), 589; *ODNB*, s.v. William Brodum; Ietros, 66-69; 'Anthony Daffy Swinton', *The Scourge*, 1 (1811), 27-46 (34).
[369] Anonymous Letter, *MPJ*, 13 (1805), 266.
[370] Ietros, 75.
[371] *LM*, 8th February 1794.

Figure 3.6. *Top of an early handbill from Dr Brodum (1790), advertising himself (ECCO, British Library).*



Dr. BRODUM,
OCULIST and HERBALIST,
(From MECKLENGURGH STRELITZ, in GERMANY)
No. 19, QUEEN STREET, BLOOMSBURY SQUARE,

RESPECTFULLY acquaints the nobility, gentry, and the public in general, that he is returned to this metropolis, having entirely recruited his health; and though the Doctor is ſenſible that it is unuſual for the Faculty in England to circulate accounts of cures through the medium of pamphlets, bills, &c. yet he feels himſelf perfectly juſtified in rendering the public his ſervices, though contrary to the eſtabliſhed cuſtom. For why ſhould the afflicted ſuffer on account of a *form* laid down by a particular deſcription of men? Eſpecially, having been urged thereto by ſome of his patients, who were given over as incurable by the Faculty, alledging that; "To withold a remedy from the afflicted, is, in fact, little leſs than murder." To eſtabliſh the Doctor's ſcientific ſkill and goodneſs of heart, the following recreated perſons, whom the Doctor has had the bleſſing to cure, have ſolicited to be publiſhed, that the world may be acquainted where to fly for relief: his admirable knowledge (through long experience) of different diſorders, by the means of the URINE, though ſent to him from different counties, has eſtabliſhed the Doctor's fame.

TO THE READER.

Dr. BRODUM treats, with his uſual ſucceſs, all diſorders of the head and eyes; reſtores ſight to thoſe who have cataracts, though many years ſtanding, in a few minutes, by a new method of operation; cures inflammations, weakneſs, and dimneſs; all ſorts of deafneſs, head

the more prosperous members of the community. Brodum's *Guide to Old Age*, first published in 1795, ran to 344 pages in two volumes and went through multiple editions over several years.[372] This type of substantial publication, superficially concerned with furthering medical self-help, was a common method of promotion by irregular practitioners who were also medicine owners.

The combination of imitating regular physicians, blatant self-publicity, frequent newspaper advertising and unabashed money-making made Brodum the subject of much contemporary comment. He was accused of planning to bribe his way to becoming President of the Royal College of Physicians after attending Westminster Hospital as a 45-year-old medical student to gain extra credibility.[373] He was frequently satirised and his name used to represent irregular practitioners in general.[374]

B. Other Irregular Medicine Owners

Two other prominent irregulars who owned medicines were Samuel Solomon and John Lignum. Based in Liverpool and Manchester respectively, they also travelled to promote themselves and their medicines. Samuel Solomon (1768/9 – 1819) was Jewish, like Brodum, and had also obtained a MD from Marischal College, in his case in 1796;[375] as a result they

[372] William Brodum, *Guide to Old Age, or a Cure for the Indiscretions of Youth* (London, 1795).
[373] Medicus, 'Brodum', 492.
[374] 'Lecture 3', *The Ghost*, 6 (1796), 21-24 (22); Denizen, 289; 'An Historical and Practical Treatise on the Venereal Disease', *Critical Review*, 20 (1797), 230-31; 'Sketch of the Foley-House Masquerade', *Weekly Entertainer*, 39 (1802), 451-53.
[375] ODNB, s.v. Samuel Solomon.

were often satirically linked together. After a period as a spectacle salesman, Solomon started selling his famous Cordial Balm of Gilead, which was recommended for a wide range of nervous and debilitating disorders.[376] He also owned and produced an Anti-Impetigines to purify the blood for scorbutic and other complaints, and an Abstergent Lotion to be applied on scorbutic eruptions. In common with other irregular medicine owners, Solomon was an aggressive publicist for himself and his medicines. In his own book, *A Guide to Health,* he asserted that his practice was as successful as that of any physician in Europe, and he claimed to spend at least £5,000 per year on advertising.[377] Continuing to travel to promote himself and his medicines, he built the impressive Gilead House on the eastern edge of Liverpool in 1804 and he became 'one of the institutions' of that town.[378]

John Lignum (probably died in 1826) was less itinerant than Brodum and Solomon, and his claims for medical status were more modest. Leaving Edinburgh as an apothecary called John Wood, he became a surgeon called John Lignum in Manchester.[379] His travelling was apparently confined to the north of England and, probably as a result, he escaped the attention of the critics and satirists. His Antiscorbutic Drops and a Lotion, together with pills for venereal disease, were extensively advertised in the newspapers.

These three irregulars who each owned several patent medicines were regarded by many contemporaries as quacks. But even so, they do not fit with our traditional image of an irregular selling medicines in the open air with the help of a vigorous sales technique. They aspired to behave as regulars, and they tried to stick as close as possible to orthodox practice at home and on their travels. This was shown when Brodum and Lignum, by coincidence, both visited Leeds in July 1793. Rather than addressing public meetings, they placed advertisements in the Leeds newspapers, listing the premises where they could be consulted and the hours they would be available, so mimicking conventional medical practice.[380] Indeed, as we have seen, Brodum made some effort to be recognised as a regular physician, attending Westminster Hospital as a 45-year-old medical student, stopping his travelling, and discontinuing selling the medicines himself.

The prominent irregular medicine owners described in this section had more in common with quackery than did the owners in the first four categories. Yet they adopted many of the practices of the patent medicines industry. They kept their medicines secret, operated from a

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[376] Denizen, 289.
[377] Samuel Solomon, *A Guide to Health*, 52nd edition (London: Mathews and Symonds, n.d.), ix and xii.
[378] Picton, II, 223.
[379] J. T. Slugg, *Reminiscences of Manchester Fifty Years Ago* (Manchester: J. Cornish, 1881), 57. Lignum probably thought that the Latin version of his name was more erudite.
[380] *LI*, 1 July and 22 July 1793.

fixed base where their medicines were produced in large quantities over several decades, and distributed them across the country. They followed the business methods of many market leaders and tradesmen owners with widespread advertising in newspapers and handbills, obtaining supporting testimonials, publishing self-justifying treatises and seeking national markets. So they imitated many of the practices of other owners within the patent medicines industry, though they practised medicine as well. The prominent irregular owners straddle the boundary between patent medicines as a distinct industry and quackery.

3.8 Local Owners

The last category of proprietor to be discussed, and the one we know least about, comprised the small-scale owners who usually only sold one or two medicines in their immediate locality. Most remain obscure and so this section will be short without a case history. Their names were revealed in newspaper advertisements with some brief details, sometimes claiming to be a medical practitioner: but little else can be discovered about most of them. Thirty-four medicines with a named provincial owner and apparently only a local distribution can be found in the list of medicines in Appendix 3B. No further details were available on thirteen of these local owners, while eleven claimed to be a chemist or druggist, nine a surgeon or surgeon-apothecary, and one just an unspecified doctor. The absence of any career details on nearly all these practitioners suggests that some were irregulars: regulars often provided evidence to justify their status.

A few of these local owners emerge as clearer individuals with the help of the advertisements or other contemporary evidence. For example, an event such as a family dispute might allow more to be discerned about an owner, such as Amelia Ings, who claimed to have been selling Foot's Cathartic Mixture in Wiltshire, for nineteen years, having been instructed in its preparation by her grandfather Henry Foot.[381] A week later, Mary Foot asserted that the only correct version of this medicine had come to her from another member of the family.[382] Mr West, a salt proprietor at Lymington, is another example of a small local owner. His new crystallisation method had improved the safety of Epsom salts and his Lymingon Marine Epsom Salts were now available from his premises, with agents to be appointed in the near

[381] *SWJ*, 3 June 1822.
[106] *SWJ*, 10 June 1822.

future.[383] By the following week, he had engaged a glass merchant in Salisbury and an unspecified tradesman in Romsey as agents.[384]

Some medicines developed by local owners eventually achieved a wider distribution, with the name of the original locality providing a degree of branding. By 1831, the Lymington Epsom Salts were being made by T. K. Welsh in Lymington, but they were also being sold by John Sanger in Oxford Street, London, and distributed across the country by Barclay and Sons (Section 4.2B).[385] The Trowbridge Pills for stone and gravel, and for female disorders, provide another example. They had been invented by Jane Hanney of Trowbridge in the early eighteenth century, and were then produced and sold in Wiltshire by Jane, her daughter and grand-daughter for the rest of the century.[386] By the beginning of the next century, they were being distributed across the country by Howard and Evans in London.[387] In 1826, her granddaughter Jane Wynne sold the Pills out of the family to Joshua Vardy, a Warminster chemist and printer, and they were still available in the 1850s.[388]

It is tempting to regard these local owners as the successors to the local herbalists of earlier years.[389] Certainly, the passing of the recipe through two or more generations of the same family, as we have seen, was a common claim. Other illustrations of local owners inheriting medicines would be Joseph Wright, a miller at Wortley Windmill near Leeds, whose Medicine for the Bite of a Mad Dog had been used successfully by his parents at Colne for fifty years, and Mrs Walter's Recipe for Pulmonary Complaints which had been prepared by Mrs Walters for over fifty years and was now being made by her niece, Miss Hall.[390] Some of these local owners do seem to be the commercial successors of the community herbalists. However, many were not and any generalisations have to be expressed cautiously.

The local owners included a wide variety of both men and women who wished to make money by selling their medicines in their area without committing to the expense of a distribution network or widespread advertising. For many, it was probably only a supplement to their normal employment. Their diversity and the shortage of records mean that the group is difficult to label as a whole. Although their production of medicines may be broadly similar to the other categories of owners, the potentially sporadic nature of their work and the lack of

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[383] *SWJ*, 20 May 1822.
[384] *SWJ*, 27 May 1822.
[385] *Hampshire Advertiser*, 25 June 1831.
[386] K. H. Rogers, *Medical Matters in Trowbridge*, (Trowbridge, Wiltshire: Friends of the Trowbridge Museum, 2002), 37.
[387] *Hull Packet*, 17 April 1804
[388] Rogers, 38.
[389] For the role of female herbalists in England during the early modern period, see Silvia de Renzi, 'The Sick and their Healers' in *The Healing Arts*, 27-57 (34-38).
[390] *LM*, 4 May 1793; *SWJ*, 8 April 1822.

national distribution mean that they do not fit easily into the concept of an industry. Some of the local owners would have been regarded as established tradesmen or regular practitioners, but many were probably irregulars. Their true place in the medical market remains unclear.

3.9 Frequency of Ownership Groups

The full picture of medicine ownership as a component of a patent medicines industry requires some idea of the numerical importance of these groups. If the first four groups, which were indicative of an organised, respectable trade, were more prominent than the last two, which carried connotations of quackery, itineracy, and short-term gain, then the concept of an established industry gains substance. As already mentioned in Section 3.2, many proprietors cannot be fitted confidently into one group, largely due to a shortage of information. Analysing the mass of medicines owners as a whole is impossible, but we can study the proprietors of my 'national' medicines (Appendix 3A) to get a good impression of the relative frequency of the first five groups: the medicine patentees are also available for inspection. These two sources do indeed show that the market leaders, tradesmen and medical professionals were the dominant types of owners for the widely distributed medicines, and that much of the patent medicines industry was distinct from irregular medicine and quackery.

The 'national' medicines, that is the medicines which were clearly promoted and distributed for a wide market in the studied newspapers, are defined and listed in Appendix 3. The names of the owners were available for 115 of them, and some occupational information could often be found about these proprietors in the advertisements themselves, the *Oxford Dictionary of National Biography*, the on-line *World Biographical Index System*, and other sources including James Adair. Assignment to a particular ownership group was often based on a strong probability rather than certainty. When the ownership changed over the years, the first owner with any biographical information was selected. Some owners could not be assigned, either due to a lack of information on whether a practitioner was regular or irregular, or just due to a shortage of any information, and they have been placed in separate categories. The number of owners in each group is shown in Table 3.5. When the owners could be assigned to one of my six groups, 83% were in the first four groups. Even if we make the unlikely assumption that *all* the owners which could not be assigned were irregulars, the first four groups would still be a clear majority with 63% of the total. So most of the national medicines were owned by one of the large medicines businesses, tradesmen or medical professionals.

Table 3.5. *Types of owners of 115 national medicines (% of assignable owners)*

Owner Group	Number	%	Comment
Market leaders	15	*17*	Market leaders all owned several medicines
Tradesmen	31	*36*	
Professionals	26	*30*	18 apothecaries
Elite	0		Did not advertise in newspapers
Irregulars	15	*17*	
Local	0		By definition, local only
Unassignable:			
Professional or irregular?	11		
Insufficient information	17		

The medicine patentees were less characteristic of owners than the proprietors of the national medicines. As discussed in Section 2.3, already successful medicines from London and the Home Counties were patented more often than others, and regular practitioners were reluctant to be patentees by the end of the eighteenth century. Nevertheless, when we look at medicines which were patented between 1740 and 1830 (Table 3.6) a broadly similar pattern of ownership to that of the national medicines emerges. The first date was chosen, rather than the start of our period in 1760, because many patented medicines remained available for decades after this official recognition. All but two of the patentees included their occupation in the application, or did so in another application, but the occupation could be vague, such as 'gent', and so some provided insufficient information to be assigned to a group. For others it is again unclear whether they were regulars or irregulars. The main finding is that 77% of the assignable patentees were in the first four groups. Once again, if we make the improbable assumption that *all* the unassignable patentees were irregulars, the first four groups would still contain 50% of the patentees. This lower percentage in comparison to the national medicines seems to be due to the market leaders rarely patenting medicines: for example, neither Francis Newbery nor his father patented a medicine themselves. Allowing for this, the numbers of owners in each group were comparable amongst two different series of proprietors. This is a good indication that a clear majority of the most popular medicines were owned and produced by the market leaders, tradesmen and medical professionals.

Table 3.6. *Classification of the patentees (listed in Appendix 4) of the 109 medicines patented 1740-1830 who stated their occupation (% of assignable patentees).*

Owner Group	Number	%	Comment
Market leaders	2	*3*	
Tradesmen	37	*53*	
Professionals	15	*21*	
Elite	0		Unlikely to seek a patent
Irregulars	16	*23*	
Local	0		Not aiming for widespread sale
Unassignable:			
Professional or irregular?	20		
Insufficient information	19		

One additional group which does *not* appear in this analysis should also be mentioned – the colourful quacks and mountebanks selling their own medicines in a public space. Mountebanks had been more visible in the mid-eighteenth century. Hogarth portrayed Richard Rock, a real irregular, selling medicines in Covent Garden in his 1738 engraving *Morning*.[391] Rock, who allegedly started as a porter, styled himself as a 'licentiate in medicines' when he patented his venereal disease treatment in 1751.[392] Another example is found in Thomas Turner's diary in 1760 which described the weekly visit of a Sussex mountebank who was 'selling packets which are to cure people of more distempers than they ever had in their lives for one shilling each'.[393] However, in England, the travelling mountebank selling medicines in public places was becoming rare by the late eighteenth century. In the 1790s, Adair started a paragraph on the former occupations of quacks: 'Whilst itinerant mountebanks were in fashion: though the breed is almost extinct in this country; […]'.[394] Amongst Harrison's correspondents in 1806 (Appendix 1B), one from Essex commented that the empirics in market towns were 'fewer, perhaps, than formerly', while another from Middlesex reported that his area contained no quacks and indeed 'the learned and celebrated Dr Brodum' no longer visited.[395] In the late

[391] Peter Wagner, 'The Satire on Doctors in Hogarth's Graphic Books', in *Literature and Medicine During the Eighteenth Century*, ed. by Marie Mulvey Roberts and Roy Porter (London: Routledge, 1993), 200-25 (204).
[392] Adair, 185; Appendix 4.
[393] David Vaisey, *The Diary of Thomas Turner 1754-1765* (Oxford: OUP, 1984), 208.
[394] Adair, 183.
[395] *MCR*, 13 (1806), lxxvii & lxxiv. As discussed earlier, Brodum was not a mountebank.

Georgian period, mountebanks and other irregulars selling medicines in public spaces had no significant role in the ownership and production of nationally advertised patent medicines, though the few remaining could have devised their own products for immediate sale. The organised patent medicines industry had superseded the small scale operator who lacked the skills and capital to participate in an increasingly national market.

3.10 Origins of Patent Medicines

The essential secrecy of patent medicines inevitably means that the precise origins of most of them remain obscure. For promotional purposes, the owners might provide some vague information, but the truth of any such assertions, made to promote branding, is uncertain. Nevertheless, we can use these reports to get an impression of the possible origins of some medicines. Deciding whether these origins are the true ones is difficult, but at least they present the type of origins which would have been plausible to contemporaries. So we can use the examples of ownership already mentioned in this chapter, together with some others, to see that patent medicines apparently came from a wide variety of sources. Both contemporary writers and recent historians have suggested that patent medicines were essentially copies of regular medicines.[396] However, this is an oversimplification: they were certainly based on the same principles and had similar constituents, but the immediate origins of patent medicines were probably outside the regular pharmacopoeia.

Some owners, particularly those in the professionals group, devised their own medicines or introduced medicines from elsewhere. As we have seen in earlier sections of this chapter, the physician Robert Priestley and the apothecaries Thomas Henry, Edward Galliard and John Hill created their therapies, and in the case of Henry and Galliard, provided some detail on how this was done.[397] Some tradesmen owners also created their own medicines, such as Nathaniel Godbold with his Vegetable Balsam, and William Jones who apparently used his skills as a chemist to create his Tincture of Peruvian Bark. Other owners claimed to have acquired existing inventions, such as Francis Spilsbury who wrote that his medicine had come from an unnamed chemist via a third party, and James Coghlan who apparently used extant recipes from the Jesuits' Library and other Catholic sources.[398]

The recipes for medicines could be bought, or dishonestly obtained, from existing owners. As already described, Peter Delamotte paid the enormous sum of £1,500 to Samuel

[396] Adair, 193; Cody, 106; Helfand, 32.
[397] Galliard, 36; Henry, *Preparation*, 5-7.
[398] Spilsbury, *Free Thoughts on Quacks*, 111; Coghlan, 12.

Glass for his recipe for magnesia. William Brodum was accused of copying medicines belonging to other irregular practitioners.[399] Amongst Harrison's correspondents (Appendix 1B), an anonymous Suffolk physician described two examples of a good recipe being passed on. The legitimate transmission was:

> A poor woman some years ago sold a bookseller here a receipt for a pill for £5. He compounded it and advertised it with great success for several years, then sold it to a druggist of the same place for a high price, who now vends it with increased reputation and sale.[400]

A less honest transfer was carried out by a 'lad of all works' for an apothecary who helped in the compounding of a secret medicine and then opened up his own druggist shop across the street, apparently making £400-500 per year from producing the same medicine for a different indication.[401]

These owners were selling medicines which had been recently created, either by themselves or by others. However other medicines had been around for a long time as herbal or patent medicines, and their current ownership could be disputed. Elizabeth Shackleton's medicine for the bite of a mad dog was one of several for this condition which had been derived from a longstanding local treatment in Ormskirk, Lancashire, and, as we have seen, the Wiltshire origins of Foot's Cathartic Mixture were controversial. The Dicey family, one of the market leaders whom we will discuss in more detail in the next chapter, distributed a number of old medicines whose ownership was unclear. These medicines, which had been sold as patent medicines for many decades, included their versions of Daffy's Elixir, Anderson's Scots Pills, and Bateman's Pectoral Drops (Appendix 3A). Anderson's Scots Pills had been available since the early seventeenth century and Daffy's Elixir had been on the market since the 1670s.[402] Bateman's Pectoral Drops were patented in 1726, and had been part-owned by John Newbery in 1761.[403] Rather than creating new medicines, the Diceys were using their marketing and distribution skills to capitalise on old ones.

We can deduce that patent medicines could be new or old, original or purchased, skilfully designed or just traditional: but, whatever their origins, they were not identical to regular medicines. They did contain similar ingredients to regular medicines as confirmed by the *Lancet* which published the 'compositions of quack medicines', twenty-four of them, in its first four issues.[404] However many of these medicines were complex mixtures created specifically

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[399] 'Anthony Daffy Swinton', 34.
[400] *MCR*, 13 (1806), xxxvi.
[401] *MCR*, 13 (1806), xxxvi.
[402] Rawlings, 5; Hancock and Wallis, 3.
[403] Welsh, 64.
[404] *Lancet*, 1 (1823), 30, 62, 89, 138.

for the patent medicines industry. For example, Spilsbury's Antiscorbutic Drops allegedly contained 'corrosive sublimate, gentian root, dried orange-peel, of each two drachms; crude antimony, red saunders, of each one drachm; rectified spirits of wine, water, of each eight ounces'.[405] The industry needed distinctive products to capture its share of the medical market.

3.11 Conclusion

This chapter has inevitably been long, with the many new findings requiring justification and explanation. However, the overall conclusion is clear: the ownership and production of patent medicines were part of a substantial and respectable industry with its own practices. It was largely distinct from both quackery and regular medicine. There was an overlap with irregular medical practice, particularly the production of patent medicines by some irregular practitioners and by local owners. Regular practitioners could also claim, not always convincingly, that their medicines were solely an adjunct to their orthodox practice and not a separate business. Nevertheless most of the ownership and production was a separate and established industry, and in this section, I will summarise how this conclusion was reached.

First, the medicines were derived and utilised specifically for the industry. Up to the 1820s, they were all based on similar theories, and contained similar ingredients, to the regular medicines of the time; but they were not copies. Their sources were varied and they had been created to be supplied as patent medicines for the medical market. In addition, the majority were each targeted at a relatively small range of conditions in terms of Buchan's arrangement of diseases. We have to be careful about anachronism with this last finding as today's belief in the virtues of specific therapies for specific conditions was often not exhibited by eighteenth-century physicians. Orthodox physic then saw every patient's condition as unique; therefore specific therapy for a disease was impossible and the physician had to select the best treatment for that patient from a broad range.[406] Many regular practitioners of the time would not have regarded therapy targeted at a limited range of conditions as achievable or necessary: the knowledge and experience of the practitioner was the key to successful therapy. In contrast, patent medicines were designed to be taken without advice from practitioners, perhaps without any advice at all, and so they had to have a manageable number of indications which were stated clearly and were practical for the consumers. The relative selectivity of patent medicines was a response to the demands of the market, not an attempt to imitate prevailing medical

[405] *Lancet*, 1 (1823), 30. 'Corrosive sublimate' was mercuric chloride and 'red saunders' was sandalwood.
[406] For a contemporary attack on specific therapies, see Duncan Forbes, 'On the Origins and Progress of Empiricism', *MPJ*, 15 (1806), 362-70.

orthodoxy. Nevertheless, regular therapy was also becoming more specific for particular conditions in this period, as I mentioned earlier in the chapter, and this raises an interesting question. Was the developing selectivity of regular therapy a response to the commercial pressures in the medical market from the more focussed patent medicines? The assumption that regular medicines became more targeted secondary to new medical understanding is probably an oversimplification for this period: the success of patent medicines may have been changing regular therapy ahead of advances in pharmaceutical knowledge.

Second, most of the owners were respectable and followed similar practices. A considerable amount of evidence has been presented in this chapter to demonstrate that most owners conformed to the normal commercial standards of the time and maintained, or even enhanced, their position in society. The proprietors in the groups of market leaders, tradesmen, professionals and elite owners, which included the majority of owners, suffered no apparent embarrassment from their activities and were accepted into their social class, though the medical professionals had to be careful on how they conducted their business. In addition, members of these groups followed similar practices such as preserving their property by secrecy, following the conventions of regular medicine where possible, and promoting their medicines by branding and advertising. Owners in the irregular and local groups were less likely to be considered as respectable, but they still mostly followed the commercial practices of the owners in the other groups.

The third underpinning of the patent medicine as an established industry was the stability of many of the owners and medicines. Of course, several owners and medicines came and went in a short time. Two medicines already mentioned provide examples of this. The Edinburgh Febrifuge Powder was very popular in the years 1772-74 before going rapidly out of favour, and Priestley's Anti-Bilious Powder only seems to have been widely available in 1798-99.[407] In contrast, this chapter has described several owners such as Francis Newbery, Francis Spilsbury, Nathaniel Godbold, Thomas Henry, John Hill, Elizabeth Shackleton, and Jane Hanney who not only produced the medicines themselves for several decades, but also passed their business on to a widow, son or daughter. Further, some medicines, such as Anderson's Scots Pills, Daffy's Elixir, Bateman's Pectoral Drops and Dr James's Fever Powder were popular for over a century. This combination of respectable owners operating from fixed, publicised, premises for long periods of time, and standard products being purchased for many years, confirms that the ownership and production of patent medicines was a genuine industry.

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[407] William Zachs, *The First John Murray and the Late Eighteenth-Century London Book Trade* (Oxford: OUP, 1998), 48.

This industry was distinct from irregular medicine and quackery. Its aims and practices were different, and the majority of its owners did not undertake irregular practice. The differences between the industry and both regular and irregular medicine will be explored further in later chapters, but we are already a long way from Porter's conception of patent medicines as the observable manifestation of quackery.

I have described the types of owners and their products, but they were only part of an industry which required revenue from extensive sales across the country. We now need to investigate how patent medicines were distributed from a single source to the whole of England, forming a pioneering national market for branded goods which generated substantial profits. The next chapter will explore wholesaling and distribution in the patent medicines industry.

Chapter 4. Connecting the Country: Patent Medicine Wholesaling

Nowhere in England was detached from the supply of patent medicines, and, as we have seen, their sale was a substantial business across the country. But the nature of these medicines, which were made from a secret recipe by a uniform technique, necessitated production at a single site which was often the premises of their proprietor. Thus, an efficient national distribution system was needed to transport these valuable products from their source to all parts of England, and sometimes to Scotland, Ireland, Europe and the colonies.

This chapter will explore the structure of patent medicine wholesaling, particularly by the better documented, larger, businesses, and will seek to explain that structure. Wholesalers can be found across the country, but the wholesaling was dominated by businesses in London. At the beginning of our period, several were publishing booksellers who could utilise their experience in the national distribution of books; but they were superseded by medicine specialists and chemists. Arrangements varied, but much of the wholesaling was part of an established industry in that, like medicine ownership, it was stable, was orderly, and employed its own practices. Even more than ownership, wholesaling was distinct from both regular and irregular medical practice which relied on the skills of an individual operating in a single locality rather than commercial cooperation across a much wider area.

National markets for owned medicines had been developed in the second half of the seventeenth century. As we saw in Section 1.4, the medicines had been publicised by printed bills and in annual almanacs, and distributed by the postal services and travelling salesmen. Several developments in the mid-eighteenth century encouraged the dissemination of more patent medicines across the country and these changes were discussed in that section. One was the growth of provincial newspapers which enabled widespread and controlled weekly advertising, and another was the faster and more reliable transport produced by the turnpike network. In addition, the commercialisation of patent medicines encouraged their owners to seek wider markets and large profits. But national markets required more than available infrastructure and business organisation; strong consumer demand was essential. In his well-known words, Adam Smith emphasised that consumption drove the market, not the other way round: ‘Consumption is the sole end of all production: and the interest of the producer ought to be attended to, only so far as it may be necessary for promoting that of the consumer.’[408] In this case, the interest of the consumer was a demand for more patent medicines, in terms both

[408] Adam Smith, *Wealth of Nations*, 3rd edn, 3 vols (London: Strahan and Cadell, 1784), II, 515.

of their quantity and the range of products. The widespread distribution and sales of patent medicines were a response to the public seeking out the medicines they thought best for their problems, and one of the objectives of the wholesalers was to encourage that consumer demand, as well as ensuring a good supply.

In this chapter, 'wholesaling' will not be confined to the activities of dedicated, self-described, wholesalers: it will be used in the more general sense of linking the source of production to the retailers, including both the distribution of the medicine and the encouragement of local consumer demand. Such wholesaling could be carried out by a medicine proprietor himself or by his employed tradesman, by a national wholesaler who might specialise in medicine production and distribution, by a regional agent such as a newspaper printer, or by a larger retailer for distribution to smaller ones. First, an assessment of the different relationships between proprietor and wholesaler is required: who was in charge? I will then go on to identify the principal London wholesalers and their stock, and also to discuss their connections with the publishing booksellers. Why was it that some London booksellers distributed medicines early in our period, but none did so at the end? The third topic to be considered will be the methods of distribution in this pre-railway age: how were the medicines transported, and how did the wholesaler get his money? At the end of the chapter, I will suggest that the wholesaling of patent medicines influenced some of the developments in the wholesaling of other goods. One such development was a switch from 'pushing' goods out from a centre, by using travelling salesmen and other agents in a method comparable to the traditional fairs, to 'pulling' goods out by peripheral demand induced by advertising and other forms of promotion.

These questions cannot be answered by recourse to a few, well-ordered, sources: no organised records from a medicine wholesaler, such as accounts or order books, are available from this period. Most of the information in this chapter has been derived from the printed advertisements in both newspapers and handbills, together with catalogues of medicines and other related publications, legal documents, and a surprise contribution from the records of the plates used to print the excise stamps. The spine of the information again comes from the medicine advertisements in the studied newspapers which are described in Appendix 1A. Such an approach will miss some wholesalers whose advertisements happened to fall outside these selected periods, but it is a great deal more comprehensive than earlier accounts based on one retail locality or limited information.[409] As always, the contents of a Georgian advertisement should be analysed cautiously; much was inaccurate and all was selective. However, it is

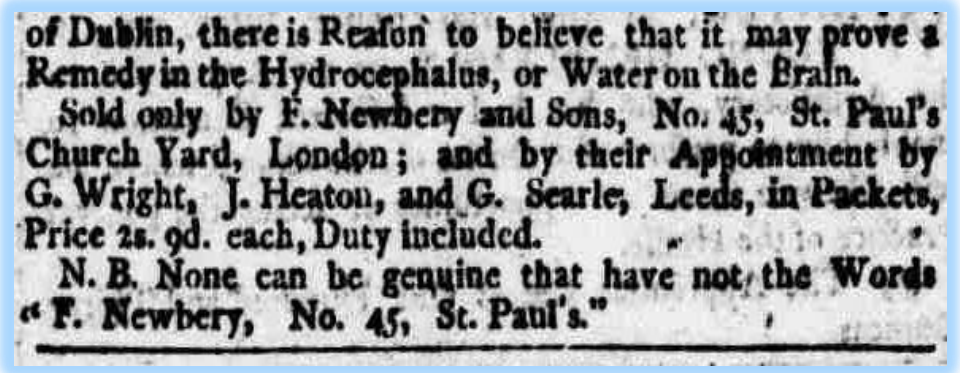
[409] P. S. Brown, 'Medicines Advertised'; J. Burnby, 'Preparers'.

unlikely that an account of a medicine's source, which was inserted to facilitate its supply, would be deliberately misleading.

These advertisements supplied a variable degree of information on the wholesaling arrangements. A few stated clearly the names and addresses of both the proprietor and the wholesaler together with the relationship between them. More commonly, the advertisements recorded the name and address of the wholesaler without specifying his or her connection with the owner (Fig. 5.1). Occasionally, the name and address of a supplier outside the catchment area of the newspaper and often in London was printed ahead of a list of local retailers, without describing this supplier as the wholesaler; but other information in the advertisement usually confirmed that this supplier was acting as the national wholesaler and providing the medicine to local retailers (Fig. 4.1). Some of these retailers might also act as wholesalers for their locality. We should also be alert to the possibility that the advertised national wholesaler may not have been the only one.

The overall impression is a wide spectrum of day-to-day arrangements between proprietors and wholesalers, and also between wholesalers and retailers; this is not unexpected in a field of business unrestrained by legislation, or by the regulations of a guild or company. Nevertheless we can observe, at the core, strong and stable businesses using standard skills and their capital to distribute medicines across the country, and to produce, for some, substantial profits. In other words, we see an industry at work.

Figure 4.1. *Bottom of an advertisement for Dr James's Fever Powder (LI, 26 January 1807, BNA, British Library). Although F. Newbery and Sons are not specifically named as the national wholesaler, the references to their appointment of local agents and their name on the excise stamp confirms that they are acting as such. An example of their excise stamp is shown in Fig. 2.4.*


of Dublin, there is Reason to believe that it may prove a Remedy in the Hydrocephalus, or Water on the Brain.
Sold only by F. Newbery and Sons, No. 45, St. Paul's Church Yard, London; and by their Appointment by G. Wright, J. Heaton, and G. Searle, Leeds, in Packets, Price 2s. 9d. each, Duty included.
N. B. None can be genuine that have not the Words "F. Newbery, No. 45, St. Paul's."

4.1 Owners and Wholesalers

The most straightforward pattern of wholesaling was for the proprietors to undertake the whole process themselves. Examples from Chapter 3 are the market leader Francis Newbery, the tradesman owners Francis Spilsbury and Nathaniel Godbold, and the elite owners Elizabeth Shackleton and James Coghlan. Irregular owners such as William Brodum, Samuel Solomon and John Lignum also undertook their own wholesaling, promoting themselves as skilled medical practitioners and presenting their medicines as being extensions of their practice. This form of promotion required that the wholesaling of the medicines be closely linked with their owners, and indeed Solomon's name was still engraved on the excise stamp for his medicines three years after his death.[410]

Some other wholesaling proprietors enlisted the assistance of newspaper printers or booksellers as local wholesalers. One example is the London apothecary John Hill, who created a range of his own herbal medicines and for a time used local wholesalers across the country. In an apparently coordinated series of announcements within medicine advertisements during January 1769, he stated in the *Leeds Intelligencer* 'Dr Hill has appointed Griffith Wright as agent for the counties of York, Lancaster and Westmoreland'; in *Aris's Birmingham Gazette* that A.Pearson and S.Aris had been appointed wholesale and retail agents for sale in Birmingham and 'places adjacent'; and in the *Salisbury Journal* that 'I have appointed Edward Easton, bookseller, as my sole agent for Salisbury and places adjacent'.[411] As we shall see in Section 5.2, newspaper printers often acted as informal medicine wholesalers for their own regional newspaper agents who also sold medicines, and Griffith Wright and Pearson and Aris were the printers of the *Intelligencer* and *Gazette* respectively. But Easton did not print the *Salisbury Journal*, and Hill was probably seeking more formal local wholesaling arrangements which he could control.

Table 4.1. *Categories of Medicine Wholesaling*

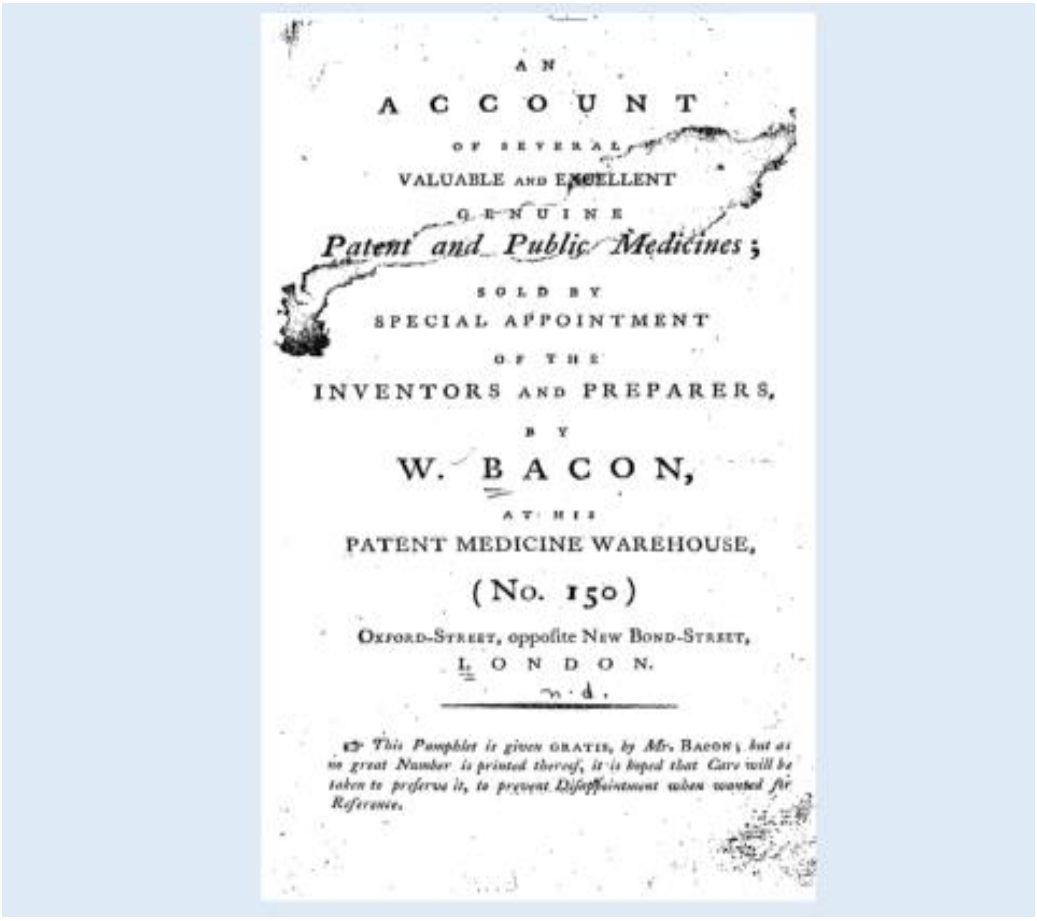
	Brief Description of Category	No. in Bacon's catalogue
A	Small scale wholesale and retail sales, probably without owner's specific agreement	83
B	Wholesaling of a long-established medicine of unclaimed or disputed ownership	8
C	Sole responsibility for the medicine by the wholesaler	8
D	Wholesaler appointed and probably controlled by the owner	9

[410] *ABG*, 25 March 1822.
[411] *LI*, 3 January 1769; *ABG*, 2 January 1769; *SJ*, 23 January 1769.

If the proprietor did not want to organise distribution, he could use a national or regional wholesaler who commonly supplied a specified range of medicines to the local retailers. Such a wholesaler might have acquired some ownership of the medicine as part of this process, or he might have distributed it by the owner's appointment or agreement. Alternatively, he might just have sold it, wholesale or retail, without specific approval. Various combinations of these roles are apparent, but four broad categories can be discerned and are listed in Table 4.1. A good way to explain and illustrate the four categories is to explore the catalogue, from around 1790, of William Bacon, a medicine wholesaler and retailer in Oxford Street (Fig. 4.2).[412] It will help us to answer the question - who was in charge?

Bacon's twenty-page catalogue of 108 medicines shows that he retailed medicines, but that he had also been appointed as a wholesaler by several proprietors. It described his wholesaling arrangements, such as 'orders for exportation supplied without stamps, and on

Figure 4.2. *Title Page of William Bacon's medicine catalogue, c. 1790 (ECCO, Huntington Library).*


AN
ACCOUNT
OF SEVERAL
VALUABLE AND EXCELLENT
GENUINE
Patent and Public Medicines;
SOLD BY
SPECIAL APPOINTMENT
OF THE
INVENTORS AND PREPARERS,
BY
W. BACON,
AT HIS
PATENT MEDICINE WAREHOUSE,
(No. 150)
OXFORD-STREET, oppoſite NEW BOND-STREET,
LONDON.
M.d.
☞ This Pamphlet is given GRATIS, by Mr. BACON; but as no great Number is printed thereof, it is hoped that Care will be taken to preſerve it, to prevent Diſappointment when wanted for Reference.

[412] Bacon.

the lowest terms' (patent medicines destined for export did not require an excise stamp) and 'it is requested that orders from the country may contain reference for payment in London'. Bacon was also recorded in the newspapers as a wholesaler for several nationally advertised medicines in the 1790s (Appendix 3).

The first of the four broad wholesaling categories (Category A in Table 4.1) is shown by the 83 medicines which are just listed by name and price at the end of the catalogue: in other words, Bacon was not actively promoting them. All these medicines, which include some we have already met such as Spilsbury's Drops, Godbold's Vegetable Balsam, Dr James's Fever Powder, and Dr Steers's Opodeldoc, were probably owned and normally distributed by others. So in this category, Bacon seems to have been concentrating on local retail sales, and perhaps fortuitous wholesale orders. Thus Bacon was not seeking to be in charge of these medicines, but was selling them nevertheless.

The remaining twenty-five medicines all had promotional descriptions of up to one page attached to them, together with prices for different size bottles and other details. Eight of these medicines can be assigned to category B, the wholesaling of long-established medicines: their fairly brief descriptions were followed merely by a statement of the prices. These were all old familiar medicines, such as castor oil, Dr Dickinson's Red Drops or Switzerland Arquebusade Water, whose ownership was unknown or unenforceable. They might have been good sellers, but Bacon's control was limited by the ease of imitation.

Category C, the wholesaler having sole responsibility for the medicine, was exemplified by another eight medicines for which Bacon had signed his name on the medicine excise stamp, clearly seeking to be in command of the medicine - 'Mr. Bacon's name is signed by him on every stamp, as a guard against fraud'. The 1785 Medicines Act (Section 2.4) stated that the responsibility for applying the stamp rested with the first person in the supply chain.[413] In some of his newspaper advertisements of the period, though not in this catalogue, Bacon offered a twenty guineas reward for a conviction for forging his signature on the medicine stamp or on its directions.[414] For this third category, an inventor might be named, but his or her relationship with Bacon was hidden; Bacon was claiming to be in control of a widely sold product.

Category D, a wholesaler by appointment, was represented by the nine medicines whose descriptions stated that Bacon was acting under instructions, such as 'sold, by appointment of the proprietor (T Williams) by Mr Bacon', 'sold, by special appointment of Lady Hill,', or, more obliquely for Dr James's Analeptic Pills, 'these Analeptic Pills are had immediately from Mr Newbery, in St Paul's Churchyard'. Bacon might be temporarily in charge, but the

[413] George Kearsley, *Kearsley's Tax Tables 1787* (London: 1787), 88.
[414] Samaritan Water, *SBC*, 24 January 1793.

proprietors of these medicines in this fourth category were probably in control because they could issue instructions or change their appointment to another wholesaler.

We can find examples of all these categories in other sources. For category A, a 1770s bill from Francis Newbery (Fig. 0.3) shows that he was prepared to provide small-scale retail and wholesale sales direct from his premises, without being unduly concerned about the medicines' origins. He was the sole wholesaler for some of the fifteen medicines mentioned in the bill, but they included five medicines for which Cluer Dicey claimed to be the sole wholesaler in one of his bills.[415] Newbery was not being fastidious about wholesaling arrangements for these medicines. Examples of category B arrangements for the longstanding medicines of uncertain ownership can be found in newspaper advertisements, especially those from the Dicey family as will be discussed in Section 4.2A. Such medicines were also listed in other promotional material from the Dicey family, such as the bill from Cluer Dicey mentioned above which named Squire's Elixir, Godfrey's Cordial, French Hungary Water and British Flour of Mustard. These four medicines were without any clear ownership in this period.

Category C, control by the wholesaler, was common, as is attested by newspaper advertisements. Proprietors who distributed their own medicines fit into this category. So too do wholesalers who acquired ownership of medicines which they had not introduced. For example, in 1781 Francis Newbery was only a joint wholesaler of Dr Steers's Opodeldoc, which was still owned by the Steers family; but by 1807 he was advertising it as the sole proprietor and wholesaler, with his name printed on the excise stamp.[416] Another illustration was provided by Shaw and Edwards (Table 4.2) who announced in 1807 that they had acquired the ownership of the long-standing Dr Walker's Jesuits' Drops from Joseph Wessells.[417] Examples of wholesalers being appointed by the medicine proprietor, category D, were also common in the advertisements, one such proprietor being the 'Rev.Mr' J Jones who carefully explained in the 1769 *Leeds Intelligencer* that his British Herb Snuff had been available from Mr Rowley at St Paul's Coffee House for the past four years, but was now to be had from Evans, goldbeater, in Long Acre.[418]

We can conclude that, not unexpectedly, there were different types of relationships between the owners and wholesalers of patent medicines in late Georgian England. The proprietor could be the wholesaler or, alternatively, the wholesaler could acquire ownership of

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[415] *Directions for the Taking and Using Betton's True and Genuine British Oil* (London: Cluer Dicey and Company, 1775?). The five medicines were British Oil, Dr Hooper's Female Pills, Dr Bateman's Pectoral Drops, Daffy's Elixir and Dr Anderson's Scots Pills.
[416] *LI*, 16 January 1781 and *ABG*, 16 February 1807.
[417] *LI*, 26 January 1807.
[418] *LI*, 31 January 1769.

the medicine. The main wholesaler could apparently be in sole charge of the medicine, or he could be appointed, and probably controlled, by the owner. At other times the wholesaler avoided the issue of ownership or any appointment as wholesaler, especially for small quantities of medicines. The important point, as we shall see throughout this chapter, was that most medicines had a defined wholesaler who undertook the bulk of the distribution and the advertising of that medicine. Other methods, such as salesmen travelling around the country to provide local retailers with whatever medicines the salesman chose to carry, or owners selling their medicines at fairs for local distribution by others, probably occurred, but I have not found descriptions of them. The relationship between the owners and the wholesalers varied, but specific arrangements were made for most patent medicines: it was organised, not a free-for-all. In the remainder of the chapter, I shall explore how this wholesaling was carried out.

4.2 London Medicine Wholesalers

Who were the principal wholesalers? The newspaper advertisements and other material indicate that they were confined to London. As we have seen, provincial proprietors did distribute their own named medicines across the country, sometimes several of them, and newspaper printers and others could act as local or regional wholesalers, but I have yet to find a provincial wholesaler who disseminated nationally medicines which he had not created. The principal London medicine wholesalers can be identified from the newspaper advertisements in the studied years and from other sources: their names and premises are recorded in Table 4.2.

Before exploring these wholesalers, we need to avoid confusion between the principal wholesalers and the more numerous owners of medicine warehouses and medicine merchants. In this period ‘warehouse’ was often used as a dignified alternative to ‘shop’, without any implication that the premises were used for wholesaling.[419] A wholesaler might own a warehouse or be described as a medicine merchant in addition to his national wholesaling activities, but the majority of the medicine warehouse owners and medicine merchants in London were not significantly involved in national wholesaling. Thus, thirteen tradesmen were listed as running medicine warehouses or as medicine merchants in Wakefield’s 1794 London Directory;[420] but only four out of the thirteen can be identified as principal wholesalers in the studied newspapers in 1794, and the other nine were probably concentrating on retail

[419] *OED*, s.v. ‘warehouse’ (1e).
[420] *Wakefield's Merchant and Tradesman's General Directory for London,…,for the Year 1794* (London: 1793?).

sales and perhaps more local wholesaling. Another London wholesaler, John Wye, was mentioned in the advertisements but not in the directory, probably because he had only just ceased to be a partner in Dicey and Co.

Two features are immediately striking about the wholesalers listed in Table 4.2. One is their stability and continuity over time. As we shall see, the businesses mostly continued by inheritance and taking on new partners, not by purchase by outsiders or haphazard change, and this must reflect profitability. Once a business was established, it was worth continuing with it and leaving it to a son if possible, and the family businesses of the Newberys, the Barclays and the Sangers were still active in the twentieth century.[421] The other striking feature is their geographical proximity. Seven of the eight premises were in the City with only 150 Oxford Street outside, and each of these seven was no more than a short walk away from the others. Indeed, four addresses at St Paul's Churchyard, Bow Churchyard and Cheapside were all clustered near St Paul's Cathedral (Fig. 4.3), the most popular area in London for eighteenth-century booksellers and printers:[422] this geographical concentration reflects links between selling medicines and publishing books. I will return to the association between bookselling and medicine wholesaling later, after I have explored, as far as we can, who these prominent wholesalers were and how they structured their businesses.

A. The Diceys and the Newberys

Fortunately we have a significant amount of material about the Diceys and the Newberys, the market-leading proprietors who were also prominent wholesalers, together with some information concerning the other wholesalers. Both the Diceys and the Newberys were initially printers, newspaper owners and booksellers as well as being medicine wholesalers, and for this reason we know a great deal more about them than we do about other medicine wholesalers who were unrelated to the print trades and who have left little, if any, historical evidence. However, we should not be unduly concerned about the possibility of being misled on the subject of wholesaling by selected material: as we shall see, the Diceys and the Newberys were also the dominant medicine wholesalers at the end of the eighteenth century.

[421] Newbery, 62; J. Burnby, 'Preparers', 53-54.
[422] James Raven, *The Business of Books: Booksellers and the English Book Trade, 1450-1850* (New Haven: Yale University Press, 2007), 168-85.

Table 4.2. *Prominent London wholesalers and their premises, as described in newspaper advertisements 1769-1822, in an 1800 handbill, and as recorded in the 1841 Post Office London Directory.*

Premises	10 Bow Churchyard	45 St Paul's Churchyard	95 Fleet Market	14 Birchin Lane	150 Oxford St	59 Coleman St	4 Cheapside	66 St Pauls Churchyard
1769	Cluer Dicey & Co	Newbery & Carnan[1]	Jackson & Co					
1781	Cluer Dicey & Co	F Newbery jnr.	Jackson,Warter & Co	M & H Wray				
1793	Dicey & Co	F Newbery	Jackson & Co		W Bacon	John Wye		
1794	Dicey & Co	F Newbery	J Barclay		W Bacon	John Wye		
1800[4]	Dicey & Beynon	F Newbery	Barclay & Co	H Wray & Co	Jeboult & Co		Ching & Butler	
1807	Dicey & Sutton	F Newbery & Sons	Barclay & Son		Bacon & Co		R Butler	Shaw & Edwards
1822	Sutton & Co	F Newbery & Sons	Barclay & Son		Sanger		Butlers	Shaw & Edwards
1841 PO Directory	William Sutton & Co	F Newbery & Sons	Barclay & Sons[2]		John Sanger		Thomas Butler	Evan Edwards?[3]

Notes:

1. 65 St Paul's Churchyard (see Section 3.3A).
2. 95 Farringdon St (Fleet Market widened and renamed Farringdon St in 1829).
3. 66 St Paul's Churchyard now occupied by a florist, but Evan Edwards, patent medicine warehouse, next door at number 67.
4. From a dated handbill for Maredant's Antiscorbutic Drops (ECCO, British Library).

Figure 4.3. *The 1807 premises of four prominent wholesalers near St Paul's, marked in red on the 1813 edition of Richard Horwood's map of London. From the left, they are Shaw & Edwards, F.Newbery & Sons, R.Butler, and Dicey & Sutton. The map was adapted from 'The A to Z of Regency London' (Lympne, Kent: Harry Margary, 1985).*

The Dicey family business was founded by William Dicey, the son of a Yorkshire vicar, who started a printing business with Robert Raikes in St Ives and then Northampton, launching the longstanding *Northampton Mercury* in 1720.[423] Dicey and Raikes were involved in patent medicines from the beginning of this newspaper, advertising Dr Bateman's Drops from at least 1721 which was five years before Benjamin Okell patented this medicine.[424] Raikes went off to Gloucester in 1722 and his son, also Robert, later became the leader of the Sunday School Movement. William Dicey's sister married John Cluer of Bow Churchyard, London, a well-known printer of chapbooks and ballads who had also established a new and successful system for cutting, printing and distributing popular prints.[425] After the death of John Cluer and his widow, William Dicey acquired John Cluer's business in 1736 and set up a partnership with his oldest son, confusingly named Cluer Dicey, with other sons assisting.[426]

The Diceys now had an extensive business at both Bow Churchyard and in Northampton, producing prints, chapbooks and more substantial publications in London and a newspaper in Northampton, together with medicine-selling at both locations. Until at least the end of the century the various Diceys split their time between the two places and the family

[423] R. C. Simmons, *The Dicey and Marshall Catalogue* (Birmingham: University of Birmingham, n.d.), 2.
[424] Juanita Burnby, 'Printer's Ink and Patent Medicines', *Pharmaceutical Journal*, 229 (1982), 162-163 (163). The Diceys' successors, Sutton and Co., were still selling Bateman's Drops in 1822 (*SWJ*, 14 January 1822).
[425] Gilles Duval, 'The Diceys Revisited', *Factotum*, 35 (1992), 9-11; Michael Harris, 'Scratching the Surface: Engravers, Printsellers and the London Book Trade in the Mid-18th Century', in *The Book Trade and Its Customers 1450-1900*, ed. by Arnold Hunt, Giles Mandelbrote and Alison Shell (Winchester: St Paul's Bibliographies, 1997), 95-114 (100).
[426] Simmons, 2.

continued to own the *Northampton Mercury* until 1885.[427] The combined business was clearly very profitable and Cluer Dicey set himself up as a country gentleman, buying Claybrooke Hall, Leicestershire (Fig. 7.3) in 1765 together with other property in the same parish. Cluer's son Thomas acquired further land in the area.[428] Hannah More wrote Cluer's epitaph for his marble monument 'in the middle aisle' of Claybrooke Church.[429] This monument still occupies a prominent position between the nave and the chancel in the church, and it is accompanied by other memorials to his son Thomas, his grandson, grand-daughters and other descendants (Fig. 4.4). It is not clear whether Cluer's money came predominately from medicines or from printing and publishing: Simmons and Burnby have both suggested that the medicines may have been more important, but agree that the evidence is inconclusive.[430] Certainly, the medicine business was important enough in 1753 to require a different partnership (William Dicey, Cluer Dicey and Elizabeth Okell) compared to that of the printing/publishing business (William Dicey, Cluer Dicey and Richard Marshall), and, in 1764, to feature in legal disputes about William Dicey's will.[431]

On his father's death in 1775, Thomas Dicey took over the combined family business which became more specialised in medicines. He withdrew from London chapbooks and publishing, which is shown by no Diceys being listed for London in the BBTI after the 1780s, and printing became confined to Northampton. Thus, Thomas's will, written in 1807, only mentions 'the craft or business of a medicinal warehouseman' in Bow Churchyard and that of a printer at Northampton, suggesting that the medicine wholesaling had been more profitable than the printing and publishing in London.[432] Several non-family partners joined the medicines side of the business at different times, including Francis Beynon, John Wye and John Sutton; John Wye set up on his own in the early 1790s.[433] By the time of Thomas's death in 1807, the medicines business was a partnership between Thomas and William Sutton, known as Dicey and Sutton. It later became Sutton and Co when Thomas's son, Thomas Edward Dicey, a senior wrangler at Cambridge, left the partnership in 1811 and moved away from commerce.[434] He devoted himself to country affairs in Leicestershire and to owning the *Northampton Mercury*, without any link to patent medicine wholesaling.[435]

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[427] Simmons, 5.
[428] Aulay Macaulay, *The History and Antiquities of Claybrook* (London, 1791), 11, 28, 38 and 53.
[429] Macaulay, 65.
[430] Juanita Burnby, 'Printer's Ink', 163; Simmons, 2.
[431] Simmons, 3.
[432] NA, Will of Thomas Dicey, Prob 11/1477/322.
[433] *London Gazette*, 21 December 1790 and 5 August 1800.
[434] *London Gazette*, 12 January 1813.
[435] Juanita Burnby, 'Printer's Ink', 163.

Figure 4.4. *Memorial plaques to Cluer Dicey (upper right), his son Thomas (left) and his great-grandson (lower right) in St Peter's Church, Claybrooke Parva, Leicestershire. A similar stone plaque for Cluer's grandson, Thomas Edward, and one for two of his granddaughters are on the opposite wall. Apparently, all these members of the family were buried underneath the floor below.*

The medicine wholesaling activities of John and Francis Newbery have much in common with those of their contemporaries, Cluer and Thomas Dicey. As we have seen in the Introduction, John, like Cluer, combined medicine selling with publishing and bookselling, basing his prosperity on the lucrative and best-selling Dr James's Fever Powder. However, John's publishing was more up-market, bolstered by friendships with Samuel Johnson, Oliver Goldsmith, Tobias Smollett and many others, together with a reputation, which continues to the present day, as the father of children's literature. Like Cluer Dicey in 1775, John was wealthy at the time of his death in 1767, but in John's case it is clearer that patent medicines provided the more important source of his income.

After John's death, the combined Newbery publishing and medicines business split up at the same time as Thomas Dicey concentrated on medicines in his London business. In

1779, twelve years after his father's death, Francis Newbery (Section 3.3A) fell out with his publishing partners, Thomas Carnan (step brother) and another Francis Newbery (first cousin). Francis moved to new premises at 45 St Paul's Churchyard and concentrated solely on medicine owning and wholesaling, leaving his relatives to continue with bookselling and publishing.[436] Amongst these relatives, Thomas Carnan and Elizabeth Newbery, the widow of cousin Francis, did continue their own medicine wholesaling activity for a time: for example Elizabeth was one of the wholesalers in 1794 for a range of medicines produced by Swinfen and Son, surgeon-apothecaries in Leicester.[437] But unlike their publishing, their medicine selling does not seem to have been sustained as they are not listed as wholesalers in the studied newspapers in later years. In common with Cluer Dicey, Francis Newbery became a country gentleman, as we saw in Section 3.3A. One potential link between the two families is that Francis married Mary Raikes, daughter of William Dicey's original business partner Robert Raikes, in 1770.[438] But the Raikes family now lived in Gloucester and it is not clear whether this marriage reflected any social link between the Newbery and Dicey families.

The Dicey family and successors and the Newbery business were the two largest wholesalers of patent medicines in our period, as judged by their financial success, range of medicines, and frequency of appearances in provincial newspaper advertisements. It is therefore not surprising that in 1785 Francis Spilsbury regarded them as the natural leaders of the opposition to the new medicine excise duty.[439] This dominance is confirmed by an unlikely source, the plates used to print the named excise duty stamps. As we saw in Section 2.4, from 1783 an excise stamp had to be stuck on every bottle or box of patent medicines, and the larger wholesalers and prominent owners were allowed the commercial advantage of having their own names and addresses on the stamps. The named stamps were printed at the Stamp Office, and the plates required to do so were recorded in a register, together with an entry of any repairs or replacements. The register for 1795-1823 has been transcribed by Booth, and in Table 4.3 I have summarised the records for the eight prominent wholesalers.[440]

The number of registered plates reflects both the range and the volume of sales for each of these wholesalers. As explained in Section 2.4, stamps were required at values of 1½d, 3d, 6d, 1s and upwards, depending on the price of each medicine: so a range of medicines at different prices would require a range of stamps and their printing plates. But the volume

[436] Roscoe, 18.
[437] *ABG*, 21 April 1794.
[438] Newbery, 44. Two of their eight sons, John and William, succeeded to Francis's medicines business.
[439] Spilsbury, *Discursory Thoughts*, 17.
[440] Booth, A139-45.

Table 4.3. *Printing plates for medicine excise stamps registered at the Stamp Office 1795-1823, plus repairs or replacement of those plates.*

	Number of registered plates	Number of repairs or replacements
Dicey & Co	7	9
F. Newbery	10	10
Barclay & Co	4	nil
Wrays	3	nil
Bacon/Sanger	No plates recorded[441]	
John Wye	1	nil
Ching and Butler	3	4
Shaw & Edwards	5	2

of sales would also be reflected in the number of plates as wholesalers might require several plates of the same value to facilitate printing for their high turnover. For example, Dicey and Co registered no less than six plates for a duty of 1½d, the lowest value, together with a single plate for 3d. The Diceys were clearly concentrating on a high volume of sales at the lower end of the market. By contrast, Francis Newbery had a range of plates for duties up to three shillings reflecting his rather more upmarket medicines (Dicey and Newbery stamps are pictured in Figure 2.4). In addition, the number of repaired or replaced plates indicates the volume of sales, since these renewals reflected the wear and tear of the plates, which in turn must have stemmed from how often these plates were used. It is possible that some wholesalers might not have been using their named stamps or that the plates may have been renewed for reasons other than wear and tear. However, I cannot see a commercial advantage in doing so, and these considerations are unlikely to explain the differences in Table 4.3.

The large number of original plates and their replacements used on behalf of the Diceys and Francis Newbery confirms that these two businesses were indeed the leaders amongst the eight prominent London wholesalers. All the Dicey plates, and six of the ten Newbery plates, were repaired or replaced at least once. The only wholesaler approaching their level of activity, at least for a time, seems to be Ching and Butler, later Butlers, whose 3d plate had to be repaired three times between 1810 and 1816. No other wholesaler came close to the degree of printing plate usage by the two leaders. In addition, this data provides a rough impression of the volume of business handled by these prominent wholesalers in comparison to that handled by the owners who wholesaled their own medicines. Even the proprietors who distributed a high volume of their own medicines rarely required a repair or replacement of their plates. Amongst such proprietors mentioned in Chapter 3, Spilsbury, Godbold, Brodum, Solomon

[441] As we have seen, William Bacon *signed* his name on the stamp. His reasons for avoiding printed, named, stamps are unclear, but it may have been due Bacon's *wholesaling* business being too small or to personal preference.

and Lignum did not need any, while William Henry had one plate repaired. So the prominent wholesalers were handling a much higher volume of medicines than the successful owners who distributed their own medicines.

B. Other Prominent Wholesalers

The information on the Diceys and the Newberys is relatively plentiful, but if we turn to other wholesalers who were not booksellers, for example Thomas Jackson succeeded by the Barclays, the material becomes sparse and largely confined to their advertisements. The Jackson/Barclay business was probably started by Thomas Jackson, a chemist who patented a lotion in 1761 (Appendix 4). It was recorded as Jackson & Co in 1769, and continued up till at least 1841 as Barclay and Sons (Table 4.2). A London directory for 1792 listed Jackson and Barclay as partners at 95 Fleet Market, so we can consider it as a single business, and a Barclay pharmaceutical business was still trading after the Second World War, nearly two centuries after its original foundation.[442] By 1794, James Barclay was proclaiming that he was the successor to the late Thomas Jackson and the sole proprietor of the business,[443] and by 1807 Barclay & Son was advertising a wide range of medicines, especially in the two Leeds newspapers. Further details on Thomas Jackson, James Barclay, or members of their families, are meagre: no family members can be identified amongst these common surnames in the *Oxford Dictionary of National Biography* or the *British Biographical Archive*, and the partnership arrangements do not seem to have been chronicled in the *London Gazette.*

Similarly, only a little detail is available for the remaining five wholesaling firms described in Table 4.2. Hilton Wray was mentioned in Section 3.3, and John Wye was an ex-partner of Thomas Dicey. We can trace some of the origins of Ching and Butler, later Butlers, at 4 Cheapside through newspaper advertisements. John Ching was a chemist and apothecary in Launceston, Cornwall, who patented a worm medicine in 1796 (Appendix 4). In an advertisement of that year he had premises in Launceston and also a medicine warehouse in London at Gould Square.[444] Another advertisement in 1798 stated that George Dixon of 4 Cheapside, the proprietor of Dixon's Antibilious Pills, 'has relinquished business in favour of Mr John Ching'.[445] By 1800, the worm lozenges could be obtained from Ching's Medicinal Warehouse in Cheapside, and by 1802 from Ching and Butler in Cheapside.[446] By contrast, the origins of Shaw and Edwards remain obscure, though we know that the business moved from Borough High Street to St Paul's Churchyard at the beginning of the nineteenth

[442] *London Directory for the Year 1792* (London, 1792); J. Burnby, 'Preparers', 53 (footnote).
[443] Jackson's Patent Medicines, *ABG,* 13 January 1794.
[444] Ching's Patent Worm Lozenges, *Sherborne Mercury,* 5 December 1796.
[445] Dixon's Antibilious Pills, *Northampton Mercury,* 17 March 1798.
[446] Ching's Patent Worm Lozenges, *LI,* 6 January 1800 and 1 November 1802.

century.[447] In 1807, they claimed to be 'the successors' of Joseph Wessels, the proprietor of the successful Dr Walker's Jesuits' Drops; but this description in an advertisement may only refer to ownership of the medicine, rather than a continuation of the existing business.[448] Four of these prominent wholesalers (Jackson/Barclay, Wray, Wye, and Ching and Butler) had their origins in chemistry and pharmacy in contrast to the Diceys' and Newberys' roots in bookselling, printing and publishing. The reasons for the prominent role of some booksellers in eighteenth-century medicine wholesaling will be discussed in Section 4.3.

C. Wholesalers' Stocks

What types of medicines were the wholesalers distributing? In the late eighteenth century, wholesalers often repeatedly advertised a core stock, together with a variable collection of other medicines. The type of core stock varied amongst the wholesalers. As befits former printers of chapbooks and ballads, the Diceys' core was cheap long-standing medicines such as Daffy's Elixir, Bateman's Pectoral Drops, Anderson's Scots Pills, Squire's Elixir, Godfrey's Cordial and Radcliffe's Purging Elixir which were normally all priced at 1s, plus 1½d duty, for the smallest bottle.[449] As a result, the Diceys required a large number of 1½d excise stamps, as we have seen. In contrast the Newberys' core medicines were more varied in price, more expensive and often relatively more recent, and so were analogous to their more upmarket books: examples included Dr James's Fever Powder (2s 6d), Dr James's Analeptic Powder (4s 6d), Dr Steers's Opodeldoc (2s) and Essence of Coltsfoot (3s 6d). Thus the Diceys' and the Newberys' core medicines each reflected the market positions of their families' printed publications. Thomas Jackson took a different approach, using his own medicines, sold under his own name, as core products: Jackson's Ointment for the Itch, Jackson's Tincture, and Jackson's British Tooth Powder were frequently advertised within a range of named products. Compared to the Dicey and Newbery medicines, the named Jackson medicines seem to have been less fixed in price, with the stated cost of the smallest bottle or box varying between 1s and 1s 9d, or not being stated at all. From 1794, several of the Jackson medicines were replaced by Barclay medicines: but as the titles were similar, this may have been a renaming exercise rather than a change in the recipes.

The newspaper advertisements suggest that some, though not all, of the prominent London wholesalers broadened their range of medicines from the beginning of the nineteenth century, partly to accommodate provincial proprietors. Francis Newbery and his sons largely retained their existing products, whereas the Diceys and their successors added other

[447] J. Burnby, 'Preparers', 53.
[448] Dr Walker's Jesuits' Drops, *LI*, 26 January 1807. I have not been able to find a St Paul's Churchyard address for Joseph Wessells.
[449] For an example of a Dicey advertisement see Fig. 6.3.

medicines to their continuing core stock. Barclay & Son were only intermittently advertising their core stock of their own medicines, but were now distributing more medicines from provincial owners. For example, advertisements in the *Leeds Mercury* in the first half of 1822 show Barclay & Son linked with proprietors in Manchester, York, Loughborough and Penrith. One of the newer wholesalers, Shaw and Edwards, was also associated with provincial proprietors such as Elliott, a druggist in Huddersfield with three medicines, and Hallam, a surgeon in Bury St. Edmonds.[450] This tendency for London wholesalers to be increasingly allied with provincial owners was taken a stage further as some of these owners acquired multiple London agents. Advertisements in 1822 do not show how these arrangements worked, but they do reveal that, for example, Carrington's Life Pills from Barry and Son in Bristol could be obtained from four wholesalers in London, while two medicines from Dr Roberts of Bridport, Pilulae Antiscrophulae and the Poor Man's Friend, were distributed by five (Appendices 3A and 3B).[451] Many of the old favourite medicines were still available from the usual sources, but overall the market seems to have been opening out, with more links between provincial owners and the London wholesalers. Butlers illustrated this expansive process by advertising in 1822 that they were not only at the same address on Cheapside, but now also had their own premises in the West End, in Edinburgh and in Dublin. We can conclude that whatever their origins, the prominent wholesalers were following broadly similar, evolving, practices, and, as a result, a single owner could work with several of them.

4.3 Booksellers as Medicine Wholesalers

At the beginning of our period in the 1760s, much of the national medicine wholesaling was being carried out by booksellers, especially when the proprietor was not distributing his own medicine. By the end of the period, none of the identified national wholesalers were booksellers. We have already seen that the two largest wholesalers in the late eighteenth century, the Diceys and Newberys, were originally successful publishing booksellers. Also, several other booksellers acted as wholesalers for a medicine, and some can be identified in my studied medicine advertisements with the help of the British Book Trades Index. Examples during 1769 include William Nicoll at 51 St Paul's Churchyard distributing Beaume de Vie, Isaac Fell at 14 Paternoster Row distributing Norris's Antimonial Drops, and W Harris at 70 St Paul's Churchyard wholesaling the Hooping Cough Medicine.[452] Moving on to 1781,

[450] *LM*, 10 January and 17 January 1807.
[451] *SWJ*, 14 January and 6 May 1822.
[452] *LI*, 3 January 1769, *ABG*, 20 February 1769, *SJ*, 9 January 1769.

Joseph Johnson at 72 St Paul's Churchyard was responsible for Henry's Calcined Magnesia, Lee Roe in Silver Street off Fleet Street distributed English Coffee and John Bew at 28 Paternoster Row was the wholesaler for Beaume de Sante.[453] The premises of five of these six booksellers were, in common with four of the prominent medicine wholesalers, clustered around St Paul's Cathedral, the traditional centre of London booksellers. Most of these six booksellers were only mentioned for a single medicine in the newspaper advertisements, but they sometimes dealt with a greater number. For example, Harris gave evidence at a murder trial about his provision of another product, Dodd's Rheumatic Tincture, and William Nicoll was a wholesaler for seven medicines in the studied 1781 advertisements (Glass's Magnesia, Dr Henry's Chemical and Nervous Drops, Beaume de Vie and four Swinfen medicines).[454]

Why were booksellers, including some major publishing booksellers such as John Newbery, Joseph Johnson and the first John Murray, heavily involved in wholesaling medicines in the second half of the eighteenth century? Cox and Dannehl's assessment of the development as being 'pure serendipity' is clearly inadequate.[455] A better initial response might be – why not? Although print historians have sometimes been reluctant to acknowledge it, the booksellers of the period could indulge in a variety of additional occupations, other than selling patent medicines, to improve their income.[456] At various times, the first John Murray traded in beer for export to India, lottery tickets, Irish linen, cast reproductions of gems and seals, and game birds, as well as acting as the sole London wholesaler for the Edinburgh Febrifuge Powder.[457] Another example was John Newbery, who in 1764 was a joint patentee of a machine for printing onto, and staining, a variety of fabrics; while James Coghlan (Section 3.6B) provided an agency for travel to and from France.[458] We should also remember that medicine wholesaling could be very profitable, as we have seen, and so it might have been regarded as a desirable occupation by many Londoners with the appropriate capital. Thus the question needs to be rephrased – why did medicine wholesaling fit so well with bookselling that booksellers were more successful in this field than other tradesmen? A number of responses to this question can be put forward, but the least convincing is the traditional one that the publishing booksellers could conveniently promote and distribute their medicines

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[453] *LI*, 9 January 1781, *ABG*, 1 January 1781 and 8 January 1781.
[454] Joseph Gurney and William Blanchard, *Trial of Jane Butterfield* (London: Owen and Kearsley, 1775), 29; *SWJ*, 1 January 1781; *ABG*, 8 January 1781; *SWJ*, 18 June 1781; *ABG* 16 April 1781
[455] Nancy Cox and Karin Dannehl, *Perceptions of Retailing in Early Modern England* (Aldershot: Ashgate, 2007), 137.
[456] Raven, *Business of Books*, 240.
[457] Zachs, 43-50.
[458] Bennet Woodcroft, *Alphabetical Index of Patentees of Inventions* (London, 1854, reprinted London: Evelyn, Adams & Mackay, 1969). *Laity's Directory*, Appendix, 43.

alongside their books.[459] As we shall see later in this chapter and in the next, little or no evidence exists that the bookselling wholesalers did indeed send out their medicines alongside their books, and it is also hard to find examples of medicines and books being advertised together, apart from supporting treatises for medicines or addenda and puffs within the wholesalers' own publications.

The prominence of the booksellers in medicine wholesaling, in comparison to other non-pharmaceutical trades, was more a matter of expertise than of convenience. Books and patent medicines were the only two widely-consumed Georgian goods which *had* to be made at a single site and delivered to retailers across the country as a finished product. Other goods could be prepared, or at least processed, by the shopkeeper, who often sold a mixture of goods made on the premises and those bought in.[460] The wholesaling of books and that of patent medicines had several features in common. First, publishing books was one of the few occupations which always required management of capital: the books had to be printed, or at least bought, weeks or months before they achieved any significant revenue, and this revenue could be unpredictable. Similarly, medicine wholesalers also needed proficiency in capital management, as they had to invest in their medicines without being sure of the eventual reward. So the financial skills for these two types of goods overlapped, and were sharpened by the possibility of destitution and/or prison for failure in this era. Second, the major booksellers knew how to distribute and promote goods across the country. In the late eighteenth century, only a smattering of books were published outside the capital, and the London publishers knew how to send their goods and who might be interested in selling them. This knowledge would give them a head start in medicine wholesaling, and they would also be proficient in the crucial skill, for both activities, of getting back any money owed. Third, the booksellers were obviously more experienced than other trades in using the printed word. Unlike orthodox therapy which relied heavily on oral communication, patent medicines needed the printed word for promotion and directions, as discussed in Chapter 6. Bookselling medicine wholesalers would in general have better access to high quality printed material of all kinds than other tradesmen, including chemists and apothecaries.

However, the picture changed as our period progressed, with medicine wholesaling by booksellers diminishing and dying out. As we have seen, the Diceys' and Newberys' medicine interests in London had split from the family printing/bookselling businesses by the 1790s. By this decade, far fewer booksellers were involved with medicines. Joseph Johnson

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[459] John Feather, *The Provincial Book Trade in Eighteenth-Century England* (Cambridge: CUP, 1985), 84; Zachs, 46.
[460] Ian Mitchell, *Tradition and Innovation in English Retailing, 1700-1850: Narratives of Consumption* (Farnham, Surrey: Ashgate, 2014), 38; Giorgio Riello, *A Foot in the Past: Consumers, Producers, and Footwear in the Long Eighteenth Century* (Oxford: OUP, 2003), 92.

continued both to publish for Thomas Henry and to distribute his Calcined Magnesia, perhaps because both of them were Unitarians, and James Coghlan, the prominent Catholic publishing bookseller who already sold his own medicines, was still being approached to sell those of other Catholics, as we have seen: but Johnson died in 1809 after several years of inactivity, without apparently passing on a medicines business, and Coghlan died in 1800.[461] Coghlan's successors continued with the medicine business alongside bookselling and publishing for a short time, but it is difficult to find other examples of booksellers acting as medicine wholesalers after the turn of the century. Conversely, the prominent medicine wholesalers no longer seem to have had any connection with the print trades: with the exception of Francis Newbery who had long since given up bookselling, none of the wholesalers mentioned in Table 4.2 for the years from 1800 can be identified in the British Book Trades Index. By the later part of our period, the link between bookselling and national medicine *wholesaling* was broken.

The new wholesalers predominately had their origins in chemistry and pharmacy. This was probably due to the expansion of druggists across the country, and an increase in their expertise, in the late eighteenth and early nineteenth centuries.[462] As a result of these changes, specific chemical and medical knowledge would be more important for the competing patent medicine wholesalers than the general skills in capital management, distribution and the printed word. In addition, the publishing booksellers probably wished to enhance their reputations amongst authors by avoiding association with other trades, especially one which was coming under increasing attack from the medical professions.

The part-time wholesaling of medicines by some of the London publishers in the early part of our period has wider implications than just an exploration of the patent medicines industry, particularly as it has largely escaped the attention of print culture historians.[463] As income from this source could have been substantial, it should be part of discussions on the economics of publishing in the period. It might also have impacted on the booksellers' decisions about what to publish. For example, John Newbery's speculative entry into the new field of publishing children's books might have been made possible by his secure income from Dr James's Fever Powder and several other medicines. Historians have been too ready to assume that the preserved publishing records represent the totality of a bookseller's revenue.

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[461] Helen Braithwaite, *Romanticism, Publishing and Dissent: Joseph Johnson and the Cause of Liberty* (Basingstoke: Palgrave Macmillan, 2003), 61 and 179; Blom, xxxii.
[462] Holloway, *Pharmaceutical Society*, 42-50; Hilary Marland, 'The Medical Activities of Mid-Nineteenth-Century Chemists and Druggists, with Special Reference to Wakefield and Huddersfield', *Medical History*, 31 (1987), 415-39 (419).
[463] For example, James Raven, *Business of Books*, the most authoritative recent account of London publishing, only briefly mentions medicine retailing by booksellers, not their wholesaling (240-41).

4.4 Methods of Distribution

Medicine wholesaling in Georgian England adopted some of the distribution skills of booksellers, but there is no clear evidence that medicines were normally supplied *alongside* books in our period. Feather claimed that the medicines and books were distributed together and that this was part of the reason why local booksellers often sold patent medicines.[464] However, Feather's own case study from the 1760s showed that John Clay, a bookseller in Daventry who also had a small retail medicines business, used several national and regional medicine wholesalers, at least four of whom, including Francis Newbery and Henry Austin, a hatter from Oundle about forty miles away, did not supply him with anything else.[465] One regional wholesaler from Gloucestershire provided Clay with both Cheltenham Water and some stationery. I have yet to find an example of a wholesaling bookseller sending a significant quantity of medicines with his books, though Coghlan did sometimes add a small quantity of a medicine to a single customer's order for books.[466]

When considering distribution, we should not underestimate the need for robust methods to carry the medicines across the country. Most patent medicines were in glass bottles which could be up to two pints in size: transporting the bottles would have had more in common with modern methods of delivering wine than distributing our current, easy to transport, pharmaceutical pills. The clearest accounts of distribution methods, though unfortunately only for a few medicines, can be found in the *Proceedings of the Old Bailey*, where the processes are described in detail by witnesses for the benefit of the court. One such account was provided in 1795 by the successful prosecution of Philip Gibson for stealing a consignment of Spilsbury's Antiscorbutic Drops.[467] At that time, the Drops were made and distributed by Spilsbury's widow Dorothy at Soho Square, London. Thirty-nine bottles of the Drops were packed in a deal box on Dorothy's premises before being carried by a footman to an inn on Ludgate Hill for despatch on the Newbury coach to Mr Fuller, a printer and bookseller in that town.[468] Another example of medicine distribution comes from the trial and death sentence in 1812 of Thomas Collicott for forging medicine excise stamps.[469] Collicott was a medicine vendor in Oxford Street, London who supplied Dr Jebb's Antibilious Pills to a shop in the Royal Exchange, and also a mixed box of medicines to Wood and Cunningham, medicine vendors, in Bath. The pills were carried to the Royal Exchange by hand and the box

[464] Feather, *Book Trade*, 84.
[465] John Feather, 'John Clay of Daventry: The Business of an Eighteenth-Century Stationer', *Studies in Bibliography*, 37 (1984), 198-209 (205-06).
[466] LRO, RCBu/14/56 and RCBu/14/81.
[467] *OBPO*, Philip Gibson.
[468] With the help of an accomplice, Gibson stole the box of medicines from the coach shortly after it had set off.
[469] *OBPO*, Thomas Collicott. The sentence was later commuted to transportation.

was sent to Bath by Roger's waggon which set out from an inn in Aldersgate Street. Thus, these medicines mentioned in the court proceedings were transported separately and directly to their destinations.

Outside the court records, the few available sources indicate that almost any method of distribution was possible. The manner of transport seems to have been variable and often determined by the retailer rather than the wholesaler. It could be simple and direct, such as Thomas Curtis of Covent Garden being prepared to dispatch three packets of his Mucilage of Marshmallows for urinary gravel to anywhere in the country, 'carefully sent by coach', in exchange for a one pound note.[470] In contrast, bulk transport could be involved; for example Sims and Ansell in Stockport asked Howards of Stratford, Essex, to deliver the medicines to Manchester by canal and the empty bottles would be returned by the same means.[471] William Jones, who, as we saw in Chapter 3, manufactured and distributed a mixture of regular and patent medicines, dispatched them in 1781 'by the very first coach', 'the Cranfield Carrier', or 'by the return of the wagon' at the specific request of his customers.[472] These examples of varied transport methods had one thing in common – the medicines were not being sent with books.

Details of methods of payment to the wholesalers are particularly sparse. We know that Georgian commerce depended on credit and trust, and few retailers of any goods had to pay in advance:[473] but did the medicine retailers have to pay eventually for everything they had ordered, or did they receive their medicines sale or return? As so often in Georgian commerce, the answer is probably either, depending on the circumstances, and I have discovered examples of each. Sale or return was described in 1764 by Cluer Dicey during a legal dispute about his father's will.[474] He said that country shopkeepers only had to pay for the Dicey medicines once they had been sold: a company 'rider' normally visited each shopkeeper every year to review the stock and to receive the money. In contrast, Wood, one of the Bath retailers for Thomas Collicott in 1812, asserted in court that he had to pay for the medicines with no credit for any unsold, and he even had to pay the carriage down from London.[475] Indeed, William Singleton seems to have required payment *in advance* from

[470] JJC, Patent Medicines 2 (38).
[471] J. Burnby, 'Preparers', 54.
[472] Watson, 51-52.
[473] For an analysis of the importance of credit in this period see Craig Muldrew, *The Economy of Obligation: The Culture of Credit and Social Relations in Early Modern England* (Basingstoke: Macmillan, 1998).
[474] Simmons, 3.
[475] *OBPO*, Thomas Collicott.

retailers for his Dr Johnson's Yellow Ointment.[476] For the moment, the predominant method of paying for patent medicines, if there was one, remains uncertain.

4.5 Medicine Wholesaling in the Georgian Context

This chapter has assessed the wholesaling of patent medicines, using information from newspaper advertisements, contemporary books and handbills, wills, court transcripts and printing plate records, together with secondary sources. These types of primary material are variable in quality and inevitably incomplete: the gaps are larger than the substance. Yet, as I have noticed elsewhere in this thesis, the erratic nature of these sources also strengthens the conclusions. Accounts of selling and distributing goods in Georgian England have usually depended on the records of the successful few, such as Wedgwood or Boulton. The uncoordinated and, in some cases, random records of selling patent medicines, usually preserved by chance and not by the intentions of descendants, may enable us, paradoxically, to build up a more representative picture of their wholesaling compared to that of other commodities which have relied on a smaller selection of more complete archives. Patent medicines are much easier to find in imperfect records than most other goods, as they have to be publicised with identifiable names. So the use of these sources, especially the newspaper advertisements, allows us to know more about wholesaling patent medicines, such as the names and addresses of the principal London distributors, than can be discovered for most other movable goods in late Georgian England.

We have seen that the wholesaling of patent medicines exhibited a diversity of techniques. Nevertheless, some commonality of methods can be discerned for the most popular, nationally distributed, medicines. Thus each medicine was transferred from a central source by a small number of wholesalers, often a single one. These wholesalers became increasingly committed to the industry during the period, in the sense of normally being the owner of the medicine or a distributor with recognised medicine-related skills. Their range of medicines was also focussed as they dealt in a relatively small collection, or perhaps a single agent, rather than a general mixture of remedies. The medicines were heavily advertised, as anybody who has studied eighteenth-century newspapers will testify. We will see in Chapter 5 that the advertising of nationally available medicines was largely controlled by the wholesalers. Advertising techniques will also be discussed in that chapter, but it is worth noting here the sheer volume of advertising. For example, the *Leeds Mercury* publicised Lignum's Pills for venereal disease eighteen times in the twenty-six weeks of the first half of

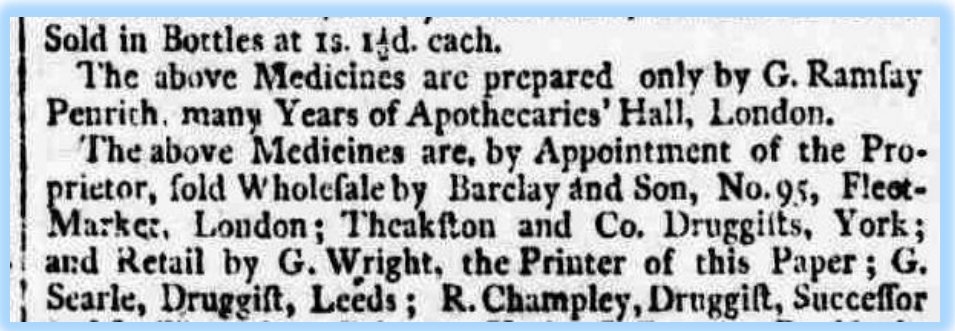
[476] Bently, 1012.

1794, while, at the top of the town, the *Leeds Intelligencer*, carried twenty-seven advertisements for Spilsbury's Antiscorbutic Drops during the same period. Such frequency was unusual, but many medicines were advertised once a month or more, on average, in a particular newspaper. In addition, many of the advertisements were lengthy, commonly fifteen to forty lines of print and occasionally filling a whole column of 150-160 lines.

One question about the newspaper advertising needs to be raised at this stage as it impinges on our understanding of the wholesaling: why did the advertisements often print the name and address of the medicine wholesaler? After all, the consumers only needed to know the name and address of a *local retailer*; details of the wholesaler had little practical relevance to them. One answer is that it enhanced the branding by clearly defining the medicine and making imitation more difficult, especially if the name of the wholesaler was also on the excise stamp attached to each bottle or box (Fig. 4.1). But this is not a complete answer as it does not explain why the wholesaler's precise address was needed, or why the wholesaler's name and address was sometimes provided in addition to those of the proprietor; the latter should have been enough for the branding (Fig. 4.5). The answer must be that many of the advertisements were aimed both at the consumers and at the actual or potential local retailers. Retailers would need to know the details of the wholesaler and indeed a few advertisements did summarise the arrangements that a local retailer might expect from the wholesaler (Fig. 5.6). My conclusion is that the advertising was trying to recruit and encourage local retailers, who would need to know the name and address of the wholesaler, in addition to persuading consumers of the virtues of the medicine.

The wholesalers may not have read Adam Smith, but they were nevertheless following his advice which was mentioned earlier. They were attempting to form national markets by creating demand through advertising aimed at consumers, and also by encouraging local retailers to order and stock their medicines. Thus the standard pattern for disseminating

Fig. 4.5. *Part of an advertisement for three medicines owned and prepared by G. Ramsay in Penrith (LI, 2 February 1807, BNA, British Library). A national and a regional wholesaler are named as well as the preparer.*


Sold in Bottles at 1s. 1½d. each.
The above Medicines are prepared only by G. Ramſay Penrith, many Years of Apothecaries' Hall, London.
The above Medicines are, by Appointment of the Proprietor, ſold Wholeſale by Barclay and Son, No. 95, Fleet-Market, London; Theakſton and Co. Druggiſts, York; and Retail by G. Wright, the Printer of this Paper; G. Searle, Druggiſt, Leeds; R. Champley, Druggiſt, Succeſſor

patent medicines was fulfilling orders which had been induced by that local demand from both consumers and retailers, not by sending out salesmen or visiting fairs to create a market for a medicine. An important exception was the travelling irregulars such as Brodum, Solomon and Lignum who traded their services and their medicines together as they journeyed around the country. But these three irregulars still probably sold more of their medicines by fulfilling orders from a central base, in a similar fashion to other wholesalers. Certainly, Solomon employed two assistants in Liverpool to prepare and distribute his medicines when he was away travelling.[477] As already described, Cluer Dicey might also seem to have been an exception as his representatives regularly visited his retailers. But this was to settle accounts and review sales rather than to distribute the medicines. Wholesale quantities of bottles of patent medicines were heavy, and speculative transportation would probably not have been worthwhile. We can conclude that wholesaling for the nationally distributed patent medicines depended on a 'pull' from the periphery which had been induced by the promotion controlled by the centre.

How does the wholesaling of patent medicines compare with the wholesaling of other Georgian consumer goods? The national wholesaling of other goods in the period has not been extensively researched, partly because they are more difficult to identify than the clearly branded patent medicines. The available evidence demonstrates the expected wide range of techniques, but the dominant impression is that manufacturers concentrated on selling their goods to local wholesalers and retailers, employing methods derived from the annual fairs which had been the main form of distribution for movable goods, rather than on utilising advertising and branding to appeal directly to the consumers.[478] By the second half of the eighteenth century, fairs were still used for distribution, but they had ceased to be the dominant mechanism.[479] For example, the Coalbrookdale iron producers dispatched salesmen to supply their consumer products to shops in the West Midlands and Manchester, though they also used fairs in market towns.[480] The rapidly expanding London porter trade relied on general merchants operating in a limited area, while the London wholesalers of wool textiles had their own travellers and local factors.[481] Producers seeking to sell in national markets had to work hard to do so, and some, such as Matthew Boulton and Josiah Wedgwood, set up their own

[477] Denizen of Liverpool, 295.
[478] John Styles, 'Manufacturing, Consumption and Design in Eighteenth-Century England', in *Consumption and the World of Goods*, 527-54 (542); Chartres, 50.
[479] Mui and Mui, 16; Daunton, 321.
[480] Jeremy Black, *Eighteenth-Century Britain, 1688-1783*, 2nd edn (Basingstoke: Palgrave Macmillan, 2008), 74.
[481] Peter Mathias, *The Brewing Industry in England, 1700-1830* (Cambridge: CUP, 1959), 148; John Smail, *Merchants, Markets and Manufacture: The English Wool Textile Industry in the Eighteenth Century* (Basingstoke: Macmillan Press, 1999), 71.

distribution systems to attain national sales.[482] Most wholesaling of the period relied on a 'push' from the centre, rather than the 'pull' induced by the branding and advertising of patent medicines.

So the patent medicines industry was using wholesaling techniques which largely have not been demonstrated for other goods in the period. The obvious exception to this individuality was bookselling, which also relied on a similar 'pull' from peripheral demand and required comparable skills, at least early in our period, as discussed above. Tea was another product which was derived from a central source and then distributed right across England, as until 1833 all legal tea in England came from the East India Company's auctions in London. The wholesaling of the tea developed some similarities to that of patent medicines during our period, shifting towards a greater degree of 'pull'. In the mid-eighteenth century, the tea was diffused through the country by a pyramidal system of several layers of dealers, starting with a cartel of London tea brokers and running down to the licensed tea vendors, who packaged the tea and determined the final price.[483] Some attempts were made to simplify tea distribution in the late eighteenth century, but the main change to the market was induced in 1818 by Frederick Gye, who used the capital from a £30,000 lottery win to set up a national distribution system which supplied fixed price, pre-packaged, tea directly to local agents.[484] Interestingly, as a printer, Gye was originally a member of the print trades in common with several eighteenth-century medicine wholesalers. Others soon followed his successful example, tea advertising developed, and the wholesaling of tea became closer in structure to that of patent medicines.

Considering the bigger picture, patent medicine wholesaling can be integrated into developments in the wholesaling of movable consumer goods in general. In the seventeenth century, bookselling required the prototype national distribution system due to the legal restrictions on printing outside London, and advertising helped to create a demand for books. This type of distribution with a peripheral 'pull' was then transferred to patent medicines, sometimes by those already working in the bookselling trade. Like books, the best known medicines were also produced at a single site for national distribution. The techniques were eventually imitated for other goods, such as tea, though the timing of the changes is disputed.[485] Using advertising to generate demand was potentially quicker, though perhaps not cheaper, than setting up nationwide travellers and agents to push the product out across the country.

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[482] Daunton, 321.
[483] Mui and Mui, 252.
[484] Mui and Mui, 274-78.
[485] James B. Jefferys, *Retail Trading in Britain 1850-1950* (Cambridge: CUP, 1954), 6; Mitchell, 11; Mui and Mui, 232.

The end result was a Victorian flowering of wholesaling with the same fixed-price, branded, goods becoming available all over the country.

4.6 Conclusion

Patent medicine wholesaling was the section of the industry which encouraged a national market and so allowed the substantial sales, with a good profit for some. The arrangements for it varied, but the important point is that they were defined and organised, with most medicines having a well-publicised distributor, sometimes the owner, who provided a clear source for regional or national sales. Wholesalers could be found all over the country, but the major London wholesalers provided a stable, profitable, core which dominated the industry. Of course, wholesalers who were briefly active before collapsing in bankruptcy will remain obscure, and there undoubtedly were some. Nevertheless, patent medicine wholesaling in late Georgian England had a firm centre of normal, successful, trading, which was distant from quackery and not comparable to orthodox medicine.

In the second half of the eighteenth century, booksellers had a major role in medicine wholesaling, reflecting a commonality of skills between the two activities. The most active medicine wholesalers were the family businesses of the Newberys and the Diceys, which both originated from printing, bookselling and newspaper ownership. In the last two decades of the century they became specialised in medicines ownership, distribution and promotion. Other London booksellers also distributed and promoted medicines early in our period, but by the beginning of the nineteenth century the wholesaling was firmly in the hands of chemists and others with specialised medicine skills, like the Newberys and the Diceys. Distributing and advertising medicines across England now required specialised knowledge as well as general wholesaling proficiency.

With its distinct methods of creating demand and distributing patent medicines across the country to supply that demand, patent medicine wholesaling was on the front edge of the development of national markets for consumer goods in general. This wholesaling was mostly carried out by established tradesmen with the appropriate skills, not by irregular practitioners. In the next chapter, I will explore medicine retailing and reveal more details on how the demand for medicines was created. Again, the patent medicines industry required accomplished tradesmen to sell its products locally, not ‘quacks’.

Chapter 5. Supplying the Consumer: Patent Medicine Retailing

Buying and taking a patent medicine involved negotiation between the seller and the consumer, with the former seeking to provide and persuade and the latter trying to decide whether taking the medicine was in his or her best interests. In this chapter, I will explore how the medicines were made available to the consumer and how they were promoted to encourage their consumption. In the next chapter I will investigate in more detail how the printed word was used both to encourage the potential buyers to take the medicines, and to render the medicines more effective.

Two big themes will emerge from this exploration of patent medicine retailing. One is that it was organised and consistent across the country, with a recognisable structure and established practices. The national wholesalers played a major role in the publicity and had a substantial influence on the vending arrangements. So the retailing of patent medicines, like their ownership and wholesaling, was part of an established industry. The second theme is that many printers and booksellers did not sell medicines as a small, almost accidental, side-line, the circumstances assumed by many writers. They became involved and successful in medicine retailing for good reasons, and for some it was a substantial part of their business. This coherent and explainable structure means that patent medicine retailing by printers, booksellers and druggists was a distinct and autonomous component of the local medical market, not an amorphous feature of the varied irregular practice within it.

Taking a medicine was a personal and delicate decision. Exploring Georgian healthcare as a market should not obscure the fundamental difference between medicines and the markets for other forms of movable goods. Only medicines could confer so much potential benefit for personal well-being, but at the same time carry the risks of unpleasant side effects or being the wrong treatment for a severe, or even fatal, condition. So buying a patent medicine was not the same as purchasing, say, a roll of cloth, a piece of pottery or a packet of tea. In the unregulated, late Georgian, healthcare world, little help was available to the consumers, who had to rely on their own judgement whether to pay a significant sum of money to buy a patent medicine and take it. True, relatives, friends and neighbours often provided advice, but no mechanism existed to prevent the English buying ineffective or dangerous medicines, nor to stop anybody heavily promoting such medicines. So consumers had to weigh up carefully the verbal and printed advice they had received, and then make their own decisions. Buying and taking a patent medicine was a serious, potentially lengthy, and often expensive affair, not a sudden fancy.

This chapter will start by investigating the structure of the retailing; who did sell patent medicines and how did this change over time? General traders sold medicines in rural areas, but in towns the sale became concentrated at the larger volume medicine retailers. Newspaper printers and booksellers formed local retailing networks and, in the first half of this period, were even more dominant than suggested in the literature, before being joined after about 1800 by druggists. Members of the print trades had the advantage over other shopkeepers of being able to manipulate the printed word; but the newspaper printers also had the benefit that they were already at the centre of a regional network of agents, who collected advertisements and notices for the newspaper and distributed the newspaper within their locality.

How were the medicines promoted? Newspaper advertisements and printed bills were the dominant methods. I have used an unexplored archive, the advertising account books of the *Hampshire Chronicle*, to generate detailed information on the insertion of medicine advertisements and their contribution to the finances of the newspaper. The wholesalers normally provided the text of the advertisements, they could give exact instructions about the insertion of their advertisements, and they often paid for them. The precise information in the multiple bills and the repeated newspaper advertisements not only provided the consumer with the necessary information but also ensured that this could be assimilated over time, at an appropriate rate for each individual.

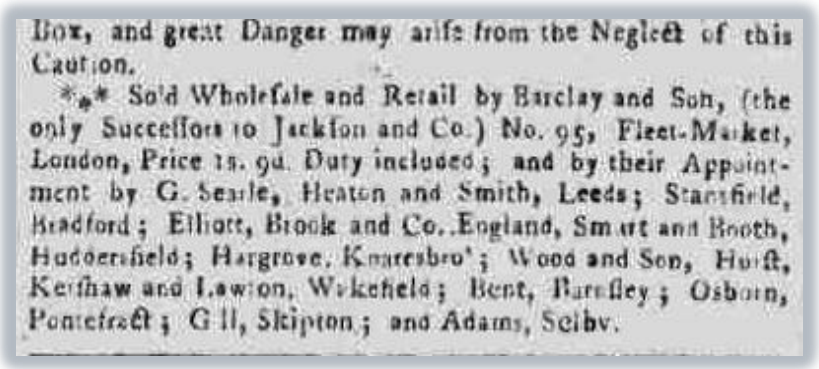
Finally, I will explore the degree of medical intervention by the members of the print trades who sold medicines. Some did exhibit medical knowledge and provide medical guidance, but this was unremarkable in an era when such knowledge was open to anybody with an education, and these booksellers and printers were not regarded as irregulars by the medical professions. The medicine-selling print trade members were skilled tradesmen, not medical practitioners.

5.1 The Sellers of Patent Medicines

Getting some information about local retailers is easy. Many of the numerous newspaper advertisements and printed bills finished with a list of local retailers for that particular medicine (Fig. 5.1). Sometimes the main occupation of the retailer was conveniently included, and for the others it can often be found in local trade directories which became general, if incomplete, from the 1780s.[486] So inspection of a few advertisements could provide many names and their occupations, and some historians have not attempted to go much further.

[486] Jane Norton, *Guide to the National and Provincial Directories of England and Wales* (London: Royal Historical Society, 1984).

Figure 5.1. *Bottom of an advertisement for Barclay's Ointment for the Itch showing the wholesaler and a list of retailers (LM, 31 January 1807, BNA, British Library).*


Box, and great Danger may arife from the Neglect of this Caution.

*** Sold Wholefale and Retail by Barclay and Son, (the only Succeffors to Jackfon and Co.) No. 95, Fleet-Market, London, Price 1s. 9d. Duty included; and by their Appointment by G. Searle, Heaton and Smith, Leeds; Stanfield, Bradford; Elliott, Brook and Co. England, Smart and Booth, Huddersfield; Hargrove, Knaresbro'; Wood and Son, Hurft, Kerfhaw and Lawton, Wakefield; Bent, Barnfley; Osborn, Pontefract; Gill, Skipton; and Adams, Selby.

Porter's scrutiny of unspecified handbills from the early eighteenth century led him to the conclusion that the retailers belonged to a broad range of occupations: 'an oilman here, a cheesemonger there, this stationer, that coffee house, or simply Mr So-and-So at the Duck and Drake.'[487] But he and his wife recognised the importance of printers and booksellers in selling medicines.[488] Several authors have commented on the sale of medicines by members of the print trades (printers, booksellers, stationers and bookbinders),[489] an activity which started in the seventeenth century.[490] However, the reasons why the members should want to involve themselves in this trade, involving bottles of liquid, pills, ointments and other items which were physically unrelated to books and newspapers, have not received serious attention. Little attempt has been made to delve into their mechanisms of retailing, their degree of specialisation and their importance relative to other retailers, especially the druggists.

Like ownership and wholesaling, the techniques of medicine retailing were variable, but clear patterns emerge with closer inspection. To begin with the simplest method of retailing, a patent medicine could be sold from the owner's own premises, and for a few of the local owners, who only printed their own address in their advertisements, this was probably the sole source of their medicines. Joseph Wright's Medicine for the Bite of a Mad Dog was apparently only available at Wortley Windmill near Leeds, where he was the miller, and Mrs Walter's Recipe for Pulmonary Complaints had to be bought from her niece Miss Hall, who was residing with Mrs Pinkett at Oldbury-on-the-Hill, near Tetbury, Gloucestershire.[491] However,

[487] Porter, *Health*, 113.
[488] Porter and Porter, *Patient's Progress*, 98.
[489] P. S. Brown, 'Venders of Medicines', 360; Feather, *Book Trade*, 83; Isaac, 41; Cody, 106; Barker, 396.
[490] Isaac, 26; Hancock and Wallis, 19.
[491] *LM*, 4 May 1793; *SWJ*, 8 April 1822.

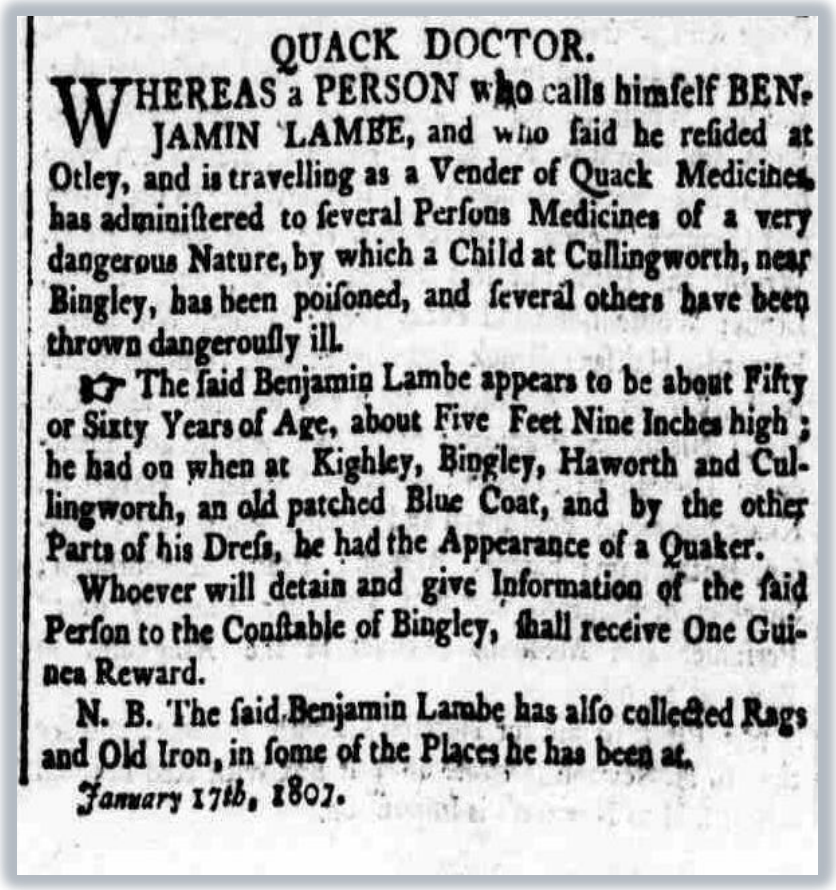
this solitary retailing was unusual for medicines advertised in newspapers, and most of the local owners would list a few other local retailers or make a non-specific claim for a wider distribution, such as from 'most respectable medicine venders'.[492] A modified form of local retailing was for the owner of a nationally available medicine to sell it from his own premises in addition to the wholesaling by himself or by another wholesaler. For example, in 1781 the range of herbal medicines invented by Sir John Hill was made and sold at 29 St James's Place, London by his widow, Lady Hill, who was also responsible for the wholesaling, and the late Dr Steers's Opodeldoc was available from his son's house in London with Francis Newbery running the national distribution.[493]

Away from the owner's own premises, medicines could be sold in the many general shops which provided a wide range of merchandise to a small local population.[494] A characteristic example would seem to be Abraham Dent of Kirkby Stephen whose day book of transactions from 1756 to 1777 has survived.[495] Dent was a grocer, mercer, stationer and bookseller, who brewed beer and sold wine and gunpowder: he also sold non-proprietorial medicines and two patent medicines, Anderson's Scots Pills and Daffy's Elixir.[496] A two-page bill from around 1763 found in his day book indicates that the Elixir was distributed from London by Thomas Jackson (Section 4.2B), and that the Kendal booksellers, Thomas, and then James, Ashburnar were probably Dent's suppliers. Respondents to Harrison's survey (Appendix 1B) confirm this pattern of medicine sales by general shopkeepers in rural areas. For instance, a meeting of physicians and surgeons in Northumberland reported that in their area 'every common shopkeeper vends drugs as articles of commerce', and a correspondent from Cambridgeshire wrote that 'the grocers in villages sell drugs, which are always bad'.[497] Almost any shopkeeper could sell patent medicines as a small side-line.

Selling patent, or indeed any, medicines in a public space or door-to-door seems to have become rare in this period, as discussed in Section 3.9. The advertisement in Figure 5.2 shows that itinerant medicine selling did still occur, but the general tone of the text in this advertisement and the reward offered for apprehension suggest that it was not approved of. I have described a few colourful irregular owners such as Brodum, Solomon and Lignum who sold their medicines as they travelled the country. But, as mentioned in Section 3.7, they imitated regular medicine as much as possible, and they incorporated selling their medicines

[492] Randall's Elixir, *SWJ*, 21 January 1822.
[493] *ABG*, 5 February 1781 and 8 January 1781.
[494] In the 1750s there was about one shop for every forty people in England (Mitchell, 77).
[495] Thomas Stuart Willan, *An Eighteenth-Century Shopkeeper: Abraham Dent of Kirkby Stephen* (Manchester: Manchester University Press, 1970).
[496] Willan, 6-18.
[497] *MCR*, 13 (1806), xlv and xliii.

Figure 5.2. *Advertisement for the apprehension of an itinerant medicine vendor (LI, 18 January 1807, BNA, British Library).*



QUACK DOCTOR.

WHEREAS a PERSON who calls himself BENJAMIN LAMBE, and who ſaid he reſided at Otley, and is travelling as a Vender of Quack Medicines, has adminiſtered to ſeveral Perſons Medicines of a very dangerous Nature, by which a Child at Cullingworth, near Bingley, has been poiſoned, and ſeveral others have been thrown dangerouſly ill.

☞ The ſaid Benjamin Lambe appears to be about Fifty or Sixty Years of Age, about Five Feet Nine Inches high; he had on when at Kighley, Bingley, Haworth and Cullingworth, an old patched Blue Coat, and by the other Parts of his Dreſs, he had the Appearance of a Quaker.

Whoever will detain and give Information of the ſaid Perſon to the Conſtable of Bingley, ſhall receive One Guinea Reward.

N. B. The ſaid Benjamin Lambe has alſo collected Rags and Old Iron, in ſome of the Places he has been at.

January 17th, 1807.

into their consultations, which took place indoors at a previously announced address. Brodum himself made this clear when advertising his visit to Leeds in 1793. 'Dr Brodum is not a person who goes from house to house vending medicines and calling for papers. His method is to prescribe and furnish such medicines only as are necessary for patients under his direction'.[498] I have yet to find a description of anybody selling *patent* medicines in public or door-to-door in late Georgian England; though it would be surprising if it did not happen at all. Indeed, this Brodum quotation implies that such door-to-door vending could be carried out by others.

Although almost any shopkeeper could sell patent medicines, the major players, especially in the towns, were the members of the print trades and the druggists. Several historians have recognised that printers and booksellers often sold medicines, but they often felt that this was a minor side-line. John Feather claimed that 'almost all booksellers seem to

[498] *LM*, 22 June 1793. 'Papers' were testimonials from satisfied customers.

have sold medicines', and Peter Isaac wrote that 'it seems to have been universal that members of the book trade also dealt in nostrums'.[499] In her hostile account of patent medicines, Lisa Cody referred to 'book and print sellers who sold quack or patent medicines on the side':[500] while Hannah Barker described 'the army of booksellers, printers and other small traders who sold medicines in provincial towns'.[501] However, none of these historians attempted to analyse in any detail the importance of the print trades in the retailing of the medicines or, conversely, the importance of patent medicines to the booksellers and printers. Brown was able to provide more specific information for Bath where a sample of newspaper advertisements from the 1790s showed that twelve of the thirty-six named retailers were members of the print trades and five were apothecaries, chemists or druggists.[502] However, health was Bath's main industry, so it was a far from typical English town. My analysis of the advertised retailers in the studied newspapers (Appendices 1A and 2) and other contemporary reports show that the members of the print trades were even more dominant than previously suggested in selling patent medicines in the first half of our period, before developing a shared role with the druggists in the second half.

Figure 5.3 shows the results of this analysis. Insufficient data is available on the retailers' occupations in 1769 for an assessment, but in all four newspapers during 1781 and 1794, members of the print trades formed a majority of the advertised retailers, accompanied by some chemists/druggists, grocers and other trades. This predominance is particularly striking in the Leeds newspapers, which circulated in a fairly compact area in Yorkshire based on the towns of Leeds, Bradford, Huddersfield, Wakefield, Halifax and Barnsley together with the southern Dales: few occupations other than the print trades were mentioned in these two years. A rather more diffuse pattern was present both for the Birmingham newspaper area, which included much of the Midlands, and for the Salisbury area which stretched from Hampshire to Devon and Bristol. The explanation for this difference in emphasis between west Yorkshire and the other two areas is not clear, but it may have been related to the compactness and greater urbanisation of the Leeds area compared to the other two. These factors might have enabled the medicine retailing to be concentrated on the print trades amongst the greater range of shopkeepers in the towns in the Leeds area, while in parts of the other two areas the choice of local traders may have been limited. Nevertheless, in all three areas during these two years, the print trades provided the majority of advertised patent medicine retailers.

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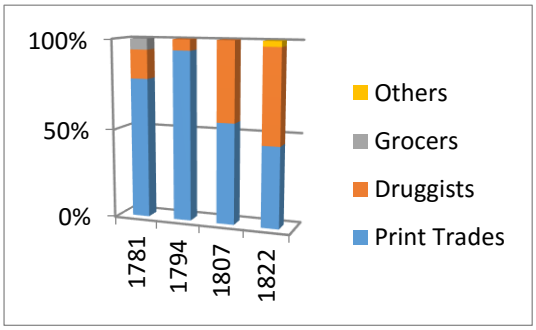
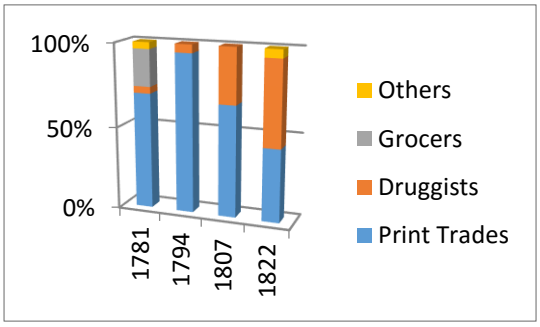
[499] Feather, *Book Trade*, 83; Isaac, 41.
[500] Cody, 106.
[501] Barker, 397.
[502] P. S. Brown, 'Venders of Medicines', 357.

Figure 5.3. *Percentage incidence of different trades amongst advertised medicine retailers in the four studied newspapers. No directories were available for all three areas in 1769: in 1807 no directory was available for the Salisbury area and the directory for the Leeds area was for that town only. The full data is in Appendix 2.*

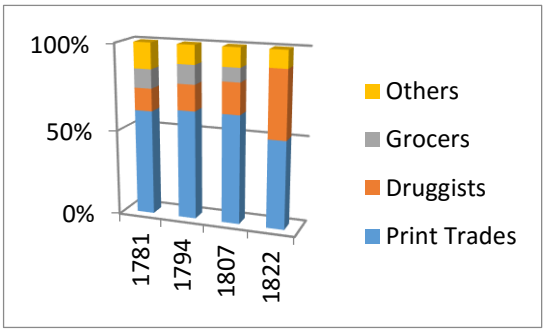
Leeds Intelligencer



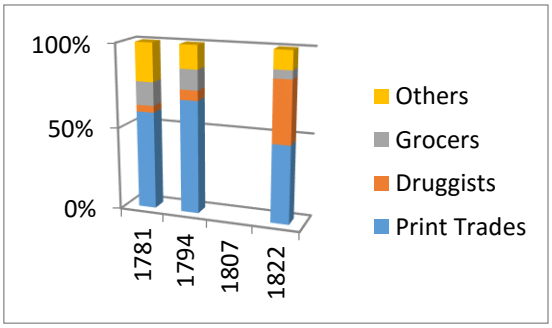
Leeds Mercury



Aris's Birmingham Gazette



Salisbury & Winchester Journal



The dominance of the print trades is rendered even more striking by a realisation that booksellers and printers were not abundant in English towns. Grocers, tailors and shoemakers were all more numerous than booksellers in the 1770s and 1780s.[503] In particular, we might expect grocers to appear more frequently amongst the medicine vendors, given the overlap between medicines and food (Section 1.2): yet only a few were advertised as such, in spite of grocers being at least four times commoner than booksellers in English towns in the 1790s.[504] The reasons for the prominence of the print trades in medicine vending will be discussed in the next two sections.

In the last two studied years the picture altered. In all three areas, the advertised retailing of medicines was now shared between the print trades and the druggists, with few other trades involved. The timing of this change was similar to the switch in *wholesaling* away from booksellers and towards medicine specialists and chemists/druggists which we saw in Chapter 4. Indeed, some of the reasons for the change in retailing were probably similar to those promoting the switch in wholesaling. The expertise of the retailing druggists was probably growing in importance, while the general promotional and retailing skills of the printers and booksellers were less sufficient on their own in the selling of patent medicines. Later in this chapter, I will discuss the degree of medical expertise which the print trade members may have acquired.

The alterations in the medicine excise duty arrangements provide a more specific reason for the greater role of the druggists in selling medicines in 1807 and 1822. As discussed in Section 2.4, the 1783 and 1785 Medicine Acts, which introduced the medicine excise duty, exempted regular druggists from the requirement to take out a licence to sell medicines. But if a druggist sold patent medicines, he would have to take out a licence and more of his stock would probably be subject to the duty.[505] The 1802 Medicines Act abolished this exemption for druggists, and, as they were now all required to take out a licence, they had no reason to avoid selling patent medicines and being identified as doing so.[506] Druggists could now compete freely with the members of the print trades in the sale of advertised medicines.

So the members of the print trades had a major role in selling patent medicines advertised in the studied newspapers throughout our period, and a dominant one in the first half. Did they have a similar role in selling all patent medicines across the country? The answer would seem to be yes as writers in the early part of our period often assumed that

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[503] Mitchell, 38.
[504] Mitchell, 39.
[505] *Kearsley's Tax Tables 1786*, 88-93.
[506] *Kearsley's Tax Tables 1808*, 119.

nearly all patent medicine vendors would be members of the print trades. When John Hunter was advising Edward Jenner on the sale of Jenner's proposed patent medicine, a tartar emetic, he suggested 'Had you not better let a bookseller have it to sell, as Glass of Oxford did his magnesia'.[507] Francis Spilsbury wrote a polemic against the workings of the 1783 Medicine Act, and he addressed it on the title page 'To the Booksellers of Great Britain' on the apparent assumption that the booksellers encompassed most patent medicine vendors at that time.[508] As one of the most prominent and successful medicine owners (Section 3.4A), who also organised his own wholesaling across the country, Spilsbury would have had a clear impression of the national market. In addition, newspaper advertisements sometimes reflected a belief that unidentified medicine retailers were likely to be members of the print trades. For example, a 1769 advertisement for Beaume de Vie named the newspaper printer as a retailer and then added 'all county booksellers', while a 1794 advertisement for Hill's Pectoral Balsam of Honey only mentioned the 'printer of this paper' and 'all booksellers and stationers in the circuit thereof'.[509] Later writers might recognise a shared role for provincial booksellers and druggists in selling patent medicines. Thus one of Harrison's respondents, an anonymous Suffolk physician, wrote about inappropriate prescribing by druggists in 1806 and concluded that 'he [the druggist] and the booksellers are generally the venders of nostrums, patent or not patent, which deluge this country'.[510] An 1822 advertisement in *Aris's Birmingham Gazette* mentioned 'all respectable medicine venders, booksellers and druggists'.[511]

The participation of booksellers and printers in selling patent medicines has often been recognised, though it has usually been considered that many other types of tradesmen were also involved. We can now see that in the first half of our period members of print trades were the majority of patent medicine vendors, dominating this area of retailing. The druggists, freed from the constraints of the early Medicines Acts, then joined in during the second half of our period; but the members of the print trades still had a major role.

5.2 Printers as Medicine Retailers

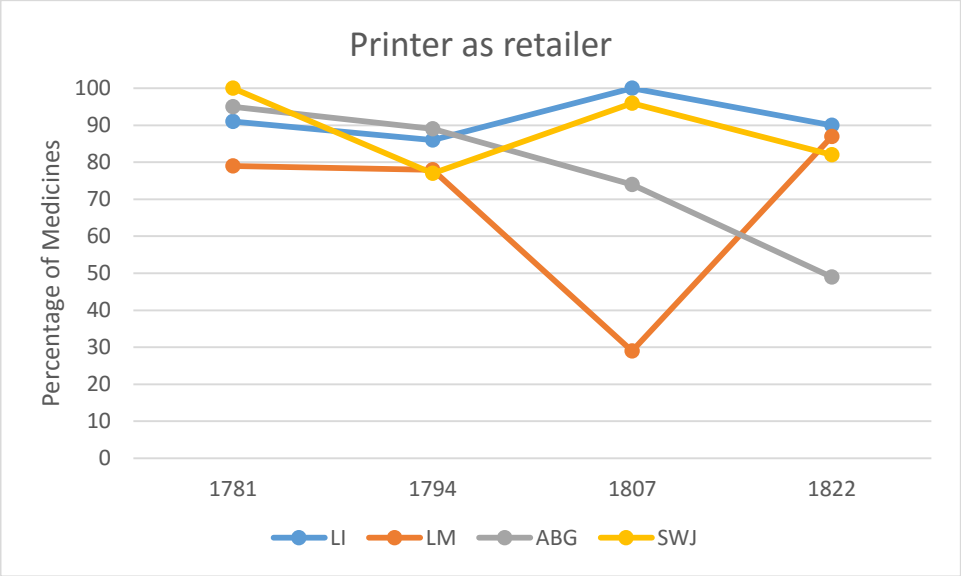
The extensive participation of members of the print trades in selling patent medicines does not mean that all those members were equally involved. For a few it was a substantial part of their business, for many it was a small sideline, and some chose not to be included at

[507] Paget, 165. For more details of Samuel Glass and his magnesia see Section 3.5A.
[508] Francis Spilsbury, *The Power of Gold Displayed*. 3rd edn (London, 1788), 1.
[509] *ABG*, 13 February 1769; *SWJ*, 6 January 1794.
[510] *MCR*, 12 (1806), clx.
[511] Marshall's Cerate, *ABG*, 7 January 1822.

all. The newspaper printers, who were commonly also the newspaper owners, were normally in the first category. They were frequently the most prominent retailers advertised in the newspapers in a particular area and, as we saw in Section 4.1, they could also be local wholesalers. But there were some exceptions. Looking at the studied newspapers, the printer of the *Leeds Mercury* in 1769, James Bowling, seems to have had no involvement with patent medicines: only a single advertisement for one of them appeared on three occasions in his newspaper during the first half of the year and his name was not mentioned in it.[512] In contrast, in the same year, Benjamin Collins, the printer of the *Salisbury Journal*, was heavily engaged in medicine selling: in the first six months of 1769 the *Salisbury Journal* advertised thirty-eight medicines and Collins was printed as a retailer for thirty of them.

An inspection of the studied newspapers as a group quickly shows that James Bowling was an uncharacteristic newspaper printer when he did not participate in medicine selling in 1769. The other printers in the remaining studied years, including James Bowling himself in 1781 and 1794, were selling at least half of the medicines advertised in their newspapers, sometimes all of the medicines (Fig. 5.4). One apparent exception was the *Leeds Mercury* in 1807; but this is misleading. As we shall see later in this section, Edward Baines, the printer of the *Leeds Mercury*, had been barred from selling medicines himself when he bought the

Figure 5.4. *Percentage of advertised medicines with the newspaper printer named as a retailer.*



[512] Hey's Medicine for the Bite of a Mad Dog, *LM*, 2 May 1769.

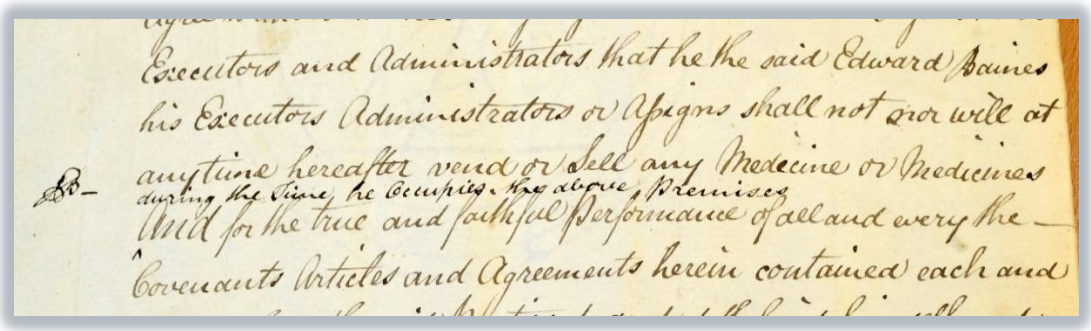
newspaper in 1801. In 1807 he installed his brother John as the retailer of medicines on the newspaper premises: but this arrangement only started in March, producing an artificially low figure for the whole six months. This data from across England demonstrates that most newspaper printers were selling a substantial quantity of patent medicines, and they were doing so throughout the late Georgian period. A casual inspection of medicine advertisements in many other provincial newspapers in England supports this conclusion.

Away from the medicine advertisements, other evidence confirms the impression that medicine vending was a significant part of the businesses of the majority of newspaper printers. The printers of *Aris's Birmingham Gazette*, Pearson and Rollason, sold seventy-two of the medicines advertised in their newspaper in 1781; but this was just part of their stock as their handbill, probably from 1782, listed their 161 available medicines together with veterinary products, inks and cleaning materials.[513] Indeed, Joseph Greene, a Stratford parson, described in 1778 how he stopped for breakfast in Birmingham while returning from Lichfield, and took the opportunity to go next door to Pearson and Rollason, where he bought a book, checked on a previously ordered subscription, and purchased a rat killer called Poultey's Paste on Rollason's recommendation.[514] Rat killers were often sold by patent medicine vendors. Another illustration of the importance of medicine selling to the business of a printer is provided by a non-medical advertisement from 1769 in the *Salisbury Journal*, printed by Benjamin Collins. The advertisement offered a job for 'a sober industrious man, who has been accustomed to serve and make up medicines in an apothecary's shop' or perhaps a promising apprentice, with both enquiries and applications to be made to the newspaper office.[515] Now it is possible that Collins was advertising a job for somebody else, but he did not normally do this, and it is probable that he was seeking his own assistant to manage his substantial medicines business.

By coincidence, the owners of both the *Leeds Mercury* and *Aris's Birmingham Gazette* sold a proportion of their businesses in February 1801, and the legal documents for the sales provide further compelling evidence of the importance of selling medicines to the business of a newspaper printer. John Binns, bookseller and medicine vendor, and George Brown, bookbinder, had bought the *Leeds Mercury* from James Bowling in 1794. Binns died in 1796, and his widow and Brown sold the newspaper to Edward Baines in 1801.[516] In the Articles of Agreement for the sale, Mrs Binns and Brown agreed not to publish a newspaper in the Leeds

[513] *Pearson and Rollason*.
[514] Fox, 119.
[515] *SJ*, 9 January 1769.
[516] David Thornton, 'Mr Mercury: A Biographical Study of Edward Baines with Special Reference to his Role as Editor, Author, Politician' (unpublished doctoral thesis, University of Leeds, 1999), 61-62.

Figure 5.5. *Part of the 1801 Leeds Mercury sales agreement which prevented Edward Baines from selling medicines (Leeds, West Yorkshire Archives, WYL 383/43).*


Executors and Administrators that he the said Edward Baines
his Executors Administrators or Assigns shall not nor will at
anytime hereafter vend or sell any Medicine or Medicines
during the time he occupies the above Premises
Will for the true and faithful Performance of all and every the
Covenants Articles and Agreements herein contained each and

area. In return, as shown in Figure 5.5, Baines agreed that he 'shall not nor will at anytime hereafter vend or sell any medicine or medicines'.[517] The next line is written in a different ink between the existing lines – 'during the time he occupies the above premises'. It seems that their medicines business had been sufficiently large for Mrs Binns and Brown to seek to retain it without any competition from the new owner. Baines probably then realised that the Articles of Agreement as they stood amounted to a life ban on selling patent medicines, and so he arranged for the qualifying phrase to be added after the original document had been written out. He would not have wanted to be excluded permanently from this profitable activity. The document contains no other additions. Baines appears to have stuck to the agreement by advertising medicines in his *Leeds Mercury*, but not listing himself as retailer. In 1807 he got round it in two ways. He moved the printing office up Briggate to different premises, and he installed his younger brother John as stationer and medicine vendor in the front of his new office.[518] In an advertisement in the *Mercury*, repeated two days later in the *Intelligencer*, John Baines announced the opening of his shop, restrictions on credit arrangements to keep prices low and a large stock of stationery, and he finished with 'he has also received supplies, and will regularly keep all the prevailing patent medicines, from the warehouses of the patentees, warranted genuine'.[519] Medicine selling was important to the Baines family.

Whereas Mrs Binns and Brown sold their newspaper while retaining the medicines business, Thomas Pearson, the owner of *Aris's Birmingham Gazette*, sold the bookselling, stationery and medicines side of his business on a twenty-one year lease to Jonathan Knott and Robert Lloyd, while retaining the printing side and the newspaper copyright.[520] Pearson

[517] West Yorkshire Archives, Baines Papers, WYL 383/43
[33] David Thornton, *Mr Mercury: The Life of Edward Baines 1774-1848* (Chesterfield: Merton Priory Press, 2009), 43.
[519] *LM*, 14 February 1807.
[520] Birmingham City Archives, Deeds for Aris's Birmingham Gazette, MS 3700/1/32 B.

agreed to pass on 'all his stock of books papers medicines and stationery articles of every sort and kind', and he undertook not to engage 'in the trade or business of a stationer, bookseller or vendor of medicines' within thirty miles of Birmingham. Knott and Lloyd made similar assurances about printing and producing a newspaper. Selling medicines was the only business activity unrelated to print mentioned in these Articles of Agreement, and clearly it was a sufficiently large part of Knott and Lloyd's future income to require a specific arrangement. Knott and Lloyd then acquired the newspaper and the printing business in December 1803 after Pearson's death.[521] In common with most newspaper printers, selling medicines was a substantial part of their income, not a minor side-line.

To what extent were the printers who did not publish newspapers engaged in selling patent medicines? This of course varied from printer to printer, but none in our studied areas was as heavily involved as the newspaper printers. For example, Leeds in the mid 1790s had three printers.[522] Two, Thomas Wright and James Bowling, published newspapers and were frequently named as medicine retailers in the runs of the two newspapers in 1794 (Fig. 5.4), whereas the third, Thomas Gill, was not named at all. Gill might have been selling medicines without seeking to be named as a retailer, and he certainly printed handbills and treatises for those who were actively engaged in the market.[523] However Gill was not seeking to develop a patent medicines trade, in contrast to the newspaper printers, and any such activity would have been small. Printers who did not produce newspapers were named as retailers in all three of the studied areas, but none appeared as frequently as the newspaper printers, and others did not appear at all.

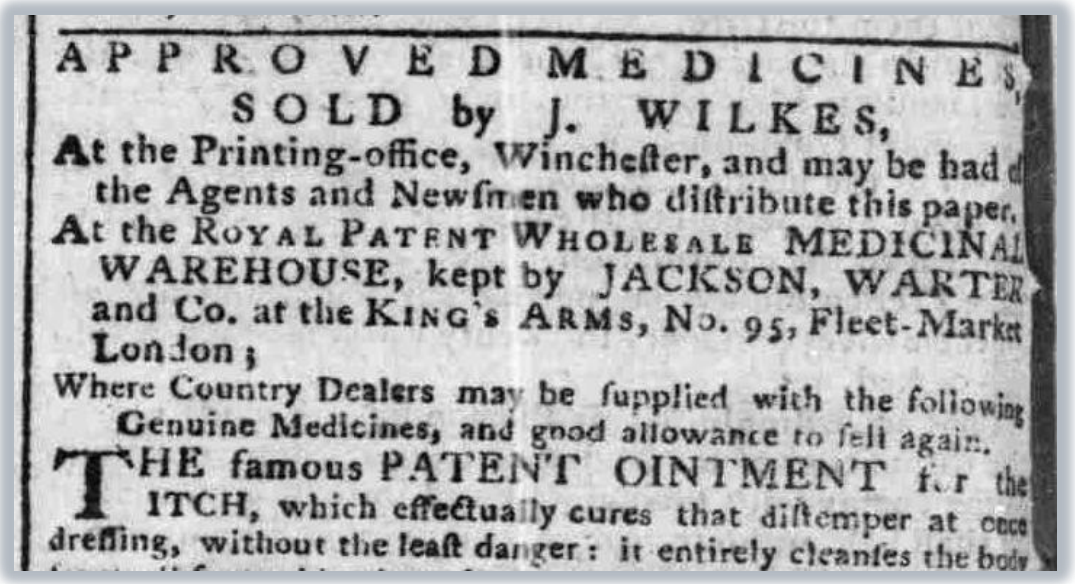
So why were the newspaper printers so prominent as patent medicine retailers? There are a number of possible answers to this question. But, as I discussed in Section 4.3, the patent medicines industry could be very profitable and many tradesmen might have wanted to engage in it: so we need to consider why the newspaper printers were in a strong position in the market, not why they sold medicines at all. One initial possibility is that the newspaper printers might seem to have an advantage in being able to advertise for free in their own publications. However there was no such thing as a free newspaper advertisement in our period as all were subject to an increasing excise duty. In 1760, two shillings were collected for every newspaper advertisement, and the duty increased in stages up to 3s 6d from 1794.[524] Also we have no evidence that the printers generally allowed medicine advertisements to appear in their

[521] Ibid., MS 3700/1/31
[522] Peter Barfoot, and John Wilkes, *Universal British Directory, 1793-1798* (London, 1793-98); Elizabeth Parr, 'Early Leeds Printers, Publishers and Booksellers' (unpublished master's thesis, University of Leeds, 1973).
[523] For example Priestley, *Interesting Remarks*, described in Section 3.5B.
[524] Nevett, 18.

newspapers without the normal fees being paid. Indeed the opposite is demonstrated in the advertising account books for the *Hampshire Chronicle*, which listed who was paying for each individual advertisement.[525] An inspection of the books for 1781 reveals that 277 advertisements for patent medicines were published in that year, and *all* were charged to individuals or companies other than the printer John Wilkes. This happened even when John Wilkes seemed to have some responsibility for the advertisement (Fig. 5.6). The finances of medicine advertising in newspapers will be discussed in more detail in Section 5.5, but it is clear that the printers could not advertise in their own newspaper without paying the excise duty, and, as advertising was a major source of income, they may have expected to receive payment for each one from outside sources.

Another potential explanation for the prominence of newspaper printers may have some merit. This reason is that the newspaper printers had the advantage of being able use their own system of newsmen and other local distributors to deliver the patent medicines within their immediate locality. However the practicality of this type of distribution is unclear, especially

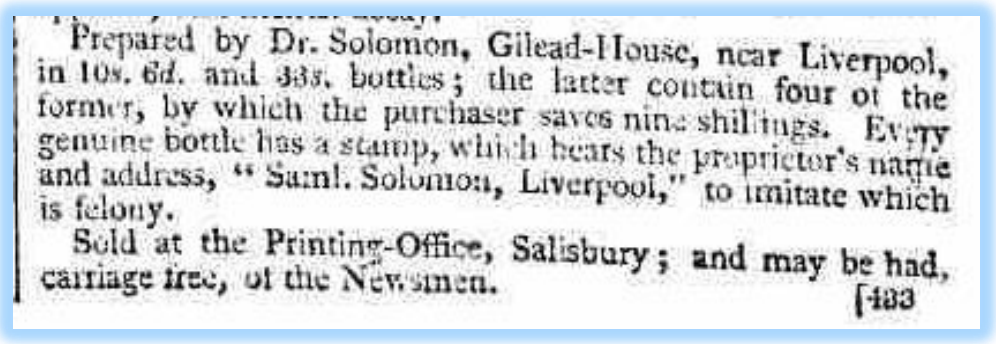
Figure 5.6. *Top of an advertisement in the Hampshire Chronicle for Jackson's Ointment and other medicines (HC, 22 January 1781, BNA, British Library). In spite of the local heading, Jackson, Warter & Co in London (Section 4.2) paid for it, not the newspaper printer John Wilkes.*


APPROVED MEDICINES,
SOLD by J. WILKES,
At the Printing-office, Winchester, and may be had of
the Agents and Newsmen who distribute this paper.
At the ROYAL PATENT WHOLESALE MEDICINAL
WAREHOUSE, kept by JACKSON, WARTER
and Co. at the KING's ARMS, No. 95, Fleet-Market
London;
Where Country Dealers may be supplied with the following
Genuine Medicines, and good allowance to sell again.
THE famous PATENT OINTMENT for the
ITCH, which effectually cures that distemper at once
dressing, without the least danger: it entirely cleanses the body

[525] NA, E 140/90 and 140/91. For more details see Section 5.4.

as we do not know whether the newsmen normally walked or rode their weekly route.[526] As mentioned before, patent medicines were mostly liquids in bottles of commonly half or one pint, and so they would have been much heavier to carry around than the single sheet, four-page, newspapers of the period. So if the newspaper distribution system in the immediate locality was used extensively to deliver medicines, it would be more a question of carrying the newspapers with the medicines rather than the other way round. Distributing patent medicines in this way did occur and it could be mentioned in the newspaper advertisements (Fig. 5.7): for the studied newspapers, this occurred relatively frequently in the *Leeds Intelligencer* in 1781 and 1794 and in *Aris's Birmingham Gazette* in 1781 (Fig. 5.8). However it was mentioned less often in the studied newspapers in 1807 and 1822, for example only four times for eight-eight medicines in the *Salisbury and Winchester Journal* in 1822. So it seems that whatever effectiveness in disseminating medicines can be attributed to the newspaper distribution system in the immediate locality, it was diminishing with time. I suspect that this distribution system only played a small part in the prominence of newspaper printers in medicine vending.

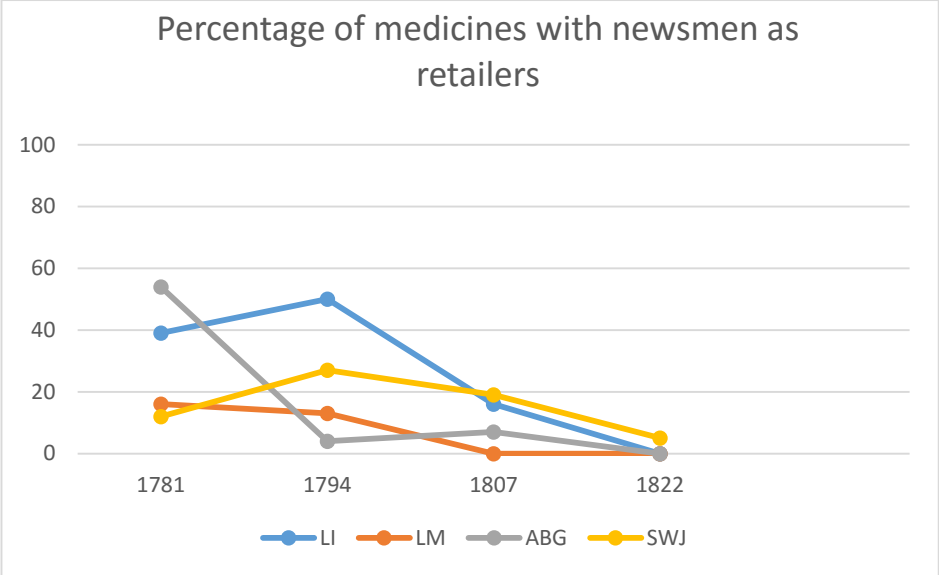
Figure 5.7. *Bottom of an advertisement for Dr Solomon's Cordial Balm of Gilead showing that the medicine could be obtained from the newsmen without a fee (SWJ, 2 February 1807, BNA, British Library).*


Prepared by Dr. Solomon, Gilead-House, near Liverpool, in 10s. 6d. and 33s. bottles; the latter contain four of the former, by which the purchaser saves nine shillings. Every genuine bottle has a stamp, which bears the proprietor's name and address, "Saml. Solomon, Liverpool," to imitate which is felony.

Sold at the Printing-Office, Salisbury; and may be had, carriage free, of the Newsmen. [483

[526] C. Y. Ferdinand, 'Local Distribution Networks in 18th-Century England', in *Spreading the Word: The Distribution Networks of Print 1550-1850*, ed. by Robin Myers and Michael Harris (Winchester: St. Paul's Bibliographies, 1990), 131-49 (145).

Figure 5.8. *Percentage of advertised medicines with the newspaper newsmen or distributors mentioned as retailers.*



A more persuasive explanation for the importance of the printers was their position at the centre of a *regional* network of agents. All provincial newspapers required a system of regional shopkeepers, often booksellers and stationers, who would sell the paper in their shops, supervise the distribution of the newspaper in their area, receive orders for books and other items which the newspaper printer might be able to supply, and, most importantly, receive and take payment for all types of advertisements. The newspapers could not survive without such a network, and the one for the *Salisbury and Winchester Journal* has been well documented by Christine Ferdinand.[527] The list of retailers printed in the medicine advertisements often had many names in common with the published list of regional agents for that newspaper. For example, twenty-two of the thirty-five booksellers who were agents for the *Salisbury and Winchester Journal* in 1781 were also printed in advertisements as medicine retailers.[528] Not all the agents in a newspaper's regional network were advertised as selling patent medicines, but the newspaper printer had easy access to the many who did. He could then act as the local wholesaler, and, as we shall see, have a strong influence on medicine advertising. With this central position in the regional market, selling the medicines himself would be both inevitable and profitable. Another possible reason for the newspaper printer selling medicines was that it could encourage the wholesalers to place lucrative medicine advertisements in his newspaper; but I have not found evidence to support this prospect.

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[527] C. Y. Ferdinand, *Benjamin Collins and the Provincial Newspaper Trade in the Eighteenth Century* (Oxford: Clarendon, 1997), 104-22.
[528] *SWJ*, 25 June 1781.

This central position in the regional market would have encouraged the newspaper printer to develop expertise in the use of print to promote the medicines and in the medical knowledge to support their use, reinforcing his dominant role. The importance of print in encouraging the sale of patent medicines and boosting their effectiveness will be discussed in the next chapter: the newspaper printer would be the local expert on how to use print in this manner. The degree of medical knowledge of printers and other print trade members who sold medicines will be discussed later in this chapter, but we can already see that many printers carried large stocks of medicines and they would have known something about their indications and use. This double expertise gave the newspaper printers a continuing advantage over other medicine vendors.

5.3 Booksellers as Medicine Retailers

Although the newspaper printers were important in medicine retailing, they were few in number: most members of the print trades who sold medicines were booksellers, stationers, and occasionally bookbinders. The term 'bookseller' was often used to refer to both the vendors of books and the vendors of stationery. In this period, those who sold books also usually sold stationery and vice versa; so they were often described as booksellers regardless of which activity was predominant. For example, when Spilsbury wrote the word booksellers in the title of a polemic on the medicine excise duty in 1785, he included stationers. So I will use the eighteenth-century usage and allow bookseller to refer to a variable mixture of both occupations. We should also appreciate that most newspaper printers were also booksellers, but this section is largely concerned with the much greater number of booksellers who did not own a newspaper.

In this section, I will show that these print trade members did not show a uniform involvement. Some specialised in medicine vending and became important in the local provision of healthcare, while others only dabbled in selling medicines, or perhaps avoided it altogether. I will then assess some of the ways in which booksellers were appointed and remunerated for selling patent medicines. The section will finish by answering the question – why were so many patent medicines sold by booksellers?

As we saw in section 5.1, in rural areas without a local bookseller almost any shopkeeper could sell medicines. In smaller towns with just a few booksellers, most of them sold medicines. However, they only sold a small number according to the newspaper advertisements, and the few surviving records of provincial booksellers from this period also

demonstrate only a modest engagement. John Cheney founded a long-lasting family printing and bookselling business in Banbury. His advertising handbill from around 1788 listed 46 categories of items for sale, including garters, laces and bodkins, and miniature paintings by his son: but no medicines were mentioned.[529] But in 1809-11, his successors purchased medicines from a London wholesaler for £7 5s 9d.[530] John Feather studied the records of John Clay, bookseller in Daventry and surrounding towns, and concluded that Clay sold medicines in all his shops without selling very many.[531] Feather's analysis of Clay's accounts has been disputed by Fergus and Portner, but all their figures show a minimal role for medicines in the business finances. For example, in October 1768, income from medicines was 3s 2d out of a total £18 19s 7d, and for a three month period in 1779, the income was coincidentally 3s 2d out of a total of £154 14s 0d.[532] It seems that selling medicines was undertaken by many booksellers in small towns, but it was often only a trivial side-line to their business.

In larger towns with more booksellers, some would provide an extensive range of patent medicines, while others would have little or no involvement in medicine vending, as we can see with the booksellers named as retailers in the newspaper advertisements in Leeds. If we look at the major towns in the distribution area of the two studied Leeds newspapers, Table 5.1 shows that, in every town, the booksellers who were named as medicine retailers became a minority of the total number of booksellers if six or more booksellers were available.

Table 5.1. *Number of booksellers appearing in 1794 and 1822 advertisements in either of the two Leeds newspapers and the total number of booksellers in contemporary directories. Some of the booksellers were also non-newspaper printers.*

	1794: Total Booksellers	1794: Named in medicine adverts	1822: Total Booksellers	1822: Named in medicine adverts
Leeds	7	2	30	7
Bradford	4	2	7	2
Wakefield	3	2	6	2
Halifax	3	2	14	2
Huddersfield	1	1	7	2
Barnsley	2	2	3	3

Sources: *Leeds Intelligencer*; *Leeds Mercury*; Barfoot, and Wilkes; Edward Baines, *Baines's Yorkshire* (Leeds: Edward Baines, 1822, reprinted Newton Abbott, Devon: David & Charles, 1969).

[529] Christopher Cheney, *John Cheney and His Descendants: Printers in Banbury since 1767* (Banbury: Private circulation, 1936), plate 22.
[530] Cheney, 12.
[531] Feather, *Book Trade*, 83.
[532] Feather, 'Clay', 201; Jan Fergus and Ruth Portner, 'Provincial Bookselling in Eighteenth-Century England: The Case of John Clay Reconsidered', *Studies in Bibliography*, 40 (1987), 147-63 (160).

Also, the named booksellers in the area of the two Leeds newspapers varied in their enthusiasm for medicine selling. Some were listed in advertisements as agents for a wide range of medicines while others were only mentioned for one or two. Thus John Heaton, the most prominent bookseller in Leeds in 1822 was listed for thirty-seven medicines, while two other booksellers were only printed in the advertisements for one medicine each. The presence in Leeds of two newspaper printers with an active interest in medicines did not prevent a bookseller such as Heaton from having a substantial involvement in medicine vending. We can see a growing attention to medicine selling by one bookseller who was also a library owner, Edward Greenwood, in the account books of the Leeds printer Thomas Gill.[533] The book recorded the orders of many tradesmen, including booksellers and druggists, for advertising bills and labels. In 1791 and 1792, Greenwood ordered stationery and printed bills, but none had anything to do with medicines. Greenwood did not appear in a Leeds newspaper advertisement for medicines in the first half of 1793. However in the first half of 1794, he was listed as an agent for three medicines from Thomas Jackson (Section 4.2). Then in March 1795, he ordered 200 printed bills for 'Balsam of Tolu' from Gill, amongst a similar quantity of other materials. Between February 1796 and December 1797 Greenwood placed five smaller orders, the first and last of which contained no medicine-related items, but the second in July 1796 included 100 labels for 'American Syrup'. In the third order in October 1796, he ordered 210 labels for 'American Vegetable Syrup', and the fourth in July 1797 included 230 labels for 'American Vegetable Syrup'. The intended use of the labels was not defined; but, assuming that they were bottle labels and that these syrups were the same, Greenwood probably distributed around 300 bottles in a year before ordering the third batch, a reasonable sale for a trader who does not seem to have devoted much earlier attention to medicines. Three other booksellers had no medicine related items amongst their repeated orders. It seems that Greenwood, unlike several other booksellers, was pursuing a growing interest in medicine selling.

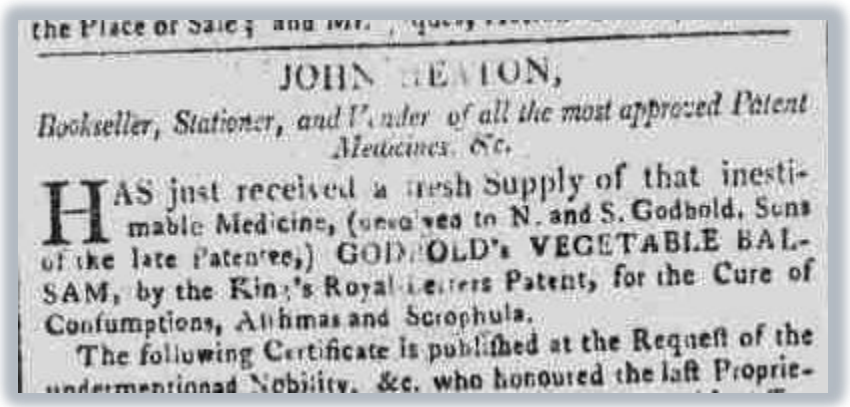
The greater involvement of some booksellers in medicine vending compared to others is also evident in the Birmingham area, although the data are less clear cut due to the more diffuse nature of the catchment area of *Aris's Birmingham Gazette*, which overlapped with those of other newspapers. One example was Thomas Wood (a later picture of his premises is shown in Fig. 5.10) who was listed for fifteen medicines in 1822. Outside Birmingham, the Leicester bookseller Hursley was named for twenty-one medicines in 1781, while Gregory, another bookseller in the town, was only mentioned for two.

[533] Leeds, Thoresby Society, A Leeds Printer's Account Book 1790-97, MS IV/2; Parr, 105-09.

Futher south in the catchment area of the *Salisbury and Winchester Journal* a different picture can be seen, with some booksellers having a significant interest in medicine selling early in our period, but this specialisation becoming less apparent later. For example, Thomas Baker, a Southampton bookseller, acted as an agent for London medicine wholesalers as we shall see in Section 5.4, and he was named in advertisements for sixteen medicines in 1781. Over time, the specialisation in medicine vending diminished amongst booksellers in the area, with none being named in more than three medicine advertisements in this newspaper during the first half of both 1807 and 1822. This later absence of specialisation in medicine vending amongst the booksellers may have been secondary to the area having few large towns. Salisbury itself had a stable population of about 6,500 – 7,000 throughout the eighteenth century, only rising slightly to 9,531 in the 1841 census.[534] The lack of urbanisation in comparison to the growing towns in the Leeds and Birmingham areas may have meant that the population in each town was insufficient to support substantial medicine vending by both booksellers and druggists, particularly as the latter were now competing actively in the market.

The specialised medicine-selling role of some of the booksellers was recognised in their publicity. In 1807, John Heaton, who had a stock of at least forty-three medicines according to the advertisements in the studied newspapers, made it clear in the heading of an advertisement that medicine vending was a substantial part of his business (Fig. 5.9). Other booksellers were described as patent medicine 'venders', alongside their other business interests, in trade directories. For example, the Huddersfield booksellers and printers Joseph Brook and Thomas Smart were both designated as 'venders of patent medicines' in Baines's

Fig. 5.9. *Top of an advertisement showing John Heaton's claim to be a substantial medicine seller who is able to supply a fresh product (LM, 2 May 1807, BNA, British Library).*


the Place of Sale; and Mr. [illegible]

JOHN HEATON,

Bookseller, Stationer, and Vender of all the most approved Patent Medicines, &c.

HAS just received a fresh Supply of that inestimable Medicine, (received to N. and S. Godbold, Sons of the late Patentee,) GODBOLD'S VEGETABLE BALSAM, by the King's Royal Letters Patent, for the Cure of Consumptions, Asthmas and Scrophula.

The following Certificate is published at the Request of the undermentioned Nobility, &c. who honoured the last Proprie-

[534] John Chandler, *Endless Street: A History of Salisbury and its People* (Salisbury: Hobnob Press, 1983), 33-35.

Figure 5.10. *Britten's book and medicines shop, 78 High Street Birmingham, c1895 (The Library of Birmingham). In 1822, a previous owner of this shop,Thomas Wood, was named as a retailer for fifteen patent medicines in advertisements in Aris's Birmingham Gazette. The sign over the door is a model of a bible, symbolising a bookseller, while medicines are displayed in the windows.*

1822 Directory.[535] Wholesalers could support the larger retailing booksellers with advertising material. For instance, across the Pennines, a four-page handbill from around 1815 started by announcing that Mr Gardner, a Bolton bookseller, 'has just received a fresh supply' of Mr Lignum's Antiscorbutic Drops.[536] Most of the rest of the handbill consisted of ten testimonials

[535] Baines, *Yorkshire*.
[536] LRO, Medicine Advertisements, DDHu 53/82, 266-95.

from across central and nothern England, which presumably had been provided by Lignum to boost the sale of his Drops at Gardner's shop. For some of these booksellers, as for newspaper printers, medicine retailing was a substantial part of their business. In Birmingham, one combined bookselling and patent medicines shop survived till the beginning of the twentieth century, retaining its original features from 1800 (Fig. 5.10).[537] An eyewitness account of Birmingham in the 1820s described the then owner Thomas Wood (see above) wearing a wig and standing on the steps of this shop, which 'was well patronised for stationery and patent medicines'.[538] Those steps were probably the same ones shown in this photograph from the end of the nineteenth century.

How did booksellers manage to get named as advertised retailers for medicines? For most medicines probably any shopkeeper could become a retailer and be named in the advertisements, but a few wholesalers sought to have some influence on who sold their medicines locally. As we saw in the last section, many booksellers were advertised as medicine vendors because they were local agents for the newspaper printer. Also, a bookseller or other shopkeeper could apply to the newspaper printer for his or her name to be added to the list of local retailers: as an advertisement for the Pectoral Lozenges of Tolu and some dental preparations put it, 'Any shop-keeper of credit, in any of the towns thro' which this paper circulates, who are inclinable to deal with the above articles, may on application to the printers, have their names added to this advertisement.'[539] A few wholesalers tried to select their retailers, or at least limit their number, and, as we have often observed in this thesis, Francis Newbery had the most sophisticated system. Retailing his medicines required his annual approval with a legally-valid certificate, and he seems to have restricted sales to a single agent in most towns. [540]

What were the financial arrangements for medicine retailers? A striking finding is that patent medicines were almost entirely sold to the customer at a fixed, publicised, price which was normally the same in Leeds, Birmingham and Salisbury and often remained unchanged over several decades, as demonstrated for several medicines in Appendix 3A. Thus, in 1781 Leake's Pills were advertised in Leeds, Birmingham and Salisbury for 2s 6d, and Norton's Maredant's Drops were advertised for 6s 0d in the same towns in both 1769 and 1781. In 1807, Leake's Pills were being advertised in Leeds for 2s 9d, which was the same price as 1781 plus the 3d excise duty introduced in 1783. These fixed prices were in use before the start of our period: for instance, Dr Henry's Chemical Nervous Medicine was sold at 7s 0d in

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[537] Joseph Hill, *The Bookmakers of Old Birmingham: Authors, Printers and Booksellers* (Birmingham: Cornish Brothers, 1907), 101.
[538] Hill, 101 (footnote).
[539] *LI*, 9 January 1781.
[540] Dr James's Analeptic Pills, *ABG*, 8 January 1781; Dalby's Carminative, *LI*, 26 January 1807.

1748 as well as in 1769 and 1781, and Turlington's Balsam was sold at 1s 9d in the same years.[541] The price of a few medicines crept up over the years, for example Spilsbury's Antiscorbutic Drops which increased in price from 4s to 4s 6d (before tax) between 1781 and 1794, but for the majority the price before tax remained unchanged from decade to decade. Omission of a price from any advertisement consisting of more than a few lines was uncommon, and, with an occasional exception, the mimimum price for a bottle or box of a patent medicine was one shilling plus any duty. Of course, the retailers could still have offered a reduced price or other forms of discount in a variety of ways. But I have found no evidence of this occurring: contemporary accounts seem to assume that the retail cost of a medicine was fixed when they refer to the usual prices. In other words, the retailers competed with each other by providing a good range of fresh products accompanied by relevant information, not, apparently, by offering the lowest price.

By contrast with this precision on prices, the retailers' profit margins are unclear with only a few surviving examples of the financial arrangements between wholesalers and retailers. Interpreting these examples is made more difficult by uncertainty of the meaning of 'dozen': it could mean twelve, thirteen or fourteen in this context. Thus, William Jones supplied his Tincture of Peruvian Bark to retailers at 30s per dozen, with a dozen containing fourteen bottles.[542] At a retail price of 3s 6d, this gave a bookseller a profit margin of nearly 40%. The Collins family were accused in an anonymous pamphlet of having a mark-up of 25% on their patent medicines and the vendors of the Edinburgh Febrifuge Powder only had about a 15% profit margin.[543] With only a few isolated examples, the retailers' normal profit margins remain obscure.

The reasons why booksellers often sold medicines, and sometimes made this a substantial part of their business, were similar to the reasons for the involvement of London booksellers and provincial newspaper printers in the wholesaling and retailing. Vending medicines and vending books could utilise common skills, including obtaining a quick and reliable supply from a central source, selling at a fixed price determined by others, and participating in nationally-based promotion. Many booksellers were already part of networks for the distribution of the local newspaper and books from London. In addition, like the other engaged members of the print trades, the provincial booksellers were more familiar and skilled in the use of the printed word, the essential ingredient for promoting patent medicines, than other potential rivals such as grocers and druggists. As we saw in section 5.1, the booksellers

[541] Appendix 3A; *GM*, 18 (1748), 348-50.
[542] Watson, 75.
[543] Ferdinand, *Collins*, 42; Zachs, 47.

were also helped by the apparent reluctance of the druggists to engage in publicised patent medicine selling before the 1802 Medicines Act.

One speculative additional reason for the extensive participation of booksellers in medicine retailing would be the favourable ambience of bookshops. Bookshops could be sites for gossip, news and discussion, providing an environment for decisions to be made at leisure.[544] Many contained libraries for books to be browsed and borrowed, they advertised reading rooms, and illustrations show advice being given.[545] As I mentioned at the beginning of this chapter, a decision to buy a patent medicine was considerably more difficult than buying other movable goods, requiring time, information and, sometimes, the opinions of others. The leisured, supportive, atmosphere of a large bookshop might have been a good place to make such a decision, in comparison with the potentially more 'take it or leave it' feeling of a grocer's or mercer's shop, or even a druggist's. In the 1810s and 1820s, John Heaton's Leeds bookshop was 'the chief bookselling business in Yorkshire', and it was also the most prominent source of patent medicines in the town apart from the newspaper printers, though it retained the appearance of a private house with no shop front.[546] Booksellers' shops, and particularly Heaton's shop, were noted as centres for dialogue and information:

> Whilst the taverns furnished a rendezvous for the local politicians, the booksellers' shops were the recognised gathering-places of those who were inclined towards literature. It was here that the clergy met on Monday morning, to discuss together perchance the sermons of the previous day, more probably the latest pamphlet from London, or the contents of the new number of 'The Gentleman's Magazine'.[547]

Following the normal practice of Victorian writers, this account of Heaton's shop makes no mention at all that medicines were sold. However, we can conjecture that the discussions on a Monday, and any other day, might also have included the virtues or otherwise of patent medicines.

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[544] Including the bookshop of the medicine wholesaler and retailer, the first John Murray, see Raven, *Business of Books*, 226. Murray's shop opened twelve hours a day, six days a week.
[545] James Raven, 'From Promotion to Proscription: Arrangements for Reading and Eighteenth-Century Libraries', in *The Practice and Representation of Reading in England*, ed. by James Raven, Helen Small and Naomi Tadmor (Cambridge: CUP, 1996), 175-201 (181).
[546] T. Wemyss Reid, *A Memoir of John Deakin Heaton, M.D. of Leeds* (London: Longmans, Green and Co., 1883), 50.
[547] Reid, 32.

5.4 Organisation of Newspaper Advertisements

Much has already been written in this thesis about newspaper advertisements for patent medicines. This is nothing to apologise for, as not only are these advertisements numerous and unselected sources of information for the historian, but they were probably the most effective form of publicity, especially for a new product. Skilled owner/wholesalers, such as Spilsbury and Solomon, would not have spent many hundreds of pounds a year on newspaper advertisements unless they were going to get a good return.[548] The newspaper advertisements were mostly part of organised campaigns, and this section will explore who created them, who ordered them, and who controlled their insertion in the newspapers. We shall find that the advertisements were not only part of a national structure of medicine retailing, but they also played a key role in the financing of the provincial Georgian press. Medicine advertisements were also printed in, or circulated with, books, almanacs, magazines or indeed almost any type of publication. However, these advertisements were similar in content to those in the newspapers, and I will not consider them separately.

The major source of information for this section will be the advertisements themselves. Once again, the continuous runs of the studied newspapers (Appendix 1A) provide an unbiased selection of advertisements: in particular, they allow a comparison of the publicity for the same patent medicine across the country. Other useful sources, especially for the finances of medicine advertising, are the advertising account books, some general account books, and marked-up copies of the *Hampshire Chronicle* for the period 1778-83, which have been preserved in the National Archives.[549] The background to this unique archive and the explanation for its preservation have been described by Christine Ferdinand.[550] In summary, a partnership of local booksellers and printers bought the paper in 1778 and moved it from Southampton to Winchester where it was printed by John Wilkes. The partnership was dissolved in 1783 and the papers were preserved as evidence in a later legal dispute between the ex-partners. The accounts reveal that fifty-six per cent of the paper was owned by the Collins family and their Salisbury business associates, who also owned the *Salisbury and Winchester Journal*, one of my studied newspapers. This controlling interest was kept from the public, but it is relevant to this thesis as the business practices of the two newspapers probably had much in common. The accounts describe who paid for every single advertisement in the *Hampshire Chronicle*, with the exception of the occasional one which was paid for in cash. Also, the marked-up copies reveal some of the instructions received by

[548] Spilsbury, *Free Thoughts on Quacks*, xxxiii; Denizen of Liverpool, 296.
[549] NA, E 140/90 and E 140/91.
[550] Ferdinand, 'Distribution Networks', 131-33.

the newspaper compositor for the insertion of advertisements. As a result we can discern many of the detailed arrangements for advertising a product in an eighteenth-century provincial newspaper, something which has not been revealed before.

An inspection of the advertisements in the studied newspapers quickly shows that most of their content was provided centrally by the wholesaler, not by the newspaper printer or local retailers. For example, almost all the testimonials, which were present in around a quarter of the advertisements (Section 6.2A), referred to patients who lived outside the newspaper printer's area, sometimes at the other end of the country. Similarly, the wholesaler must have provided the endorsements by the nobility and gentry who were living outside the newspaper's area. Another observation which demonstrates the central origin of much of the copy is the predominant style of informing the consumer about the activities of the proprietor and the national, or London, successes of the medicine in the past, rather than mentioning local events such as how many bottles have been sold in the town, the number of successful cases in that area, or the wisdom of local retailers. Apart from the lists of nearby agents, the only common local input into the advertisements' content was starting with a phrase that a local printer or bookseller 'had just received a fresh supply of', or similar wording, followed by the name of the medicine (Fig. 5.9). The obvious exceptions to the central provison of advertising copy were the medicines with local owners (Section 3.8): some examples the content of their advertisements have already been described.

The clearest evidence for this central origin for the core text of advertisements is that much of it is very similar in the three studied towns, each more than a hundred miles apart. Each advertisement was formed from moveable type in separate newspaper offices and had to incorporate local retailing arrangements; so they were not identical. However, the main text of the advertisments for nationally available medicines often employed the same wording (Fig. 5.11). This text must have been supplied directly or indirectly by the wholesaler or the owner. Who wrote the text remains a mystery. Several of the leading owners/wholesalers were friendly with well-known literary figures and prominent publishers such as Oliver Goldsmith and Tobias Smollet (Newberys and Benjamin Collins), Joseph Johnson (Thomas Henry) and Hannah More (The Diceys), as well a sometimes being authors themselves. However the advertisements, in common with much of the material in Georgian periodicals, remain anonymous. Any papers linking a prominent writer to the text of a medicine advertisement would have run the risk of being destroyed by Victorian descendants.

Figure 5.11. *Advertisements for Dr Steers's Opodeldoc in two newspapers showing similar wording (BNA, British Library).*

Leeds Intelligencer 5 January 1807

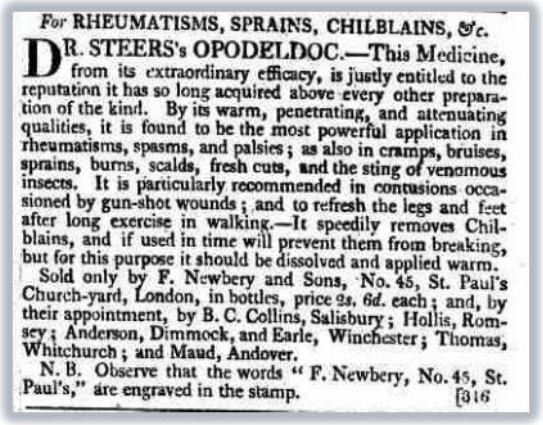
For Rheumatisms, Sprains, Chilblains, &c. &c.
Dr. STEERS's OPODELDOC.

THIS Medicine, from its extraordinary Efficacy, is juſtly entitled to the Reputation it has ſo long acquired above every other Preparation of the Kind. By its warm, penetrating, and attenuating Qualities, it is found to be the moſt powerful Application in Rheumatiſms, Spaſms, and Palſies; as alſo in Cramps, Bruiſes, Sprains, Burns, Scalds, freſh Cuts, and the Sting of venomous Inſects; it is particularly recommended in Contuſions, occaſioned by Gun-ſhot Wounds, and to refreſh the Legs and Feet after long Exerciſe in walking. It ſpeedily removes Chilblains, and if uſed in Time, will prevent them from breaking, but for this Purpoſe it ſhould be diſſolved and applied warm.

Sold only by F. Newbery and Sons, No. 45, St. Paul's Church-Yard, London, in Bottles, Price 2s. 6d. each; and by their Appointment by G. Wright, Jun. the Printer of this Paper, Heaton, Searle, Trant and Son, and Spence, Leeds; Edwards, Holden, and Howorth, Halifax; Key and Stanfield, Bradford; Wood and Son, and Hurſt, Wakefield; Boothroyd and Popplewell, Pontefract.

N.B. Obſerve that the Words "F. Newbery, No. 45, St. Paul's," are engraved in the Stamp.

Salisbury and Wiltshire Journal 26 January 1807



For RHEUMATISMS, SPRAINS, CHILBLAINS, &c.

DR. STEERS's OPODELDOC.—This Medicine, from its extraordinary efficacy, is justly entitled to the reputation it has so long acquired above every other preparation of the kind. By its warm, penetrating, and attenuating qualities, it is found to be the most powerful application in rheumatisms, spasms, and palsies; as also in cramps, bruises, sprains, burns, scalds, fresh cuts, and the sting of venomous insects. It is particularly recommended in contusions occasioned by gun-shot wounds; and to refresh the legs and feet after long exercise in walking.—It speedily removes Chilblains, and if used in time will prevent them from breaking, but for this purpose it should be dissolved and applied warm.

Sold only by F. Newbery and Sons, No. 45, St. Paul's Church-yard, London, in bottles, price 2s. 6d. each; and, by their appointment, by B. C. Collins, Salisbury; Hollis, Romsey; Anderson, Dimmock, and Earle, Winchester; Thomas, Whitchurch; and Maud, Andover.

N. B. Observe that the words "F. Newbery, No. 45, St. Paul's," are engraved in the stamp. [316

We have one account of a proprietor/wholesaler providing copy for a newspaper: it was described in an advertisement designed to expose a counterfeit preparation.[551] The advertisement was for a rat poison, the Hampshire Miller's Infallible Rat Powder, not a medicine for humans; but pest killers and medicines for animals were often advertised and distributed in a similar fashion, and sometimes alongside, patent medicines. In the advertisement, the proprietor, Thomas Raiss, published letters he had sent to, and received from, Barclay and Son in London, a leading medicine wholesaler (Section 4.2B), in which he complained that the Barclays had advertised another Infallible Rat Powder, but used one of his advertisements. The Barclays responded that they had received the medicine and advertisement in good faith from John Baxter in Edinburgh, without knowing the original source of the advertisement copy. Raiss replied to Barclays that 'this very advertisement which is now made to appear as yours, was the identical one sent him [Baxter] to insert in the Scotch newspapers'; but he accepted their explanation. Baxter claimed in a letter that it was done by accident, but Raiss did not believe this. Raiss seems to have suspected collusion amongst the London medicine wholesalers, and he announced that his powder would no longer be available wholesale in London from one of them, John Wye (Section 4.2B), but only from two booksellers in the City.

So the text of the advertisements was mostly provided from central sources, but who organised and paid for their insertion? Normally, they were not inserted solely at the whim, and perhaps the expense, of the newspaper printer. If we first consider who *paid* for the advertisements, one of the most striking findings from the *Hampshire Chronicle* records is that the advertisements were not inserted without charge or paid for by the printer. During

[551] The Hampshire Miller's Infallible Rat Powder, *LI* 4 November 1799.

the whole of 1781, all the 277 medicine advertisements were charged to another source (Figs. 5.12 & 5.13). As shown in Table 5.2, the majority of these sources were London wholesalers. Now this completely external funding of the advertisements may not have been the full picture as two of the local sources, John Breadhower of Portsmouth and Collins and Johnson of Salisbury, were partners in the *Hampshire Chronicle*: partners in newspapers could be required to buy a number of advertisements each month on the grounds that a good show of advertisements would encourage others to contribute.[552] So perhaps not all these charges were to a source which was truly external to the newspaper. However these partners were only involved in a small number of advertisements, and, as we shall see, it is also possible that they were paying for the advertisements as local agents for London wholesalers and not on their own initiative. The accounts do show that external payment for all medicine advertisements was the normal business practice for this newspaper, and that in Winchester in 1781 the majority of these payments were made by London wholesalers.

However, the person who *organised* the insertion of the medicine advertisement was not necessarily the person who paid for it. The *Hampshire Chronicle* records also demonstrate that many of the advertisement insertions were organised by the London wholesalers. In order to appreciate this, we need first to understand the markings on the preserved copies of the newspaper, which sometimes indicate the instructions to the printer (Fig. 5.14). These markings, which were probably used by the compositor to set up the type for the following week, can indicate whether the printer was working to precise instructions from a wholesaler or his local agent, or perhaps using his own initiative in inserting the advertisements. The markings were not always adhered to, but most were, and they can demonstrate a pre-ordered number of advertisements to be inserted at frequent intervals, perhaps weekly, and then discontinued. On the marked copies this arrangement was counted down in the manner of 'five more weeks', then 'four more weeks', until the last one is marked with a cross. Other

Table 5.2. *Types of accounts charged for the 277 medicine advertisements in the Hampshire Chronicle during 1781.*

London owners/wholesalers	165
Booksellers, printers or druggists in local area	76
Uncertain	35
Paid in cash	1

[552] C. Y. Ferdinand, 'Newspapers and the Sale of Books in the Provinces', in *The Cambridge History of the Book in Britain, Vol. 5 1695-1830*, ed. by Michael Suarez and Michael Turner (Cambridge: CUP, 2009), 434-47 (442).

Figure 5.12. *The folio advertising account book of the Hampshire Chronicle for 26th March 1781. Each advertisement is described briefly in the left-hand column, followed by the cost and the account to be charged.*

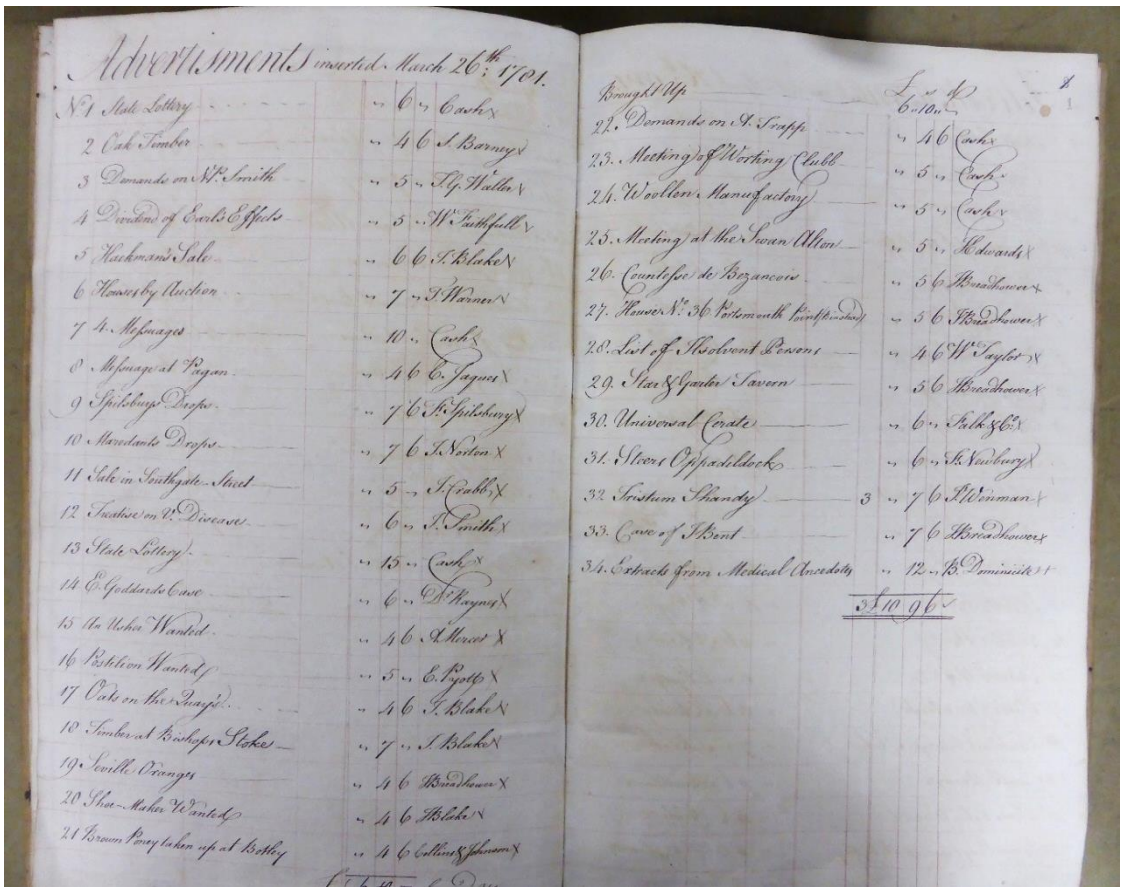


Figure 5.13. *Close-up of part of the right-hand page in Fig. 5.12. The advertisements for the Universal Cerate and Dr Steers's Opodeldoc (misspelt) were charged at six shillings each to Falck and Co and Francis Newbery in London (both misspelt). For number 33, J Bent is the name of the testimonial provider in an advertisement for Hickman's Pills. This is one of the first group of twelve insertions for this advertisement which are mentioned in the text.*

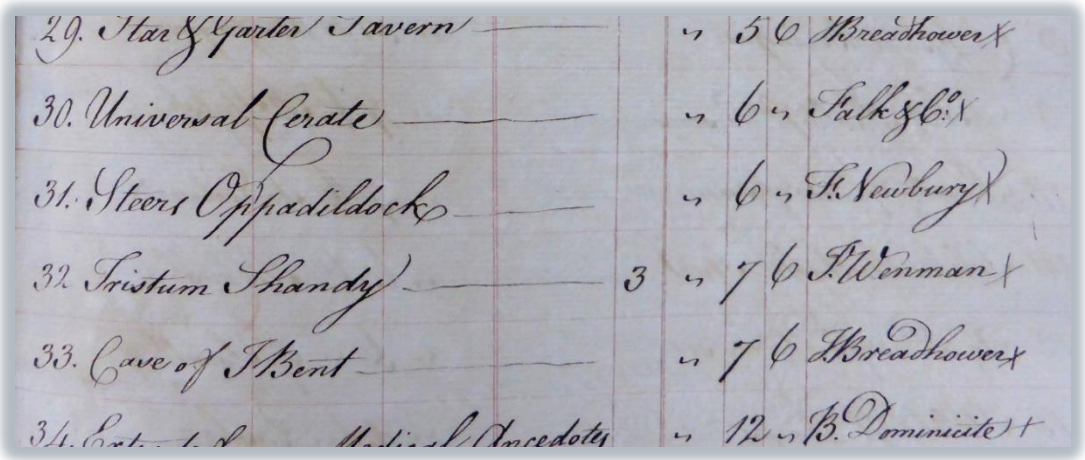
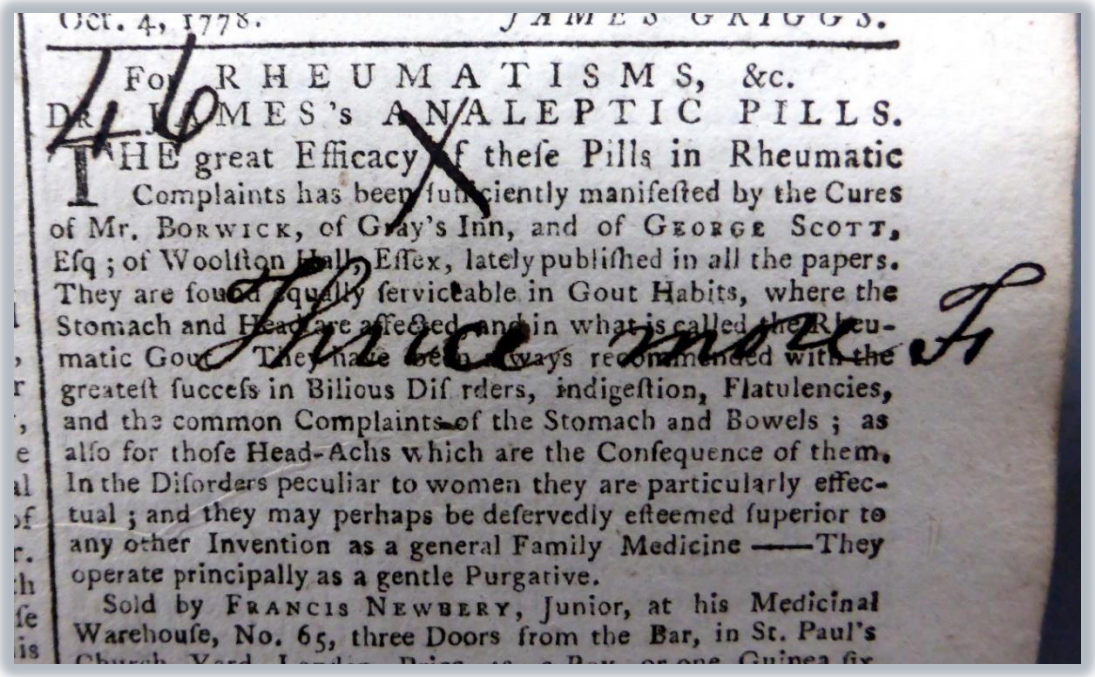


Figure 5.14. *Top of an advertisement for Dr James's Analeptic Pills in a marked-up copy of the Hampshire Chronicle. The cross indicates that the initial intention was that the advertisement was not to be repeated, but this has been countermanded with a signed instruction of 'thrice more'. The number refers to the entry in the advertising account book (see Fig 5.13).*


Oct. 4, 1778. JAMES GRIGGS.

For RHEUMATISMS, &c.
DR JAMES's ANALEPTIC PILLS.

THE great Efficacy of theſe Pills in Rheumatic Complaints has been ſufficiently manifeſted by the Cures of Mr. BORWICK, of Gray's Inn, and of GEORGE SCOTT, Eſq; of Woolſton Hall, Eſſex, lately publiſhed in all the papers. They are found equally ſerviceable in Gout Habits, where the Stomach and Head are affected, and in what is called the Rheumatic Gout. They have been always recommended with the greateſt ſucceſs in Bilious Diſorders, indigeſtion, Flatulencies, and the common Complaints of the Stomach and Bowels; as alſo for thoſe Head-Achs which are the Conſequence of them. In the Diſorders peculiar to women they are particularly effectual; and they may perhaps be deſervedly eſteemed ſuperior to any other Invention as a general Family Medicine ——They operate principally as a gentle Purgative.

Sold by FRANCIS NEWBERY, Junior, at his Medicinal Warehouſe, No. 65, three Doors from the Bar, in St. Paul's

markings were less specific, perhaps for the time interval between insertions in the weekly issues but without any idea of a specific number of insertions, and they included markings such as 'fortnightly', 'omit three weeks', 'until forbid', or just a cross which usually indicated that the particular advertisement would be discontinued for at least a few weeks. Some advertisements had no markings. All the markings refer to a specific advertisement, not to any advertisement for a particular medicine; so one advertisement with a cross could be followed the next week by a different advertisement for the same medicine.

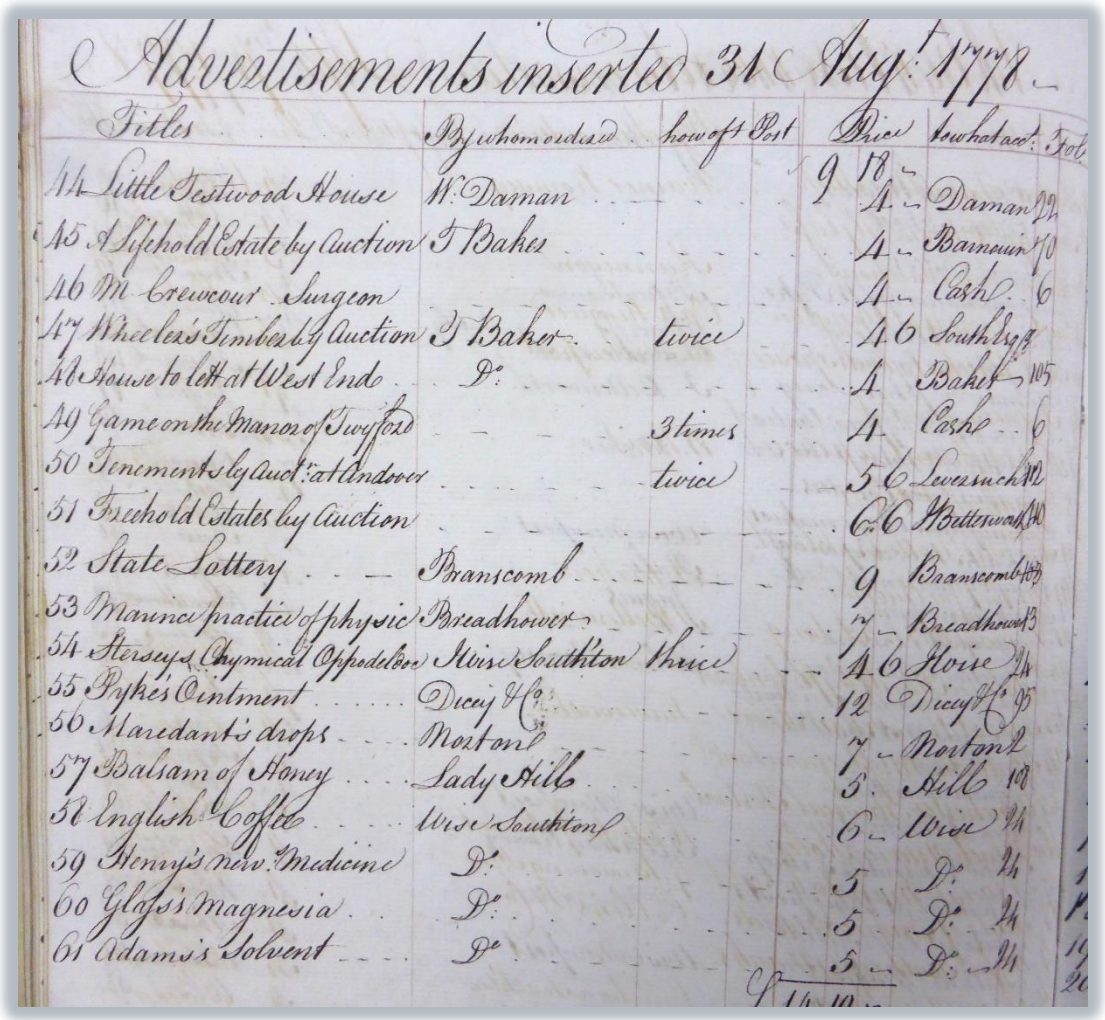
As might be expected from his usually prominent role in organised medicine selling, Francis Newbery provided examples of pre-ordered advertisements. In the middle of 1781 he paid for six insertions of an advertisement for Dr James's Analeptic Pills, which were printed and counted down on the marked copies between June and September. He also paid for six pre-ordered insertions of an advertisement for Dr Steers's Opodeldoc between June and August, and for another six inclusions of a different advertisement for the same medicine during the same period, though the last inclusion seems to have been omitted in error. Newbery paid for other pre-ordered advertisements during 1781, always in threes or sixes. Similarly, twelve insertions of an advertisement for Hickman's Pills were counted down between March and July, though with payment being charged to one of the partners, John

Breadhower, not to the wholesalers W & H Wray (Section 4.2). However, another series of a different advertisement for Hickman's Pills, originally for six inclusions but increased after the second insertion to twelve, was charged directly to the Wrays. Breadhower was probably acting as a local agent for the Wrays in the earlier series.

Francis Spilsbury seems to have given less precise instructions when he advertised his Drops sixteen times in the newspaper during 1781. Although the text changed, these advertisements appeared at mostly three week intervals up to early October without any marks on them. Insertions later in the year had markings such as 'omit three weeks' and 'twice more' without a clear arrangement being apparent. Similarly, the advertisements for the Tasteless Ague and Fever Drops, paid for by G. Earle, a Winchester druggist who claimed to be the main wholesaler, were intermittently marked with comments such as 'omit a week' and 'til forbid'. Some of these marked-up advertisements without a pre-determined total of inclusions may have been accompanied by more precise instructions from the wholesaler which were not marked on the newspaper. For other advertisements without marked-up comments, the compositor probably did not have detailed instructions which had to be followed, and they may have appeared, at least partly, at the discretion of the printer, John Wilkes. In summary, the wholesaler was largely responsible for the advertisement text and often for paying for it, but the insertion of that text depended on a variable combination of decisions by the wholesaler, his local agent or the newspaper printer.

We can discover a little more about who was ordering the insertion of the advertisements as distinct from paying for them. The initial available advertising accounts of the *Hampshire Chronicle* from 1778 provide a detailed, but only brief, glimpse of this (Fig. 5.15). These accounts recorded who ordered the advertisement as well as who paid for it; but the name of the person who instructed the printer soon began to be omitted and was rarely written down after the initial four months. In this short period, advertisements could be directly ordered and paid for by London wholesalers or owners, such as Thomas Jackson, the Diceys, Francis Newbery, and John Norton. They could also be requested by local retailers with the payment being the responsibility of the wholesaler/owner. Under these circumstances, the local retailer was presumably acting as an agent for the wholesaler. Many of these advertisements were ordered by Thomas Baker, a Southampton bookseller and transient early partner in the newspaper, and charged to London owners such as James Berry (Ormskirk Medicine for the Bite of a Mad Dog) and Lady Hill (Sir John Hill's range of herbal-based medicines). Another group of advertisements was ordered *and* paid for by local retailers, particularly John Wise, also a Southampton bookseller, who did this for a number of nationally available medicines

Figure 5.15. *A page from a 1778 advertising account book for the Hampshire Chronicle. For a few months, the person or company who had ordered the insertion was often recorded in the second column and occasionally the number of ordered insertions in the third. The account to be charged was written in the sixth column. The last eight entries on the page were all for patent medicines.*



such as Glass's Magnesia, Beaume de Vie and Spilsbury's Drops. It is not clear whether the local retailers in this last group were acting as agents for a wholesaler/owner and passing the charges on, or just seeking to boost their own sales of the advertised medicines.

So the responsibility and methods for inserting medicine advertisements in the *Hampshire Chronicle* varied. First, wholesalers could order advertisements directly from London either for a specific number, as Francis Newbery normally did, or with less formal arrangements which remain hidden to us. Second, the London wholesalers and owners could work through local agents, once again either for a planned number of insertions, or by less structured arrangements. Thomas Baker acted in this way as an agent for a number of London

owners/wholesalers in 1778. Third, the limited information from 1778 on who ordered the advertisements shows that local booksellers could order and pay for advertisements themselves, but the records do not document a planned number. The role of the newspaper printer John Wilkes in the number of insertions of each advertisement is unclear; though he was probably responsible for deciding which advertisements would be included in each issue as only he would know the available space. The probable procedure for the less clearly organised advertisements was that the wholesaler/owner provided an overall framework for the insertions and then left the details to Wilkes: it seems unlikely that a wholesaler would send along the text of the advertisement to the printer and then just wait for an unknown bill. However evidence is lacking on this in the accounts and marked copies.

Were these arrangements for inserting medicine advertisements typical of those for all newspapers of the period? They probably were, as the wholesalers who dispatched medicines and advertising copy across the country would be unlikely to have unusual procedures for one newspaper. In addition, as already described, the owners of the *Salisbury and Winchester Journal* had a majority stake in the *Chronicle* and so the business practices of the two newspapers would probably be similar. The medicines advertised were similar in type and sometimes the same as those advertised in the studied newspapers in 1781. The number of medicines advertised in the *Chronicle* in the first six months of 1781 was 133 which was within the range for the same period in the studied newspapers: the *Chronicle's* total was greater than that of the *Leeds Intelligencer* and the *Leeds Mercury* at 120 and 73 respectively, but considerably less than that of *Aris's Birmingham Gazette* and the *Salisbury and Winchester Journal* at 225 and 361 respectively. Overall, the pattern of medicine advertising in the *Chronicle* was not noticeably different from that of the other newspapers.

These findings on the involvement of wholesalers and their agents in the placing of advertisements are only derived from one newspaper during a five year period. Did they apply to other newspapers over a longer period? Evidence from the studied newspapers is more indirect, but it does demonstrate some wholesaler involvement in not only providing the text, but also in arranging the insertion of their advertisements. For example, we have seen that Francis Newbery ordered his advertisements in multiples of three for the *Hampshire Chronicle* in 1781, and the *Leeds Intelligencer* printed an advertisement for one of his medicines, Dr Steers's Opodeldoc, on three consecutive weeks in January 1781, followed by three insertions of another advertisement for the same medicine in March/April 1781.[553] As discussed above, the text could be similar in different parts of the country, but this is not by itself evidence for the ordering of the advertisements by wholesalers: the newspaper printers might have

[553] *LI*, 16, 23, 30 January 1781 & 27 March, 10, 17 April 1781.

independently decided to advertise popular medicines. But the insertion of the *same number* of a particular advertisement at different locations is more suggestive of wholesaler participation. One example was the same advertisement for Glass's Magnesia, then distributed by two London booksellers, inserted three times in the *Journal* in Salisbury starting in January 1769, and also three times in the *Gazette* in Birmingham starting in February 1769. Another was an advertisement for Dr Steers's Opodeldoc (owner Francis Newbery and Sons), which was printed four times at approximately monthly intervals both in these two newspapers and in the *Leeds Intelligencer* in the first half of 1822. Wholesalers could organise the printing of a particular number of advertisements in specific newspapers when they chose to do so.

On other occasions, the advertisements in the studied newspapers seem noticeably uncoordinated from place to place, suggesting that the newspaper printers were determining their frequency and choosing the type of content without the direct intervention of the wholesaler. This can be seen in the different advertisements for the Dicey's version of Daffy's Elixir in 1794. The *Leeds Intelligencer* promoted the elixir in a detailed description, with a long list of indications and a warning about counterfeiters:[554] the advertisement was repeated four times in the six month period. By contrast, the only advertisement for the elixir in *Aris's Birmingham Gazette* during the same six months concentrated on the use of this medicine for stone and gravel and printed a testimonial from Yarmouth.[555] The *Salisbury and Winchester Journal* took a different approach to the other two papers by advertising the elixir briefly along with twenty other Dicey medicines on four occasions, and twice more with the name of the elixir being used as the heading together with more details.[556] Now it is possible that Dicey and Co. had issued different instructions to the three newspapers, but I suspect that they had left the insertion of their advertisements to the discretion of the newspaper printers.

At times, the newspaper printers seem to have used this discretion to fill up the space in their four closely packed pages. In the studied newspapers, the majority of the medicine advertisements appeared on page four, often at the bottom of a column and sometimes truncated to fit the space. It seems that the much of the space in the rest of paper had already been allocated before the medicine advertisements were inserted and altered to fit the remaining space. The next most popular page was page one which was printed with page four. An exception to this approach was shown by the *Leeds Intelligencer* 1822 and the *Salisbury and Winchester Journal* in 1807 and 1822 which had a more even distribution of advertisements between the pages, but still with a preference for the bottom of a column. Some printers, though apparently not John Wilkes at the *Hampshire Chronicle*, may have gone

[554] *LI*, 10 March 1794.
[555] *ABG*, 17 February 1794
[556] *SWJ*, 13 January 1794.

further and inserted medicine advertisements without payment to fill up otherwise unused space; or they may ignored the intended timing of pre-ordered advertisements. Probably both these manoeuvres occurred at times, though evidence for either is missing.

Details of the content of the newspaper advertisements will be discussed in the next chapter. We have seen in this section that much of the newspaper advertising was organised across the country, with a high degree of control by the wholesalers. They directly or indirectly paid for many of the advertisements, they provided much of the text, and they could directly control the insertion of the advertisements if they wished. The *Hampshire Chronicle* accounts suggest that the financial arrangements were normally tightly controlled, with each insertion being charged to a wholesaler or local retailer. Nevertheless, some decisions about insertions were made by the newspaper printer, probably within a framework of less specific instructions from the wholesaler or a local retailer.

5.5 Finances of Medicine Advertising

It is agreed that a good advertising revenue was essential for the finances of Georgian newspapers, and the income derived from advertising patent medicines was a significant part of it.[557] However, these conclusions have been based on the number of advertisements, not their revenue, and detailed information on the contribution of medicine advertisements to the finances of a provincial newspaper has not been reported. The surviving accounts of the *Hampshire Chronicle* do allow a precise calculation of both the total advertising revenue and the revenue from medicine advertising, together with their relative contribution to the income of the newspaper. So for the first time we can see the degree of importance of the medicine advertisements to the economics of a provincial newspaper. The revenue from advertisements for patent medicines was a significant part of the total income of the newspaper, but not necessarily the key to survival.

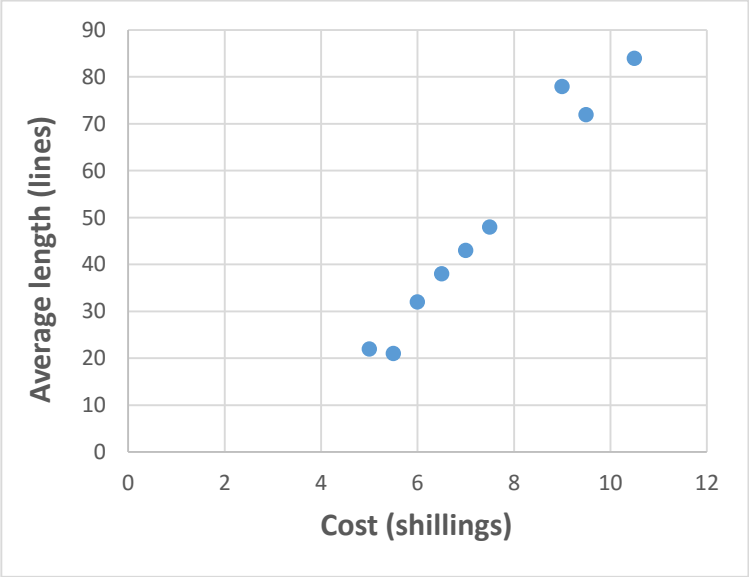
The cost for each insertion of a medicine advertisement in this newspaper was commonly five to eight shillings during 1781, including the 2s 6d excise duty; but large advertisements could be charged at up to fifteen shillings. The cost of each advertisement was directly related to its length (Fig. 5.16). Writing in 1776 when the excise duty per advertisement was six pence less at two shillings, Francis Spilsbury described the typical cost

[557] P. S. Brown, 'Venders of Medicines', 353; Barker, 384; John Jefferson Looney, *Advertising and Society in England, 1720-1820: A Statistical Analysis of Yorkshire Newspaper Advertisements* (University Microfilms International, 1984), 78; C. Y. Ferdinand, 'Selling It to the Provinces: News and Commerce Round Eighteenth-Century Salisbury', in *Consumption and the World of Goods*, 393-411 (399); Geoffrey Alan Cranfield, *The Press and Society: From Caxton to Northcliffe* (London: Longman, 1978), 184.

of a single medicine advertisement as four or six shillings.[558] So we can regard the charges by the *Chronicle* as being in line with other newspapers of the time. He also wrote that it cost a minimum of £800-900 a year to advertise a medicine all over England.[559] He spent £5 8s 6d on advertising in this newspaper during 1781, Francis Newbery spent £7 15s 6d on advertisements for several medicines, and John Breadhower and the Wrays between them (see above) spent £9 13s 6d on Hickman's Pills. It has been estimated that there were about fifty provincial newspapers in England at this time.[560] So Spilsbury's estimate of a *minimum* cost was probably excessive, but these figures from the *Chronicle* suggest that spending several hundreds of pounds a year on advertising a single medicine across the country would not be unusual.

A particular virtue of the accounting records of the *Hampshire Chronicle* is that the combination of the weekly *advertising* accounts and the marked up copies of the newspaper provide a complete indication of the payment for an advertisement, even when it has been concealed in the editorial matter. However, the marked copies only run to the end of 1781. So the calendar year of 1781 was selected for a detailed analysis of the advertising revenue from medicines. This period also has the benefit of containing one of the six months used in the thesis for the analysis of the studied newspapers. Looking at the *general* accounts, the

Figure 5.16. *Average length of advertisements for each cost in the Hampshire Chronicle during 1781. The cost included a 2s 6d advertisement excise duty.*



[558] Spilsbury, *Free Thoughts on Quacks*, xxxiii.
[559] Ibid., xxxiii.
[560] Ferdinand, 'Newspapers', 434.

total income and expenditure are summarised for each six monthly accounting period from 1778 to 1783, the whole period of ownership by this group of partners. But the detailed weekly records of income and expenditure, which provide a breakdown of the origins of the income, only start in September 1781. So the analysis of the contribution of all advertising to the paper's income is from September 1781 to September 1782. Thus the two twelve-month periods for analysis overlap, but are not identical.

The income of the newspaper came from sales of the newspaper and from advertising revenue. Using the twelve months of general accounts from September 1781, the net income from sales can be determined by subtracting the stamp duty of 1½d per copy and the value of the returned copies from the gross sales. This net income was £359 3s 5d. A similar calculation can be made, from the same general accounts, for the net advertising revenue by subtracting the excise duty of 2s 6d on each advertisement from the gross revenue. The net advertising income was £348 1s 10d. So the sales revenue and the advertising revenue were equally important to the newspaper's income in that twelve-month period.

The contribution of the medicine advertisements to the overall advertising revenue was calculated for the calendar year 1781 from the advertising accounts. The paper carried 1,754 advertisements during the year, of which 277 were medicine advertisements. So 16 per cent of the advertisements were for medicines. However, the financial contribution of the medicine advertisements was somewhat higher as they were longer, and so generated more revenue, than the general run of advertisements. The total net income (gross income minus excise duty) of all the advertisements during the calendar year was £311 13s 7d. The medicine advertisements provided £58 4s 6d of this, that is 19 per cent of the advertising revenue. In addition, the newspaper printed advertisements for medical books, treatments for animals, and the availability of medical practitioners, but this calculation is confined to those for medicines.

So about a tenth of the total revenue of the *Hampshire Chronicle* during 1781-82 was generated from advertisements for patent medicines. Are these findings in the accounts applicable to other newspapers? The accounts of any two newspapers will never be exactly the same, but the finances of the *Chronicle* seem to be broadly in line with those suggested for other late Georgian provincial newspapers.[561] One important feature of this paper, which contrasts with many of the other newspapers which have been mentioned in this thesis, was that it was losing money. All the completed six month accounting periods between 1778 and 1783 recorded a loss, and the partners had to put £935 into the paper over this period. Around 1,100 copies of the *Chronicle* were printed each week and about 90-100 returned, so the sales

[561] Ferdinand felt that the *Chronicle* was representative of county newspapers of the time, but she was mainly concerned with the management arrangements (Ferdinand, *Distribution Networks*, 133).

were lower than some successful newspapers, but the circulation was comparable to that of others, such as the longstanding *Reading Mercury*, and enough for viability.[562] As we saw in the previous section, the medicine advertisements themselves were similar to those in the studied newspapers. Overall, the *Chronicle* does not seem to be wildly different from other newspapers of its time. Its financial problems can be attributed to an overall shortage of advertising: successful provincial newspapers often published more advertisements per year than the 1,754 in the *Chronicle*. In 1784, the *York Courant* printed 4,397 advertisements in the year and the *Leeds Intelligencer* printed 2,816, while the *Salisbury Journal* included over 3,300 in 1770.[563]

The importance to the newspaper of the revenue from medicine advertising would obviously vary with the newspaper's financial circumstances. Although the medicine advertising provided a tenth of the *Chronicle's* income, it would not have been decisive for the newspaper's future. Even if the revenue from the patent medicines had tripled, the partners would still have been out of pocket. For some newspapers on the margin such income might have been crucial in turning a loss into a profit, but, for most, the revenue from all the advertising would have been more important. The additional income the printer derived from the sale of the patent medicines may also have had a substantial impact on the viability of the provincial press, but no details are available. In this case, we have no information on the profitability of the separate medicines business run by John Wilkes, the printer of the *Chronicle*. Regardless of the effects on newspaper viability, the revenue from medicine advertising would still have a substantial influence on newspaper *profits*. As there were few marginal costs of inserting extra advertisements for patent medicines apart from the excise duty, any increase in their net revenue would feed directly through into the rewards for the newspaper owners

5.6 Publicising Patent Medicines Outside Newspaper Advertisements

So far my discussion on the publicising of patent medicines has concentrated on advertisements in provincial newspapers. Regardless of any successes from these advertisements, wholesalers and retailers could grasp other opportunities to get the virtues of their medicines better known. Word of mouth and other oral techniques of publicity are largely unknowable to the twenty-first century historian, but other methods which have left artefacts, particularly the printed word, will be explored in this section. The range of these

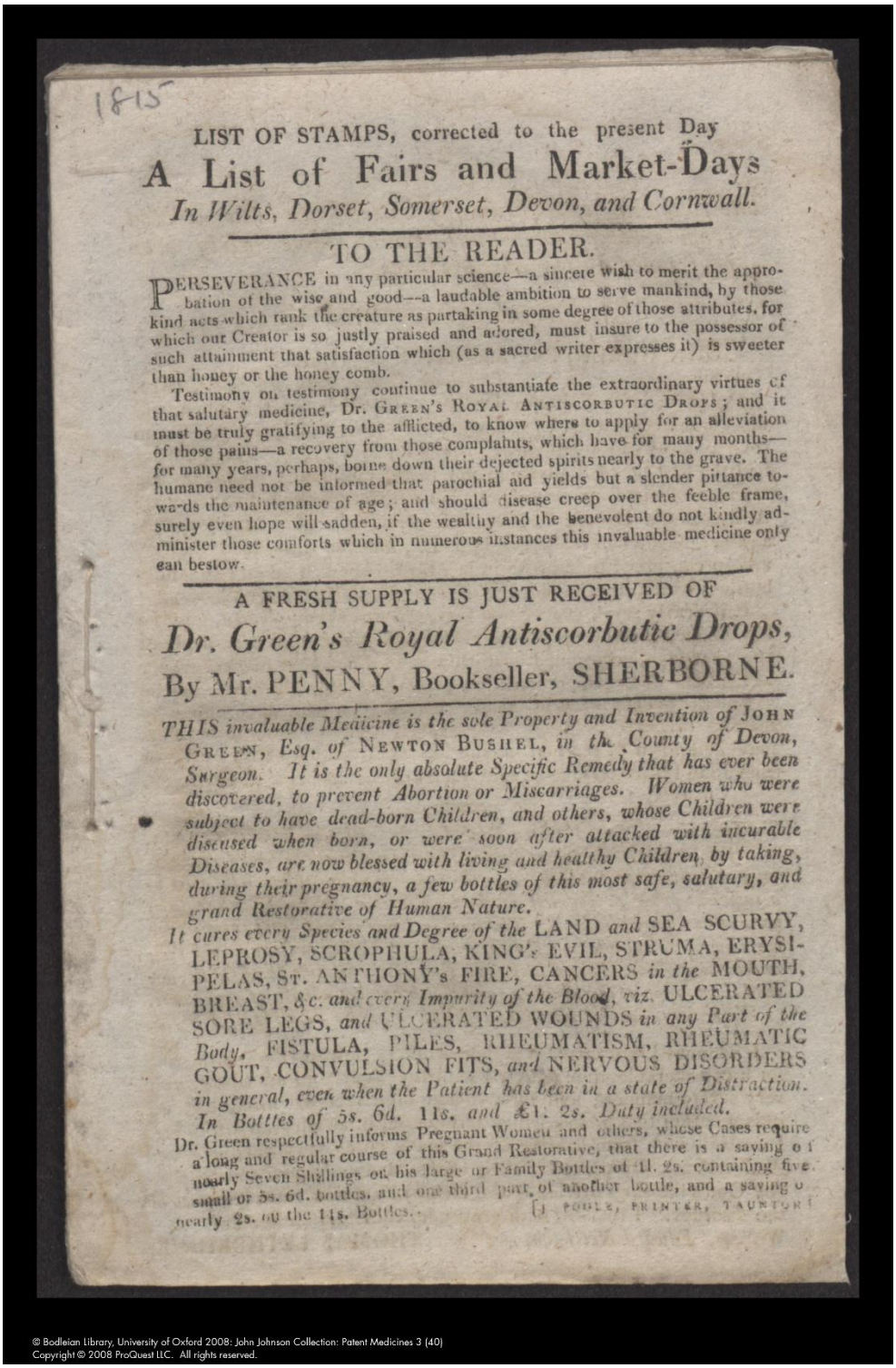
[562] Ferdinand, *Distribution Networks*, 134.
[563] Looney, 25; Ferdinand, *Selling*, 398.

techniques is not only relevant to studying patent medicines, but also provides a glimpse of the sale of goods in general in Georgian England.

Shouting in a public place, such as a street or market, or more formal speeches may have been a common point-of-sale advertising technique, though, as we have seen, the travelling mountebank was becoming rare in this period. However, we do not have a surviving account of these oral techniques. Much more is available from their written equivalent, the printed bills. Exactly how a particular printed bill was used is rarely clear, but they were designed to be either given out to be read by customers and others, or to be fixed to the wall in indoor or outdoor public spaces. A large collection of bills has been assembled in the John Johnson collection at the Bodleian Library, Oxford, and other examples can be found in many archives and libraries. They were printed to provide the maximum amount of information in the available space, not to create a visual impact from a distance (Figs. 5.17 & 5.18). Some could be headed by a symbol, such as a royal crest for those medicines which had been granted a patent, but most of the rest of these bills was dense text, designed to be read carefully and running up to thirty-two pages in length. Illustrations were rare and large, multiface, type, which was popular in bills later in the nineteenth century, was used sparingly. Like the newspaper advertisements, the primary aim was to provide the consumer with information and to support him or her in coming to a decision, not to grab attention or to provoke an emotional reaction. The taking of a patent medicine was a matter for negotiation: the retailer provided the information and the consumer came to a decision, taking time if necessary and receiving advice from relatives, friends and the writers of testimonials.

The bills contained the same type of information as the newspaper advertisements, that is a variable amount of description of the medicine's indications, advantages and mode of use, together with its price and availability. However, the much greater number of words printed in the bills resulted in the provision of a great deal more detail. Testimonials could cascade through the multiple pages, detailed instructions could be provided, or long lists of retailers could be printed at the end. Even the one page bill shown in Figure 5.18 contained more information than the longest of newspaper advertisements. So we should not think of these bills as flimsy, local, substitutes for the newspaper advertisements: on the contrary, they were probably the main source of the detailed information which many consumers would have required to make the important decision on which medicine to purchase, and how to use it subsequently. The newspaper advertisements can be regarded as the summaries of the printed bills, prepared for the wider dissemination of information in the weekly press.

Figure 5.17. *First page of a 32-page bill from 1811 printed in Taunton for a Sherborne bookseller (JJC*, Patent Medicines 3 (40)). *Except for half the last page and the heading, all the bill is devoted to testimonials and other publicity for Dr Green's Antiscorbutic Drops, a regionally distributed medicine made in Devon.*



1815

LIST OF STAMPS, corrected to the present Day

A List of Fairs and Market-Days

In Wilts, Dorset, Somerset, Devon, and Cornwall.

TO THE READER.

PERSEVERANCE in any particular science—a sincere wish to merit the approbation of the wise and good—a laudable ambition to serve mankind, by those kind acts which rank the creature as partaking in some degree of those attributes, for which our Creator is so justly praised and adored, must insure to the possessor of such attainment that satisfaction which (as a sacred writer expresses it) is sweeter than honey or the honey comb.

Testimony on testimony continue to substantiate the extraordinary virtues of that salutary medicine, Dr. GREEN'S ROYAL ANTISCORBUTIC DROPS; and it must be truly gratifying to the afflicted, to know where to apply for an alleviation of those pains—a recovery from those complaints, which have for many months—for many years, perhaps, borne down their dejected spirits nearly to the grave. The humane need not be informed that parochial aid yields but a slender pittance towards the maintenance of age; and should disease creep over the feeble frame, surely even hope will sadden, if the wealthy and the benevolent do not kindly administer those comforts which in numerous instances this invaluable medicine only can bestow.

A FRESH SUPPLY IS JUST RECEIVED OF

Dr. Green's Royal Antiscorbutic Drops,

By Mr. PENNY, Bookseller, SHERBORNE.

THIS invaluable Medicine is the sole Property and Invention of JOHN GREEN, *Esq. of* NEWTON BUSHEL, *in the County of Devon, Surgeon. It is the only absolute Specific Remedy that has ever been discovered, to prevent Abortion or Miscarriages. Women who were subject to have dead-born Children, and others, whose Children were diseased when born, or were soon after attacked with incurable Diseases, are now blessed with living and healthy Children, by taking, during their pregnancy, a few bottles of this most safe, salutary, and grand Restorative of Human Nature.*

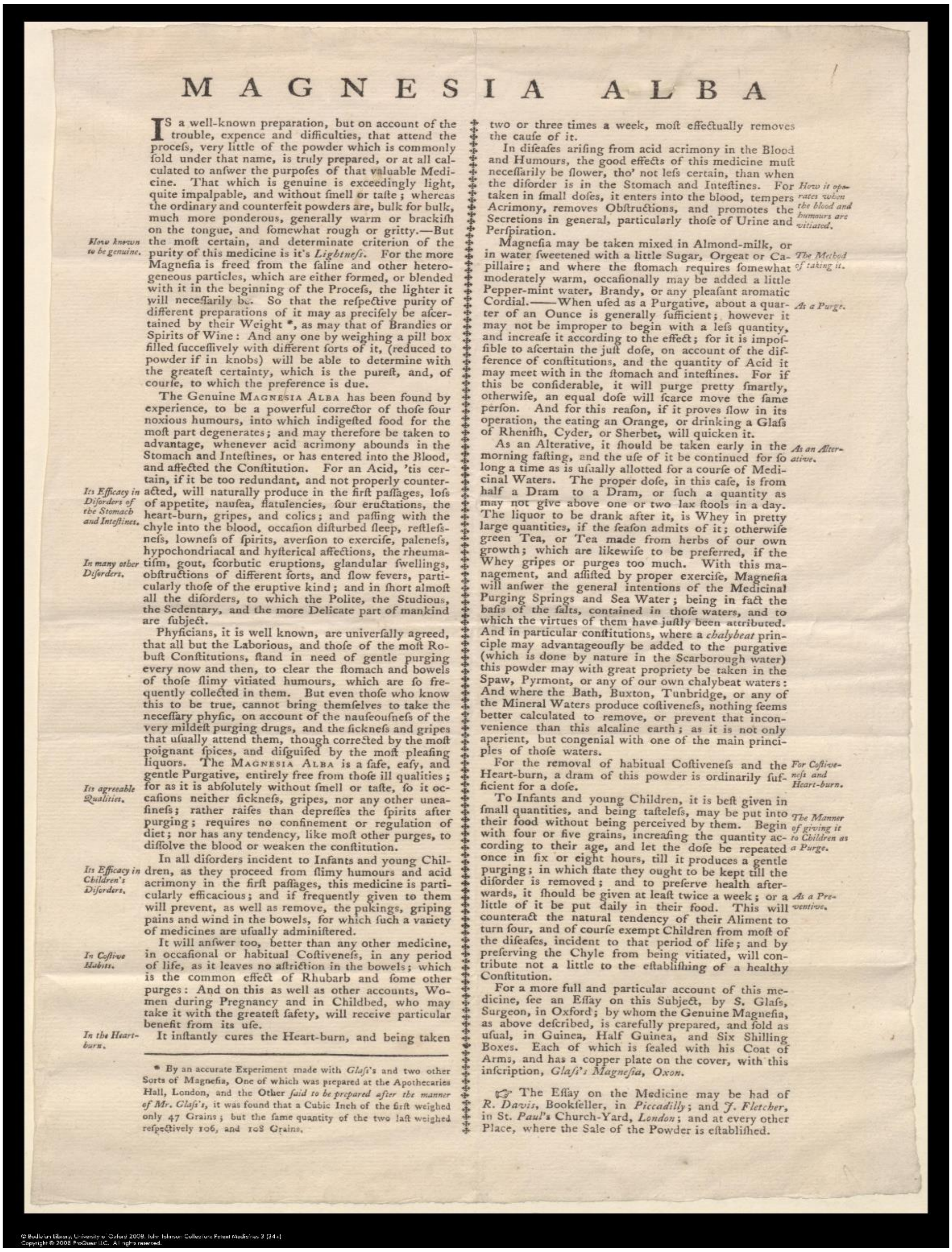
It cures every Species and Degree of the LAND *and* SEA SCURVY, LEPROSY, SCROPHULA, KING'S EVIL, STRUMA, ERYSIPELAS, ST. ANTHONY'S FIRE, CANCERS *in the* MOUTH, BREAST, *&c. and every Impurity of the Blood, viz.* ULCERATED SORE LEGS, *and* ULCERATED WOUNDS *in any Part of the Body,* FISTULA, PILES, RHEUMATISM, RHEUMATIC GOUT, CONVULSION FITS, *and* NERVOUS DISORDERS *in general, even when the Patient has been in a state of Distraction.*

In Bottles of 5*s.* 6*d.* 11*s.* *and* £1. 2*s. Duty included.*

Dr. Green respectfully informs Pregnant Women and others, whose Cases require a long and regular course of this Grand Restorative, that there is a saving of nearly Seven Shillings on his large or Family Bottles of 1l. 2s. containing five small or 5s. 6d. bottles, and one third part of another bottle, and a saving of nearly 2s. on the 11s. Bottles.

[J. POOLE, PRINTER, TAUNTON]

Figure 5.18. *Single sheet bill from c.1764 for Glass's Magnesia (Section 3.5A), probably intended for fixing to a wall. It demonstrates the large amount of information communicated on even a single page.* ***(****JJC, Patent Medicines 3 (34))*



MAGNESIA ALBA

IS a well-known preparation, but on account of the trouble, expence and difficulties, that attend the proceſs, very little of the powder which is commonly ſold under that name, is truly prepared, or at all calculated to anſwer the purpoſes of that valuable Medicine. That which is genuine is exceedingly light, quite impalpable, and without ſmell or taſte; whereas the ordinary and counterfeit powders are, bulk for bulk, much more ponderous, generally warm or brackiſh on the tongue, and ſomewhat rough or gritty.—But the moſt certain, and determinate criterion of the purity of this medicine is it's *Lightneſs*. For the more Magneſia is freed from the ſaline and other heterogeneous particles, which are either formed, or blended with it in the beginning of the Proceſs, the lighter it will neceſſarily be. So that the reſpective purity of different preparations of it may as preciſely be aſcertained by their Weight *, as may that of Brandies or Spirits of Wine: And any one by weighing a pill box filled ſucceſſively with different ſorts of it, (reduced to powder if in knobs) will be able to determine with the greateſt certainty, which is the pureſt, and, of courſe, to which the preference is due.

How known to be genuine.

The Genuine MAGNESIA ALBA has been found by experience, to be a powerful corrector of thoſe four noxious humours, into which indigeſted food for the moſt part degenerates; and may therefore be taken to advantage, whenever acid acrimony abounds in the Stomach and Inteſtines, or has entered into the Blood, and affected the Conſtitution. For an Acid, 'tis certain, if it be too redundant, and not properly counteracted, will naturally produce in the firſt paſſages, loſs of appetite, nauſea, flatulencies, ſour eructations, the heart-burn, gripes, and colics; and paſſing with the chyle into the blood, occaſion diſturbed ſleep, reſtleſsneſs, lowneſs of ſpirits, averſion to exerciſe, paleneſs, hypochondriacal and hyſterical affections, the rheumatiſm, gout, ſcorbutic eruptions, glandular ſwellings, obſtructions of different ſorts, and ſlow fevers, particularly thoſe of the eruptive kind; and in ſhort almoſt all the diſorders, to which the Polite, the Studious, the Sedentary, and the more Delicate part of mankind are ſubject.

Its Efficacy in Diſorders of the Stomach and Inteſtines.

In many other Diſorders.

Phyſicians, it is well known, are univerſally agreed, that all but the Laborious, and thoſe of the moſt Robuſt Conſtitutions, ſtand in need of gentle purging every now and then, to clear the ſtomach and bowels of thoſe ſlimy vitiated humours, which are ſo frequently collected in them. But even thoſe who know this to be true, cannot bring themſelves to take the neceſſary phyſic, on account of the nauſeouſneſs of the very mildeſt purging drugs, and the ſickneſs and gripes that uſually attend them, though corrected by the moſt poignant ſpices, and diſguiſed by the moſt pleaſing liquors. The MAGNESIA ALBA is a ſafe, eaſy, and gentle Purgative, entirely free from thoſe ill qualities; for as it is abſolutely without ſmell or taſte, ſo it occaſions neither ſickneſs, gripes, nor any other uneaſineſs; rather raiſes than depreſſes the ſpirits after purging; requires no confinement or regulation of diet; nor has any tendency, like moſt other purges, to diſſolve the blood or weaken the conſtitution.

Its agreeable Qualities.

In all diſorders incident to Infants and young Children, as they proceed from ſlimy humours and acid acrimony in the firſt paſſages, this medicine is particularly efficacious; and if frequently given to them will prevent, as well as remove, the pukings, griping pains and wind in the bowels, for which ſuch a variety of medicines are uſually adminiſtered.

Its Efficacy in Children's Diſorders.

It will anſwer too, better than any other medicine, in occaſional or habitual Coſtiveneſs, in any period of life, as it leaves no aſtriction in the bowels; which is the common effect of Rhubarb and ſome other purges: And on this as well as other accounts, Women during Pregnancy and in Childbed, who may take it with the greateſt ſafety, will receive particular benefit from its uſe.

In Coſtive Habits.

It inſtantly cures the Heart-burn, and being taken two or three times a week, moſt effectually removes the cauſe of it.

In the Heart-burn.

In diſeaſes ariſing from acid acrimony in the Blood and Humours, the good effects of this medicine muſt neceſſarily be ſlower, tho' not leſs certain, than when the diſorder is in the Stomach and Inteſtines. For taken in ſmall doſes, it enters into the blood, tempers Acrimony, removes Obſtructions, and promotes the Secretions in general, particularly thoſe of Urine and Perſpiration.

How it operates when the blood and humours are vitiated.

Magneſia may be taken mixed in Almond-milk, or in water ſweetened with a little Sugar, Orgeat or Capillaire; and where the ſtomach requires ſomewhat moderately warm, occaſionally may be added a little Pepper-mint water, Brandy, or any pleaſant aromatic Cordial.——When uſed as a Purgative, about a quarter of an Ounce is generally ſufficient; however it may not be improper to begin with a leſs quantity, and increaſe it according to the effect; for it is impoſſible to aſcertain the juſt doſe, on account of the difference of conſtitutions, and the quantity of Acid it may meet with in the ſtomach and inteſtines. For if this be conſiderable, it will purge pretty ſmartly, otherwiſe, an equal doſe will ſcarce move the ſame perſon. And for this reaſon, if it proves ſlow in its operation, the eating an Orange, or drinking a Glaſs of Rheniſh, Cyder, or Sherbet, will quicken it.

The Method of taking it.

As a Purge.

As an Alterative, it ſhould be taken early in the morning faſting, and the uſe of it be continued for ſo long a time as is uſually allotted for a courſe of Medicinal Waters. The proper doſe, in this caſe, is from half a Dram to a Dram, or ſuch a quantity as may not give above one or two lax ſtools in a day. The liquor to be drank after it, is Whey in pretty large quantities, if the ſeaſon admits of it; otherwiſe green Tea, or Tea made from herbs of our own growth; which are likewiſe to be preferred, if the Whey gripes or purges too much. With this management, and aſſiſted by proper exerciſe, Magneſia will anſwer the general intentions of the Medicinal Purging Springs and Sea Water; being in fact the baſis of the ſalts, contained in thoſe waters, and to which the virtues of them have juſtly been attributed. And in particular conſtitutions, where a *chalybeat* principle may advantageouſly be added to the purgative (which is done by nature in the Scarborough water) this powder may with great propriety be taken in the Spaw, Pyrmont, or any of our own chalybeat waters: And where the Bath, Buxton, Tunbridge, or any of the Mineral Waters produce coſtiveneſs, nothing ſeems better calculated to remove, or prevent that inconvenience than this alcaline earth; as it is not only aperient, but congenial with one of the main principles of thoſe waters.

As an Alterative.

For the removal of habitual Coſtiveneſs and the Heart-burn, a dram of this powder is ordinarily ſufficient for a doſe.

For Coſtiveneſs and Heart-burn.

To Infants and young Children, it is beſt given in ſmall quantities, and being taſteleſs, may be put into their food without being perceived by them. Begin with four or five grains, increaſing the quantity according to their age, and let the doſe be repeated once in ſix or eight hours, till it produces a gentle purging; in which ſtate they ought to be kept till the diſorder is removed; and to preſerve health afterwards, it ſhould be given at leaſt twice a week; or a little of it be put daily in their food. This will counteract the natural tendency of their Aliment to turn ſour, and of courſe exempt Children from moſt of the diſeaſes, incident to that period of life; and by preſerving the Chyle from being vitiated, will contribute not a little to the eſtabliſhing of a healthy Conſtitution.

The Manner of giving it to Children as a Purge.

As a Preventive.

For a more full and particular account of this medicine, ſee an Eſſay on this Subject, by S. Glaſs, Surgeon, in Oxford; by whom the Genuine Magneſia, as above deſcribed, is carefully prepared, and ſold as uſual, in Guinea, Half Guinea, and Six Shilling Boxes. Each of which is ſealed with his Coat of Arms, and has a copper plate on the cover, with this inſcription, *Glaſs's Magneſia, Oxon.*

☞ The Eſſay on the Medicine may be had of *R. Davis*, Bookſeller, in *Piccadilly*; and *J. Fletcher*, in St. *Paul's* Church-Yard, *London*; and at every other Place, where the Sale of the Powder is eſtabliſhed.

* By an accurate Experiment made with *Glaſs*'s and two other Sorts of Magneſia, One of which was prepared at the Apothecaries Hall, London, and the Other *ſaid to be prepared after the manner of Mr. Glaſs's*, it was found that a Cubic Inch of the firſt weighed only 47 Grains; but the ſame quantity of the two laſt weighed reſpectively 106, and 108 Grains.

How were the bills used? Precise information on this topic is sparse and unfortunately we rarely know the origin of surviving copies. Fixing them to the wall in public spaces was common, and the bill shown in Figure 5.18 was probably used in this way. Posting bills for medicines on walls was depicted by Hogarth in several prints from a slightly earlier era.[564] In late Georgian England, their extensive use could offend critics of patent medicines: 'The disgusting practice of having one's hands and eyes polluted in every corner of a street with the abominable bills and placards of quacking vermin, is past endurance, and loudly calls for suppression.'[565] An anonymous 1806 letter to the *Medical and Physical Journal* was more specific on the posting of medicine bills. The author, Veritas, opposed the medical reform which Edward Harrison was advocating (Appendix 1B). First, Veritas commented on the inability of the College of Physicians to regulate medicine even in London, and he described the patent medicine bills on the walls:

> …. the inhabitants of London will bear testimony to the liberality of those gentlemen who so amply supply him with recommendatory papers in every alley about the 'Change; the walls of which buildings are ornamented with the portraits of many such illustrious personages as Drs Brodum, Sibly exc. who equally smile at the handbill of the College of Physicians and the circulating enquires of Dr Harrison.[566]

Veritas then went on to comment on a bill from Lincoln, which described an institution for mental patients part-owned by Harrison: this threatened Harrison's regular status (Section 1.3A):

> I cannot be equally tolerant on the subject of the handbill, which was obtained by me from the White Hart Inn, Lincoln, where it adorned the walls in the same manner that Dr Solomon is seen to figure in the stationers' shops.[567]

Many walls, both inside and out, seem to have been festooned with bills for patent medicines, but how systematic this was and who did the festooning remain unclear.

Details on the utilisation of the handbills made available for the customers, and perhaps for the shopkeepers themselves, are also sparse. The significant number of surviving copies suggests a widespread use, and we also know that they were printed in large runs. For example, between July and September 1796, Newsom, a Leeds druggist, ordered the printing of five hundred bills for Bateman's Drops, four hundred bills for the Samaritan Balsam of

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[564] Wagner, 205-08.
[565] *Deadly Adulteration*, 154.
[566] *MPJ*, 16, (1806), 351. The ''Change' was the Royal Exchange. Sibly was an irregular physician and astrologer. Portraits on surviving handbills are rare and the concept may have been included to allow these two famous irregular medicine owners to smile metaphorically at the College. The College handbill was probably its proposals for medical reform.
[567] *MPJ*, 16, (1806), 352.

Life, and 'three reams of Daffy's Bills' from Thomas Gill in Leeds.[568] In the same town four months later, another druggist asked Gill to print four reams of Daffy's Elixir handbills. So bills appear to have been widely available. Whether they were intended to be given out at the point of sale to interested customers, or circulated freely elsewhere to drum up enthusiasm is unclear; but both practices were likely.

Patent medicines could also be promoted by less conventional methods than printed bills or advertising in newspapers, almanacs and books. Puffs in newspaper editorial matter and in books were common: the Introduction finished with an example from John Newbery. Macklin, the Southampton proprietor of Le Coeur's Imperial Oil, paid six shillings on each occasion to have a thirty-six line promotion of his medicine inserted nine times into the editorial matter of the *Hampshire Chronicle* during 1781.[569] A more inventive method was the distribution of imitation half pennies stamped with information about a medicine, and a small collection of them has been preserved at the Thackray Medical Museum, Leeds. Figure 5.19 shows one promoting the worm lozenges which were patented in 1796 by John Ching, a Cornish apothecary who became a major medicine wholesaler in London (Section 4.2B). On the obverse are the words 'the best medicine in the world', accompanied by a portrait, perhaps of Ching, and on the reverse the words 'by every principal medicine vender in the kingdom'

Figure 5.19. *Ching's imitation half-penny, from around 1800, advertising his patent worm lozenges (courtesy of the Thackray Medical Museum).*

[568] LTS, Printer's Account Book, MS IV/2. A ream was a somewhat variable quantity, but was probably 480 copies here.
[569] NA, E 140/90.

surround the royal crest. Georgian England was plagued with a chronic shortage of copper coins:[570] Lord Liverpool remarked in 1805 that many manufacturers had to pay their workers with similar tokens.[571] So these tokens could have been used as currency, and even if they were not, they would be picked up and looked at when found on the ground.

So several methods of promotion were employed to encourage the sale of patent medicines, but they seem to have two principles in common. First, the consumer could, and perhaps should, be provided with the same information repeatedly. The advertisers were willing to pay for the same advertisement to be printed frequently in a newspaper, sometimes every week, and the druggists arranged for the printing of many hundreds of copies of a bill. The newspaper advertisements were altered from time to time, but this could be only a different testimonial, not a fundamental change. With a few exceptions, a wide range of different advertisements for a particular medicine was not attempted, and reiteration was the aim of many advertisers. Second, the bills and newspaper advertisements detailed as much information as possible in the available space, mostly avoiding large typefaces or anything to create a visual impact. Consumers were to be persuaded by facts and reason, not by eye-catching headlines, pictures, punchy phrases or other methods of obtaining an immediate reaction. We can see these techniques as part of a negotiating process which might be lengthy. Consumers might have expected to see the same information several times, interspersed with the opinions of friends and relatives, and culminating in a trial of the therapy. So a medicine might seem familiar even before any of it had been taken. As we shall see in the next chapter, several testimonials describe this type of process. The important decision on whether to take a patent medicine had to be based on sufficient information; but an excessive quantity of ephemeral evidence, or an encouragement to make snap judgements, might have been counter-productive.

5.7 Printers and Booksellers as Irregular Medical Practitioners?

The extensive involvement of newspaper printers and booksellers in the sale of patent medicines raises the question as to whether they should be regarded as irregular medical practitioners. This is a difficult question to answer in an era when medical knowledge was not confined to those who had received formal or informal medical training. As we saw in Chapter 1, some understanding of medicine was part of a good education, and the lady of the house was expected to know recipes for medicines as well as recipes for food. Lower down

[570] Black, 76.
[571] Daunton, 426.

the social scale, domestically prepared remedies were a large part of healthcare and the popularity of the medical advice in John Wesley's *Primitive Physic* made the book a bestseller for half a century. So a degree of medical knowledge, or at least easy access to it, was universal. So the questions need to be more precise. Did these members of the print trades use knowledge not generally available in the community to advise consumers on their health problems? Did any such advice extend beyond the use of particular patent medicines to other forms of therapy?

The information does not exist to answer these questions directly. The indirect evidence suggests that at least some of the provincial booksellers and printers possessed specialist medical knowledge which they passed on to the consumers. However, this knowledge was probably confined to the products they were selling, and there is no good evidence that they extended their advice to a wider range of therapies or provided other forms of treatment. So these members of the print trades could be well-informed to promote and advise on their patent medicines, but, as they did not stray into other forms of medical advice, we should not regard them as irregular medical practitioners.

One strand of the indirect evidence is that several booksellers and printers ran large stocks of patent medicines, often with several different medicines available for the same condition. So they probably needed to give advice as to which would suit a particular customer. As we saw earlier in the chapter, Pearson and Rollason, the printers of *Aris's Birmingham Gazette* had a stock of 161 medicines, in addition to preparations for other purposes, in the early 1780s, and it is likely they provided advice to a consumer when he or she was faced with this extensive choice. Indeed, in Section 5.2, I described the Rev. Greene's account from 1778 of getting advice from Rollason himself on the best rat poison, and Rollason probably would not have confined his recommendations to non-medical products. The major medicine-vending printers and booksellers usually had rather smaller stocks according to the newspaper advertisements; but they still had at least 25-50 medicines available, perhaps more. Amongst this number of medicines, there were several for a single condition. For example, when John Baines advertised thirty-two medicines available from his newly opened stationery and patent medicines business in 1807, four of them were primarily indicated for venereal disease.[572] Booksellers such as John Baines would probably have offered advice on which medicine to take, particularly when more than one was available in the shop for a specific condition.

[572] *LI*, 9 March 1807. The four medicines for venereal disease were Lignum's Pills, Walker's Jesuits' Drops, Freeman's Gutta Salutaris and Leake's Pills.

Another type of indirect evidence for some specialist knowledge amongst the booksellers and printers is the family links with regular medical practitioners, which suggest an interest in medicine and the possibility of good access to medical knowledge if required. The studied newspapers provide two examples. Thomas Pearson owned and printed *Aris's Birmingham Gazette* from 1780 to 1802, and had an extensive interest in patent medicines as already described. His younger brother, Richard, was a well-known physician in Birmingham and London with an interest in therapeutics, succeeding William Withering on the staff of Birmingham General Hospital, and becoming in 1825 the first lecturer in materia medica and medical botany at the new Birmingham Medical School.[573] In a similar fashion, William Bird Brodie, a grandson of Benjamin Collins, was part owner of the *Salisbury and Winchester Journal* for forty years from 1808 and was able to supply at least seventy-two patent medicines in the first half of 1822 according to the advertisements in his paper.[574] His younger brother was Benjamin Collins Brodie who was already a distinguished London surgeon in 1822 and was later to be President of both the Royal College of Surgeons and the Royal Society, receiving a baronetcy in 1834.[575] Both these younger brothers would have been able to provide advice on medical therapy and perhaps could have suggested other medical contacts when required. A rather different medical link involved John Heaton, the prominent Leeds bookseller and medicine vendor. He apprenticed his son, John Deakin Heaton, to a local surgeon at the age of sixteen, perhaps reflecting an interest in medicine.[576] His son later became a well-known Leeds physician.

In addition, apprenticeships and the retention of a newspaper business within the family meant that knowledge in both the techniques of medicine selling and the medicines themselves could be passed down the generations. Both the *Leeds Intelligencer* and the *Salisbury and Winchester Journal* were owned by three generations of the same family, the Wrights in Leeds and the Collins/Brodie family in Salisbury. Apprenticeships link another four of the prominent medicine sellers in the Leeds area. Nathaniel Binns was a successful bookseller and medicine vendor in Halifax in the mid-eighteenth century. His son, John, was apprenticed to both his father and a London bookseller, and then came to Leeds in the mid-1760s.[577] He became a prominent bookseller, printer of the *Leeds Mercury* and a medicine vendor. One of his apprentices was John Heaton, mentioned at several points in this chapter, who became

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[573] Jonathan Reinarz, *Health Care in Birmingham: The Birmingham Teaching Hospitals 1779-1939* (Woodbridge, Suffolk: Boydell Press, 2009), 47.
[574] Mrs Herbert Richardson, 'The Salisbury and Winchester Journal (1729 - Present Day)', *Wiltshire Archaeological and Natural History Magazine*, 41 (1920), 53-69, (64).
[575] *ODNB*, s.v. Sir Benjamin Collins Brodie.
[576] Reid, 71.
[577] James Raven, *Judging New Wealth: Popular Publishing and Responses to Commerce in England, 1750-1800* (Oxford: Clarendon Press, 1992), 114.

Binns's shop manager before setting up on his own, and another was Edward Baines who, as we have seen, bought the *Mercury* from Binn's widow and George Brown.[578] So John Binns, John Heaton and Edward Baines would all have gained experience and knowledge in medicine vending, and probably the medicines themselves, during their apprenticeships.

So far, the evidence presented has shown that the larger vendors had a potential need and an opportunity to learn more about their medicines, but it has not demonstrated that they actually provided medical advice. A suggestion that they did so can be found in the advertisement testimonials which sometimes describe the circumstances which induced the beneficiary to take the medicine. Barker has concluded that the members of print trades who sold medicines were trusted for their standing in the community, not for their medical expertise.[579] However the testimonials suggest that a degree of knowledge about a medicine and its indications could enhance this trust. Of course, testimonials may not have been truthful and many of the stories were probably exaggerated. Nevertheless, the core of the story in the testimonial was probably correct, particularly, as we shall see in the next chapter, many derived from an identifiable person. Even if a testimonial was entirely fabricated, it still had to present a plausible account, and so it should indicate how the medicine vendors often behaved.

The testimonials can show booksellers and printers using their experience on the efficacy of treatment to make recommendations: this indicates medical knowledge, albeit not acquired from an orthodox source. For example, a Liverpool bookseller demonstrated the advantage of experience when he reported that he had sold 150 doses of a medicine for the bite of a mad dog with no known failures.[580] Booksellers and printers could give direct advice on the best therapy. Sutton, a Nottingham bookseller and printer, provided a testimonial for Elliott's Restorative Tincture which described how he had recommended the medicine for one of his workmen who was dangerously ill with cough and asthma: 'Knowing that your tincture had been useful in similar complaints, I gave him a bottle, and prevailed upon him to make a trial of it.'[581] A former editor of the *Carlisle Journal* described how the subject of the testimonial 'exhibited every symptom of a person in the last stage of consumption', and this ex-editor 'prevailed upon him at length to make a trial of your Cordial Balm of Gilead.[582] In a widely-used testimonial for Hickman's Pills, John Bent, a Barnsley bookseller and medicine vendor, described how he had been suffering from abdominal pain which had been

[578] Reid, 30-32; Thornton, 'Biographical Study', 51.
[579] Barker, 397.
[580] *LM*, Ormskirk Medicine for the Bite of a Mad Dog, 19 June 1781.
[581] *LM*, 28 March 1807.
[582] *LM*, 11 April 1807.

unresponsive to medicines from an apothecary.[583] Bent's daughter had explained her father's problems to Griffith Wright, the printer of the *Leeds Intelligencer* and medicine vendor, when she had been visiting Leeds. Wright had recommended and supplied the Hickman's Pills to Bent's daughter, and they cured her father's abdominal pain.

Whatever the degree of medical knowledge of printers and booksellers, contemporaries did *not* regard them as irregular practitioners selling patent medicines. This is particularly clear in the responses to Harrison's circular in 1806 (Appendix 1B). The correspondents often strongly criticised irregular practitioners of all sorts, druggists and the patent medicines themselves as being a threat to the health of the public and their own income, but they did not regard the booksellers who sold the medicines as being a problem. For example, a committee of regular practitioners in Nottingham described and counted various discreditable groups which hindered their work including druggists, irregulars of both sexes, quacks and uninstructed midwives; but booksellers or printers were not mentioned.[584] The report of a meeting of 'medical gentlemen' at Market Bosworth went further and added to the list 'ignorant mechanics', 'ignorant inoculators' and druggists who were only trained as apprentices to grocers and tea dealers, but again not print trade members.[585] This group of correspondents recognised, as we saw in section 5.1, that booksellers sold the patent medicines which they often deplored: however, they did not regard the booksellers as irregular practitioners or a threat in themselves to the regular profession.

So, although the degree of medical knowledge of the medicine-selling booksellers and printers remains unclear, circumstances suggest that they often would have been aware of the indications and potential benefits of their medicines, if only to advise the customers and to maximise their sales. Yet, however well-informed they were about the medicines, we have nothing to indicate that their medical advice extended beyond the use of these medicines. The contemporary regular practitioners took a similar view when they did not see the members of the print trades who sold the medicines as a threat, unlike the patent medicines themselves. We should regard these medicine vendors as probably being well informed about their medicines and the diseases they could treat, but they were not quacks, empirics or irregulars.

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[583] *ABG*, 1 January 1781. This testimonial was also printed in the *Leeds Intelligencer* and the *Hampshire Chronicle* during 1781.
[584] *MCR*, 13 (1806), ci-cii
[585] *MCR*, 13 (1806), clxxi-clxxii.

5.8 Conclusion

The main finding in this chapter is that the retailing of patent medicines had an organised and explainable structure which was largely consistent across the country. Before this research, an initial glance at the retailing might seem to show that patent medicines were sold in a disorganised fashion by many different types of vendors, often as a minor side-line. This is as far as several historians, including Porter, penetrated in their exploration of medicine vending. However, when more investigation is undertaken, controlled networks for the promotion and sale of patent medicines emerge. The earlier picture of the sale of patent medicines as part of a free-for-all Georgian medical market, with the participants entering and leaving the market and with the medicines being provided at the whim of unspecified local demand, is incorrect, particularly for the many nationally available medicines. The wholesalers provided the promotional material, initiated much of the local publicity, and could directly control the insertion of newspaper advertisements if they wished. Many invested hundreds of pounds a year in advertising their products, and the advertisements were a substantial part of the income of provincial newspapers. The members of the print trades had the necessary skills, the business premises and the local contacts to be successful in selling patent medicines, and some took the opportunity to become major vendors, deriving a significant part of their income from medicine selling and continuing to do so for many years. The most prominent vendors were often the newspaper printers who could act as local wholesalers by both providing the medicines and organising their distribution. Some other printers and booksellers were only involved in this trade to a minor extent or not at all.

So the medicine vending was a stable and structured business which shared many features with twentieth-century retailing. Although it was unregulated, the medicines were normally sold at fixed prices which were consistent across the country and varied little over the years. The facilitator was the printed word, not the oral negotiation typical of a market. Print was not only the main instrument of promotion, but it was essential for the correct use of the patent medicines, with the directions delivering the necessary instructions and the accompanying treatises providing the background explanations. The role of print in both the promotion and effectiveness of patent medicines will be explored in more detail in the next chapter.

With its clear, durable, organisation and specialised participants, we must regard the retailing of patent medicines as being part of an established industry, alongside their ownership and wholesaling. Indeed the structure of this retailing is more apparent than that of other forms of retailing in Georgian England, and it may have been more precisely configured than the retailing of any other class of consumer goods in this period, apart from books. This

emergence of a stable, defined, business, more systematic than either orthodox medical practice or quackery, does not mean that selling patent medicines was no longer part of the uninhibited medical market. Patent medicines were still in it, but as a separate entity not as an amorphous ingredient of an uncontrolled free-for-all. Within this entity, many of the medicine vendors were experienced in the techniques required and knowledgeable about their products; but they were not regarded as irregular medical practitioners by themselves or their contemporaries. So patent medicine vending was a distinct, separate, component of the medical market with its own rules, personnel and organisation. It competed vigorously with both orthodox therapy and the treatments of irregular practitioners, but it did so by its own methods. In the next chapter I will explore two of the essential methods, the use of the printed word both to generate a demand for the medicines and to enhance their efficacy.

Chapter 6. The Potency of Print

The printed word was the essential facilitator for both the promotion and the effectiveness of patent medicines. It was the vehicle which enabled a few components, often cheap and simple, to be assembled at one site, and then transformed into an expensive medicine which could be sold across England to thousands of purchasers. In the last chapter we saw how the advertising to create and maintain national or regional markets was organised and financed: in this chapter I will explore how print was used in this advertising and other publications to persuade customers to buy these medicines which might produce a perfect cure, but could also generate major complications or even death. In addition to promoting the sale of the patent medicines, the printed word increased their effectiveness, an effect which was well recognised by contemporaries and attributed by them to the power of the 'imagination'.[586] The historical use of the printed word to improve a person's health in this way has not been explored, and these findings should inspire a new direction for print history.

Medicine advertising by print has a long history going back to the earliest periodicals in the seventeenth century. A patent medicine advertisement can be found in the periodical *Mercurius Politicus* in 1652.[587] In the early days of patent medicines, it was possible to achieve a national market without resorting to substantial newspaper advertising. Anthony Daffy sold 65,000 bottles of his elixir outside London and had thirty-eight overseas agents in the 1670s and 1680s, a time when no provincial newspapers were published.[588] But he did use printed handbills for point of sale advertising and also probably for a wider distribution of information (Fig. 6.1). Advertisements of all types were sparse in the early provincial newspapers at the beginning of the eighteenth century, but medicine advertisements were among them.[589] Medicine advertising grew with the expansion of provincial newspapers during the century: for example, soon after its foundation in 1736 the *Salisbury Journal* printed about forty medicine advertisements per year and by the 1770s this number had risen to over 300 per year.[590] By our period, the major wholesalers regarded newspaper advertising as essential, and, as we saw in the last chapter, they were prepared to spend hundreds of pounds a year on it.

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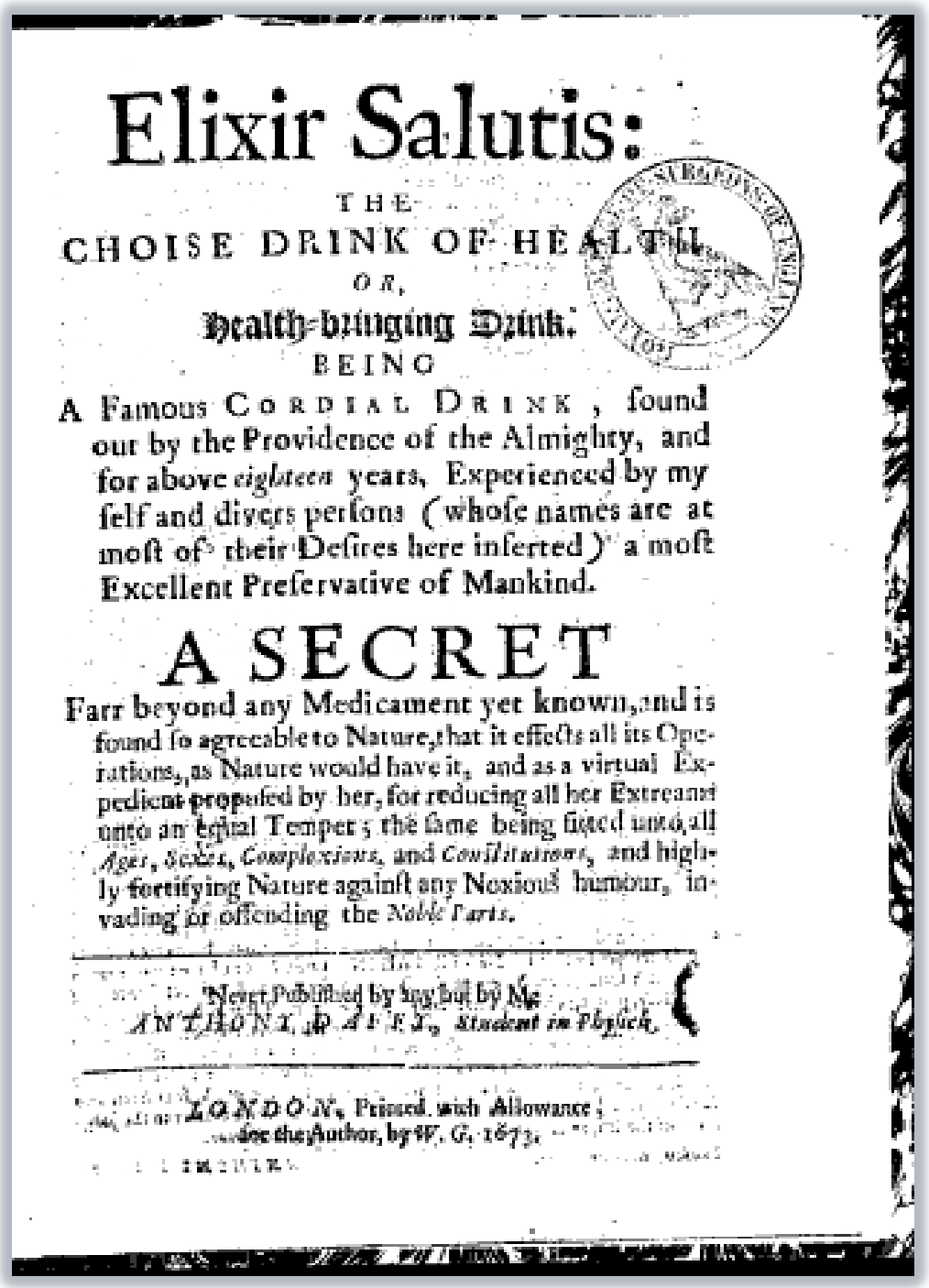
[586] William Falconer, *A Dissertation on the Influence of Passions Upon the Disorders of the Body* (London: C. Dilly, J. Phillips, 1788); Haygarth.
[587] Isaac, 29.
[588] Hancock and Wallis, 14-18.
[589] For example, Dr Guider's Ague and Fever Plaister, *Stamford Mercury*, 21 January 1720.
[590] Ferdinand, 'Selling', 398-99;

Figure 6.1. *A sixteen-page handbill for Daffy's Elixir (Elixir Salutis) from 1673 (Early English Books Online, Royal College of Surgeons). Twelve similar, but not identical, bills are available in Early English Books Online, suggesting that bills for this medicine were widely circulated.*



Elixir Salutis:

THE

CHOISE DRINK OF HEALTH,

OR,

Health-bringing Drink.

BEING

A Famous CORDIAL DRINK, found out by the Providence of the Almighty, and for above *eighteen* years, Experienced by my self and divers persons (whose names are at most of their Desires here inserted) a most Excellent Preservative of Mankind.

A SECRET

Farr beyond any Medicament yet known, and is found so agreeable to Nature, that it effects all its Operations, as Nature would have it, and as a virtual Expedient proposed by her, for reducing all her Extreams unto an Equal Temper; the same being fitted unto all *Ages, Sexes, Complexions, and Constitutions*, and highly fortifying Nature against any Noxious humour, invading or offending the *Noble Parts*.

Never Published by any but by Mr.
ANTHONY DAFFY, Student in Physick.

LONDON, Printed with Allowance;
See the Author, by W. G. 1673.

Medicine advertisements are a prominent feature in preserved provincial newspapers and several historians have commented on them. Up to the 1970s, the common approach was to regard them solely as a source of amusement as discussed in Section 0.3. In the last quarter of the twentieth century, Georgian irregular medicine became a subject for historical

exploration and the medicine advertisements were a useful port of entry into the topic. Porter used them to obtain a great deal of information on 'quackery', but made little attempt to analyse the advertising techniques.[591] Others have reviewed medicine advertisements in a particular area, relying on impressions rather than any systematic exploration.[592] Cody attempted a deeper analysis when she emphasised the importance of advertisements in adding value to patent medicines, but her hostility to these medicines prevented considered thoughts on the mechanisms of doing so.[593] Strachan's book on the culture of the Romantic Period was not intended to deal with healthcare, but he nevertheless used medicine advertising to establish many of his arguments on advertising in general.[594]

All these publications contained convincing examples of the aims of the advertisements and some of the techniques employed; but they were based on impressions derived from individual examples of the advertisements or a small local sample. Barker provided an exception to this methodology with her systematic approach to medical advertising in newspapers serving large northern towns.[595] Her paper, which studied advertisements for medical services as well as for medicines, was a significant advance, emphasising the importance of creating trust in an urban population isolated from its traditional family and community support: but it was geographically limited to the industrialising north of England and failed to make its sampling method clear. By tabulating the different marketing methods in the samples, Barker showed that identification of the brand was the commonest technique employed;[596] but she did not make it clear how the content of the advertisements, which described multiple aspects of the medicines, was reduced to, apparently, one or two marketing methods.

I will argue that the key to both increasing sales and utilising the 'imagination' to enhance efficacy was the confidence of the consumer. I will investigate how the printed word generated this confidence, predominately by a low-key style rather than the 'hard-sell' which has sometimes been considered as an essential component of patent medicine advertising. Once medicine advertising has been explored systematically, many of the earlier assumptions about it are found to be based on a few eye-catching examples which are unrepresentative of the duller majority. In this period, most of the advertisers wanted to position their medicines as close as possible to orthodox therapy: they did not wish to be strident opponents of regular practitioners, or to follow the example of prominent irregulars.

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[591] Particularly in Porter, *Health*.
[592] P. S. Brown, 'Venders of Medicines'; Barry, 32-36.
[593] Cody, 104-08.
[594] Strachan, 4-68.
[595] Barker.
[596] Barker, 386.

The main source for this chapter is another systematic analysis of medicine advertisements in the studied newspapers (Appendix 1A). Of course, as we saw in the last chapter, print was used to promote patent medicines in other formats, particularly bills but also treatises and puffs in books and periodicals. The content of the bills was broadly similar to that of the newspaper advertisements, though at greater length as we saw in the last chapter: but the bills which survive are less numerous and have been chosen for preservation, making them less representative. The newspaper advertisements in complete runs of newspapers have the substantial advantage of being a large and truly primary source, as they have not been subjected to later selection. Advice was also provided to consumers in the printed directions which often accompanied every bottle of a medicine, but few examples of these have been preserved. So this chapter will concentrate on the wording of the newspaper advertisements, the largest and most representative source.

The predominant aim of the headings and the text of the advertisements was the creation of confidence. To buy a medicine, consumers had to have confidence that it would achieve the result they wanted without complications, and in turn, as we shall see, their confidence increased its effectiveness. This chapter will explore some of the ways in which advertising practices were designed to generate such confidence. First, however, we need to explore what is meant by confidence, a subject which has not attracted a great deal of attention from the scholars of our period. Some historically informed sociologists such as Niklas Luhmann, Anthony Giddens and Christel Lane have pointed out the intimate connection between confidence and trust: trust is the mechanism for dealing with uncertain real-life situations.[597] For Luhmann, trust is imperfect as there is normally insufficient information to give complete assurance; but without trust it would be impossible to deal with the complexities of life.[598] Trust depends either on relationships with individuals, directly or through a form of communication such as the printed word, or on relations with people grouped in institutions.

Early modernists have emphasised the importance of interpersonal communication in establishing trust and so creating confidence. In his study of credit and commerce in England, Craig Muldrew argued that the necessary trust for the credit based economy was achieved by interpersonal relations between individuals and was communicated to others by reputation.[599] Steven Shapin felt that trust in seventeenth-century English natural philosophy required the

[597] Niklas Luhman, *Trust and Power* (Chichester: John Wiley & Sons, 1979), 4-30; Anthony Giddens, *The Consequences of Modernity* (Cambridge: Polity Press, 1990), 30-36; Christel Lane, 'Introduction: Theories and Issues in the Study of Trust', in *Trust within and between Organisations: Conceptual Issues and Empirical Applications*, ed. by Christel Lane and Reinhard Bachmann (Oxford: OUP, 1998), 1-30.
[598] Luhmann, 4 and 32.
[599] Muldrew, 5.

guarantee of a gentleman with the necessary social, economic and genealogical attributes.[600] For the Republic of Letters during the first half of the eighteenth century, Anne Goldgar has contended that trust depended on personal relationships between the participants.[601] However, the late Georgian consumer seeking to place his or her trust in a patent medicine was in a rather different situation, without any direct contact with the person attempting to generate that trust. As Hannah Barker has argued, establishing trust in the medicines largely depended on 'thin', impersonal, trust, which was created by social and commercial links, rather than the traditional 'thick' trust formed by the stronger networks of family and friends which had been crucial in the past.[602] The purchasers of medicines advertised in the newspapers could still utilise some 'thick' trust in the form of advice from relatives and friends; but they also had to develop relationships of 'thin' trust with the vendors, and these were dependent on advertising strategies.

This chapter will look at some of these strategies designed to generate the 'thin' trust, comprising those which were created within the patent medicines industry, those which derived from authoritative bodies or individuals outside that industry, and those which resulted from familiarity. Within the industry, the words and actions of the owners, wholesalers and retailers promoted a trust amongst the consumers which was readily produced and flexible, but also potentially fragile as the consumers would know that the words and actions were biased towards the interests of the industry. The authority from outside the industry came from men or women of social or professional distinction, from previous legal decisions, or from the government and the law in the form of the medicine patent or the excise stamp. This external authority had the potential to be more effective in convincing consumers of the benefits of the medicines, because the persuasive powers of the external individuals or institutions were based on their expertise, whether genuine or not, and their position in society, making this authority less obviously promotional in nature. In addition to these methods of generating trust amongst consumers, familiarity for the medicines was a less direct, but particularly important, mechanism in establishing their trust, and the advertisements had a substantial role in achieving it.

I will use the studied newspapers to argue that a predominately undemonstrative approach in the advertisements was used to build up the trust of potential customers. The authority implicit in the recommendations of social and professional superiors was also used, but a greater emphasis was placed on the more definitive authority of the law and the state,

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[600] Steven Shapin, *A Social History of Truth: Civility and Science in Seventeenth-Century England* (London: University of Chicago Press, 1995), 42-49.
[601] Anne Goldgar, *Impolite Learning: Conduct and Community in the Republic of Letters 1680-1750* (London: Yale University Press, 1995), 10.
[602] Barker, 381.

initially the patent and later the excise stamp. Consumer familiarity was a major part of the necessary negotiations prior to taking a medicine, as discussed at the beginning of the last chapter. The familiarity was realised by an emphasis on branding and, where possible, medicine longevity; but it was enhanced by the repetition of the advertisements.

Further, the use of print to inspire the consumers' trust and confidence in the medicines went beyond the powers of the advertisements in persuading the public to buy the medicines. Physicians of the time knew that the effectiveness of patent medicines depended on changes in the imagination, which they explored by observations and experiments, concluding that the changes were secondary to the consumers' confidence, augmented by a degree of mystery. As the confidence necessary for these favourable changes was mainly generated through print, we can regard the printed word as a component of the medicines. This chapter will conclude that the printed word was a required ingredient of a successful patent medicine, alongside the secret pharmaceuticals.

6.1 Format of the Newspaper Advertisements

With hundreds of medicine advertisements being printed in every provincial newspaper each year, only a few historians have successfully engaged with the complexities of the contents which promoted the medicines. In this section, I will review briefly the conclusions of some historians on the persuasive material, before describing the general structure of medicine advertisements as revealed in my studied newspapers. Later sections in this chapter will analyse the techniques commonly employed to ensure the extensive sales of patent medicines across the country.

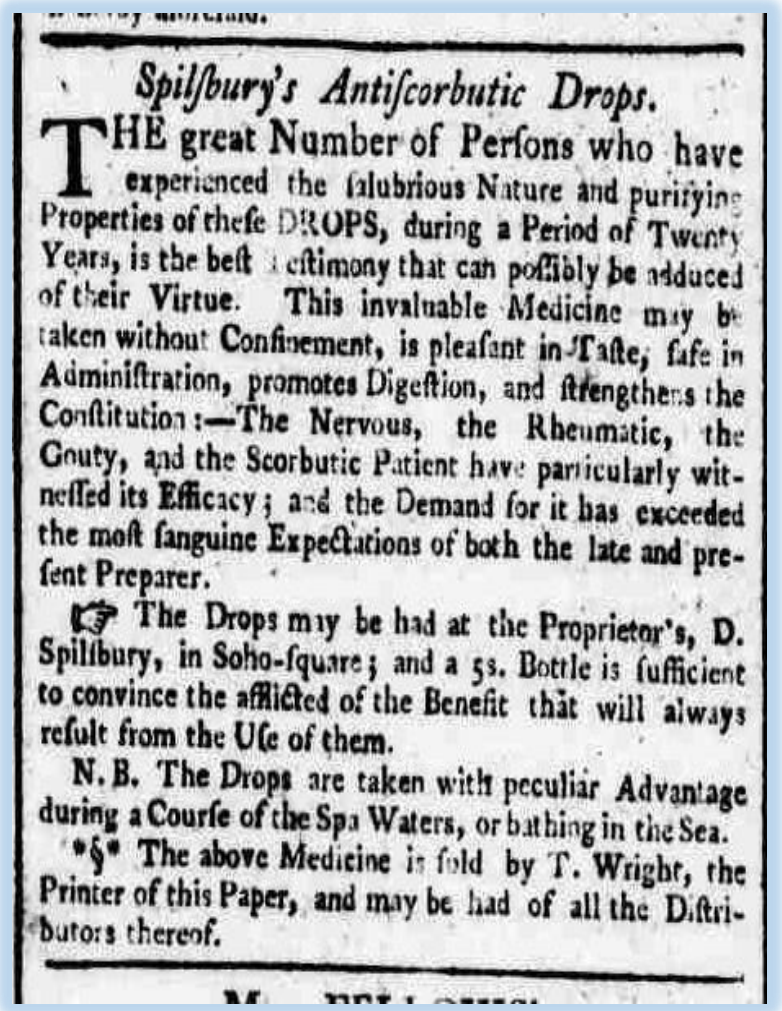
What have historians discovered when they have looked at the persuasive content of a selection of medicine advertisements? Barker has emphasised the role of gaining trust in promoting medicines, whereas others have picked out some less convincing features.[603] Porter felt that hyperbole was essential and suggested that linking the medicine name to a famous physician or a desirable attribute such as 'solar' or 'gold' was beneficial.[604] Strachan also noticed that the medicines were often named after dead, distinguished, practitioners.[605] For Barry, effective local testimonials were important together with approval, especially in the early eighteenth century, by the gentry or aristocracy, or by local practitioners.[606] Attacking the quackery or the patent medicines of others was a prominent feature for Cody, and she also

[603] Barker, 397.
[604] Porter, *Health*, 100-104.
[605] Strachan, 28.
[606] Barry, 34-35.

noticed that the proprietors wished to hide behind anonymity and used fraudulent testimonials.[607] All these characteristics can be found in individual advertisements in my systematic analysis, but, with the exception of gaining trust, none provide a true picture of the main methods of persuading consumers to buy a patent medicine.

Both the structure and content of medicine advertisements were very flexible, but, in broad terms, medicines could be promoted in the advertisements in three ways. The commonest method was to focus the advertisement on a small number of medicines, usually just one, and to describe their indications, virtues, prices and availability in some detail (Fig. 6.2). This method was favoured by most of the major wholesalers/owners, including Francis Newbery, Spilsbury, Godbold, the Wrays, the Butlers, and Shaw and Edwards. A second

Figure 6.2. *Advertisement solely for Spilsbury's Antiscorbutic Drops (LI, 26 March 1794, BNA, British Library).*



Spilſbury's Antiſcorbutic Drops.

THE great Number of Perſons who have experienced the ſalubrious Nature and purifying Properties of theſe DROPS, during a Period of Twenty Years, is the beſt Teſtimony that can poſſibly be adduced of their Virtue. This invaluable Medicine may be taken without Confinement, is pleaſant in Taſte, ſafe in Adminiſtration, promotes Digeſtion, and ſtrengthens the Conſtitution:—The Nervous, the Rheumatic, the Gouty, and the Scorbutic Patient have particularly witneſſed its Efficacy; and the Demand for it has exceeded the moſt ſanguine Expectations of both the late and preſent Preparer.

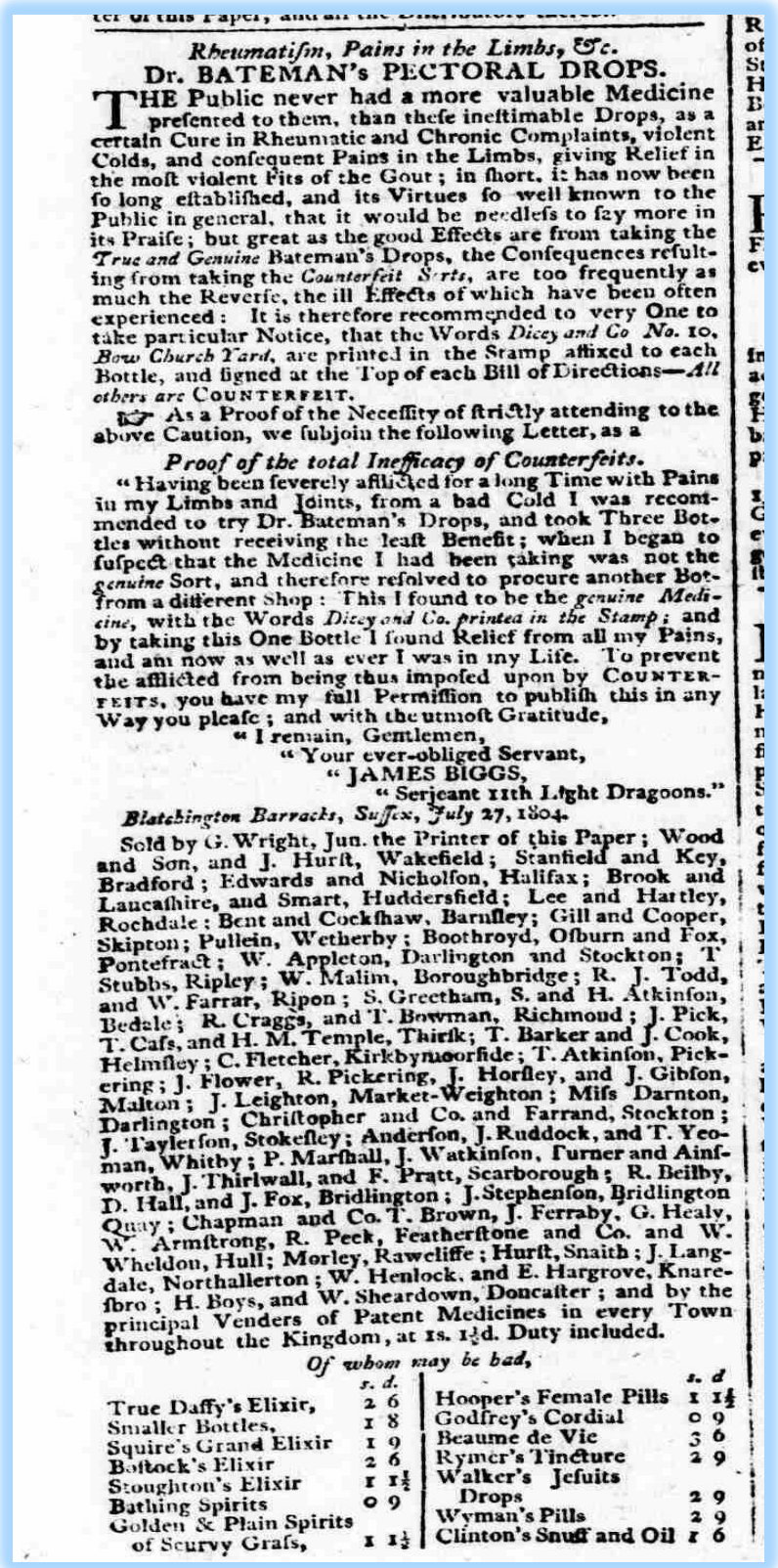
☞ The Drops may be had at the Proprietor's, D. Spilſbury, in Soho-ſquare; and a 5s. Bottle is ſufficient to convince the afflicted of the Benefit that will always reſult from the Uſe of them.

N. B. The Drops are taken with peculiar Advantage during a Courſe of the Spa Waters, or bathing in the Sea.

§ The above Medicine is ſold by T. Wright, the Printer of this Paper, and may be had of all the Diſtributors thereof.

[607] Cody, 106, 110 and 123.

Figure 6.3. *Advertisement from Dicey & Co. The top half is promoting Dr Bateman's Pectoral drops, with the retailers and fifteen other Dicey medicines listed at the bottom (LI, 16 February 1807, BNA, British Library).*



Rheumatiſm, Pains in the Limbs, &c.

Dr. BATEMAN's PECTORAL DROPS.

THE Public never had a more valuable Medicine preſented to them, than theſe ineſtimable Drops, as a certain Cure in Rheumatic and Chronic Complaints, violent Colds, and conſequent Pains in the Limbs, giving Relief in the moſt violent Fits of the Gout; in ſhort, it has now been ſo long eſtabliſhed, and its Virtues ſo well known to the Public in general, that it would be needleſs to ſay more in its Praiſe; but great as the good Effects are from taking the *True and Genuine* Bateman's Drops, the Conſequences reſulting from taking the *Counterfeit Sorts*, are too frequently as much the Reverſe, the ill Effects of which have been often experienced: It is therefore recommended to very One to take particular Notice, that the Words *Dicey and Co. No.* 10, *Bow Church Yard*, are printed in the Stamp affixed to each Bottle, and ſigned at the Top of each Bill of Directions—*All others are* COUNTERFEIT.

☞ As a Proof of the Neceſſity of ſtrictly attending to the above Caution, we ſubjoin the following Letter, as a

Proof of the total Inefficacy of Counterfeits.

"Having been ſeverely afflicted for a long Time with Pains in my Limbs and Joints, from a bad Cold I was recommended to try Dr. Bateman's Drops, and took Three Bottles without receiving the leaſt Benefit; when I began to ſuſpect that the Medicine I had been taking was not the *genuine* Sort, and therefore reſolved to procure another Bot- from a different Shop: This I found to be the *genuine Medicine*, with the Words *Dicey and Co. printed in the Stamp*; and by taking this One Bottle I found Relief from all my Pains, and am now as well as ever I was in my Life. To prevent the afflicted from being thus impoſed upon by COUNTERFEITS, you have my full Permiſſion to publiſh this in any Way you pleaſe; and with the utmoſt Gratitude,

"I remain, Gentlemen,
"Your ever-obliged Servant,
"JAMES BIGGS,
"Serjeant 11th Light Dragoons."

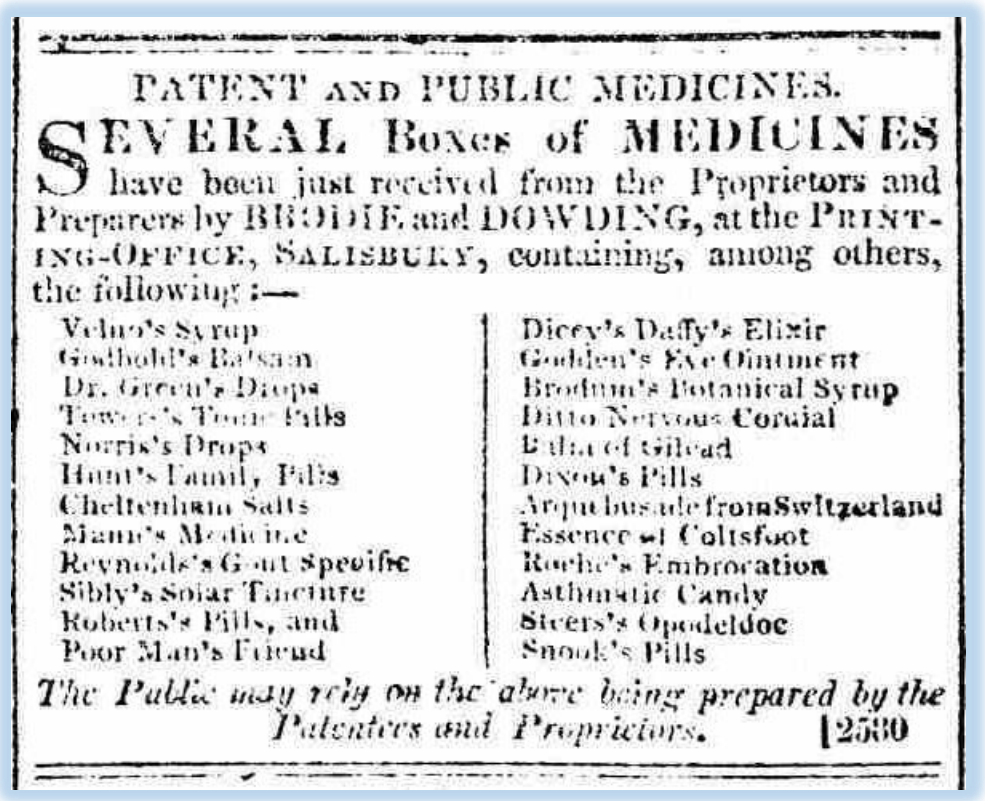
Blatchington Barracks, Suſſex, July 27, 1804.

Sold by G. Wright, Jun. the Printer of this Paper; Wood and Son, and J. Hurſt, Wakefield; Stanfield and Key, Bradford; Edwards and Nicholſon, Halifax; Brook and Lancaſhire, and Smart, Huddersfield; Lee and Hartley, Rochdale; Bent and Cockſhaw, Barnſley; Gill and Cooper, Skipton; Pullein, Wetherby; Boothroyd, Oſburn and Fox, Pontefract; W. Appleton, Darlington and Stockton; T. Stubbs, Ripley; W. Malim, Boroughbridge; R. J. Todd, and W. Farrar, Ripon; S. Greetham, S. and H. Atkinſon, Bedale; R. Craggs, and T. Bowman, Richmond; J. Pick, T. Caſs, and H. M. Temple, Thirſk; T. Barker and J. Cook, Helmſley; C. Fletcher, Kirkbymoorſide; T. Atkinſon, Pickering; J. Flower, R. Pickering, J. Horſley, and J. Gibſon, Malton; J. Leighton, Market-Weighton; Miſs Darnton, Darlington; Chriſtopher and Co. and Farrand, Stockton; J. Taylerſon, Stokeſley; Anderſon, J. Ruddock, and T. Yeoman, Whitby; P. Marſhall, J. Watkinſon, Turner and Ainſworth, J. Thirlwall, and F. Pratt, Scarborough; R. Beilby, D. Hall, and J. Fox, Bridlington; J. Stephenſon, Bridlington Quay; Chapman and Co. T. Brown, J. Ferraby, G. Healy, W. Armſtrong, R. Peck, Featherſtone and Co. and W. Wheldon, Hull; Morley, Rawcliffe; Hurſt, Snaith; J. Langdale, Northallerton; W. Henlock, and E. Hargrove, Knaresbro; H. Boys, and W. Sheardown, Doncaſter; and by the principal Venders of Patent Medicines in every Town throughout the Kingdom, at 1s. 1½d. Duty included.

Of whom may be had,

	s. d.		s. d
True Daffy's Elixir,	2 6	Hooper's Female Pills	1 1½
Smaller Bottles,	1 8	Godfrey's Cordial	0 9
Squire's Grand Elixir	1 9	Beaume de Vie	3 6
Boſtock's Elixir	2 6	Rymer's Tincture	2 9
Stoughton's Elixir	1 1½	Walker's Jeſuits Drops	2 9
Bathing Spirits	0 9	Wyman's Pills	2 9
Golden & Plain Spirits of Scurvy Graſs,	1 1½	Clinton's Snuff and Oil	1 6

Figure 6.4. *List of available medicines from Brodie and Dowding, the printers of the newspaper (SWJ, 29 April 1822, BNA, British Library).*



PATENT AND PUBLIC MEDICINES.

SEVERAL Boxes of MEDICINES have been just received from the Proprietors and Preparers by BRODIE and DOWDING, at the PRINTING-OFFICE, SALISBURY, containing, among others, the following:—

Velno's Syrup
Gosthold's Balsam
Dr. Green's Drops
Tower's Tonic Pills
Norris's Drops
Hunt's Family Pills
Cheltenham Salts
Mann's Medicine
Reynolds's Gout Specific
Sibly's Solar Tincture
Roberts's Pills, and
Poor Man's Friend

Dicey's Daffy's Elixir
Godden's Eye Ointment
Brodum's Botanical Syrup
Ditto Nervous Cordial
Balm of Gilead
Dixon's Pills
Arquebusade from Switzerland
Essence of Coltsfoot
Roche's Embrocation
Asthmatic Candy
Sicers's Opodeldoc
Snook's Pills

The Public may rely on the above being prepared by the Patentees and Proprietors. 2530

method, preferred by the Diceys, was to advertise several medicines together, commonly by describing a single medicine, accompanied by a list of other available medicines from the same wholesaler, perhaps with a brief description of each (Fig. 6.3). In a series of advertisements from the same wholesaler, different single medicines could be selected from the medicines mentioned in the list. The Jackson/Barclay firm sometimes used this second method, and sometimes the first. A variation on the format of this second method, which was sometimes adopted by the Hill family or by some newspaper printers, was just to list medicines with a brief description and to avoid portraying any of them in more detail. The third method, normally only employed by local retailers to advertise their own stock, was to list the medicines, often in two columns, with no additional information apart from the prices (Fig. 6.4).

The majority of medicines were featured in the advertisements in the studied newspapers with enough details to assess the methods of creating the essential consumer confidence. Advertisements for these *featured medicines*, defined as those with a minimum of four lines of advertisement text devoted to each medicine, will be the material for the analysis of advertisements in this chapter. Other advertisements which only briefly mentioned the medicine do not generate enough information to help in the analysis, nor could they have

contributed a great deal to establishing the consumers' trust at the time. They would have increased the medicines' familiarity and provided information on price and availability, but not much else. Fortunately for our purposes, many of the medicines in lists joined the ranks of the featured medicines when they were described at more length in other advertisements. Otherwise they do not contribute to the detailed analyses in this chapter.

The type of information provided varied, with some advertisements containing only a brief description and the name of a retailer, whereas a few were over a hundred lines long and packed with detail. The advertisements could adopt unusual formats: they could be inserted in the editorial matter, appear to be just advertising a book rather than a medicine, be devoted to summarising a legal case, require a £5 advance payment for the medicine to be sent by post, or be partly written in Latin.[608] However, a core of information was common to many, and the large majority of the advertisements were more straightforward, with a variable combination of the reasons to take the medicine, a list of indications, the price and a list of retailers. All four of these components were normally present to variable degrees, though one or more could be omitted; for example, an advertisement might just be a reprint of a testimonial letter. The indications were considered in Section 3.1: for each medicine, they were more focussed on a narrow range of conditions than has been suggested, while the patent medicines as a whole could provide something for nearly all common, non-traumatic, conditions at all ages. The last chapter explored the different types of retailers, especially the members of the print trades, and the stability of the prices. Much of this chapter will investigate the remaining component of the advertisements, the reasons for taking the medicine.

6.2 Creating Trust Amongst Consumers

At the beginning of the last chapter I mentioned that buying a patent medicine was a more complex, and probably more prolonged, process than buying other Georgian consumer goods. Trust in the effectiveness of the medicine had to be built up as part of the negotiating process between the consumer and the retailer. Establishing this trust was not just a question of proclaiming the virtues of a medicine: consumers also had to be reassured that it was not harmful or dangerous, as problems with patent medicines were publicised and commented on. A prominent example was the death of Oliver Goldsmith in 1774, which was generally attributed to taking Dr James's Fever Powder, though opinions differed as to whether he had taken an excessive dose in spite of medical advice, received a counterfeit preparation, or had

[608] Rowland's Alsana Extract in the Parliamentary Report, *LM*, 11 May 1822; Solomon's Guide to Health, *SWJ*, 17 June 1822; Jackson's Asthmatic Candy, *ABG*, 17 March 1794; Antwerp Medicine, *SWJ*, 25 March 1822; Alternative Powder, *LM*, 1 May 1781.

just been unfortunate.[609] In the following year Jane Butterfield, a housekeeper, was tried for murder after administering Dodd's Rheumatic Tincture to her employer who died soon afterwards.[610] Thomas Clayton of Hull circulated a handbill in 1804 describing how his three-year-old son had died as a consequence of taking Ching's Worm Lozenges.[611] Several books also reiterated the dangers of patent medicines.[612] So consumers were provided with good reasons *not* to take a patent medicine, as well as being subjected to advertisements encouraging them to do so.

This section will concentrate on generating trust amongst consumers by the words and actions of the owners, wholesalers and retailers within the patent medicines industry. Overall, this trust in the benefits of the medicines was achieved by a rather low-key advertising style which sought to position the patent medicines as close as possible to regular therapy, avoiding the hyperbole and shrill claims which would have been associated with quackery. This section will first consider the use of testimonials and case reports to generate consumer trust. They have been prominent in previous accounts of patent medicines, but we will find that they were used relatively sparingly. The rest of the text and the headings could mimic a public announcement, and claims were normally restrained. Reassurance on the composition of the medicine, which was important to consumers of this period, was provided by including the proprietor in the medicine's name and clarifying that he, or she, was the source of the medicine.

As with other topics in this thesis, the exploration of the use of the printed words in the advertisements to build up consumer trust is based on the continuous runs of the four studied newspapers in the first half of five selected years (Appendix 1A). The first appearance of a featured medicine in each newspaper during each of the five years was included in the analysis. Thus a widely advertised, long-lasting, medicine would be included on several occasions when it appeared in different newspapers or during different years. An alternative approach would have been to record each medicine only once and then disregard it when it was the subject of totally different advertisements elsewhere or in later years. For example, the information for Dr James's Fever Powder would have been confined to a single advertisement in 1769, ignoring the widespread advertisements for the same medicine in three later periods including advertisements in all three of the studied towns in 1822. This alternative approach would have been simpler to understand, but I felt that it would have misrepresented the variety of the advertisements, and it would have obscured changes over time. Also, the newspaper reader considering the purchase of a patent medicine would only react to the printed word in front of

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[609] Spilsbury, *Free Thoughts on Scurvy*, xxx and xxxvi; William Hawes, *An Account of the Late Dr Goldsmith's Illness*, 3rd edn (London, 1774).
[610] Gurney and Blanchard. Butterfield was acquitted.
[611] *MPJ*, 17 (1807), 173-75.
[612] Two vigorous examples were Adair's *Essays* and *Quack Doctors Dissected*.

him or her, not to words about the same medicine published in another town, or twelve or more years earlier. So, much of the numerical analysis in this section and the next will be based on the more revealing notion of the first appearance of a featured medicine in each run of a newspaper.

A. Testimonials and Case Reports

Testimonials and case reports stand out in any inspection of newspaper advertisements for medicines, particularly as they provide revealing vignettes of a medical world which is foreign to twenty-first century readers. A testimonial was a case description sent in to the proprietor by the patient or a third party, apparently spontaneously and sometimes with witnesses. A case report was a description of a cure by the proprietor/advertiser, sometimes with the approval, but not at the initiation, of the patient. A case report could be very brief and vague, so, arbitrarily, only those over three lines in length, a sufficient length to generate some detail, have been included here. Amongst the featured medicines, the use of a testimonial or a case report was far from universal: overall 22% of the first advertisements contained one, whereas, as we shall see, 40% had a warning about counterfeits. Testimonials or case reports were used in between a quarter and a third of the advertisements in the first four studied years, followed by a sharp fall in 1822 (Table 6.1). This restraint could have been due to a suitable testimonial not being available, but a case report in some form could normally have been inserted by the advertiser without the need for any response from a patient. A more probable explanation, consistent with the sharp reduction in the numbers in 1822, was that many advertisers preferred to omit testimonials or case reports as they were finding them ineffective, or even counter-productive.

Table 6.1. *Use of testimonials in the first appearances of featured medicines (% of all featured medicines in that year).*

	1769		1781		1794		1807		1822	
Number of featured medicines (f.m.)	**53**	%	**130**	%	**94**	%	**114**	%	**168**	%
f.m.with testimonial/case report	**18**	34	**32**	25	**32**	34	**29**	25	**11**	7
f.m.with testimonial/case report from a *checkable* source	**9**	17	**23**	18	**25**	27	**15**	13	**5**	3
f.m.with testimonial/case report mentioning failure by regulars	**2**	4	**7**	5	**18**	19	**10**	9	**3**	2

Hannah Barker has also explored the use of testimonials to create trust amongst the purchasers of patent medicines. For a similar analysis, she selected a sample of medical advertisements from industrial towns in the north of England, and apparently included case reports with the testimonials.[613] Overall, she also found that the majority of advertisements did *not* utilise a testimonial, and that their use fell sharply in the early nineteenth century. In her series, the total incidence of advertisements with a testimonial was 36%, starting at 6% in 1760, rising to 58% by 1800, and then falling to 12% in 1820. The somewhat higher incidence of testimonials may be due to the inclusion of all advertisements related to healthcare, not just those for medicines.

An assertion about medicine advertisements which finds little support in the studied newspapers was that the subjects and reporters of testimonials were imaginary, and so the testimonial could be easily fabricated.[614] Like Barker, I found that many of them gave full names with an occupation and/or an address in a provincial town or village, sometimes accompanied by similar information from a witness (Table 6.1).[615] Overall, 63% of the testimonials and case reports came from an apparently identifiable source of this type, and some of these sources, as we shall see in the next section, contained authority when they were derived from the gentry, a magistrate or a senior clergyman. Of course, the advertisers could have been relying on a checkable source not being checked, especially as most of the sources were living outside the newspaper circulation area. But exposure could generate unfavourable publicity, such as when Sarah Adams rejected in print the contents of a testimonial attributed to her in an advertisement for Dr Lamert's Nervous Balsam, forcing Dr Lamert, a travelling irregular, to pay for a long advertisement explaining the situation and denying that he intended to deceive.[616] Most of the testimonials probably came from real people, even if they might have been misquoted.

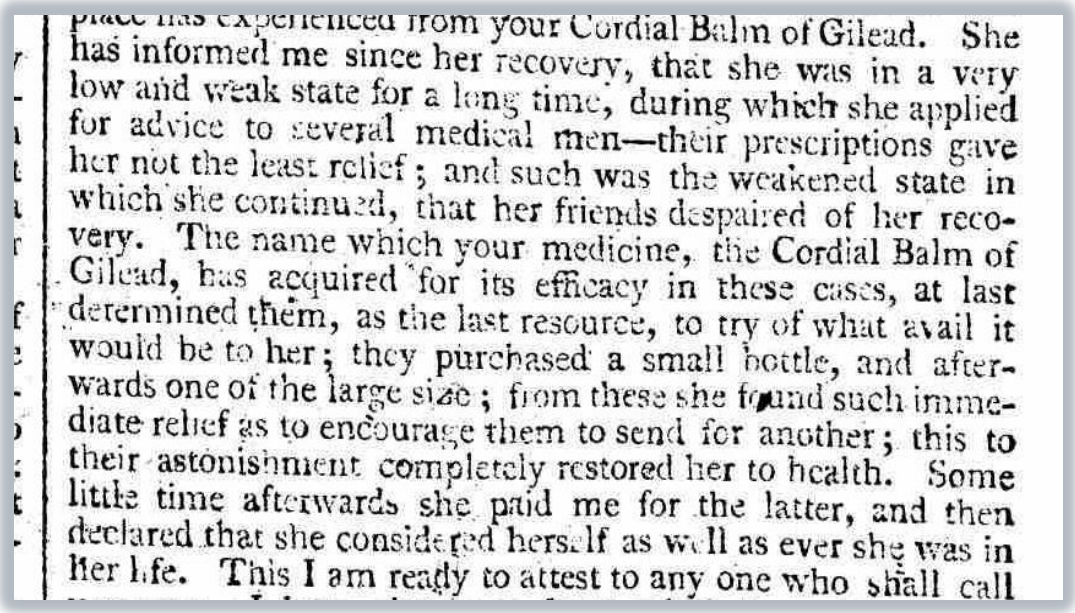
Also, the flamboyant, hard-hitting, testimonial was less common than the might be expected in the competitive medical market. One feature of this type of testimonial was the inclusion of medical failure, which could be vague such as a mention that the Faculty was unable to help, or more specific, for example the inability of Worcester Royal Infirmary to treat the patient in comparison to the complete cure provided by three bottles of the medicine.[617] As we can see from Table 6.1, with the exception of 1794, only a minority of the published testimonials or case reports referred to failure by regular medical practice. In

[613] Barker, 389.
[614] Cody, 123.
[615] Barker, 389.
[616] *LM,* 27 July and 17 August 1793.
[617] Spilsbury's Antiscorbutic Drops, *SWJ,* 10 February 1794: Parker's Rheumatic Drops, *ABG,* 1 January 1781.

Georgian England people often used both orthodox and irregular medicine for the same condition;[618] so a rather higher proportion of these testimonial writers, with a troublesome, often chronic, medical condition and sufficient money to buy patent medicines, would probably have sought unsatisfactory assistance from local practitioners: yet advertisers seem reluctant to mention the favourable comparison for their medicines. The reason for this hesitancy in highlighting regular medical failure is probably that the patent medicine owners in this era positioned their products as close as possible to regular therapy, and so they did not want to appear in opposition to 'the faculty'.

The predominant tone of most testimonials was authenticity, a common format being a detailed description of the illness prior to a full response to the medicine. Many were written as an apparently private correspondence between the patient, a relative, a friend or the retailer and the medicine proprietor. Small details were often supplied, and in particular the reason for taking the medicine and its source were often described more carefully than would have been necessary just to demonstrate the virtues of the product. Figure 6.5 is one example with the text describing how the medicine was taken and emphasising the role of the consumer's friends. Indeed, the sometimes precise clinical descriptions, which included cases of venereal disease, seem surprising to our eyes in a newspaper intended for readership by all. The

Figure 6.5. *Part of a testimonial from a medicine retailer for Solomon's Cordial Balm of Gilead, which contains small details aimed at producing authenticity (SWJ, 16 February 1807, BNA, British Library).*


place has experienced from your Cordial Balm of Gilead. She has informed me since her recovery, that she was in a very low and weak state for a long time, during which she applied for advice to several medical men—their prescriptions gave her not the least relief; and such was the weakened state in which she continued, that her friends despaired of her recovery. The name which your medicine, the Cordial Balm of Gilead, has acquired for its efficacy in these cases, at last determined them, as the last resource, to try of what avail it would be to her; they purchased a small bottle, and afterwards one of the large size; from these she found such immediate relief as to encourage them to send for another; this to their astonishment completely restored her to health. Some little time afterwards she paid me for the latter, and then declared that she considered herself as well as ever she was in her life. This I am ready to attest to any one who shall call

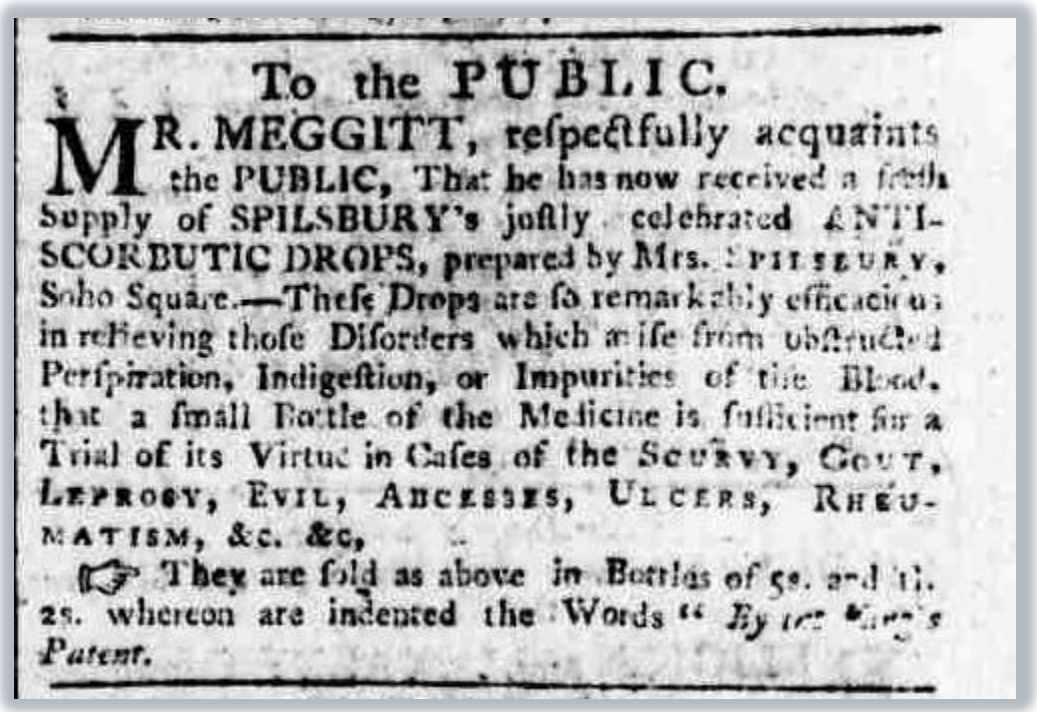
[618] Porter and Porter, *Patient's Progress*, 108.

description of the treatment often emphasised two phases, an initial symptomatic response, followed by a more gradual, but usually complete, cure. A wide variation in the timing of the two phases was apparent. For example, Alice Cook had immediate symptomatic relief for her painful, swollen, arm with the first application of Le Coeur's Imperial Oil, and a complete cure after one bottle.[619] By contrast, Mr Newnham had improvement in his chronic breathlessness with one bottle of Spilsbury's Drops, but he required several months of continuous treatment for a cure.[620] An emphasis on rapid symptomatic relief seems to have been designed to encourage starting the medicine, and the description of a complete cure, even if it took some time, would have fostered persistence. The predominant tone of the testimonials was an undemonstrative, factual, approach, which had more in common with a private conversation between acquaintances than a public proclamation.

B. Text of Advertisements

As the testimonials and case reports were used sparingly, how was the rest of the text used to encourage the purchase of the medicines? Contrary to Porter's claim that hyperbole

Figure 6.6. *Advertisement for Spilsbury's Drops which imitates the bland, public announcement style of many newspaper advertisements on other topics (LI, 17 March 1794, BNA, British Library).*



To the PUBLIC.

MR. MEGGITT, reſpectfully acquaints the PUBLIC, That he has now received a freſh Supply of SPILSBURY's juſtly celebrated ANTI-SCORBUTIC DROPS, prepared by Mrs. SPILSBURY, Soho Square.—Theſe Drops are ſo remarkably efficacious in relieving thoſe Diſorders which ariſe from obſtructed Perſpiration, Indigeſtion, or Impurities of the Blood, that a ſmall Bottle of the Medicine is ſufficient for a Trial of its Virtue in Caſes of the SCURVY, GOUT, LEPROSY, EVIL, ANCESSES, ULCERS, RHEUMATISM, &c. &c.

☞ They are ſold as above in Bottles of 5s. and 11. 2s. whereon are indented the Words "*By the King's Patent.*

[619] *LI*, 17April 1781.
[620] *ABG*, 13 January 1794.

was essential, the major finding was that the claims in the text of the *majority* of the advertisements showed a relative lack of 'hard-sell'.[621] Hyperbole such as 'the greatest medical blessing the world has ever received' was sometimes employed, but most advertisements avoided such extravagant claims.[622] Indeed, some seemed to trying to avoid any excessive praise, perhaps just stating that a fresh supply was available followed by a list of indications. For example, one advertisement for Spilsbury's Antiscorbutic Drops was headed 'To the Public' and started with a declaration that Mr Meggitt, a Wakefield bookseller, had received a fresh supply, followed by a brief description of the indications and an encouragement for 'a trial of its virtue' (Fig. 6.6). It appears that this advertiser was imitating the many bland newspaper advertisements about bankruptcy proceedings, property to let, meetings of societies and other topics. Another form of understated promotion was to assume that the virtues of a medicine were already widely known: for example, the advertiser of Hunt's Aperient Family Pills merely commented that their excellence was long established so there was no need to comment further.[623] Figure 6.2 is another example.

A specific demonstration of the lack of hyperbole was that infallibility or certain success was only claimed in a small and declining number of advertisements (Table 6.2). Some such claims were for complete infallibility, such as 'certain cure' or 'never known to fail'; while for others it was qualified, such as 'certain cure if directions followed' or infallibility only being asserted for one of several indications. Overall, only 15% of the advertisements claimed complete or qualified infallibility. The more modest claim of being the best medicine within its type rose in the later years, though it was still far from universal (Table 6.2). The text often assumed success or mentioned specific examples, rather than asserting a comprehensive effectiveness.

Table 6.2. *Incidence of claims in advertisements for infallibility or best medicine: see text for definitions (% of all featured medicines in that year).*

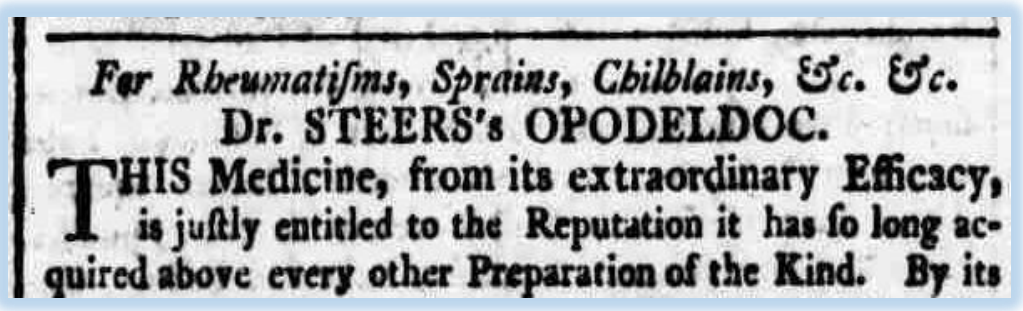
	1769		1781		1794		1807		1822	
Number of featured medicines (f.m.)	**53**	%	**130**	%	**94**	%	**114**	%	**168**	%
f.m. with complete or qualified infallibility	**15**	28	**21**	16	**15**	16	**13**	11	**19**	11
f.m. described as best of type	**6**	11	**17**	13	**9**	10	**22**	19	**40**	24

[621] Porter, *Health*, 100.
[622] Dr Norris's Drops, *LI*, 9 January 1781.
[623] *SWJ*, 4 February 1822.

So if the majority of advertisements avoided a hard-sell by extravagant claims, what did they contain to promote the medicine? The answer is an enormous variety of material; there were no standard formats for advertising patent medicines. Some might concentrate on the indications, while others might employ persuasive arguments why the treatment would be successful. Another technique, as we have seen, was to print little more than a factual, understated, advertisement and let any evidence speak for itself. Some advertisers might want to prove that they had legal ownership of the medicine, perhaps accompanied by legal threats and warnings of the health risks of counterfeits. Another approach was seemingly to be advertising a treatise on a medical condition and only mention the medicine towards the end. Warnings that the condition might become dangerous if the medicine was not taken could also prove useful. Within this diversity, two specific components, namely the nature of headings and the reassurance on the composition, were used to build up the consumers' trust in the medicines.

How were the headings of the advertisements used to promote the medicines? The headings seem to have been partly at the discretion of the newspaper printers, unlike the main text which was usually provided by the wholesalers as we saw in Section 5.4. So the use of headings was less consistent, but some common techniques can be seen. One, which was often employed in some of the studied newspapers, was not to have a heading at all, so that the advertisement had more resemblance to editorial matter and perhaps seemed closer to a non-promotional medical discussion. In 1794, *Aris's Birmingham Gazette* used this technique in one third of the first advertisements for the featured medicines, while the two Leeds newspapers and the *Salisbury and Winchester Journal* did not use it at all. In 1807 the Salisbury newspaper used the technique in 38% of these advertisements, the Birmingham newspaper in 13%, and the two Leeds newspapers, once again, in none. In general, the headings became more complex in the later years with multiple lines often being used in 1822. However, even in this last year we do not often see the multiple type faces and large, variable, font sizes which became popular soon afterwards. The headings could be non-specific, such as 'a card' or 'to the public' (Fig. 6.6), or could consist of the owner's name and address at the start of a testimonial. The most frequent headings were either a bald statement of the name of the medicine or some of the indications; they appeared in 39% and 37% respectively of the first advertisements which used a heading, and both could be present (Fig. 6.7). Claims for particular efficacy in a heading were unusual. In the headings, once again, we see a low-key, factual, approach to enhance trust by the consumer. This is supported by the rarity of another aspect of the visual display: pictures or crests only appeared in ten out of the 559 first advertisements for featured medicines, and they did not increase in frequency over the years.

Figure 6.7. *Top of an advertisement for Dr Steers's Opodeldoc showing the common undemonstrative style of heading (LI, 5 January 1807, BNA, British Library).*


For Rheumatiſms, Sprains, Chilblains, &c. &c.
Dr. STEERS's OPODELDOC.
THIS Medicine, from its extraordinary Efficacy, is juſtly entitled to the Reputation it has ſo long acquired above every other Preparation of the Kind. By its

Considering the text of the advertisements, the factual style did not mean that a large amount of information was provided about the constituents of the medicines and their mode of action. About a fifth of the advertisements mentioned that the medicine was safe, gentle or innocent, but most gave no information on its mechanism of action: 82% of the first advertisements provided no details of how the medicine achieved its effects beyond a reiteration of its indications. Only 12% of the advertisements had any description of the composition of the medicine, and many of these were non-specific, such as 'vegetable' or 'not mercury'. It seems that advertisers wanted the consumers to remain ignorant of details of the medicines. Some information would not have jeopardised the crucial secrecy of the recipes, and two better explanations for this lack of information are that the owners thought that details would either reduce the mystique of their medicines or would raise concerns about them. This second possibility is supported by the almost complete absence of notifications of potential side effects from the featured medicines; only two warnings were given in the 559 advertisements. Overall, the consumers were to be persuaded that the medicines were effective and routinely used, without the need for their mechanisms of action to be understood and the 'mystery' punctured.

C. Correct Medicine Composition

In addition to persuading consumers by an appropriate provision of information about the medicines, the advertisers also sought to increase the consumers' trust in their medicines by emphasising the consistent, proven, composition of their products. In section 2.1, we saw that both medical practitioners and lay people expressed concern that prescribed, and other locally prepared, medicines were incorrectly made up, either through incompetence or by deliberate fraud with cheaper ingredients. Patent medicines made up by an experienced individual, at one location to an unchanged recipe, could have an advantage over regular or other medicines composited by the local, perhaps poorly trained, apothecaries or druggists.

We can see this emphasis on the correct and consistent composition in three aspects of patent medicines and their advertising, namely in the choice of a name for the medicine, in the frequent documentation of the proprietor, and in the reminders about the risks of counterfeits.

First, the owners commonly used either their own name or that of the supposed inventor in the medicines' names (Table 6.3). Some medicines had nobody in their names, such as Beaume de Vie or Medicated Spice Nuts, but 82% were linked to a person, such as Whitehead's Family Cerate or Ching's Patent Worm Destroying Lozenges. A few of the supposed inventors were dead and almost certainly had no real link with the medicine, as in the case of Dr Sydenham's Family Pills of Health, or the enigmatically named Dr Boerhaave's Red Pill Number Two. However Porter's claim that many medicines were named after a famous, dead, physician seems to be an exaggeration:[624] the name more commonly featured the living inventor. Nor is Nancy Cox's finding that they were often linked to foreign doctors or foreign locations reproduced here.[625] It is possible that the inclusion of a person in the medicine's title could just be a continuation of the common practice of attaching a person to an advertised book title, and this could be especially true in the early part of our period when London booksellers were often involved in distributing medicines.[626] However this style for naming medicines did not decrease as medicine wholesaling was increasingly carried out by chemists and medicine specialists, and 85% of the names in 1822 still featured a person.

Table 6.3. *Incidence of the inventor or proprietor in the medicine name, of the proprietor being mentioned in the advertisement, and of a counterfeit caution in the advertisement (% of all featured medicines in that year).*

	1769		**1781**		**1794**		**1807**		**1822**	
Number of featured medicines (f.m.)	**53**	%	**130**	%	**94**	%	**114**	%	**168**	%
f.m.with inventor or proprietor in medicine name	**40**	75	**93**	72	**82**	87	**101**	89	**142**	85
f.m.with proprietor/preparer mentioned in advertisement	**35**	66	**84**	65	**70**	74	**74**	65	**97**	58
f.m. with a counterfeit caution in advertisement	**20**	38	**38**	29	**41**	44	**63**	55	**63**	38

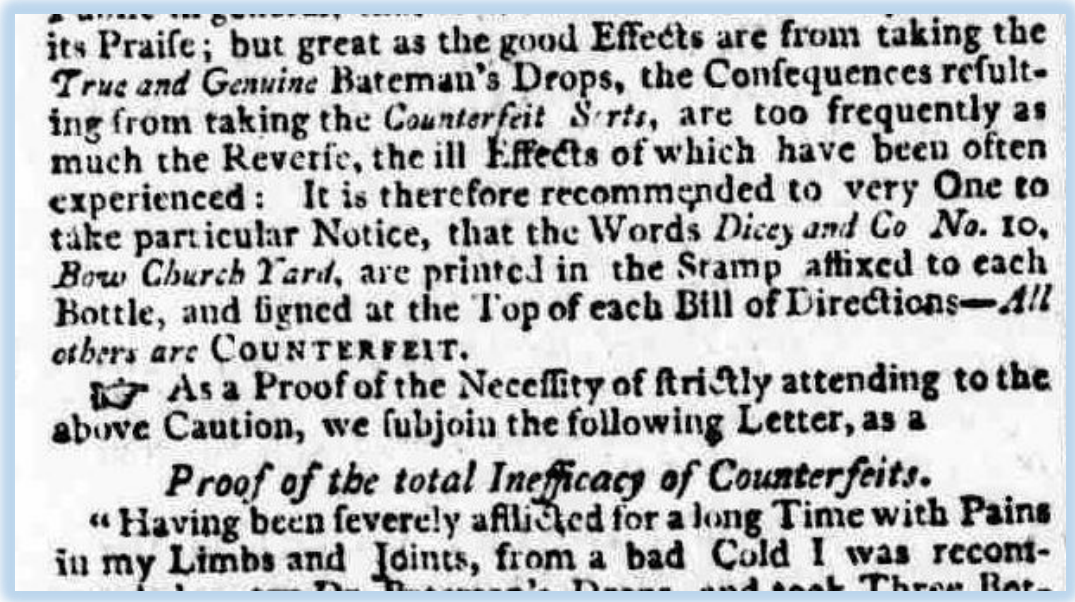
[624] Roy Porter, 'The Language of Quackery in England, 1660-1800', in *The Social History of Language*, ed. by Peter Burke and Roy Porter (Cambridge: CUP, 1987), 73-103 (85).
[625] Cox, 201.
[626] For example *Hume's History of England, Gifford's History of the French Revolution,* and *Shaw's Methodical English Grammar* which were all advertised in the *Leeds Intelligencer* during 1794. In the first half of 1794, 42% of the books and pamphlets advertised in the studied newspapers were linked to a person.

Linking most patent medicines to a specific, living, person reminded consumers about their uniform, and potentially superior, composition.

Second, when we look at the content of the advertisements rather than the names of the medicines, the proprietor or preparer of the medicine was mentioned in about two thirds of the advertisements (Table 6.3). Occasionally the proprietor would be an anonymous regular, such as 'a physician' with specified experience, but normally he or she would be named, often with an address. Commonly, no further information about the proprietor was provided: only fifty-three (15%) of the 360 advertisements which mentioned the owners or preparers recorded any details about their previous experience or expertise outside the development and preparation of their medicine.[627] This lack of emphasis on the experience of both regularly qualified and unqualified proprietors suggests that the primary aim of identifying them was not to impress the consumers with their skills, but it was rather to establish a single person as responsible for the apparently consistent quality of the patent medicines. The key point being made was that one person was preparing the patent medicine from the same recipe over the years, and the medicine would be exactly the same whether it was bought in Carlisle or Penzance.

The third finding which indicates the importance of the medicines' consistent composition was the frequent caution about the possibility of counterfeiting and the resulting risks to the consumer (Table 6.3 & Fig. 6.8). Overall, 40% of the first advertisements carried

Figure 6.8. *Part of the advertisement shown in Fig. 6.3 which contains a strong warning against counterfeits. A Dicey excise stamp is shown in Fig. 2.4.*


its Praiſe; but great as the good Effects are from taking the *True and Genuine* Bateman's Drops, the Conſequences reſulting from taking the *Counterfeit Sorts*, are too frequently as much the Reverſe, the ill Effects of which have been often experienced: It is therefore recommended to very One to take particular Notice, that the Words *Dicey and Co No.* 10, *Bow Church Yard*, are printed in the Stamp affixed to each Bottle, and ſigned at the Top of each Bill of Directions—*All others are* COUNTERFEIT.

☞ As a Proof of the Neceſſity of ſtrictly attending to the above Caution, we ſubjoin the following Letter, as a

Proof of the total Inefficacy of Counterfeits.

"Having been ſeverely afflicted for a long Time with Pains in my Limbs and Joints, from a bad Cold I was recom-

[627] Even when provided, the details could be brief, for example 'Royal Chemist'.

such a warning, which had three purposes. It promoted branding which encouraged the consumer to identify and buy that particular medicine, and it created an impression that the medicine was effective and so worth counterfeiting, increasing the trust in the medicine's value. Thirdly, it provided a guarantee of the medicine's consistency and purity, in contrast to the counterfeits, or indeed other medicines for the condition, which might contain anything. By mentioning the risks of counterfeiting, the advertiser was seeking to convince the consumer that the choice was between the precision and reliability of his product and the random nature of its competitors, and this would magnify the consumer's trust in the medicine.

D. Conclusion

Although we can find obvious exceptions, the consumers' trust in patent medicines in late Georgian England was built up within the industry predominately by low-key, factual, advertising. Barker came to a broadly similar conclusion when she found that the market for medicines operated rationally, and that trust was created by the use of accurate testimonials.[628] My exploration of a systematic selection of first advertisements for featured medicines shows that testimonials were often not included and that those that were used attempted to be authentic. Exaggerated claims of absolute superiority were largely avoided, and shrill headings were rare. The ownership and preparation by a single living person was often mentioned to emphasise the consistency of the patent medicine in comparison with other, locally prepared, medicines. The advertised indications for the patent medicines, as discussed in Section 3.1, also fit into this pattern of restraint. Rather than claiming to be panaceas, most of them were recommended for a comparatively narrow range of conditions. However, this factual approach did not extend to the components and the action of the medicine itself: strikingly little information was provided on the ingredients and how the medicine achieved its benefits. The emphasis was on when the medicine should be used and the overall results, not on the mechanisms involved.

How did the low-key, factual approach create the required belief in the medicines? One part of the answer was that this was the almost universal pattern for all newspaper advertisements in this period. This method of promotion was only just becoming respectable for movable goods as opposed to the many advertisements for property and announcements for the benefit of the public.[629] To us, used to the eye-catching illustrations and exaggerations of modern advertising, late Georgian advertisements look dull and restrained. But this was the

[628] Barker, 397
[629] Cranfield, 184; John Styles, 'Product Innovation in Early Modern London', *Past and Present*, 168 (2000), 124-69 (158).

style of the time: anything more strident could have provoked disdain and might have been counter-productive. The consumers of these advertised medicines could probably see through exaggerated bombast and were more impressed by factual information. Even Porter felt that Georgian opinion was offended by the hyperbole which he nonetheless regarded as the essence of medicine advertising.[630]

Yet this is not the complete answer. Within the Georgian pattern, advertisers had scope for more vigorous marketing if they wished. This low-key, factual, style generated trust amongst consumers by positioning patent medicines as close as possible to orthodox therapy. The advertisers wanted the medicines to be complementary to regular treatments, offering a convenient alternative, or providing a replacement when regular therapy had failed. They were not seeking to be in opposition to orthodoxy. Thus the advertisements were mostly reluctant to criticise regular medicine and often kept the published testimonials clear and detailed, mimicking the writing style commonly employed in orthodox medicine. The implied claim that the patent medicines were better made than locally obtained medicines is a criticism of the druggists not the medical practitioners. At the same time, the predominant style distanced patent medicines from quackery, such as the mountebank on a stage who 'comes once a week to cozen a parcel of poor deluded creatures out of their money' as Thomas Turner wrote in his diary in 1760.[631] Most medicine advertisers did not want to be associated with the extravagant claims of some irregular practitioners.

6.3 Use of External Authority

Trust and confidence in patent medicines amongst the public was also enhanced by the use of authority external to the industry. The authority could come from the recommendations of social superiors, or from the advice of suitable professionals. It could also be provided by legal decisions or legal threats, and an official authority was bestowed intentionally by the owners' adaptation of the patent system and accidentally by the medicine excise stamp. Overall, advertisers were reluctant to use respected recommendations from social superiors or experts, but they were delighted with the legal authority of the patent and the inadvertent official approval of the excise stamp.

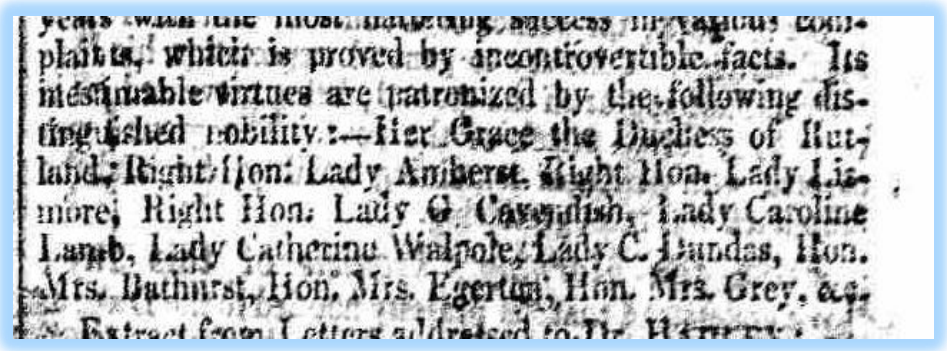
One representation of authority to consumers was an endorsement of the medicine by a social superior, especially from royalty or the nobility, or by a reputable medical practitioner. This endorsement could be a specific recommendation or a 'certificate' by the named or

[630] Porter, Language, 76.
[631] Vaisey, 208.

unnamed source of authority, or it could be a vaguer association with an individual, who may not have suspected that he or she was involved, or was already dead. Thus, an impressive list of aristocratic ladies could be employed (Fig. 6.9). A wider range of the aristocracy apparently supported Godbold's Vegetable Balsam, which was certified as demonstrating 'superior efficacy' in their own families by the Marquis of Lothian, followed by the names of four other peers, two viscountesses, three other ladies, four baronets and two colonels.[632] An association with royalty, then as now, could also be beneficial: for example, the advertisement for Glass's Magnesia stated that it had been 'given with good effect' to the Prince of Wales and the younger princes, as well as being 'approved and recommended by the most eminent of the faculty'.[633] This authority must have been regarded as effective as the same text was used in both 1769 and 1781. The authority of the 1794 recommendation by the 'late celebrated physician' Sir Edward Hulse, baronet, in favour of James Inglish's version of Dr Anderson's Scots Pills may have been diminished by the fact that the doctor had passed away thirty-five years earlier, and had been known to be out of his mind in his last years.[634]

Such examples stick in the memory, but the detailed analysis shows that these associations with figures of authority were not common. Forty-one (7%) of the advertisements named a non-medical social superior outside a testimonial, and even if we extend the search to the use or recommendation by unnamed, non-specific, superiors, such as 'many persons of distinction and rank in society',[635] the total number of recommendations by non-medical social

Figure 6.9. *Extract from an advertisement for Dr Hadley's Powders showing an apparent endorsement from ten titled ladies, including Lady Caroline Lamb (SWJ, 10 June 1822, BNA, British Library).*


plaints, which is proved by incontrovertible facts. Its
inestimable virtues are patronized by the following dis-
tinguished nobility:—Her Grace the Duchess of Rut-
land, Right Hon. Lady Amherst, Right Hon. Lady Lis-
more, Right Hon. Lady G. Cavendish, Lady Caroline
Lamb, Lady Catherine Walpole, Lady C. Dundas, Hon.
Mrs. Bathurst, Hon. Mrs. Egerton, Hon. Mrs. Grey, &c.

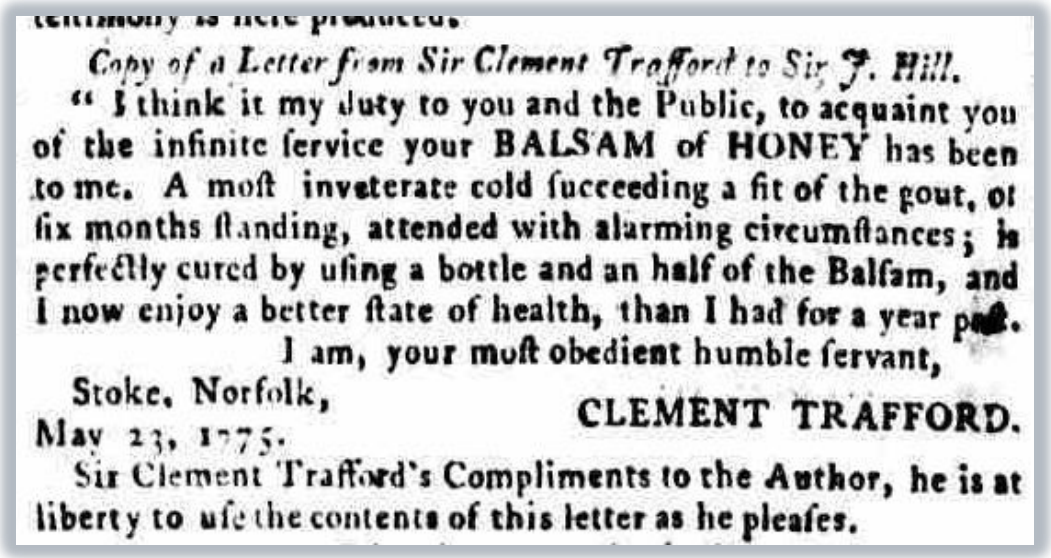
[632] *LM*, 22 February 1794.
[633] *SJ*, 23 January 1769; *SWJ*, 1 January 1781.
[634] *LM*, 4 January 1794; *ODNB*, s.v. Sir Edward Hulse.
[635] Ching's Patent Worm Lozenges, *SWJ*, 15 April 1822.

superiors, however vague, only rises to eighty-eight (16%). Even fewer recommendations from reputable medical practitioners, dead or alive, were mentioned: eighteen (3%) advertisements named one. Another forty-seven (8%) referred to support from the faculty or other medical bodies, but this was often very non-specific. So, contrary to the findings of both Barry and Strachan, only a small minority of patent medicines were advertised as receiving the named endorsement of social superiors or medical practitioners.

Similarly, *testimonials* containing medical details from a person with implicit or explicit authority, or witnessed by such a person, were rare. For this type of testimonial, the authority would be provided by a social superior, named medical practitioner or magistrate as a subject, correspondent or witness (Fig. 6.10). A testimonial could be sworn before a mayor or other magistrate to provide legal authority: one example was the testimonial from Thomas Fortune in favour of Dicey's Daffy's Elixir which was sworn before William Fisher, major of Yarmouth.[636] A testimonial backed by some form of authority would seem to have been particularly effective in boosting confidence. Yet they were used sparingly: only fourteen examples (3%) were found amongst the 559 first advertisements.

Rather less reticence was shown in proclaiming the explicit authority of the royal patent or the excise stamp. As we saw in Section 2.3, one of the main benefits of expending both

Figure 6.10. *Part of an advertisement for Hill's Pectoral Balsam of Honey showing the use of an authoritative testimonial from a social superior (LI, 23 January 1781, BNA, British Library).*



testimony is here produced.

Copy of a Letter from Sir Clement Trafford to Sir J. Hill.

" I think it my duty to you and the Public, to acquaint you of the infinite ſervice your BALSAM of HONEY has been to me. A moſt inveterate cold ſucceeding a fit of the gout, of ſix months ſtanding, attended with alarming circumſtances; is perfectly cured by uſing a bottle and an half of the Balſam, and I now enjoy a better ſtate of health, than I had for a year paſt.

I am, your moſt obedient humble ſervant,

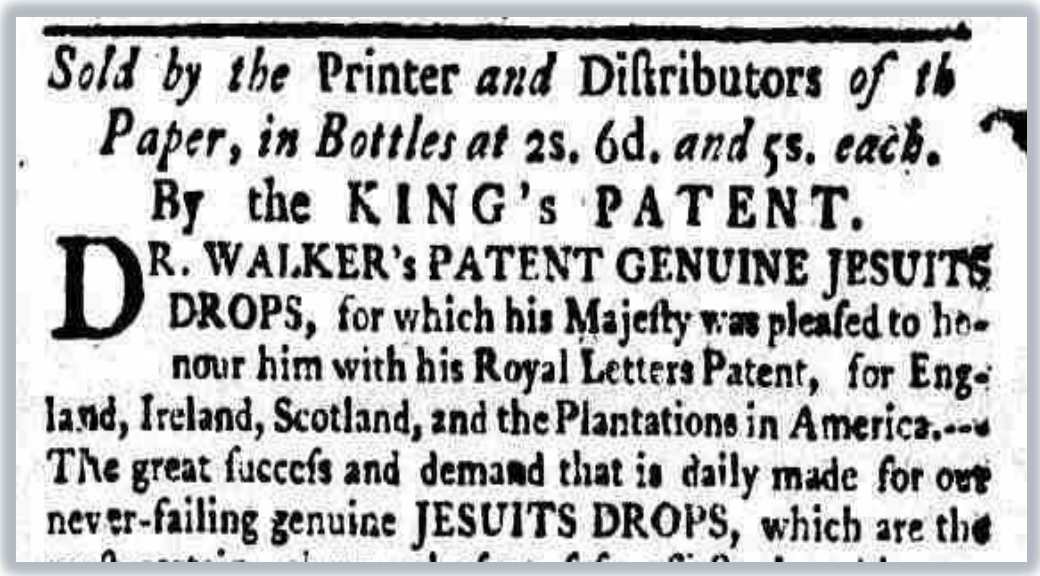
Stoke, Norfolk, CLEMENT TRAFFORD.

May 23, 1775.

Sir Clement Trafford's Compliments to the Author, he is at liberty to uſe the contents of this letter as he pleaſes.

[636] *SWJ*, 13 January 1794.

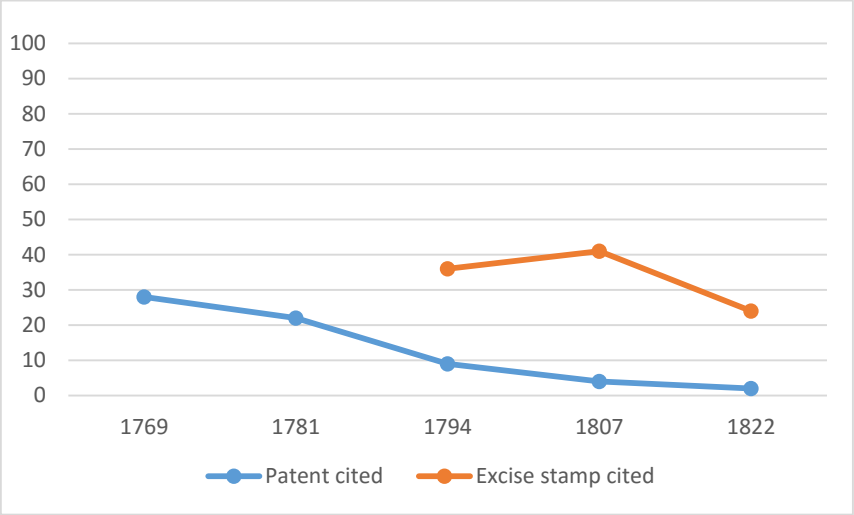
Figure 6.11. *Top of an advertisement for Dr Walker's Jesuits' Drops which emphasised the patent in both the title and the text (LI, 10 January 1769, BNA, British Library).*


Sold by the Printer and Diſtributors of th
Paper, in Bottles at 2s. 6d. and 5s. each.
By the KING's PATENT.
DR. WALKER's PATENT GENUINE JESUITS
DROPS, for which his Majeſty was pleaſed to ho-
nour him with his Royal Letters Patent, for Eng-
land, Ireland, Scotland, and the Plantations in America.---
The great ſucceſs and demand that is daily made for our
never-failing genuine JESUITS DROPS, which are the

time and money in getting a patent was the apparent government authority, which could then be put to good effect in advertisements and other promotion (Fig. 6.11). This authority would be amplified by trumpeting the patent in the heading, which occurred in over half of the advertisements mentioning a patent. For 1769 and 1781 in the studied newspapers, about a quarter of the featured medicine advertisements claimed a patent in the heading or text (Fig. 6.12), though a few of these claims seem dubious. In assessing this proportion, we should remember that most of the advertised medicines had never been patented, and so bestowed patents were frequently mentioned in these years. Unfortunately, I cannot determine exactly how often the patent was mentioned in advertisements for medicines which had received one: the patent records often do not give a specific name to a medicine, making it impossible to determine the precise number of advertised medicines which had received a patent.

In the last three studied years, the excise stamp largely replaced the patent in advertisements as the expression of government authority (Fig. 6.12). From 1783, every bottle or box of a patent medicine, regardless of whether the medicine actually had a patent, was required to have an attached excise stamp with a royal crown, as explained in Section 2.4, and the stamp could easily be interpreted as a form of government approval for the medicine. Advertisements described the wording and colour of the stamp, and emphasised its official

Figure 6.12. *Citations of the patent and excise stamp in the first advertisements for featured medicines (% of all featured medicines in that year).*



nature by, for example, explaining that it was attached to each bottle by order of 'His Majesty's Hon. Commissioners'.[637]

As discussed in Section 2.4, the excise stamp had several advantages over the patent as a form of authority, including its automatic provision and its visibility, without the expense and inconvenience of obtaining a patent. The engraving, or signing, of the name of the owner or wholesaler on the stamp provided reassurance to the consumer on the authenticity and composition of the medicine, with a more convincing legal threat than the patent against counterfeiters. In 1794 and 1807, about a third of the advertisements which mentioned the stamp also contained a legal warning, usually but not always, related to forging the stamp. A common phrase was 'imitation is a felony', inserted immediately after the description of the stamp. Attempts to prosecute another proprietor for imitating a *medicine*, even one with a valid patent, would be subject to long, costly, and uncertain legal processes, but any imitation of an *excise stamp*, an official document, was a forgery and clearly a felony: it could, and in at least one case did, attract the death penalty.[638] For all these reasons, the excise stamp largely replaced the patent in advertisements during the last three studied years with a peak incidence in 1807 when it was mentioned in 41% of the first advertisements for featured medicines (Fig. 6.12). By 1822, a quarter of the featured advertisements still mentioned the stamp, but none carried a legal threat. The reason for this lack of legal warnings is not clear, but it may have

[637] Robberd's Balsamic Elixir, *LI*, 4 January 1807.
[638] As described in Section 2.4, Thomas Collicott was sentenced to death in 1812 for forging medicine excise stamps.

been part of a general trend in society, by the 1820s, to use the criminal law more precisely with less extreme penalties.[639]

Why was the authority of social superiors or medical practitioners not invoked more often, while advertisers were quick to utilise the authority of the patent and the excise stamp? The answer to this question is not clear with no advertiser leaving an explanation of his aims. Of course, the support of the living nobility or gentry, or the endorsement of practising physicians, may have been difficult to obtain for a newspaper advertisement, but anonymous recommendations by individuals or ill-defined groups could have been easily created, and the names of dead physicians would have been available to all. Once again, it seems that many, but not all, advertisers wanted to avoid the flamboyant style of some quackery, and preferred to maintain a relatively undemonstrative factual approach in a similar style to orthodox medicine. Indeed, in the course of their public dispute (Section 3.5A), Thomas Henry mocked Samuel Glass for continuing to claim over many years that the royal princes were still taking Glass's Magnesia.[640] The use of recommendations and testimonials from social superiors had a flavour of an itinerant irregular and could have been counter-productive. The reason for not creating many non-specific endorsements from regular medicine is less apparent. Advertisers could easily have employed phrases such as 'approved by the faculty' or 'prescribed by the most eminent physicians'. One possible explanation is that although the advertisers wanted to be close to regular therapy, they still wanted to maintain a distinction from orthodoxy. Another is that they felt that any disputes with the regulars as to whether any backing had indeed been given was harmful to sales. However, no evidence has been found to sustain these possibilities.

By contrast, the patent and the excise stamp carried no association with quackery. The patent was in principle an expensive legal device, but it was largely used as a means of promotion. The excise stamp was more effective in adding royal and government authority to patent medicines as well as reducing the risks of counterfeits, and so the advertisements often mentioned it. It was not available to other forms of irregular therapy, and so it was compatible with the advertisers' overall aim of keeping a clear distance from quackery. We might ask why did not more advertisements mention the excise stamp? Well, they did not need to: it was on every bottle or box of patent medicines.

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[639] O'Gorman, 289-90.
[640] Henry, *Letter*, 21.

6.4 Familiarity of Patent Medicines

The familiarity of a patent medicine amongst potential purchasers helped to establish their trust and confidence. Well-known medicines would have been used for years, perhaps decades, and many consumers might already have confidence in their benefits and in a paucity of harmful effects. Examples would include Daffy's Elixir and Anderson's Scots Pills which were sold in the seventeenth century, as we have seen, and Dr Bateman's Pectoral Drops and Dr James's Fever Powder which had been patented in the first half of the eighteenth century and were still popular well into the next century. Familiarity was thoroughly established for these four medicines, but in this section, I will consider how the advertisements could use repetition to enhance the familiarity of less well-known medicines, improving their chances of being selected when a consumer needed to make a decision on which medicine to take.

The nature of the decision-making process for patent medicines could be prolonged, requiring the assistance of relatives and friends, and this increased the importance of familiarity. As discussed at the beginning of Chapter 5, customers had to weigh up the potential advantages and potential hazards of a medicine, and this was more likely to be a lengthy process than a snap decision. Testimonials often provided an illustration of this process when they recorded that the medical problem had been present for a considerable time before the patent medicine was started, and that help from friends, relatives or even a bookseller was required. Amongst the advertisements in the *Salisbury and Winchester Journal* during just two months at the beginning of 1807, several examples of the prolonged decision making and friends' advice can be seen in the testimonials. Mr Davies was urged by an unnamed person to try Dr Bateman's Pectoral Drops after fifteen weeks of severe rheumatic pain, and a recommendation from his medical practitioner persuaded Mr Thorn to try the Cordial Cephalic Snuff after twenty-nine years of giddiness in the head.[641] The intervention of friends was needed for a lady to take the Cordial Balm of Gilead for her longstanding low and weak state which had not responded to prescriptions from the regulars, and a friend advised Mr Stiell to use Brodum's Botanical Syrup to fix skin problems which had been troublesome for two years.[642] Dixon's Antibilious Pills were recommended by a friend for the chronic bilious complaints of Mr Lucas, 'chief officer' of an East India Company's ship, who in turn recommended them to his brother (Fig. 6.13).[643] Familiarity with a medicine would give it a significant advantage when the progression of the disease, the lack of response to any therapy, and the advice received all combined to make the time right for selection.

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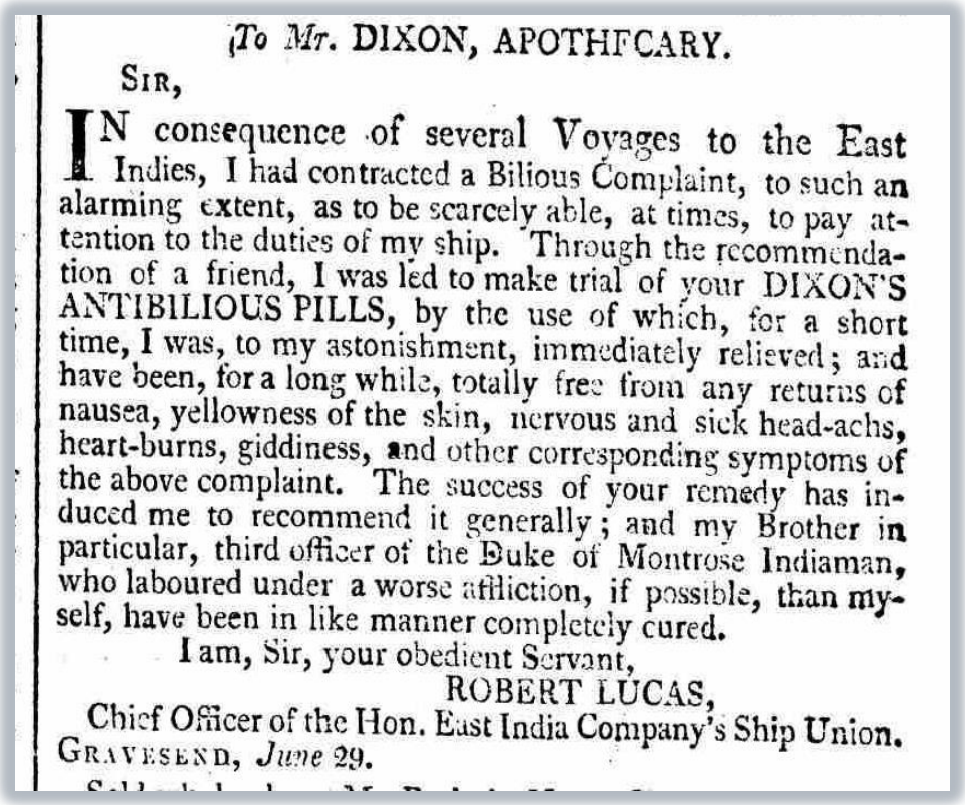
[641] *SWJ*, 12 January 1807
[642] *SWJ*, 26 January, 2 February 1807.
[643] *SWJ*, 16 February 1807.

Figure 6.13. *Testimonial from an advertisement for Dixon's Antibilious Pills, demonstrating a cautious approach to taking the medicines and the need for advice (SWJ, 16 February 1807, BNA, British Library). The names of the officers could have been easily checked and the testimonial was unlikely to have been a complete fabrication.*



To Mr. DIXON, APOTHECARY.

SIR,

IN consequence of several Voyages to the East Indies, I had contracted a Bilious Complaint, to such an alarming extent, as to be scarcely able, at times, to pay attention to the duties of my ship. Through the recommendation of a friend, I was led to make trial of your DIXON'S ANTIBILIOUS PILLS, by the use of which, for a short time, I was, to my astonishment, immediately relieved; and have been, for a long while, totally free from any returns of nausea, yellowness of the skin, nervous and sick head-achs, heart-burns, giddiness, and other corresponding symptoms of the above complaint. The success of your remedy has induced me to recommend it generally; and my Brother in particular, third officer of the Duke of Montrose Indiaman, who laboured under a worse affliction, if possible, than myself, have been in like manner completely cured.

I am, Sir, your obedient Servant,

ROBERT LUCAS,

Chief Officer of the Hon. East India Company's Ship Union.

GRAVESEND, *June* 29.

The branding of the medicines was a substantial part of establishing and maintaining their familiarity amongst the public. Branding was created by a range of factors, including the name of the medicine, the reputation of the owner, the packaging, the advertising description, warnings about counterfeits, any associated treatises, the directions, and perhaps the price. Detailed examination of branding is outside the scope of this thesis, but many of the methods of promotion described in this and the previous chapter would have contributed to it. According to the abstract of Jennifer Basford's successful PhD thesis on branding in the eighteenth and nineteenth centuries which included a study of patent medicines, the techniques were diverse and complex, but branding of goods was well established in Georgian England.[644]

The branding was supported by the repetition of newspaper advertisements which certainly occurred. Spilsbury's Drops were advertised fifty-four times in the *Leeds Intelligencer* during the whole of 1794, while Hill and Berry's Medicine for the Bite of a Mad

[644] Jennifer Basford, 'A Commodity of Good Names: The Branding of Products, c.1650-1900' (PhD Thesis, University of York, 2012, White Rose eTheses Online) (full text available September 2015).

Dog was not far behind with forty-five advertisements in the same newspaper in the same year. Such a frequency, approaching or even exceeding one per week, was exceptional, but many medicines were advertised five to twelve times during the six month studied periods, and a single advertisement was uncommon. It might be suggested that inertia was responsible for advertisements continuing unchecked, with the printer not having sufficient alternative copy to fill up the space and the advertiser not being unduly concerned about the number of times the advertisements were repeated. However, as we saw for the *Hampshire Chronicle* in Section 5.4, all medicine advertisements were normally charged to the advertiser, and so the repetition would have had a significant cost. The *Hampshire Chronicle* records also show up to twelve insertions for a single advertisement being ordered in advance. So it is very unlikely that the repetition was commonly due to inertia: it was intended, and it was considered by the advertisers to be effective, or they would not have spent hundreds of pounds a year on it.

How did the advertisers use repetition to increase the familiarity of their medicines? As usual in the patent medicines industry, a variety of approaches can be seen, but two extremes can be picked out. One was to repeat the same advertisement content over and over again, retelling the main reasons for taking the medicine without providing fresh ones: the main aim was probably to keep the name of the medicine in public view. We saw this in Section 6.3, when the same text, linking the medicine to the royal princes, was used for Glass's Magnesia over at least twelve years. Over a comparable period, advertisements with similar texts for Masson's Medicine for the Itch exhorted readers that families were 'liable to catch it [the itch] from connections in business, fresh servants, exc.'.[645] The other extreme was to vary the content of the advertisement as much as possible, probably with the aim of attracting the readers' attention, and offering them additional motives to go out and buy the medicine. Solomon's Cordial Balm of Gilead was advertised in this way across all four of the studied newspapers in 1822. The advertisements were printed approximately monthly in each newspaper, with the indications for the medicine and the justification for its use constantly varying and their order juggled around to ensure that consecutive advertisements looked different, while sometimes containing the same overall message.[646]

The methods of most of the major advertisers were between these two extremes, using both reiteration and fresh material to ensure that their medicines were familiar to the readers. As we saw in Section 5.4, during 1781 Francis Newbery advertised each of his medicines in bursts of three or six insertions of the same text in the *Hampshire Chronicle*, before moving on to a fresh advertisement. In the same newspaper, the Wrays preferred twelve insertions of

[645] *ABG*, 8 January 1781 & 6 January 1794.
[646] Five times in *LI*, seven in *LM*, five in *ABG*, and five *SWJ*. Solomon had died in 1819, but his anonymous successor(s) continued to promote his medicines for several years.

the same text. The Diceys took a different approach in this and other newspapers. They often advertised much of their stock as a whole, listing several medicines without additional information, and featuring a single one in detail in the heading and the initial text (Fig. 6.3). In different advertisements, the featured medicine was rotated from amongst their advertised stock. All the major London wholesalers, with the exception of Bacon who does not seem to have organised provincial advertising himself, used substantial repetition of advertisements for at least some of their stock.

So the expensive repetition of advertisements aimed to ensure that a consumer would read about a medicine on several occasions and so become familiar with it. When the time came to make a decision on selecting a medicine, the consumer would already know about it and would respond more positively to any advice given by friends, or to recommendations in a newspaper advertisement or printed bill. In this way, repetition reinforced branding as a means to ensure that the consumers' trust in a medicine was enhanced by their familiarity with its name and its potential use. The next section will show how the confidence of these Georgian consumers improved their health.

6.5 Changes in the 'Imagination' as Therapy

Contemporaries recognised that the effectiveness of Georgian patent medicines was due to more than the sum of the pharmaceutical effects of the recipe's constituents. This additional therapeutic benefit was often regarded as being due to alterations in the patient's 'imagination', a term with a greater depth of meaning in the Georgian period than in current usage. In this section, I will explore how they expressed this awareness within their understanding of both human physiology and the workings of the mind. I will argue that confidence was the most important generator of the powers of the imagination, and that the necessary confidence in patent medicines was created by the printed word. So the print had therapeutic potency which enhanced the direct effects of the ingested components of the medicine.

Historians have concentrated on the important role of the imagination in the fine arts and literature of the time, and have been less active in exploring its effects in healthcare.[647] In the twenty-first century, 'imagination' refers to a mental capacity to form internal images or ideas of objects and situations which are not actually present to the senses;[648] but in the past, the imagination was a more active instrument which could directly influence wellbeing

[647] For example, John Brewer, *The Pleasures of the Imagination: English Culture in the Eighteenth Century* (London: Harper Collins, 1997).
[648] *OED*, s.v. 'imagination' (1a).

amongst many other effects. Up to the early eighteenth century, the imagination was thought to possess the capacity to produce physical changes in the body and to induce disease in many organs.[649] Francis Bacon wrote that the imagination 'altereth the bodie proper of the imaginant', and that it had the power to both hurt and heal:[650] James Blondel and Daniel Turner debated in an exchange of pamphlets in the early eighteenth century whether the maternal imagination could produce abnormalities in the child.[651] By the mid-eighteenth century, the imagination was no longer considered as the cause of structural changes in the body, and it was now regarded more clearly as a mental process which could influence the involuntary functions of the body and alter its state of arousal.[652]

In the mid to late eighteenth century, there was a growing recognition of the potential beneficial effects of the imagination in medical therapy. The royal physician Peter Shaw was convinced of the general therapeutic powers of the imagination: 'And as we see by experience, what extraordinary efficiency the imagination has in the cure of diseases.'[653] Robert James, of the eponymous fever powder, devoted three and a half pages of his medical dictionary to the imagination, and he provided an exuberant illustration of its benefits, writing that it could 'cause the eyes and countenance to sparkle, while the hand and every member exult for joy'.[654] He also recognised that the imagination could have a negative influence, and 'hence the countenance is dejected and the limbs enfeebled'. Shaw attributed the beneficial powers of the imagination to confidence: 'A quack or a farrier, in whom a patient places great confidence is, in my opinion, a better physician for that patient, than a graduate doctor, from whom he has no expectations.'[655] At the end of the century, the probing Bath physician John Haygarth linked confidence more specifically to the success of drug therapy, writing that medical therapy had one highly important rule: 'In the best manner possible a patient ought to be always inspired with confidence in any remedy which is to be administered.'[656]

Haygarth was not alone in his views on the benefits of confidence and the imagination for the administration of physic, especially for patent medicines. A detailed analysis was provided in 1784 when the recently formed Medical Society of London instituted an annual

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[649] Esther Fischer-Homberger, 'On the Medical History of the Doctrine of Imagination', *Psychological Medicine,* 9 (1979), 619-28, (619-21).
[650] Francis Bacon, *Of the proficience and advancement of learning, divine and humane* (London, 1605), quoted in Richard Hunter and Ida MacAlpine, *Three Hundred Years of Psychiatry 1535-1860* (London: OUP, 1963), 80.
[651] Philip Wilson, '"Out of Sight, out of Mind?": The Daniel Turner - James Blondel Dispute over the Power of the Maternal Imagination', *Annals of Science,* 49 (1992), 63-85.
[652] C. E. McMahon and J. L. Hastrup, 'The Role of Imagination in the Disease Process: Post-Cartesian History', *Journal of Behavioural Medicine,* 3 (1980), 205-17, (206-208); Fischer-Homberger, 622.
[653] Peter Shaw, *The Reflector* (London: Longman, 1750), 229.
[654] Robert James, *A Medicinal Dictionary,* 3 vols (London, 1743-45), II, unnumbered pages.
[655] Shaw, 229.
[656] Haygarth, 28.

competitive essay in memory of Dr John Fothergill. The title for the first competition was 'What diseases may be mitigated or cured, by exciting particular affections or passions of the mind?'.[657] The choice of this title by a society seeking to establish itself as a prestigious unifier of the branches of the medical profession shows that the topic was current and important. The prize was won by the physician William Falconer, one of the early proponents, alongside his friends Thomas Percival and John Haygarth, of the use of statistics in public health.[658] Falconer was a thoroughly orthodox practitioner with MDs from both Edinburgh and Leiden, and a fellowship of the Royal Society, who moved from Chester to Bath in 1784. In his essay, Falconer provided numerous examples of the influence of the passions on the treatment of illnesses, both in the past and in his own time. One of his conclusions was that successful treatment required not just the correct medicines but also the 'calling in to our assistance the strong powers of the imagination'.[659] This was effectively demonstrated by the response to irregular therapy:

> Hence it is, that the same remedy will not always produce the same effect, even in the same person, and that common remedies often prove wonderfully successful in the hands of bold quacks, but do not answer the purpose in a timorous and distrustful patient.[660]

Other practitioners agreed with Falconer that the passions influenced the imagination and that this rendered patent medicines more effective than just the sum of the pharmaceutical consequences of the recipe. John Gregory, Professor of Physic at Edinburgh and one of the founders of the study of medical ethics, wrote that mystery was important: 'When a nostrum is once divulged and sold for a trifle, all its wonderful qualities immediately vanish, and in a few months it is utterly forgot.'[661] Haygarth emphasised that confidence created the favourable effects of the imagination with patent medicines:

> On this principle we may account for the marvellous recoveries frequently ascribed to empirical remedies, which are commonly inert drugs, and generally applied by the ignorant patient to disorders totally different from what the quack himself pretends they can cure. Magnificent and unqualified promises inspire weak minds with implicit confidence.[662]

Furthermore, other writers concluded that this crucial boost from the imagination could result in the patent medicines being more effective than the same medicines being

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[657] Falconer, 1.
[658] *ODNB*, s.v. William Falconer.
[659] Falconer, 88.
[660] Falconer, 88.
[661] Gregory, *Observations*, 55.
[662] Haygarth, 29.

administered by a regular practitioner. Duncan Forbes, an Edinburgh physician, commented in a long paper on empiricism:

> Mankind are fond of mystery; and it is more congenial with a sick man's mind to expect relief from the occult qualities of a medicine, than from its sensible virtues. Hence, in a great measure, arises the success of many boasted secret remedies, which, when compounded in an apothecary's shop, instantly lose their efficacy.[663]

An anonymous Edinburgh physician was sharply critical of patent medicines and their owners in a long letter to a medical journal, but nevertheless had a grudging admiration for their superiority over regular therapy under certain circumstances:

> Even the inexhaustible impudence and monstrous lies, and confident assurances, of the quacks afford more relief and comfort to many thousands of patients than any of our regular Faculty could give them, even if they were administering to them the same medicines that the quacks employ.[664]

Thus several contemporary physicians regarded the effects the imagination as not just a useful attribute of a patent medicine, but as an essential component. These Georgians were using 'passions' to refer to a general state of mind encompassing a broad range of impulses and feelings.[665] They concluded that the 'passions' changed the 'imagination', which then produced the benefits to the consumer. As Gregory put it, 'a passion for what is new and marvellous, operates more or less on every human imagination'.[666]

How did the imagination achieve this therapeutic advantage? I have quoted the regular physicians' views on the effects of the imagination at some length because they also reveal their opinions on the mechanisms involved. The most specific factor they mentioned was confidence, or at least not being 'timorous and distrustful'. Another factor involved was the element of mystery created by the secrecy of the medicine composition. Falconer made it clear that confidence was essential for patent medicine potency: 'The confidence with which they are administered, is perhaps in all of them the most powerful ingredient'.[667]

Contemporary physicians were also exploring the imagination in experiments, using techniques that have more in common with twentieth-century evidence-based medicine than with the practice of medicine in the eighteenth. A remarkable example was the French government's Royal Commission into Animal Magnetism which appeared to be of considerable benefit in some medical conditions: its inventor, Anton Mesmer was practising

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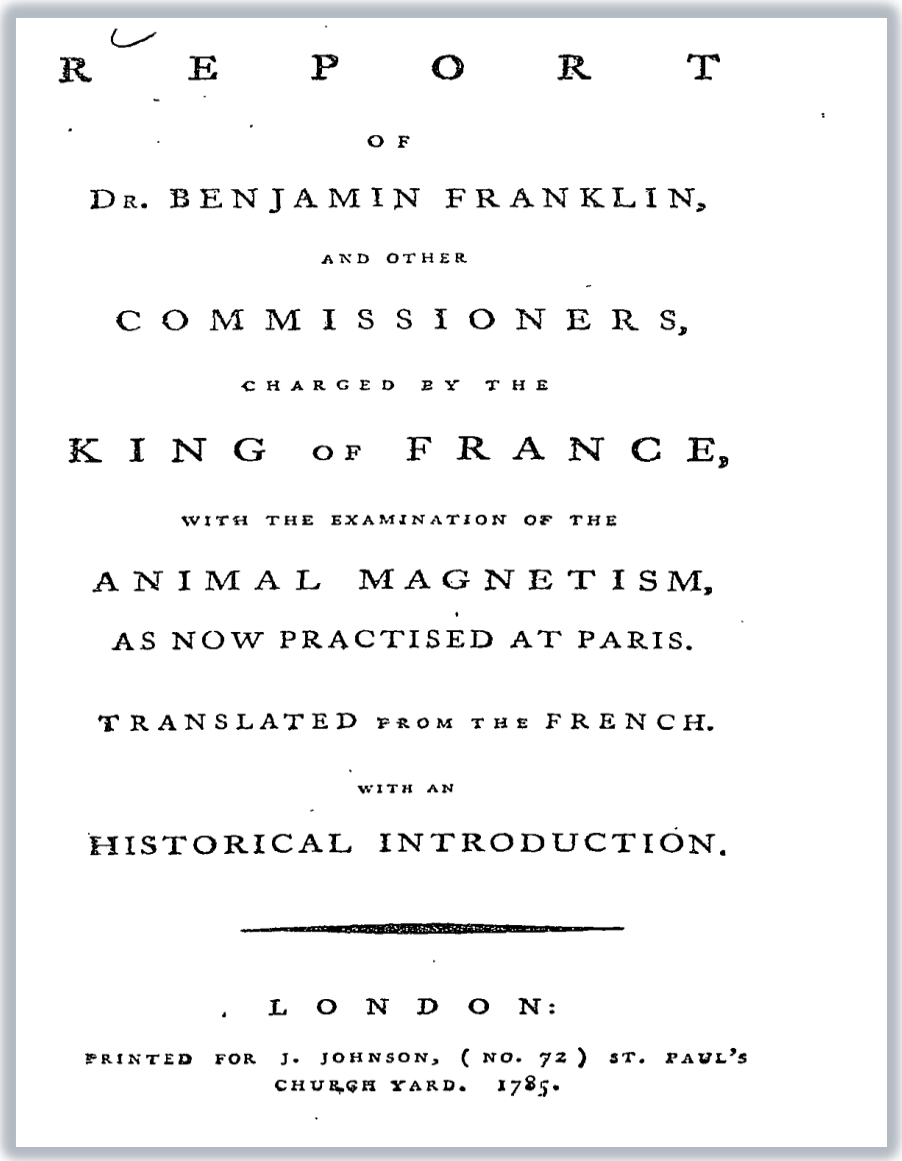
[663] Forbes (1806), 369.
[664] *MCR*, 12 (1806), cl-clx (clviii).
[665] Thomas Dixon, *From Passions to Emotions: The Creation of a Secular Psychological Category* (Cambridge: CUP, 2003), 5.
[666] Gregory, *Observations*, 55.
[667] Falconer, 67.

in Paris.[668] Animal Magnetism depended on the transfer of an invisible magnetic fluid between people, or from magnetised objects to the patient. The appointed commission was chaired by Benjamin Franklin, the American ambassador, and consisted of four well-known Paris physicians and four other prominent natural philosophers.[669] Their report was translated into English and published in London (Fig. 6.14).[670] In a long series of experiments, animal

Figure 6.14. *Front cover of the translated report from the French Royal Commission which investigated Animal Magnetism (ECCO, Countway Library of Medicine).*


REPORT

OF

DR. BENJAMIN FRANKLIN,

AND OTHER

COMMISSIONERS,

CHARGED BY THE

KING OF FRANCE,

WITH THE EXAMINATION OF THE

ANIMAL MAGNETISM,

AS NOW PRACTISED AT PARIS.

TRANSLATED FROM THE FRENCH.

WITH AN

HISTORICAL INTRODUCTION.

LONDON:

PRINTED FOR J. JOHNSON, (NO. 72) ST. PAUL'S CHURCH YARD. 1785.

[668] Robert Darnton, *Mesmerism and the End of the Enlightenment in France* (Cambridge, Mass: Harvard University Press, 1968), 61-64.
[669] Dr Guillotin was one of the physicians, and Lavoisier was amongst the philosophers.
[670] *Report of Dr Benjamin Franklin and other Commissioners, charged by the King of France with the examination of the Animal Magnetism* (London: Joseph Johnson, 1785).

magnetism, which in this period normally required speech, gestures and touch by an operator together with a 'magnetic' object such as iron rods, a bucket or a magnetised tree, was performed under variable and controlled conditions, such as blindfolding the patient, forbidding unnecessary verbal communication, varying any instruments, and altering the size of the audience. The commission found that the response was better in a public group than in private, which I consider as peer pressure, and that the lower classes were easier to treat than the educated, probably a reflection of authority. Several experiments showed that blindfolded patients benefitted from verbal suggestion even when no 'magnetism' could be present.

The commission concluded that 'the imagination is the true cause of the effects attributed to the magnetism'.[671] This imagination was induced 'by solemn preparations, by extraordinary proceedings, by the confidence and enthusiasm inspired by magnificent promises'.[672] Its medical effects resulted from stimulation of the nerves which affected certain organs by unique mechanisms: the imagination had demonstrable effects on the bowel and other organs.[673] Importantly, they found that the imagination was induced by a less powerful stimulation on a second occasion.[674] In other words, familiarity increased the chance of successful animal magnetism.

The action of the imagination in medical care was also explored by John Haygarth and others when they argued that it was responsible for the benefits of the transiently popular Perkins's Tractors. These Tractors were a combination of metals made into tapered rods which had been introduced by Dr Elisha Perkins in Connecticut and were patented in London in 1798 by his son Benjamin Perkins (Fig. 6.15). When passed over the surface of the body, they relieved pain, paralysis and other manifestations of a variety of 'topical' diseases.[675] A set of Tractors cost five guineas and they were used on the general public by some regulars and by a variety of irregular practitioners, including two London booksellers, David Ogilvy and James Matthews, who provided long supporting certificates describing their experience.[676]

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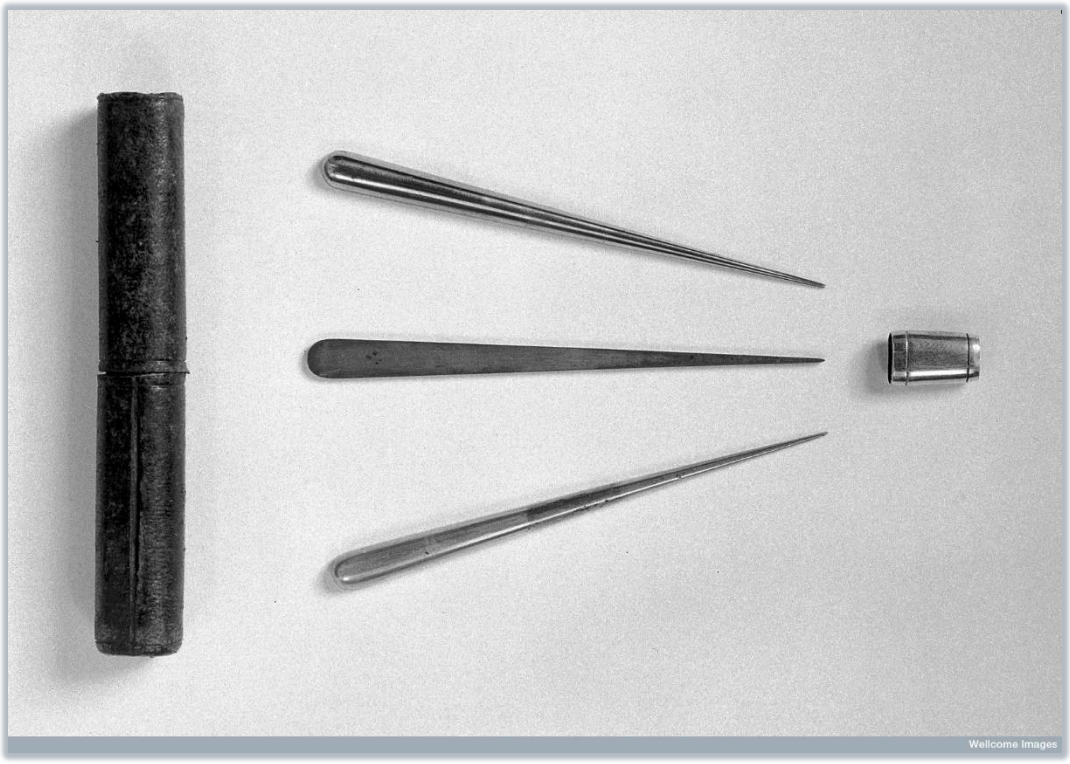
[671] *Animal Magnetism*, 78.
[672] *Animal Magnetism*, 10.
[673] In the words of the report, the increased tone of the sensible and nervous fibres generated 'their impulse towards certain organs, and to excite in them evacuations or excretions, without these resulting in any additions to the sciences, either philosophy or medicine' (10).
[674] *Animal Magnetism*, 96.
[675] Benjamin Douglas Perkins, *Directions for Performing the Metallic Operation with Perkins's Patent Tractors* (London, 1798?).
[676] Benjamin Douglas Perkins, *The Efficacy of Perkins's Patent Metallic Tractors* (London, 1800), 38-45.

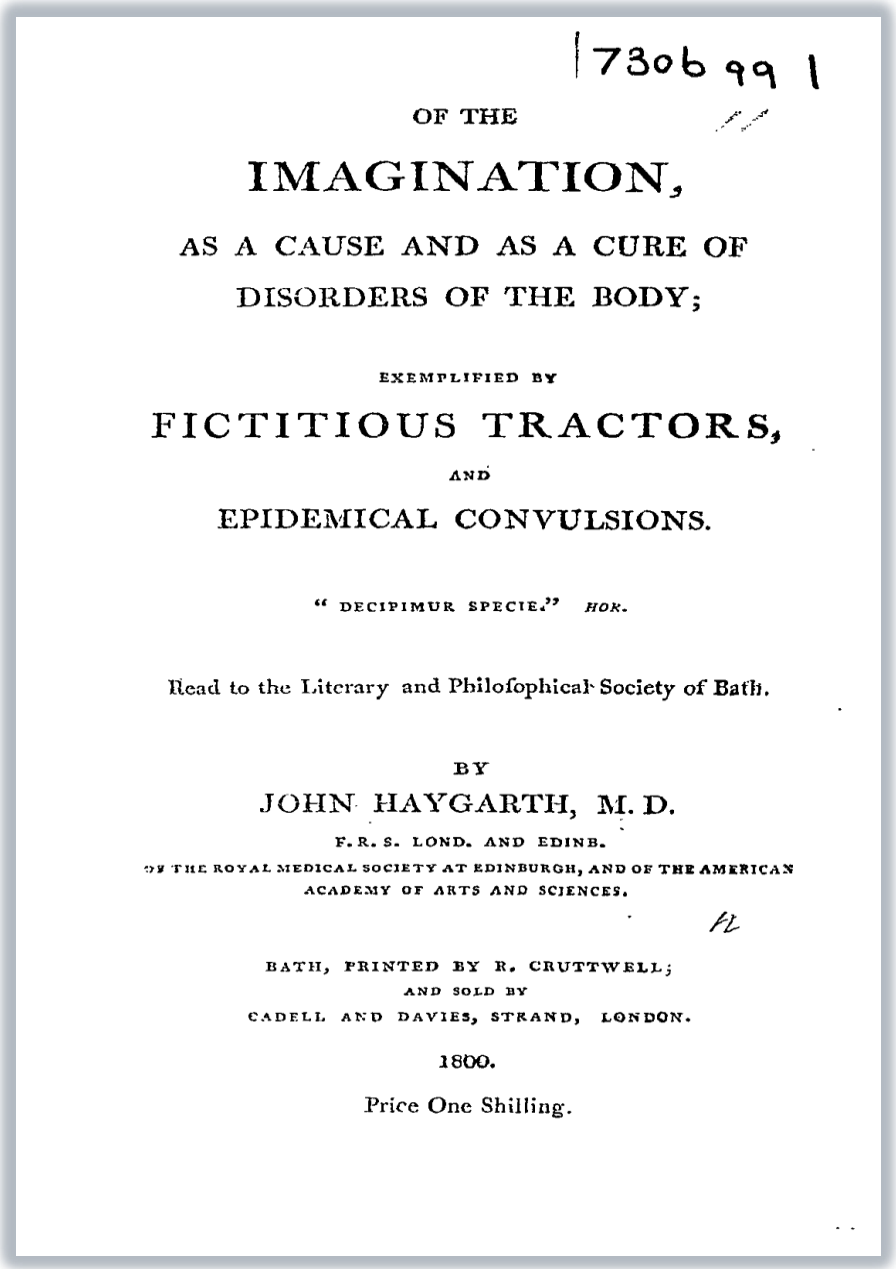
Figure 6.15. *Genuine Perkins's Tractors with their box (Wellcome Museum).*



To explore the action of the Tractors, Haygarth used similar shaped pieces of wood painted grey to resemble the genuine metal version (Fig. 6.16).[677] Without the patient being informed of the change, he tried them on five hospital patients in Bath, and they produced the same benefits as the real tractors did the following day. He then sent a pair of the false tractors to Dr Richard Smith at Bristol Royal Infirmary who showed that they were effective in many, though not all, patients with a wide range of conditions. A bone tractor and one made from a common nail also worked. Haygarth realised that these findings were more important than just a refutation of 'Perkinism'. For him, these experiments 'clearly prove what wonderful effects the passions of hope and faith, excited by mere imagination, can produce upon diseases'.[678] Hope and confidence could be as powerful as the medicinal qualities of a drug, and a physician should confidently express his genuine appreciation of the virtues of a prescribed medicine.[679]

[677] Haygarth, 2-25.
[678] Haygarth, 29.
[679] Haygarth, 30.

Figure 6.16. *Front cover of John Haygarth's report on the use of the imagination for Perkins's Tractors (ECCO, British Library). Haygarth also concluded that epidemical convulsions in young women were due to the imagination.*



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OF THE

IMAGINATION,

AS A CAUSE AND AS A CURE OF

DISORDERS OF THE BODY;

EXEMPLIFIED BY

FICTITIOUS TRACTORS,

AND

EPIDEMICAL CONVULSIONS.

" DECIPIMUR SPECIE." HOR.

Read to the Literary and Philoſophical Society of Bath.

BY

JOHN HAYGARTH, M. D.

F. R. S. LOND. AND EDINB.

OF THE ROYAL MEDICAL SOCIETY AT EDINBURGH, AND OF THE AMERICAN ACADEMY OF ARTS AND SCIENCES.

BATH, PRINTED BY R. CRUTTWELL;

AND SOLD BY

CADELL AND DAVIES, STRAND, LONDON.

1800.

Price One Shilling.

Haygarth also made a point which is very relevant to our understanding of the production and retailing of patent medicines: the advocates of Perkins's Tractors were not fraudulent.[680] The Tractors did indeed relieve symptoms in many patients: though it turned

[680] Haygarth, 15.

out that cheap, simple, materials could produce similar benefits with the help of the imagination. Similarly, the French Royal Commission concluded that the effects of Animal Magnetism on the body were genuine, but they were due solely to the imagination and not to magnetic fluids.[681] The proponents of these therapies correctly believed that the treatments were effective, though they misunderstood the reasons why. However the general public did not recognise this distinction between ignorance and dishonesty, and Animal Magnetism was extensively ridiculed and dismissed as fraudulent on both sides of the Channel after the publication of the Commission's report.[682] Perkins's Tractors also disappeared from view in the early years of the nineteenth century. Correspondingly with patent medicines, their advocates could be honest in attesting to their effectiveness even when this was due to the powers of the imagination rather than the medicines' pharmaceutical components; but contemporary critics of patent medicines were reluctant to appreciate this point of view.

Thus the general remarks of Georgian physicians on the nature of the imagination were largely in agreement with the more specific conclusions from the experiments in Paris on Animal Magnetism and in England on Perkins's Tractors. Indeed, Haygarth regarded his experimental findings as being an extension of these earlier opinions.[683] Changes in the imagination could relieve symptoms and possibly cure illnesses in a variety of circumstances, and, more specifically, this contributed substantially to the success and popularity of many patent medicines, possibly more than the pharmaceutical components. For these Georgian experts, the most important promoter of the alteration in the imagination was the consumers' confidence, which in turn was inspired by 'confident assurances', 'magnificent promises', the attitude of the physician, solemnity, peer pressure and authority. In addition, the benefits of confidence for the imagination were boosted by 'mystery' which could be produced by the secrecy of the recipe, or by 'extraordinary proceedings'.

The printed word of the advertisements for patent medicines also changed the imagination by similar mechanisms, building up the consumers' confidence by establishing their trust with the help of external authority (Sections 6.2 & 6.3). In one aspect the style of the advertisements differed from the ideas of Georgian physicians by employing a factual approach rather than by 'magnificent promises', because the latter might have been counter-productive. This factual approach can be considered as the printed word having the same influence on the consumer as the attitude of the physician and solemnity might do in medical practice, two features which were thought by the physicians to promote the alterations in the

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[681] *Animal Magnetism*, 88.
[682] Darnton, 65; Alison Winter, *Mesmerized: Powers of Mind in Victorian Britain* (Chicago: Chicago University Press, 1998), 99.
[683] Haygarth, 25.

imagination. The authority derived from the medicine patent and the excise stamp featured in the advertisements as a form of 'confident assurance', and the reassurance on the composition of the medicines had a similar effect. The confidence was also enhanced by the familiarity of the longstanding patent medicines which was augmented by the repetition of many newspaper advertisements.

The experts believed that mystery was an adjunct to beneficial effects of confidence on the imagination, and undeniably a degree of mystery was intrinsic to these medicines with closely-guarded secret recipes. Further, the advertisers seem to have been particularly reluctant to reveal any details about the nature of the medicines or their mode of action. As we saw in Section 6.2, only 12% of the first advertisements disclosed anything about the medicine's ingredients and even then the information was often non-specific such as 'vegetable' or 'contains no mercury'. Less than 20% said anything about the mechanisms of action apart from a list of indications. Thus advertisers often seemed to have preferred to maintain the 'mystery' rather than go for the boost to the confidence which might have been created by the exposure of more detail.

So contemporaries were clear that altering the imagination was an important component of successful medical therapy, and that it was essential for the effectiveness of patent medicines. The newspaper advertisements were well suited to boosting the imagination by promoting the necessary trust amongst consumers which provided the essential confidence. However, it would be a mistake to assume that the contemporary expert opinions of physicians concerning the imagination had a direct effect on the content of the advertisements. In the first place, the wide interest in the medical powers of the imagination only emerged towards the end of the eighteenth century, after the beginning of our period in the mid-century. I have also found no specific evidence to link directly the advertisement content to the contemporary opinions on the imagination. It is more probable that the advertisers had learnt from experience which style of content resulted in the best sales: more medicines would be sold if the consumers were finding them to be effective. In other words the advertisements were stimulating the imagination, even though the advertisers may not have realised that the printed words were having this effect. The medical experts and the advertisers probably came to similar conclusions by different methods, with the experts using observations, experience and experiments to explore the powers of the imagination, whereas the promoters of the patent medicines were reacting to the feedback from the sales.

6.6 Conclusion

The printed word in newspaper advertisements, bills and directions was an indispensable component of most patent medicines, particularly the more successful ones. The conclusion that the print had therapeutic potency was essentially the considered view of several leading physicians from at least the end of the eighteenth century, possibly before. They agreed that the influence of the imagination was required to transform the basic ingredients in the recipe into a powerful medicine which was often more effective than a mixture of the same ingredients prescribed by a regular practitioner, and that the necessary changes in the imagination were founded on the consumer's confidence with the help of some mystery. They did not specify the medium for achieving this confidence, but for nationally available medicines the printed word was the only means of doing so across the country. My analysis of the newspaper advertisements has shown that the advertisers were designing the content of their advertisements to create the confidence necessary for the imagination. Largely, they were doing this not by the hard-sell described by some historians, but rather by a low-key, factual, approach which attempted to position the patent medicines close to orthodox therapy and as far as possible from irregular medicine. The emphasis on the purity and consistency of the medicine manufacture was part of this style, and the consumers' confidence was enhanced by the authority of the patent when available, and later by the excise stamp. Also, a degree of mystery was preserved to help the imagination. It is very unlikely that the content of the advertisements was directly guided by the experts on the imagination; rather the competitive pressures within the patent medicine industry created a style of promotion which could have been expressly formulated to boost the imagination.

Was this understanding of the imagination a precursor to the modern concept of a placebo effect? We should be wary about linking the two as we know that the occurrence of a placebo effect is culture-specific,[684] and the culture of the eighteenth century was very different from that of today. In addition, a historical discontinuity exists between the understanding of the effects of the imagination and the idea of a placebo response. The nineteenth-century ambition to explain all diseases in terms of changes in organs removed the imagination as a positive or negative influence on health, except for the specifically female disease of hysteria.[685] By the end of the nineteenth century, mental processes were separated

[684] Colin Brewer, 'The Golden Age of Placebo', *British Medical Journal*, 344 (2012), 47; Daniel Morris, 'Placebo, Pain and Belief: A Bicultural Model', in *The Placebo Effect: An Interdisciplinary Exploration*, ed. by Anne Harrington (London: Harvard University Press, 1997), 187-207, (192).
[685] Fischer-Homberger, 625; Morris, 187.

from illness of the body, and the imagination had ceased to be mentioned in orthodox medicine rather earlier.[686]

The recognition amongst orthodox practitioners of a placebo effect, which had physical as well as mental benefits, only became widespread with the routine adoption of placebo-controlled drug trials in the mid-twentieth century. We need to make a distinction between using a placebo, which today may be unethical outside a drug trial, and a placebo effect, which may be the result of a placebo, but can be induced by many types of recognised therapy and should be part of routine medical practice.[687] 'Placebo' was originally confined to the meaning of a trivial therapy of little benefit, and then it began to refer to a harmless substitute for conventional therapy. The word did not appear in the pioneering medical dictionary written by Robert James; nor did the first edition of Motherby's medical dictionary include it in 1775, but the second edition in 1785 did, defining it simply as 'a common place method or medicine'.[688] By the fourth edition ten years later, the definition had expanded to 'a common-place method or medicine calculated to amuse for a time, rather than for any other purpose'.[689]

During the nineteenth century, the placebo remained outside orthodox medicine with little or no understanding of the placebo effect as an agent which could improve the receiver's health.[690] Thus Raieck and colleagues digitally searched the archives of the *British Medical Journal* from 1840-99 and found diverse reasons for the use of a placebo.[691] These citations could refer to an ineffective treatment, a means of allowing the natural history of the disease to unfold, a therapy given solely to fulfil the patient's expectations, something to buy time, or a way of financially benefitting the doctor. Only one of the seventy-one citations implied that the placebo had a clinical effect. The first use of the term 'placebo effect' seems to have been by Stewart Wolf in 1950.[692] So the general recognition of the beneficial placebo effect was not a restatement of the powers of the imagination for a later era: it was a fresh, mid twentieth-century, discovery.

Thus we can see no historical relationship between the understanding of the imagination as a magnifier of the efficacy of Georgian patent medicines and the modern concept of the

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[686] McMahon and Hastrup, 209.
[687] Howard Brody, 'The Doctor as Therapeutic Agent: A Placebo Research Agenda', in *The Placebo Effect: An Interdisciplinary Exploration*, 77-92, (78).
[688] George Motherby, *A New Medical Dictionary*, 2nd edn (London, 1785), unnumbered pages.
[689] George Motherby, *A New Medical Dictionary*, 4th edn (London, 1795), 593.
[690] Ted Kaptchuk, 'Powerful Placebo: The Dark Side of the Randomised Controlled Trial', *Lancet*, 351 (1998), 1722-25.
[691] Jacqueline Raieck, Bradley Stone and Ted Kaptchuk, 'Placebos in 19th Century Medicine', *British Medical Journal*, 345 (2012), 44-45.
[692] Stewart Wolf, 'Effects of Suggestion and Conditioning on the Actions of Chemical Agents in Human Subjects - the Pharmacology of Placebos', *Journal of Clinical Investigation*, 29 (1950), 100-109.

placebo response. They were formulated in eras with different cultures and different understandings of human physiology and pathology, and there is a historical discontinuity between them. What is clear is that the success of Georgian patent medicines in improving symptoms and treating illnesses required the powers of the imagination which were generated by the text of the newspaper advertisements and bills. Millions of bottles and boxes of these medicines would not have been sold every year without the contribution of the printed word in creating satisfied customers. So the print was an essential constituent of each patent medicine, often more powerful than the pharmaceuticals according to some contemporary views.

Consequently, the printed word was a therapeutic agent which was just as important for the effectiveness of the medicines as the included pharmaceuticals. The manufacturers did not insert this medicinal component with a spoon or a measuring glass; they used the printing press to add it in. For owners with a heavy advertising budget, it would have been the most expensive ingredient. The therapeutic effects of the printed word have received little attention in the past; but clearly the potential use of the printed word in this way goes far beyond Georgian patent medicines. Many medical therapies and curative devices over the last four hundred years have been advertised in print, described in treatises, or accompanied by written instructions. How did the printed words increase their therapeutic benefits? A new direction for print history is available for study.

Conclusion

This thesis has revealed Georgian patent medicines as a structured and established industry with its own practices and position in the medical market, popular amongst all sections of society and officially recognised by the patent system and the excise office. The industry supplied a national market with a wide-ranging collection of medicines, which could be used to treat most complaints. Some medicines were intended to be panaceas, but most were promoted for a limited series of conditions. Although irregulars who were described as quacks participated, most of the owners and wholesalers of the widely publicised medicines were either Georgian tradesmen, who used their commercial skills to publicise and distribute their medicines across the country, or regular practitioners. The patent medicine industry was a distinct entity with its own competences, separate from, but overlapping with, both regular and irregular medicine.

This revelation is in sharp contrast to earlier enquiries. For a century and a half, Georgian patent medicines were portrayed as manifestations of medical ignorance and fraud, which provided amusement but were not worthy of further investigation. More recently, a greater understanding of the pluralistic medical market and its lack of a clear division between regular and irregular therapy has restored Georgian patent medicines to the attention of some historians, predominately as observable manifestations of amorphous quackery or as the first steps towards new forms of retailing. The medicines have provided scholars with convenient illustrative material of irregular medicine, but up till now they have not been regarded as a distinct form of healthcare.

Many contemporaries regarded patent medicines as being effective, at least some of the time. This was due either to their similarity to regular medicines, or to the help of the 'imagination' in increasing the potency of an otherwise ineffectual medicine. So the common assumption of the last two hundred years that patent medicines in the Georgian era equalled fraud is unfounded: they did relieve some of the medical problems of Georgian consumers, even if, in common with the prescribed medicines, their effectiveness was limited in comparison to later therapies. Patent medicines were reputable goods, mostly produced by respectable tradesmen, and prominent members of society were prepared to be associated with them, unlike the tradesmen's descendants. Owning patent medicines was not an embarrassment or a bar to social acceptance, as we have seen with country gentlemen in Sussex, Surrey and Leicestershire, a member of the Lancashire gentry, a Scottish Catholic bishop, a Dominican friar and an apothecary who was one of the leaders of Manchester intellectual life. The main exception to this tolerance was provided by the many members of

the medical professions who saw patent medicines as both commercial rivals and threats to their intended medical monopoly. The vigour of some of their criticisms can be considered as a confirmation of the popularity of patent medicines.

The popularity of these readily identified medicines has enabled me to demonstrate, for the first time, some of the detailed techniques which created a true national market for a product in eighteenth-century England. Some medicines were only available in a locality, but many could be purchased all over England. Research has been published on the national markets for other goods in the eighteenth century, such as books, tea, wool textiles and shoes, but the emphasis in these accounts has been on the production and the overall distribution arrangements, rather than the specific methods of wholesaling, promotion and retailing across the country.[693] Some owners of patent medicines arranged their own distribution across the country, but the wholesaling was dominated by eight businesses in the centre of London, particularly those of the Newbery and Dicey families. The bottles and boxes of medicines were sent as separate consignments by a variety of means of transport. Local demand for the medicines was generated by frequent newspaper advertisements which were largely controlled, and often paid for, by the wholesalers and the distributing owners. The newspaper printers formed regional sales networks with local booksellers, stationers and other tradesmen.

The printed word was the vehicle for this substantial national market in medicines, and it had several indispensable roles. To create and maintain the industry, extensive and sustained promotion of the medicines was required in newspaper advertisements, bills and other publications, which also provided practical information on finding vendors and the methods of use. In addition to this promotional role, the printed word in the directions, which normally accompanied every bottle and box, advised consumers on the correct consumption of the medicines, unlike regular medicine and quackery where communication was largely verbal. Due to the pivotal significance of print, booksellers and newspaper printers were able to use their skills in employing the printed word and in managing printed matter to lead the retailing of medicines outside London, and to play a substantial role in ownership and wholesaling early in this period. They were challenged in both of these roles by the druggists and other medicine specialists towards the end of the eighteenth century. Further, the printed word was a necessary component of the medicines. It provided the confidence and mystery which altered the consumers' 'imagination', an effect which contemporaries felt was essential for the full efficacy of patent medicines. This enhancement of the potency of patent medicines meant that the printed word was in effect a therapeutic ingredient, alongside the pharmaceutical constituents. The medicines would certainly have been less effective without it.

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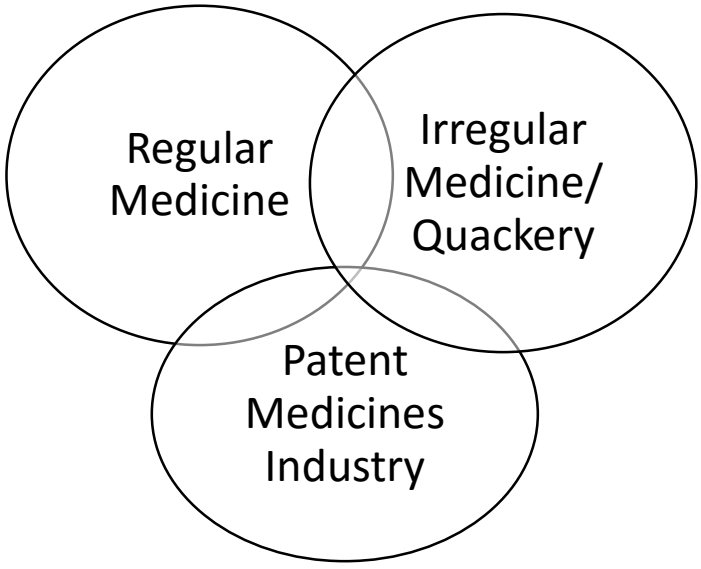
[693] Raven, *Business of Books*; Mui, and Mui, 249-87; Smail; Riello.

In this conclusion, I will first argue that the findings in this thesis reveal a new overall structure for late Georgian healthcare, with the patent medicines industry as a distinct component, different from both regular and irregular medicine. I will then discuss how the fresh understanding of eighteenth-century wholesaling and retailing influences the continuing debate on the timing and nature of the development of 'modern' retailing. The next section will explore why the printed word can be regarded as both a source of power and a raw material for this industry, and the implications of its therapeutic potency for print history. Finally, the benefits and more general applicability of the new methods of researching in this thesis will be discussed before an illustrated postscript.

7.1 *New Structure of Commercial Georgian Healthcare*

The exposure of this patent medicines industry requires a fresh approach to the overall structure of late Georgian commercial healthcare. Porter envisaged it as having two components, irregular medicine/quackery and orthodox medicine, with no hard division between them.[694] This position needs to be altered to accommodate a third component, the patent medicines industry, and this can be displayed in a Venn diagram (Figure 7.1). The industry overlapped with regular medicine and irregular medicine/quackery, while remaining distinct from both of them. Patent medicines were largely separated from irregular medicine

Figure 7.1. *Venn diagram of the three components of late Georgian commercial healthcare.*



[694] Porter, *Health*, 4.

by their ownership and distribution often being in the hands of reputable people who did not undertake irregular practice, and who operated as an industry with their own methods. These methods included a range of cooperative business practices between producers, wholesalers, advertisers and retailers which contrast sharply with the individuality of most irregular medical practitioners. Correspondingly, the patent medicines industry was distinguished from regular therapy by its different methods of production and sale, its dependency on the printed word, and the lack of medical training for most of the medicine proprietors and retailers. Again, regular medical practitioners largely operated as individuals, unlike the collaborative skills of participants in the patent medicines industry.

In spite of these clear differences, the pluralistic and unregulated nature of the Georgian medical market meant that the industry also overlapped with both regular and irregular therapy. Some regular practitioners owned patent medicines, either as a separate business or as part of their practice, and some patent medicines owned by others were prescribed by regulars. Irregular practitioners could also own and distribute patent medicines: many of the local owners described in Section 3.8 were probably irregulars though details are sparse, and the well-publicised itinerant irregulars who owned medicines (Section 3.7) featured in the satire of the time. Regular medicine and quackery also overlapped outside the patent medicines industry due to the lack of generally recognised qualifications for many practitioners in this period and the extensive medical knowledge of some lay people. Finally, a few controversial medicine owners who aspired to be regular practitioners in spite of seemingly inadequate training, such as William Brodum, Samuel Solomon and John Lignum, would be in all three of the sets in the diagram.

So the patent medicine industry was the third force of Georgian commercial healthcare, a distinctive, stable, and successful alternative to both orthodox medicine and irregular medicine/quackery. The time course of this third force is uncertain: was it a temporary phenomenon or part of long-term trends? It apparently evolved in the middle of the eighteenth century, but a more detailed analysis, using similar techniques to those described in this thesis, might place it earlier and perhaps link these late Georgian medicines with their late Stuart equivalents. Did the industry disappear under the sustained attacks of the uniting medical professions in the period 1830-60? My initial impression is that the industry continued, but that it split in two with one part opposing orthodox medical practice and as a result shrinking under legal and other pressures from regular practitioners.[695] The remainder of the industry, as exemplified by the highly commercialised medicine empires of Thomas Holloway, Jesse Boot

[695] Michael Brown, 'Medicine, Quackery'; Ursula Miley and John V. Pickstone, 'Medical Botany around 1850: American Medicine in Industrial Britain', in *Studies in the History of Alternative Medicine*, ed. by Roger Cooter (Basingstoke, Hampshire: Macmillan Press, 1988), 140-54.

and Joseph Beecham, developed a more limited role alongside orthodox practice, criticised by many registered practitioners but not regarded by them as a substantial threat.[696] Indeed, the medical profession as a whole was ambivalent about patent medicines in the late nineteenth and early twentieth centuries, with many British doctors recommending them and the *British Medical Journal* printing their advertisements.[697] An assessment of the ownership and selling of Victorian patent medicines, using the techniques and non-judgemental approach of this thesis, would reveal whether these early thoughts are correct.

This thesis also shows that some of the detailed structures of the Georgian medical market are more amenable to study than previously suspected. Explorations of the boundaries between its three components should reveal a great deal about the economic, social and religious influences within the medical market. For instance, how close did the women who practised irregularly or who owned patent medicines, get to the regular practice from which they were formally barred? Were the local patent medicine owners described in Chapter 3 mostly irregular practitioners? To what extent were the irregular practitioners engaged in the retailing of patent medicines? In addition, studying the reasons why the sale of patent medicines was low in Scotland, a country with different religious and legal structures, could reveal the importance of some non-economic factors in the British medical market.

7.2 *National Wholesaling and Retailing*

Uncovering more of the techniques for the national wholesaling and retailing of patent medicines will influence the debate on when 'modern' retailing began. In the second half of the eighteenth century, the patent medicines industry employed an effective national distribution system for a class of branded products, accompanied by retailing in shops with a degree of specialisation. In his classic authoritative account of sixty years ago, James Jefferys described modern retailing as being specialised and entirely separate from production, operating from fixed premises throughout the year and using fixed, openly displayed, prices.[698] This description is mostly applicable to the retailing of patent medicines in the eighteenth century. But Jefferys felt that this modern retailing largely dated from the second half of the nineteenth century, though he did recognise that patent medicines were one of the first pre-packed, advertised and fixed-price goods.[699] In a recent book, Ian Mitchell has revealed a more fractured development of retailing, but he has still placed the major developments in the mid-nineteenth century.[700] In contrast, others have attributed the early growth of modern

[696] Corley, 15; Chapman, 23-38.
[697] Loeb, 408 and 412.
[698] Jefferys, 1-5.
[699] Jefferys, 1 and 381.
[700] Ian Mitchell, 11.

retailing to the eighteenth century. Hoh-Cheung and Lorna Mui believed that most of the required changes were well underway by the second half of the eighteenth century, while Nancy Cox thought that her 'complete tradesman', who provided the full retailing environment with supportive supply networks, was established by the same period.[701]

The demonstration in this thesis of organised, specialised, distribution and vending for medicines across the country from at least the mid-eighteenth century, supports those who favour the eighteenth century as the key period in the growth of modern retailing. However, patent medicines may not be typical of other goods, and further work is needed to see whether the wholesaling and retailing of other popular products were carried out in a similar fashion. Books were also heavily advertised in newspapers, and the provincial retailing of books would almost certainly repay a more comprehensive study than has hitherto been carried out. Unfortunately, advertisements for other branded consumer goods were few in number during the eighteenth century. Some advertisements for specific teas and spirits were printed, and these might also be profitable areas for study on the origins of modern retailing. In general, more investigation is required on specific consumer goods using multiple, perhaps imperfect, sources, rather than just information from a small number of well-preserved archives.

7.3 *Expanding Print History*

The patent system was not essential for the patent medicines industry, as we saw in Chapter 2; but the printed word was indispensable. The study of print in all its forms has developed in recent years as a specialised field of history. My exploration of print in the late Georgian patent medicines industry expands this field by demonstrating that print was both a vehicle for, and a component of, that industry. As a vehicle, the printed word was more than just the method of communication amongst the participants in the industry and their consumers: it provided power for the industry. Promotion and instruction by the printed word in bills, newspaper advertisements, treatises, directions and puffs enabled relatively cheap, and often simple, ingredients to be transformed into sought-after, expensive, patent medicines. Then the printed word facilitated their distribution and retailing across the country, generating substantial profits for some participants. The printers and booksellers, who were in the strongest position to harness this power, could do well in the business of medicines. Without the power from print, patent medicines would still have been made and sold to some extent, but the substantial, national, industry described in this thesis would not have existed.

Areas of Georgian commerce outside the consumption of movable goods also used print to promote an activity and to provide necessary information. The buying and selling of land

[701] Mui and Mui, 289-91; Cox, *Complete Tradesman*, 14.

and property, commercial sports such as horse-racing, cricket and boxing, and recruiting children for some schools seem to have needed advertisements in the newspapers and in printed bills to publicise the important details and to encourage participation. We do not know how important the printed word was for these activities, though it was probably less essential for them than for the patent medicines industry. A systematic analysis of the relevant newspaper advertisements, in conjunction with other contemporary printed sources, should reveal more detail of the mechanisms involved in ensuring that these activities were commercially successful.

In addition to this role in providing power to ensure the commercial success of the industry, the printed word had a more direct healthcare function as a necessary component of the patent medicines. The printed word can be considered as a (raw) material for the patent medicines.[702] Due to changes in the consumers' imaginations, patent medicines were often more effective than the same pharmaceuticals assembled in a regular prescription, and these changes mostly derived from the confidence created by the printed word. Thus print had the therapeutic potency to improve consumers' well-being: it was a material for the patent medicines industry alongside the pharmaceuticals. Indeed, it was the one material which was present, albeit to a varying degree, in *all* the patent medicines. The printed word was a crucial and universal material for the industry as well as being a supplier of power.

The revelation of print as an essential contributor to the efficacy of patent medicines has wider implications for eighteenth-century, and later, healthcare. Did the effects extend to other countries in Europe with their different medical cultures and systems of regulation? Is the concept of the printed word as a therapeutic agent applicable to a broader range of Georgian therapies, such as spas, sea bathing or electricity? In particular, an exploration of the potential role of print in increasing the efficacy, and therefore the long-term acceptance, of homeopathy when it was introduced in Britain towards the end of the Georgian era might be relevant to today's healthcare. The printed word will also have increased the usefulness of many later alternative therapies, and probably some orthodox ones as well. In general this thesis shows that the printed word could be an active agent with recognised beneficial outcomes in Georgian healthcare in England, and this finding should be transferable to other types of medical therapy.

[702] 'Material' was a common eighteenth-century term for a raw material, for example 'The cotton plant indeed afforded the material of a very important manufacture' (Smith, *Wealth of Nations*, II, 351).

7.4 *New Methods of Researching*

The continuous runs of newspapers provided this thesis with a solid spine of unselected primary source information, which was combined with other material to build up history from below and thus to reveal the true nature of this national industry. Newspaper advertisements have a particular advantage. Historians always seek good, unselected, primary sources; but they are not common in the eighteenth century. People were not in the habit of retaining information in that period, unless it was still practically useful or required for legal reasons. Consequently, sources often survive only due to some unusual circumstances which may introduce a considerable bias: but the newspaper advertisements are free of this problem. When continuous runs of a newspaper have been preserved, as they have been for several newspapers from the second half of the eighteenth century, they provide a comprehensive, unselected, primary source. They are the same as the day they were printed, and every copy is available. Much of the content of the advertisements for medicines should be treated with some scepticism as it was clearly promotional in aim; but the factual information on wholesalers, retailers and some other topics was probably correct, and the advertisements reveal the information which the advertisers wanted the consumers to absorb. In addition, the runs of eighteenth-century newspapers can provide an anchor to link incomplete material from other sources with the overall picture. The material can then be joined up to create a fuller impression than would otherwise have been possible.

Another advantage of runs of newspapers as sources is that they can be obtained from across the country: many other archives are focussed on events in London where only a minority of the English population lived. Newspapers in Leeds, Birmingham and Salisbury were chosen to represent both geographical differences and degrees of industrialisation. When interpreted in conjunction with the local history, the bare names in the advertisements gain substance and become genuine actors in the patent medicines industry. The newspaper advertisements do not reveal the full story by themselves, but combined with other sources they can provide a detailed account from across England.

Paradoxically, the shortage of other good sources from participants in the patent medicines industry is a methodological advantage. These participants have left only occasional opinions or explanations, and any details of their day-to-day activities, such as accounts or order books, are patchy. As a result, a wide range of imperfect sources predominately describing events, from across the country, had to be used, and they encouraged an emphasis on the *actions* of many participants, rather than on the *aspirations* of a few which may not have been accomplished. The research was not dominated by one or two extensive archives, often preserved because a business was unusually successful and therefore atypical:

the structure of the industry was derived from modest amounts of information from many sources. The number and variety of sources, including memorial inscriptions, registers of the printing plates for excise stamps, legal and Parliamentary records, and imitation half-pennies, is one of the strengths of this thesis. This use of a wide range of imperfect sources backed by a spine of continuous runs of newspaper advertisements should be applicable to other areas of Georgian commerce and industry.

Perhaps the most important resource for this thesis has not been a particular source but rather my attitude towards all of them. Once the common impression that Georgian patent medicines were fraudulent and worthless had been abandoned, and I realised that they were a business like many others in the same period, the available sources in the newspapers, bills, books, manuscripts and elsewhere became much more informative. As they were mostly describing contemporary events in an honest, though perhaps biased, fashion, they could be linked, sometimes to provide an unexpectedly full picture. When researching healthcare, more will be revealed when the judgements of later medical practitioners have been discarded.

7.5 *Postscript*

This thesis has transformed our understanding of commercial late Georgian healthcare. Rather than consisting of the two main components of regular medicine and quackery with an uncertain division between them, healthcare in this period had at least three main, overlapping, areas in regular medicine, irregular medicine/quackery and the patent medicines industry. Power for the patent medicines industry came from the printed word, which was also an essential material because it improved the effectiveness of the medicines. This industry had a stable structure with its own, well developed, procedures, and it was definitely *not* the amorphous product of disreputable quackery as portrayed in the past.

Some might say that this is too radical an analysis. Well, these conclusions are not just mine: many of the opinions of Georgians in this thesis were based on similar judgements. I started this thesis with one from the inscription on the grave of John Newbery, which described Dr James's Fever Powder as 'the most powerful discovery in the annals of medicine'. Most of these contemporary opinions assume that patent medicines were a common type of medical therapy which received official recognition from the patent system and the excise stamp. This is not to say that contemporaries always approved of patent medicines: they certainly did not, and some practitioners wanted to condemn them as forcibly as possible. But many non-medical writers regarded patent medicines as a normal alternative to regular medicine and the owners, distributors and retailers of the medicines were deemed to be respectable, with some exceptions. Even severe critics recognised the existence and strength of the patent medicines industry: indeed that was often the reason for advancing their criticisms. Contemporaries were

aware that the industry was stable and lucrative, paying large sums for newspaper advertising and supplying many medicines all over the country. Some also perceived, as we saw in Chapter 6, that the printed word stimulated the confidence that altered the imagination and often made a patent medicine more effective than the equivalent regular prescription. It was the commentators from later periods who positioned patent medicines on the disreputable margins of healthcare and denied a recognisable structure to the industry.

I began this thesis with a grave. I will finish it on a happier note with pictures of three substantial country houses which exhibit some of the conclusions of the thesis. Their owners were all well-publicised participants in the patent medicines industry, who did not indulge in medical practice, and we have met them at several points in this thesis. Heathfield Park (Fig. 7.2), previously the home of Lord Heathfield, the victor of the Siege of Gibraltar, was owned by Francis Newbery from 1795 till his death in 1818, Claybrooke Hall (Fig. 7.3) was owned by Thomas Dicey, together with other land in neighbouring parishes, from 1775 till his death in 1807, and Westbrook Place (Fig. 7.4), formerly the family home of General Oglethorpe, the founder of the colony of Georgia, was owned by Nathaniel Godbold from 1790 till his death in 1799. Sitting in their houses surveying their extensive parklands in the 1790s, all three of these patent medicine owners, wholesalers and country gentlemen would have known that they were part of a stable and very profitable industry which was separate from both regular medicine and quackery.

Figure 7.2. *Heathfield Park, East Sussex, in 1830 (Thomas Horsfield, 'The History, Antiquities and Topography of the County of Sussex' (Lewes, 1835)).*

Figure 7.3. *Claybrooke Hall, Leicestershire, in 2014.*

Figure 7.4. *Westbrook Place, Surrey, in 1819 (Godalming Museum). N. Godbold was Nathaniel's son.*

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Appendix 1. Notes on Sources

Appendix 1A Advertisements in the Studied Newspapers

The spine of this thesis is the medicine advertisements in continuous runs of provincial English newspapers. The four newspapers chosen were the *Leeds Intelligencer*, the *Leeds Mercury*, *Aris's Birmingham Gazette* and the *Salisbury and Winchester Journal* (initially the *Salisbury Journal*). The Leeds newspapers circulated principally in the West Riding, the *Gazette* circulated across the Midlands, and the *Journal* circulated from Hampshire to Devon. These newspapers were selected for three reasons. First, they were available in complete, or nearly complete, runs, throughout most of our period, with each in a single archive. Out of a total of 520 issues of all four newspapers published in the five studied periods, only ten issues were missing (seven from the *Leeds Mercury*, three from the *Salisbury and Winchester Journal*). Second, their places of publication were chosen to be truly provincial, that is further from London than a return journey in a day, and also to reflect a geographical spread from north to south. The locations also exhibit different social and commercial conditions: the principal towns in the West Riding and the west Midlands were expanding and industrialising, whereas most of the towns in the catchment area of the *Journal* were not changing substantially. Third, some detailed exploration of the history of newspapers in Leeds, Birmingham and Salisbury had already been published.[703]

The years chosen for study were twelve to fifteen years apart to ensure that they revealed the patent medicines market at different times, and also to correspond, as far as possible, with the publication of local trade directories which often provided the main occupations of the medicine retailers and other information. The years chosen and the relevant directories were:

1. 1769. No substantial provincial directories had yet been published: this year was chosen because it was the earliest year with complete runs of all four newspapers.
2. 1781. William Bailey, *Bailey's Northern Directory* (London, 1781) and *Bailey's British Directory* (London, 1784).
3. 1794. Peter Barfoot and John Wilkes, *The Universal British Directory* (London, 1793-98).

[703] Looney; Ferdinand, *Collins*; Mildred Ann Gibb and Frank Beckwith, *The Yorkshire Post: Two Centuries* (Leeds: Yorkshire Conservative Newspaper Co., 1954); Derek Fraser, 'Newspapers and Opinion in Three Midland Cities 1800-1850' (unpublished master's thesis, University of Leeds, 1962); Nesta Jenkins, 'Printing in Birmingham in the Eighteenth Century' (thesis for fellowship of the Library Association, 1972).

4. 1807. George Wilson, *A New and Complete Directory for the Town of Leeds* (Leeds, 1807); Thomas Chapman, *Chapman's Birmingham Directory* (Birmingham, 1801).
5. 1822. Edward Baines, *Baines's Yorkshire* (Leeds: Edward Baines, 1822; reprinted Newton Abbott, Devon: David & Charles, 1969); J. Pigot and Co., *Pigot and Co.'s National Commercial Directory for 1828-29* (London, 1828).

The six-month duration of the studied periods was a compromise between making each period as long as possible and studying the maximum number of different periods. Any selected duration would have been arbitrary, with a whole year better than six months, two years better than one year, and so on. I decided to study the newspapers during first six months of each year, rather than over a whole year, because nearly all the medicines were advertised on multiple occasions, and after the first few months of the year most of the medicines being advertised had already appeared in an earlier issue. Selecting the first six months of the year allowed me to include both some of the colder and some of the warmer months: medicines might have been promoted at particular times of the year. But how much extra information would have been collected if one year had been the studied period rather than six months? To answer this question, I looked at the medicine advertisements in the two Leeds newspapers during the second half of 1794 and in the *Salisbury and Winchester Journal* during the second half of 1807. Table A shows the number of medicines advertised only in the newspaper in the second half of the year and the number of those which had not already appeared in another of the studied newspapers during the first half of the year.

The figures show that confining the investigation to the first half of the year picked up around three quarters of the medicines advertised during the whole year. For the two Leeds newspapers in 1794, about half of the extra medicines discovered in the second half of the year were already included in the complete analyses of the advertisements because they appeared

Table A. *Number of medicines advertised in the first half of the year and the extra medicines advertised in the second half (% of total number of medicines advertised throughout the whole year).*

	No. of medicines Jan. – June	Extra medicines July – Dec.	Extra medicines not advertised in another studied newspaper Jan. - June
LI 1794	22	6 (21%)	2 (7%)
LM 1794	23	9 (28%)	6 (19%)
SWJ 1807	27	10 (27%)	8 (22%)

in another studied newspaper in the first half of the same year. This figure was lower for the Salisbury newspaper in 1807, but overall the data shows that doubling the number of searched newspaper issues by extending the sampling period to twelve months would have discovered a relatively small number of completely 'new' medicines, making it a poor use of the available time.

All the advertisements of patent medicines in all of the available issues of the studied newspapers during the five selected periods were recorded. The total number of advertisements was 3042 and the number in each period is shown in Table B.

Table B. *Number of medicine advertisements in each of the studied six-month periods.*

	1769	**1781**	**1794**	**1807**	**1822**	**Total for the 5 years**
LI	173	120	137	189	172	791
LM	3	73	112	207	162	557
ABG	92	225	157	122	149	745
SWJ	134	361	58	100	296	949
Total for the 4 newspapers	402	779	464	618	779	3042

Appendix 1B Responses to Edward Harrison's Circular Letter

The opinions of a substantial number of ordinary British medical practitioners on irregular medicine, quackery, patent medicines, the deficient training of some regulars and other topics were published in the *Medical and Chirurgical Review (MCR)* during 1806 and early 1807. They were responses to a circular letter from Edward Harrison, a Lincolnshire physician who needed the information from across the country for a campaign he was leading, with the backing of Sir Joseph Banks, the President of the Royal Society, for reform of the medical professions. Harrison had asked questions on the training of physicians, the skills of other medical practitioners, the number of local 'quacks', the excessive medical role of druggists, and the possible methods for improving medical practice. Many respondents also addressed other related topics, including the problems with 'empiric' medicines (patent medicines).

Fifty-seven replies probably or definitely from England were published in the *Review*. The replies reflected the opinions of a greater number of practitioners as Harrison encouraged

his correspondents to hold local meetings, if possible, before sending in a group reply. A total of at least 230 practitioners, and probably over 300, contributed to the responses; so this collection of letters provides a unique perspective of the views of ordinary practitioners from across Georgian England, and these contemporary opinions and local information, not subject to later censorship, have been incorporated at several points in this thesis. Further, Harrison's reform proposals provoked critical letters in the *Medical and Physical Journal (MPJ)* on the state of medical practice and on the actions of the reformers, and these have provided an additional source for this thesis.

Bibliographic Details of the Responses

Medical practice and research were published in a section of the *MCR* with Arabic numerals, whereas editorials, letters and other material were published in a separate section with Roman numerals, which necessitates the use of cumbersome Roman numerals in these bibliographic details. The background to the reform and the questions to be circulated are described in *MCR*, 12 (1806), lxx-lxxii and clxxxi-clxxxiii. Harrison's summary of the replies received and some details of the reform proposals are in *MCR*, 13 (1806), cxlvi-cxlix.

The fifty-seven replies from England to Harrison's circular letter were published in:

1. *MCR*, 12 (1806), clx.
2. *MCR*, 13 (1806), ii-liv, lxv-lxxxvi, xcvii-cxii, cxxxv-cxlvi, clxix-clxxiv, clxxx-clxxxiv.
3. *MCR*, 14 (1807), xx-xxii.

Other supportive letters on the subject of medical reform and Harrison's efforts to achieve it were published in the *MCR* volumes 12 and 13, and some of these letters are referenced in the main thesis. Critical comments were usually published in the *MPJ* and those mentioned in this thesis are also referenced in the main text.

Appendix 2. Occupations of Advertised Medicine Retailers

This data was used for the column charts in Fig. 5.3 in Section 5.1.

Table C. *The number of members of the print trades, chemists/druggists, grocers and other tradesmen who were advertised as selling patent medicines in the studied newspapers in four years (% of all the retailers with identified occupations).*

	1781		1794		1807		1822	
	No.	**%**	**No.**	**%**	**No.**	**%**	**No.**	**%**
Leeds Area (*LI*)								
Medicines	23		22		44		40	
Retailers	24		18		11		72	
Retailers with identified occupations	18		16		9		64	
Print trades	14	*78*	15	*94*	5	*56*	29	*45*
Chemist/druggists	3	*16*	1	*6*	4	*44*	33	*52*
Grocers	1	*6*	0		0		0	
Others	0		0		0		2	3
Leeds Area (*LM*)								
Medicines	19		23		41		38	
Retailers	33		23		11		60	
Retailers with identified occupations	23		19		9		57	
Print trades	16	*70*	18	*95*	6	*67*	25	*44*
Chemist/druggists	1	*4*	1	*5*	3	*33*	29	*51*
Grocers	5	*22*	0		0		0	
Others	1	*4*	0		0		3	*5*
Birmingham Area (*ABG*)								
Medicines	76		46		27		35	
Retailers	91		75		64		49	
Retailers with identified occupations	61		57		38		41	
Print trades	37	*61*	36	*63*	24	*63*	21	*51*
Chemist/druggists	8	*13*	9	*16*	7	*18*	16	*39*
Grocers	7	*11*	6	*11*	3	*8*	0	
Others	9	*15*	6	*11*	4	*11*	4	*10*
Salisbury Area (*SWJ*)								
Medicines	66		22		27		88	
Retailers	88		42		23		57	
Retailers with identified occupations	51		34		-		38	
Print trades	30	*59*	23	*68*	-		18	*47*
Chemist/druggists	2	*4*	2	*6*	-		14	*37*
Grocers	7	*14*	4	*12*	-		2	*5*
Others	12	*23*	5	*14*	-		4	*11*

The trade directories used to identify the occupations are described in Appendix 1A. The year 1769 was excluded as no provincial trade directories were available early in our period. In 1807, no directory was available for the Salisbury area. Also, in 1807 the directory for the Leeds area was for that town only, so the number of retailers with identified occupations in the area is small.

Appendix 3. Patent Medicines Included in the Thesis

Each of these medicines appears in the thesis, sometimes directly through explicit mention, sometimes indirectly in my analysis of the newspaper advertisements, and in many cases in both of these ways. A few of the medicines were, or could have been, rival versions with similar names. The information derives from the studied advertisements, augmented by a few other sources as described in the thesis.

The first section of this appendix lists the 'national' medicines; that is those medicines which were evidently intended for a wide distribution as they were advertised in more than one location, or in one location in more than one year with a London wholesaler, or in both the Leeds newspapers in the same year with a London wholesaler. The second section, 'other medicines', records the remaining medicines which were advertised in the studied newspapers. Some of these may have had a planned national distribution, but we do not have clear evidence: even if they had a London wholesaler, their promotion and distribution may have been organised by a local retailer, particularly the newspaper printer. The third section lists some patent medicines of the period which are named in the thesis without appearing in the advertisements in the studied newspapers.

Much of the information in this appendix derives from promotional and imperfect material, and it is unlikely that all of it is accurate, particularly the details of the owner. 'Owner' refers to the person or company advertised as the source of the medicine, and it includes people described as 'preparer', 'proprietor' and 'inventor', as well as anybody who was designated as licensing or approving the wholesaler. Prices were for the smallest advertised quantity, and from 1794 they included the excise duty (See Tables 2.1 and 2.3). Apparent sharp changes in price may really reflect the advertisement of rival versions of the same medicine.

Appendix 3A National Medicines

Inclusion Criteria: Advertised in the studied newspapers in more than one location, or in one location in more than one year with a London wholesaler, or in both the Leeds newspapers in the same year with a London wholesaler. Addresses were in London unless specified otherwise.

Name	*Price*	*Year*	*Newspapers*	*Owner*	*Address*	*Wholesaler*	*Address*
Adam's Solvent	5s 6d	1781	ABG SWJ	'Proprietor'	Argyle St	'Proprietor'	Argyle St
	4s 6d	1807	SWJ	Perry (surgeon)	Southampton St, Bloomsbury	Perry (surgeon)	Southampton St, Bloomsbury
American Soothing Syrup	2s 9d	1822	LI, ABG, SWJ	Johnson & Burgess	28 York Place, City Road	Johnson & Burgess	28 York Place, City Road
Amboyna Lotion	4s 6d	1807	LI, LM	—		Shaw & Edwards	66 St Paul's Churchyard
Appleby's Balsam of Health	1s 6d	1769	ABG	Dr Appleby	—	Dr Appleby	—
	1s 6d	1781	ABG	Andrew Ledbroke (druggist)	Leicester	Andrew Ledbroke Mary Woodward	Leicester —
	1s 6d	1781	LM			J Bowling	Leeds
(Dr) Arnold's Pills	5s 5d	1794	ABG	Dr Arnold	—	—	
	2s 9d	1807	ABG	—		? Mr Axtell	1 Finch Lane, Cornhill
Barclay's Antibilious Pills	5s 6d	1807	LI, LM, SWJ	Rev Dr Barclay	London	R Butler	4 Cheapside
Barclay's Ointment for the Itch	1s 9d	1807	LM, ABG	Barclay & Son	95 Fleet Market	Barclay & Son	95 Fleet Market
	1s 9d	1822	LI, LM, SWJ	Barclay & Sons	95 Fleet Market	Barclay & Sons	95 Fleet Market

(Dr) Bateman's Pectoral Drops	1s	1769	LI	Cluer Dicey & Co	London	Cluer Dicey & Co	London
	1s	1781	LM	? (probably a rival version)		Jackson, Warter & Co.	95 Fleet Market
	─	1781	ABG	Dicey & Co.	10 Bow Churchyard	Dicey & Co.	10 Bow Churchyard
	─	1794	LI, ABG, SWJ	Dicey & Co.	10 Bow Churchyard	Dicey & Co.	10 Bow Churchyard
	1s 1½d	1807	LI, LM, SWJ	Dicey & Co.	10 Bow Churchyard	Dicey & Co.	10 Bow Churchyard
	1s 1½d	1822	LI, ABG, SWJ	Sutton & Co.	10 Bow Churchyard	Sutton & Co.	10 Bow Churchyard
Beaume de Vie	3s	1769	LI, ABG, SJ	? (3 patentees in 1767, see Appendix 4)		W Nicoll	51 St Paul's Churchyard
	3s	1781	ABG, SWJ	T Becket	Adelphi	W Nicoll	51 St Paul's Churchyard
	3s 6d	1794	ABG	─		Dicey & Co.	10 Bow Churchyard
	3s 6d	1807	LI	T Becket	─	Dicey & Co.	10 Bow Churchyard
Betton's British Oil	1s 1½d	1794	SWJ	Dicey & Co.	10 Bow Churchyard	Dicey & Co.	10 Bow Churchyard
	1s 9d	1807	LI, LM	Dicey & Co.	10 Bow Churchyard	Dicey & Co.	10 Bow Churchyard
	1s 9d	1822	LI, ABG, SWJ	Sutton & Co.	10 Bow Churchyard	Sutton & Co.	10 Bow Churchyard
(Dr) Boerhaave's Red Pill No. 2	4s 6d	1822	LI, LM, ABG, SWJ	─		─	
Bolderson's Worm Cakes	1s	1769	LI, ABG	─		Cluer Dicey & Co.	10 Bow Churchyard
Bott's Corn Salve	1s	1781	ABG	─		Pearson & Rollason	High St, Birmingham
	1s	1781	SWJ	George Bott	Nottingham	─	

British Powder for Teeth and Gums	1s	1781	LM, SWJ	─		Thomas Jackson, Warter & Co.	95 Fleet Market
(Dr) Brodum's Botanical Syrup	5s 5d	1794	LI, LM	Dr Brodum	9 Albion St, Blackfriars	Dr Brodum	9 Albion St, Blackfriars
	6s	1807	SWJ	Dr Brodum	London	─	
	7s	1822	SWJ	─		─	47 Salisbury Square
(Dr) Brodum's Nervous Cordial	5s 5d	1794	LI, LM	Dr Brodum	9 Albion St, Blackfriars	Dr Brodum	9 Albion St, Blackfriars
	6s	1807	SWJ	Dr Brodum	London	─	
Butler's Restorative Tooth Powder	2s 9d	1807	ABG, SWJ	Mr Butler	4 Cheapside	Butler	4 Cheapside
Carrington's Life Pills	1s 1½d	1822	LM, SWJ	Barry & Sons	Bristol	Sutton & Co Barclay & Sons Butlers (chemists) Sanger	10 Bow Churchyard 95 Fleet Market 4 Cheapside 150 Oxford St
Ching's Patent Worm Lozenges	1s 1½d	1807	LI, ABG	Mr Ching (apothecary)	─	Ching & Butler	4 Cheapside
	1s 1½d	1822	LI, LM, SWJ	Butlers (chemists)	4 Cheapside	Butlers (chemists)	4 Cheapside
Church's Cough Drops	2s 6d	1807	LI, LM	Shaw & Edwards	66 St Paul's Churchyard	Shaw & Edwards	66 St Paul's Churchyard
	2s 9d	1822	LI, SWJ	─		Shaw & Edwards	66 St Paul's Churchyard
Cockle's Compound Antibilious Pills	1s 1½d	1822	LM, SWJ	Cockle (apothecary)	6 Speldhurst St, Burton Crescent	Barclay & Sons	95 Fleet Market
Cordial Balsam of Rakasiri	11s	1822	LI, LM, SWJ	Drs C&J Jordan	9 Gt Surrey St & 28 Berwick St	Drs C&J Jordan Barclay & Sons	 95 Fleet Market
Cordial Cephalic Snuff	6d	1769	ABG	Benjamin Collins	Salisbury	Newbery & Carnan	65 St Paul's Churchyard

	—	1781	ABG, SWJ	Collins & Johnson?	Salisbury?	F Newbery Dicey, Beynon &Co Collins and Johnson	45 St Paul's Churchyard 10 Bow Churchyard Salisbury
	—	1807	SWJ	—		F Newbery & Sons	45 St Paul's Churchyard
	1s 1½d	1822	SWJ	F Newbery & Sons	45 St Paul's Churchyard	F Newbery & Sons	45 St Paul's Churchyard
Dalby's Carminative	1s 6d	1781	ABG	J Dalby (apothecary)	—	F Newbery	45 St Paul's Churchyard
	1s 6d	1794	ABG	Mrs Frances Gill (daughter of the late Joseph Dalby)	—	F Newbery	45 St Paul's Churchyard
	1s 9d	1807	LI, ABG	Mrs Frances Gill	North St, Westminster	F Newbery & Sons	45 St Paul's Churchyard
De Velno's Vegetable Syrup	11s 6d	1794	LI, ABG	Isaac Swainson	Frith St, Soho	—	
	—	1807	SWJ	Swainson	Frith St, Soho	Swainson	Frith St, Soho
	13s	1822	SWJ	Thomas Canham	52 Berners St, Oxford St	Thomas Canham	52 Berners St, Oxford St
Dicey's Anderson's Scots Pills	1s	1781	SWJ	Cluer Dicey	10 Bow Churchyard	Cluer Dicey	10 Bow Churchyard
	1s 1½d	1794	ABG, SWJ	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	1s 1½d	1807	LI	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	1s 1½d	1822	LI, ABG, SWJ	Sutton & Co.	10 Bow Churchyard	Sutton & Co.	10 Bow Churchyard
Dicey's Daffy's Elixir	—	1781	ABG	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard

	1s 1½d	1794	LI, ABG, SWJ	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	1s 8d	1807	LI, LM	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	2s	1822	LI, ABG, SWJ	Sutton & Co.	10 Bow Churchyard	Sutton & Co.	10 Bow Churchyard
Dickinson's Red and White Drops	5s	1769	SJ	—		Roach, Holborn & Fox	Westminster Hall
	5s	1781	SWJ	—		—	
Dickinson's Gowland's Lotion	5s 3d	1794	LI, LM	T Vincent & R Dickinson	Long Acre	T Vincent & R Dickinson	Long Acre
	5s 6d	1807	LI	Robert Dickinson	Long Acre	—	
Dixon's Antibilious Pills	2s 9d	1807	ABG, SWJ	Dixon (apothecary)	—	Butler	4 Cheapside
	2s 9d	1822	LI, LM, SWJ	—		Butlers (chemists)	4 Cheapside
English Coffee	2s 6d	1781	ABG, SWJ	Lee Roe	9 Silver St, Fleet St	Lee Roe	9 Silver St, Fleet St
Essence of Coltsfoot	3s 6d	1794	ABG	James Ryan (surgeon)	Bristol	F Newbery	45 St Paul's Churchyard
	3s 6d	1807	LI	James Ryan (surgeon)	Bristol	F Newbery & Sons	45 St Paul's Churchyard
	3s 6d	1822	LI, ABG, SWJ	James Ryan (surgeon)	Bristol	F Newbery & Sons	45 St Paul's Churchyard
Evil Salve	—	1807	LI, LM	—		Barclay & Son	95 Fleet Market
Ford's Pectoral Balsam of Horehound	1s 1½d	1807	LM	R Ford (chemist)	Barbican	R Ford (chemist)	Barbican
	1s 9d	1822	SWJ	Robert Ford	—	Robert Ford	—
(Dr) Freeman's Gutta Salutaris	3s	1781	ABG	Dr S Freeman MD	1 Staple's Inn, Holborn	Dr S Freeman MD	1 Staple's Inn, Holborn
	2s 9d	1807	LI, LM, ABG	Dr Freeman	—	Butler	4 Cheapside

(Dr) Freeman's Ointment for Itch	1s 1½d	1822	LI, LM, SWJ	S Freeman	—	—	
Fruit Lozenges	1s 1½d	1822	LI, LM, ABG	Phillips & Scholefield	Pitt St, Liverpool	Phillips & Scholefield	Pitt St, Liverpool
Glass's Magnesia	6s	1769	ABG, SJ	S Glass (surgeon)	Oxford	R Davies J Fletcher	Piccadilly St Paul's Churchyard
	6s	1781	ABG, SWJ	Samuel Glass	Oxford	W Davis W Nicoll	Piccadilly St Paul's Churchyard
Godbold's Vegetable Balsam	—	1794	LI, LM, ABG, SWJ	N Godbold	3 Bloomsbury Square	N Godbold	3 Bloomsbury Square
	18s per pint	1807	LM, SWJ	N&S Godbold	3 Bloomsbury Square	N&S Godbold	3 Bloomsbury Square
	9s	1822	SWJ	Messrs Godbold	3 Bloomsbury Square	Messrs Godbold	3 Bloomsbury Square
Greenough's Pectoral Lozenges of Tolu	1s	1781	LI, ABG, SWJ	T Greenough (apothecary)	10 Ludgate Hill	W Barley F Newbery Dicey & Co	Cockspot St 45 St Paul's Churchyard 10 Bow Churchyard
	1s 1½d	1794	LI, ABG	R Hayward	10 Ludgate Hill	R Hayward	10 Ludgate Hill
	1s 1½d	1807	SWJ	R Hayward (chemist)	10 Ludgate Hill	R Hayward	10 Ludgate Hill
	1s 1½d	1822	SWJ	R Hayward (chemist)	10 Ludgate Hill	R Hayward	10 Ludgate Hill
Greenough's Tooth Tinctures	—	1781	LI, SWJ	T Greenough	—	T Greenough	—
	—	1794	LI, ABG	R Hayward	10 Ludgate Hill	R Hayward	10 Ludgate Hill

	1s 1½d	1807	SWJ	R Hayward (chemist)	10 Ludgate Hill	R Hayward	10 Ludgate Hill
	2s 9d	1822	SWJ	R Hayward (chemist)	10 Ludgate Hill	R Hayward	10 Ludgate Hill
(Dr) Green's Specific Drops	2s 6d	1781	ABG, SWJ	Dr Green	1 Little Hoe Lane, Plymouth	Dr Green Thomas Wilson	1 Little Hoe Lane, Plymouth 8 Slaney St, Birmingham
Hallam's Bilious Pills	2s 9d	1807	LI, LM	Edward Hallam (surgeon)	Bury St Edmonds	Shaw & Edwards	66 St. Paul's Churchyard
Hamilton's Tincture for the Teeth	2s 6d	1781	ABG, SWJ	Hilton Wray	14 Birchin Lane	Martha & Hilton Wray	14 Birchin Lane
(Dr) Hammond's Specific Pill	6s	1769	ABG, SJ	Dr Hammond	─	─	
Henry's Calcined Magnesia	3s 6d	1781	LI, ABG	Thomas Henry (apothecary)	Manchester	J Johnson	St Paul's Churchyard
	2s 6d	1794	LI	Thomas Henry	Manchester	J Johnson	72 St Paul's Churchyard
	2s 9d	1822	ABG	T&W Henry	Manchester	T&W Henry	Manchester
(Dr) Henry's Chemical Nervous Medicine	7s	1769	SJ	─		─	
	7s	1781	ABG, SWJ	Dr Peter Henry	4 Hatton St	W Nicoll Mrs Randalls Davis & Co	51 St Paul's Churchyard Royal Exchange Piccadilly
Hickman's Pills	─	1781	LI, ABG	Mr Hickman	─	M&H Wray	14 Birchin Lane
	2s 9d	1822	LI, LM, SWJ	─		Butlers (chemists)	4 Cheapside
Hill's Canada Balsam	3s	1781	ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place

	3s 6d	1794	SWJ	Lady Hill	—	W Bacon	150 Oxford St
Hill's Elixir of Bardana	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
	3s	1781	ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place
Hill's Essence of Waterdock	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
	3s	1781	ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place
Hill's Pectoral Balsam of Honey	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
	3s	1781	LI, ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place
	3s 6d	1794	SWJ	Lady Hill	—	W Bacon	150 Oxford St
Hill's Tincture of Centaury	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
	3s	1781	ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place
Hill's Tincture of Sage	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
Hill's Tincture of Spleenwort	3s	1769	LI, ABG, SJ	John Hill	London	John Hill	London
Hill's Tincture of Valerian	2s 6d	1769	LI, ABG, SJ	John Hill	London	John Hill	London
	2s 6d	1781	ABG, SWJ	Lady Hill	29 St James's Place	Lady Hill	29 St James's Place
(Dr) Hodson's Vegetable Syrup	10s 6d	1794	LI, LM, ABG	Dr Hodson	24 Hatton Gardens	Dr Hodson	24 Hatton Gardens
Hudson's Botanic Toothpowder	2s 9d	1822	ABG, SWJ	—		Mr Atkinson	44 Gerard St, Soho
Inglish's Anderson's Scots Pills	1s	1781	LM, SWJ	James Inglish	165 The Strand	James Inglish	165 The Strand
	—	1794	LM	James Inglish	165 The Strand	James Inglish	165 The Strand
	1s 1½d	1807	LI	BH Inglish	165 The Strand	BH Inglish	165 The Strand

	1s 1½d	1822	LM, SWJ	H Inglish	165 The Strand	H Inglish	165 The Strand
Jackson's Asthmatic Candy	—	1794	LM	Jackson & Co	95 Fleet Market	Jackson & Co	95 Fleet Market
	1s 1½d	1794	ABG	J Barclay	95 Fleet Market	J Barclay	95 Fleet Market
Jackson's British Powder for Teeth	1s	1781	ABG	Thomas Jackson	95 Fleet Market	Thomas Jackson	95 Fleet Market
	—	1794	ABG	J Barclay	95 Fleet Market	J Barclay	95 Fleet Market
Jackson's Corn Salve	1s 6d	1781	SWJ	Thomas Jackson	95 Fleet Market	Thomas Jackson, Warter & Co	95 Fleet Market
	—	1794	ABG	J Barclay	95 Fleet Market	J Barclay	95 Fleet Market
Jackson's Ointment for the Itch	1s 6d	1781	LM, ABG, SWJ	Thomas Jackson	95 Fleet Market	Thomas Jackson, Warter & Co	95 Fleet Market
	1s 9d	1794	LM	Jackson & Co	95 Fleet Market	Jackson & Co	95 Fleet Market
	—	1794	ABG	J Barclay	95 Fleet Market	J Barclay	95 Fleet Market
Jackson's Tincture	1s	1769	SJ	Jackson & Co	Fleet Market	Jackson & Co	Fleet Market
	1s	1781	LM, SWJ	Thomas Jackson	95 Fleet Market	Thomas Jackson, Warter & Co	95 Fleet Market
	—	1794	LM	Jackson & Co	95 Fleet Market	Jackson & Co	95 Fleet Market
	—	1794	ABG	J Barclay	95 Fleet Market	J Barclay	95 Fleet Market
(Dr) James's Analeptic Pills	4s	1781	LI, ABG, SWJ	Francis Newbery	45 St Paul's Churchyard	Francis Newbery	45 St Paul's Churchyard
	4s 6d	1794	ABG	Francis Newbery	45 St Paul's Churchyard	Francis Newbery	45 St Paul's Churchyard
(Dr) James's Fever Powder	—	1769	LI, SJ	F Newbery jnr	65 St Paul's Churchyard	Newbery & Carnan	65 St Paul's Churchyard
	2s 6d	1794	ABG	F Newbery	45 St Paul's Churchyard	F Newbery	45 St Paul's Churchyard

	2s 9d	1807	LI	F Newbery & Sons	45 St Paul's Churchyard	F Newbery & Sons	45 St Paul's Churchyard
	—	1822	LI, ABG, SWJ	Messrs Newbery	45 St Paul's Churchyard	Messrs Newbery	45 St Paul's Churchyard
Keighley's Tincture for Rheumatism	2s 6d	1781	LM	D Keighley	York	Mr Shute	Leeds
	4s	1794	LM, ABG	—		—	
Lane's Antiphlegmonic Ointment	—	1807	LI, LM	—		Barclay & Son	95 Fleet Market
Lane's Haemacathartic Tincture	4s 6d	1807	LI, LM	—		Barclay & Son	95 Fleet Market
Le Coeur's Imperial Oil	2s 6d	1781	LI, ABG, SWJ	Macklin	Southampton	W Hodson	Bridgewater Square
Leake's Pills	2s 6d	1781	LI, LM, ABG, SWJ	Walter Leake	13 Bride Lane, Fleet St	Walter Leake	13 Bride Lane, Fleet St
	2s 9d	1807	LI	Thomas Taylor (surgeon)	London	Thomas Taylor	9 New Bridge St
Lignum's Antiscorbutic Drops	4s 6d	1794	LI, LM	Mr Lignum	Thomas St, Manchester	Mr Lignum	Thomas St, Manchester
	4s 6d	1807	LI, LM	Mr Lignum	Manchester	Mr Lignum	Manchester
	2s 9d	1822	LI, LM, ABG	Mr Lignum	63 Bridge St, Manchester	Mr Lignum	63 Bridge St, Manchester
Lignum's Lotion	1s 1½d	1794	LM	Mr Lignum	Thomas St, Manchester	Mr Lignum	Thomas St, Manchester
	2s 9d	1807	LI	Mr Lignum	Manchester	Mr Lignum	Manchester
	2s 9d	1822	LI, LM, ABG	Mr Lignum	63 Bridge St, Manchester	Mr Lignum	63 Bridge St, Manchester

Lignum's Pills	2s 9d	1794	LM	Mr Lignum	Thomas St, Manchester	Mr Lignum	Thomas St, Manchester
	2s 9d	1807	LI	Mr Lignum	Manchester	Mr Lignum	Manchester
	2s 6d	1822	LI, LM, ABG	Mr Lignum	Manchester	Simpkin & Marshall C Evans	London London
(Dr) Lowther's Nervous Medicine	3s	1769	SJ	Dr Lowther	Golden Lamp, Hatton Gardens	Dr Lowther Cooke (bookseller) Paillet	Hatton Gardens Paternoster Row Princes St, Leicester Fields
	3s	1781	SWJ	—		—	
Marshall's Cerate	1s 1½d	1807	LM	—		Shaw & Edwards	66 St Paul's Churchyard
	1s 1½d	1822	LI, ABG	E Marshall	London	Shaw & Edwards	66 St Paul's Churchyard
Masson's Medicine for the Itch	1s	1781	ABG	Mr Masson (surgeon)	London	—	
	1s 1½d	1794	ABG	Thomas Appleby	—	Thomas Appleby	—
Morris's Royal Brunswick Corn Plaster	1s 1½d	1822	LI, LM, SWJ	G Morris (chemist)	Kensington	Butlers (chemists)	4 Cheapside
(Dr) Norris's Drops	5s 3d	1769	ABG, SJ	Dr T Norris	Duke St, Westminster	Dr T Norris Isaac Fell	Duke St, Westminster 14 Paternoster Row
	2s 6d	1781	LI, ABG, SWJ	Dr Norris	New Bridge St, Blackfriars	Dr Norris Fieldhouse & Walker	New Bridge St, Blackfriars Paternoster Row
	2s 9d	1822	SWJ	—		Thomas Moore	—

Norton's Maredant's Drops	6s	1769	LI, ABG, SJ	John Norton (surgeon)	Golden Square, Piccadilly	John Norton (surgeon)	Golden Square, Piccadilly
	6s	1781	LI, ABG, SWJ	John Norton (surgeon)	Golden Square, Piccadilly	John Norton (surgeon)	Golden Square, Piccadilly
Oxley's Essence of Jamaica Ginger	2s 9d	1807	LI, LM	Samuel Oxley	21 Tavistock St	Samuel Oxley	21 Tavistock St
	2s 9d	1822	SWJ	Mrs S Oxley	Pontefract	Mrs S Oxley	Pontefract
Paregorick Lozenges	1s 1½d	1794	ABG, SWJ	H Steers	Old Bond St	H Steers F Newbery	Old Bond St 45 St Paul's Churchyard
Perry's Essence	1s 1½d	1822	LI, LM, SWJ	—		Butlers (chemists)	4 Cheapside
Pike's Grand Antidote/Ointment	1s 6d	1769	ABG	Ann Pike	—	Cluer Dicey & Co	10 Bow Churchyard
	1s 6d	1781	SWJ	Cluer Dicey	10 Bow Churchyard	Cluer Dicey	10 Bow Churchyard
	1s 9d	1807	LI	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
Pullin's Antiscorbutic Pills	2s 6d	1781	LM, ABG	Swinfen & Sons (surgeons and apothecaries)	Hinckley	Mrs Newbery	St Paul's Churchyard
	2s 9d	1794	ABG	Edmund Swinfen (surgeon and apothecary)	Leicester	Edmund Swinfen W Bacon John Wye Tutt Mrs Newbery	Leicester Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
Pullin's Female Pills	1s	1781	LM, ABG	Swinfen & Sons (surgeons and apothecaries)	Hinckley	Mrs Newbery	St Paul's Churchyard

	1s 1½d	1794	ABG	Edmund Swinfen (surgeon and apothecary)	Leicester	Edmund Swinfen W Bacon John Wye Tutt Mrs Newbery	Leicester Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
Pullin's Purging Pills	1s	1781	LM, ABG	Swinfen & Sons (surgeons and apothecaries)	Hinckley	Mrs Newbery	St Paul's Churchyard
	1s 1½d	1794	ABG	Edmund Swinfen (surgeon and apothecary)	Leicester	Edmund Swinfen W Bacon John Wye Tutt Mrs Newbery	Leicester Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
(Dr) Radcliffe's Elixir	—	1769	LI, ABG	Cluer Dicey & Co	10 Bow Churchyard	Cluer Dicey & Co	10 Bow Churchyard
	—	1781	SWJ	Cluer Dicey	10 Bow Churchyard	Cluer Dicey	10 Bow Churchyard
	1s 1½d	1794	SWJ	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	1s 1½d	1807	LI	Dicey & Co	10 Bow Churchyard	Dicey & Co	10 Bow Churchyard
	1s 1½d	1822	LI, ABG, SWJ	Sutton & Co	10 Bow Churchyard	Sutton & Co	10 Bow Churchyard
Ramsay's Anti-odontalgia	1s 1½d	1807	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Son	95 Fleet Market
	1s 1½d	1822	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Sons	95 Fleet Market
Ramsay's Caledonian Cream	1s 1½d	1807	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Son	95 Fleet Market

	1s 1½d	1822	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Sons	95 Fleet Market
Ramsay's Cumberland Bituminous Fluid & Pills	2s 9d	1807	LM	G Ramsay (apothecary)	Penrith	Barclay & Son	95 Fleet Market
	2s 9d	1822	LI, LM, SWJ	G Ramsay (apothecary)	Penrith	Barclay & Sons	95 Fleet Market
Ramsay's Medicated Spice Nuts	9d	1807	LM	G Ramsay (apothecary)	Penrith	Barclay & Son	95 Fleet Market
	9d	1822	LI, LM, SWJ	G Ramsay (apothecary)	Penrith	Barclay & Sons	95 Fleet Market
Ramsay's Pectoral Balsam	1s 1½d	1807	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Son	95 Fleet Market
	2s 9d	1822	LI, LM	G Ramsay (apothecary)	Penrith	Barclay & Sons	95 Fleet Market
Remedy for Deafness	11s	1822	LI, LM, SWJ	—		The Hermitage	21 Edgeware Road
Restorative Salo Pills	22s	1794	LI, SWJ	Mr & Mrs White	St Paul's Churchyard	Mr & Mrs White	St Paul's Churchyard
Robberd's Balsamic Elixir	2s 9d	1807	LI, LM, ABG, SWJ	—		Butler	4 Cheapside
Robert's Medicated Vegetable Water	5s 5d	1794	ABG, SWJ	Daniel Roberts	Painswick, Gloucestershire	Daniel Roberts	Painswick, Gloucestershire
Rowland's Alsana Extract	2s 9d	1822	LM, SWJ	A Rowland & Son	Kirkby St, Hatton Garden	A Rowland & Son	Kirkby St, Hatton Garden
Rowley's British Herb Snuff & Tobacco	—	1769	ABG, SJ	—		James Rowley	St Paul's Coffee House
	6d	1781	LI, LM, ABG, SWJ	—		—	London Coffee House, Ludgate Hill

Ruspini's Tincture	─	1781	ABG, SWJ	Ruspini (surgeon/dentist)	Pall Mall	Ruspini Ball (perfumer)	Pall Mall 78 New Bond St
Samaritan Water	2s 6d	1781	ABG, SWJ	W Bayley (perfumer)	Cockspur St	F Newbery Dicey & Co	45 St Paul's Chyd 10 Bow Churchyard
(Dr) Sibly's Lunar Tincture	10s 6d	1807	SWJ	Dr Sibly	40 New Bridge St	Dr Sibly	40 New Bridge St
	10s 6d	1807	LM	C W Saffell	─	'Doctor's House'	40 New Bridge St
	4s 6d	1822	LI, LM, SWJ	J R Saffell	35 Gloucester St	Barclay & Sons	95 Fleet Market
(Dr) Sibly's Solar Tincture	7s 6d	1794	LM	Dr Sibly	─	Dr Sibly	─
	7s 6d	1807	SWJ	Dr Sibly	40 New Bridge St	Dr Sibly	40 New Bridge St
	6s	1807	LM	C W Saffell	─	'Doctor's House'	40 New Bridge St
	6s	1822	LI, LM, SWJ	J R Saffell	35 Gloucester St	Barclay & Sons	95 Fleet Market
Simson's Aethereal Tincture	1s 1½d	1794	LI, LM, ABG	John Wye	59 Coleman St	John Wye	59 Coleman St
Smith's Pectoral Stomachic Tincture	2s	1781	LM, ABG	─		─	
(Dr) Smith's Restorative Nervous Drops	11s	1822	LI, SWJ	─		The Hermitage	21 Edgeware Road
(Dr) Smyth's Nature's Restorative	10s 6d	1781	LI, ABG, SWJ	Dr Smyth	14 Suffolk St, Charing Cross	Dr Smyth	14 Suffolk St, Charing Cross
(Dr) Smyth's Specific Drops	2s 6d	1781	LI, ABG, SWJ	Dr Smyth	14 Suffolk St, Charing Cross	Dr Smyth	14 Suffolk St, Charing Cross
	2s 8d	1794	ABG	Dr Smyth	Great Suffolk St, Charing Cross	Dr Smyth W Bacon Fridden Axtel Cawill	Great Suffolk St 150 Oxford St 100 Fleet St 1 Finch Lane Holborn

(Dr) Solomon's Abstergent Lotion	4s 6d	1807	LI, LM	Dr Solomon	Liverpool	—	
	2s 9d	1822	LI, ABG	Samuel Solomon	Liverpool	—	
(Dr) Solomon's Cordial Balm of Gilead	10s 6d	1807	LM, ABG, SWJ	Dr Solomon	Liverpool	—	
	10s 6d	1807	LI	Dr Solomon	Liverpool	Dicey & Co	10 Bow Churchyard
	11s	1822	LI, LM, ABG, SWJ	Samuel Solomon	Liverpool	—	
(Dr) Solomon's Drops (Anti-Impetigines)	10s 6d	1807	LI, LM, SWJ	Dr Solomon	Gilead House, Liverpool	—	
	11s	1822	LI, LM, SWJ	Samuel Solomon	Liverpool	—	
Spilsbury's Antiscorbutic Drops	4s	1781	LI, LM, ABG, SWJ	Francis Spilsbury	Mount Row, Westminster Bridge	Francis Spilsbury	Mount Row, Westminster Bridge
	5s	1794	LI, ABG, SWJ	Mrs Spilsbury	Soho Square	Mrs Spilsbury	Soho Square
	5s 6d	1807	LI, LM, ABG, SWJ	—	15 Soho Square	The Dispensary	15 Soho Square
	—	1822	SWJ	—		—	
Squire's Grand Elixir	—	1822	ABG, SWJ	Sutton & Co	10 Bow Churchyard	Sutton & Co	10 Bow Churchyard
(Dr) Steers's Calomile Drops	1s 1½d	1794	ABG, SWJ	H Steers	Old Bond St	H Steers F Newbery	Old Bond St 45 St Paul's Churchyard
(Dr) Steers's Opodeldoc	1s 6d	1781	LI, ABG, SWJ	H Steers	9 below Northumberland House, Charing Cross	H Steers F Newbery	9 below Northumberland House, Charing Cross 45 St Paul's Churchyard

	2s	1794	LI, ABG, SWJ	H Steers	10 Old Bond St	H Steers F Newbery	10 Old Bond St 45 St Paul's Churchyard
	2s 6d	1807	LI, ABG, SWJ	F Newbery & Sons	45 St Paul's Churchyard	F Newbery & Sons	45 St Paul's Churchyard
	2s 6d	1822	LI, ABG, SWJ	F Newbery & Sons	45 St Paul's Churchyard	F Newbery & Sons	45 St Paul's Churchyard
Swinfen's Electuary	2s 6d	1781	LM, ABG	R Swinfen (surgeon)	Hinckley	Mrs Newbery	St Paul's Churchyard
	1s 9d	1794	ABG	Edmund Swinfen (surgeon/apothecary)	Leicester	W Bacon John Wye Tutt Mrs Newbery	150 Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
(Dr) Sydenham's Family Pills of Health	1s 1½d	1822	LI, LM, SWJ	—		Butlers (chemists)	4 Cheapside
Tasteless Ague & Fever Drops	—	1781	LI, ABG, SWJ	—		—	
(Dr) Taylor's Remedy for Deafness	8s 6d	1807	LI	Mrs Matthews (bookseller)	Strand	Dicey & Sutton Shaw & Edwards Barclay & Son Butler	10 Bow Churchyard 66 St Paul's Churchyard 95 Fleet Market 4 Cheapside
	8s 6d	1822	LM, SWJ	—		Barclay & Sons	95 Fleet Market
Thomas's Tolu Essence	2s 9d	1794	LI, LM, ABG	—		John Wye	59 Coleman St
Towers's Stomachic Essence	4s 6d	1822	LM, SWJ	John Towers	—	'All the wholesale medicine venders in London'	

Towers's Tonic Pills	2s 9d	1822	LM, ABG, SWJ	John Towers	—	'All the wholesale medicine venders in London'	
Trinder's Specific for Piles	4s 6d	1822	LI, SWJ	J F Trinder	—	—	
Tumor Plaister	—	1807	LI, LM	—		Barclay & Son	95 Fleet Market
Turlington's Balsam of Life	1s 9d	1769	LI, SJ	Thomas Jackson & Son	95 Fleet Market	Thomas Jackson & Son	95 Fleet Market
	1s 9d	1781	LI, ABG	Hilton Wray	14 Birchin Lane	Martha & Hilton Wray	14 Birchin Lane
	1s 10d	1794	ABG	H Wray & Co	14 Birchin Lane	H Wray & Co	14 Birchin Lane
Tyce's Ointment for the Itch	1s 9d	1794	ABG	Mr Tyce	—	—	
	1s 9d	1807	ABG	—		—	
	1s 9d	1822	ABG	C W Turner	20 Hatton Gardens	C W Turner	20 Hatton Gardens
Universal Cerate	1s	1781	LI, LM, ABG, SWJ	N Falck MD	47 Jewin St	N Falck MD	47 Jewin St
Vegetable Tooth Powder	2s 9d	1822	LI, LM, SWJ	—		Butlers (chemists)	4 Cheapside
Velno's Vegetable Syrup	10s 6d	1781	ABG	—		Dr Mercier	Frith St, Soho
	10s 6d	1781	SWJ	W Hodson	Bridgewater Square	W Hodson	Bridgewater Square
(Mrs) Vincent's Gowland's Lotion	2s 9d	1807	SWJ	Mrs Vincent	4 Davies St, Grosvenor Square	Bacon & Co	150 Oxford St
	2s 9d	1822	SWJ	M E Vincent	—	—	
Waite's Worm Medicine	1s 1½d	1794	LI, LM, ABG, SWJ	W Howard J Evans	Reading 41 Long Lane, West Smithfield	W Howard J Evans	Reading 41 Long Lane, West Smithfield
(Dr) Walker's Jesuits' Drops	2s 6d	1769	LI, ABG, SJ	J Wessels & Co	45 Old Bailey	J Wessels & Co	45 Old Bailey

	2s 6d	1781	LI	Temple Ravenscroft	London	Temple Ravenscroft	London
	2s 6d	1781	ABG	J Wright	45 Old Bailey	J Wright	45 Old Bailey
	2s 6d	1781	SWJ	J Wessels	45 Fleet St	J Wessels	45 Fleet St
	2s 9d	1807	LI, LM	Shaw & Edwards	66 St Paul's Churchyard	Shaw & Edwards	66 St Paul's Churchyard
(Dr) Walker's Specific Purging Remedy	2s 6d	1769	LI, ABG, SJ	J Wessels & Co	45 Old Bailey	J Wessels & Co	45 Old Bailey
	—	1781	LI	Temple Ravenscroft	London	Temple Ravenscroft	London
	—	1781	ABG	J Wright	45 Old Bailey	J Wright	45 Old Bailey
	2s 6d	1781	SWJ	J Wessels	45 Fleet St	J Wessels	45 Fleet St
Whitehead's Essence of Mustard	2s 9d	1807	LI, LM, ABG, SWJ	R Johnson (apothecary)	15 Greek St, Soho	R Johnson (apothecary)	15 Greek St, Soho
	2s 9d	1822	SWJ	R Johnson (apothecary)	15 Greek St, Soho	R Johnson (apothecary)	15 Greek St, Soho
Whitehead's Family Cerate	1s 1½d	1807	LI, LM, ABG, SWJ	R Johnson (apothecary)	15 Greek St, Soho	R Johnson (apothecary)	15 Greek St, Soho
	1s 1½d	1822	SWJ	R Johnson (apothecary)	15 Greek St, Soho	R Johnson (apothecary)	15 Greek St, Soho
Wood's Laxative Pills	1s 1½d	1822	LI, LM, SWJ	James Wood	32 High St, Bristol	Shaw & Edwards	66 St Paul's Churchyard

Appendix 3B Other Patent Medicines in the Studied Newspapers

Inclusion criterion: Patent medicines other than 'national medicines' advertised in a studied newspaper.
Addresses were in London unless specified otherwise.

Name	*Price*	*Year*	*News-paper*	*Owner*	*Address*	*Wholesaler*	*Address*
Alternative Powder	–	1807	LM	–		–	
Amboyna tooth powder	2s 6d	1807	ABG	–		Shaw & Edwards	66 St Paul's Churchyard
Anderson's Scots pills	1s	1781	ABG	–		–	London Coffee House
Anodyne Liament	2(?)s 6d	1781	ABG	Ward (surgeon)	Henley-in-Arden	Pearson & Rollason	High Street, Birmingham
Antwerp Medicine	£5	1822	SWJ	Francis Mapleton & Co.	Aberystwyth	–	'forwarded from London'
Arnold's Pectoral Balsam of Coltsfoot	1s 9d	1822	ABG	J & J Arnold	59 Barbican	J & J Arnold	59 Barbican
Atkinson & Barker's Infant Preservative	1s 1½d	1822	LM	Atkinson & Barker	1 Market Place Manchester	Barclay & Sons	95 Fleet Market
Balm of Quito	10s 6d	1807	LM	–		W Withers	229 Strand
Balsam of Liquorice	2s 9d	1807	LI	J Pidding (surgeon)	–	Barclay & Son	95 Fleet Market
Bannister's Chilblain Lotion	1s 1½d	1822	SWJ	J Bannister	Rowde, nr Devizes	J Bannister	Rowde, nr Devizes
Barclay's Asthmatic Candy	4s 6d	1807	LI	Barclay & Son	95 Fleet Market	Barclay & Son	95 Fleet Market
Beaume de Sante	2s 6d	1781	ABG	–		J Bew	Paternoster Row
Beddome's Cough Pills	1s 1½d	1822	ABG	Josephus Beddome	Gloucestershire	–	

Beddome's Desideratum for Gout	4s 6d	1822	ABG	Josephus Beddome	Gloucestershire	—	
Bennett's Cough Drops	2s 9d	1807	LI	—		Barclay & Son	95 Fleet Market
Bezoardic Pill	2s 6d	1781	ABG	—		—	
Birthdom's Bilious Pills	1s 1½d	1807	SWJ	—		—	
Blackwood's Cordial Elixir	2s	1769	SJ	—		J Wilkie (bookseller)	71 St Paul's Churchyard
(Dr) Blatz's German Corn Plaister	1s	1781	SWJ	'Proprietor'	10 Birchin Lane	—	10 Birchin Lane
Blenkinsop's Bilious Pills	2s 6d	1807	SWJ	'Proprietor'	29 Queen St, Edgeware Road	—	29 Queen St, Edgeware Road
(Dr) Boerhaave's Antiscorbutic Pills	—	1781	ABG	—		—	
British Herb Tobacco & Snuff	2s 6d	1769	LI	Rev J Jones	—	Evans (goldbeater)	Long Acre
British Ointment for Corns	1s 6d	1794	LM	W Naylor (colour maker)	Bishopgate within	Naylor & Bailey John Wye	Bishopgate within 59 Coleman St
Brussels Tincture	2s 9d	1822	SWJ	S Tozer (chemist)	Bridge Parade, Bristol	S Tozer (chemist)	Bridge Parade, Bristol
Chalybeate Aperient	—	1822	SWJ	Savory, Moore & Davidson (chemists)	136 New Bond St	Savory, Moore & Davidson (chemists)	136 New Bond St
Chalybeate Elixir	5s	1781	SWJ	—		Satchell (milliner)	John St, Berkeley Square
Ching's Prepared Charcoal	2s 6d	1807	ABG	—		Mrs Crisp Gattie & Lee	Spring Gardens Bond St

						W Bacon Pearsall	150 Oxford St Holborn
Chymical Drops	1s	1769	ABG	—		—	
Clarke's Florida Balsam	—	1822	SWJ	—		Barclay & Sons	95 Fleet Market
Clarke's Florida Electuary	—	1822	SWJ	—		Barclay & Sons	95 Fleet Market
Clarke's Sudorific Pills	2s 9d	1822	SWJ	—		Barclay & Sons	95 Fleet Market
Concrete Acidulated Kali	—	1822	SWJ	Savory, Moore & Davidson (chemists)	136 New Bond St	Savory, Moore & Davidson (chemists)	136 New Bond St
Cornwell's Oriental Cordial	5s 6d	1807	LM	—		Shaw & Edwards	66 St Paul's Churchyard
Court Sticking Plaister	—	1769	SJ	—		—	
Cuff's Digesting Pills	1s 1½d	1822	SWJ	J Cuff	15 Milsom Road, Bath	J Cuff	15 Milsom Road, Bath
Cundell's Balsam of Honey	2s 9d	1807	LI	—		Howard & Evans	42 Long Lane
Cyprian Preventative	10s 6d	1781	ABG	—		Yates & Robinson	Panton St
De Velno's Vegetable Pills	4s 6d	1807	ABG	C Staples	—	Shaw & Edwards	66 St Paul's Churchyard
Deering's Drops	1s 6d	1794	ABG	—		W Bacon	150 Oxford St
Dennis's Family Pills	—	1822	LM	W Dennis (surgeon)	Stillington, York	Barclay & Sons	95 Fleet Market
Devolen's Antiscorbutic Drops	3s 6d	1781	ABG	—		Pearson & Rollason	High St, Birmingham
Edward's Tincture for Ague	—	1769	ABG	Mr Edwards	—	—	

Elliott's Ceylonian Powder	1s 9d	1807	LM	Elliott (druggist)	Huddersfield	Shaw & Edwards	66 St Paul's Churchyard
Elliott's Family Cordial	2s 9d	1807	LM	Elliott (druggist)	Huddersfield	Shaw & Edwards	66 St Paul's Churchyard
Elliott's Restorative Tincture	2s 6d	1807	LM	Elliott (druggist)	Huddersfield	Shaw & Edwards	66 St Paul's Churchyard
Essence of Peppermint	1s	1769	SJ	J Juniper (apothecary)	Maxfield St, Soho	J Juniper (apothecary)	Maxfield St, Soho
Ethereal Anodyne Opodeldoc	—	1822	SWJ	Savory, Moore & Davidson (chemists)	136 New Bond St	Savory, Moore & Davidson (chemists)	136 New Bond St
Foot's Cathartic Mixture (version 1)	5s	1822	SWJ	Amelia Foot	Fovant, Salisbury	Amelia Foot	Fovant, Salisbury
Foot's Cathartic Mixture (version 2)	—	1822	SWJ	Mary & Stephen Foot	Donhead St Mary, Wiltshire	Mary & Stephen Foot	Donhead St Mary, Wiltshire
Fothergel's Chymical Nervous Drops	10s 6d	1781	ABG	Dr S Freeman MD	1 Staple's Inn, Holborn	Dr S Freeman MD	1 Staple's Inn, Holborn
Fraunces's Female Elixir	1s 6d	1781	ABG	—		Dicey & Co	10 Bow Churchyard
Freeman's Antiscorbutic drops	—	1781	ABG	—		—	
Friar's Balsam	1s	1781	SWJ	—		—	
Friar's Drops	3s	1781	ABG	—		—	
Gapper's Lozenges for Heartburn	—	1794	SWJ	Mr Gapper (surgeon)	Mere, Wiltshire	Baldwin, Hernon & Langton (druggists)	Giltspur St
Gardner's Worm Medicine	—	1807	ABG	Mr Gardner (surgeon)	High St, Birmingham	Mr Gardner (surgeon)	High St, Birmingham
German Corn Plaister	1s 1½d	1794	SWJ	W & R T Axtell	1 Finch Lane	W & R T Axtell	1 Finch Lane

Godden's Eye Ointment	2s	1822	SWJ	—		Sanger	150 Oxford St
Godfrey's Cordial	6d	1781	SWJ	—		—	
Grant's Chymical Drops	1s	1781	SWJ	—		—	
Green's Royal Antiscorbutic Drops	5s 6d	1822	SWJ	John Green	Newton Bushel, Devon	John Green	Newton Bushel, Devon
Grimble's Scald & Burn Salve	2s 6d	1822	ABG	—		—	
Hadley's Convulsion Powders	4s 6d	1822	SWJ	'proprietor'	1 Kirkby St, Hatton Gardens	'proprietor'	1 Kirkby St, Hatton Gardens
Hardy's Itch Ointment	1s 1½d	1822	ABG	—		Evans (apothecary)	Birmingham
Hardy's Worm Cakes	1s 1½d	1822	ABG	—		Evans (apothecary)	Birmingham
Hemet's Pearl Dentrifice	2s 9d	1822	SWJ	J Hemet	London	Bayley & Blew	Cockspur St
Henry's Aromatic Spirit of Vinegar	—	1822	ABG	T & W Henry	Manchester	T & W Henry	Manchester
Henry's Uncalcined Magnesia	2s	1781	LI	Thomas Henry (apothecary)	Manchester	J Johnson	St Paul's Churchyard
Hoare's Cathartic Family Pills	1s 1½d	1822	SWJ	Hoare (surgeon & apothecary)	Warminster	Hoare (surgeon & apothecary)	Warminster
Hodgson's Antiscorbutic Tincture	2s 6d	1781	SWJ	Robert Hodgson (apothecary)	68 Snow Hill	Robert Hodgson (apothecary)	68 Snow Hill
Hodgson's Pectoral Lozenges	1s	1781	SWJ	Robert Hodgson (apothecary)	68 Snow Hill	Robert Hodgson (apothecary)	68 Snow Hill
Hodgson's Tincture for Teeth & Gums	1s	1781	SWJ	Robert Hodgson (apothecary)	68 Snow Hill	Robert Hodgson (apothecary)	68 Snow Hill

Hodgson's Tincture for Toothache	1s	1781	SWJ	Robert Hodgson (apothecary)	68 Snow Hill	Robert Hodgson (apothecary)	68 Snow Hill
(Dr) Hodson's Persian Restorative	10s 6d	1794	ABG	Dr Hodson	29 Hatton Gardens	Dr Hodson	29 Hatton Gardens
(Dr) Hooper's Female Pills	1s	1781	SWJ	—		—	
Hooping Cough Medicine	3s	1769	SJ	'gentleman of the faculty'	—	W Harris (bookseller)	70 St Paul's Churchyard
Howland's Specific Drops	5s 3d	1769	ABG	Mr Howland	North Audley St	—	
Hudson's Botanic Tincture	2s 9d	1822	ABG	—		Atkinson	44 Gerard St, Soho
Hunter's Powder for Wens	11s 6d	1794	LM	Dr Brodum	9 Albion St, Blackfriars	Dr Brodum	9 Albion St, Blackfriars
Hunt's Aperient Family Pills	1s 1½d	1822	SWJ	—		—	
Huxham's Tincture of Bark	3s 6d	1781	SWJ	—		—	
Imperial Asthmatic & Consumptive Balsam	5s 3d	1781	ABG	—	20 Birchin Lane, Cornhill	—	
Ipecacuanha Lozenges	—	1822	SWJ	Savory, Moore & Davidson (chemists)	136 New Bond St	Savory, Moore & Davidson (chemists)	136 New Bond St
Jackson's Essence of Life	6s	1769	SJ	Jackson & Co	Fleet Market	Jackson & Co	Fleet Market
Jackson's Hepatic Pills	1s 1½d	1822	SWJ	S Jackson (druggist)	Market Place, Romsey	S Jackson (druggist)	Market Place, Romsey

Jackson's Restorative Electuary	6s	1769	SJ	Jackson & Co	Fleet Market	Jackson & Co	Fleet Market
Jackson's Tussis Remedy	1s 1½d	1822	SWJ	S Jackson (druggist)	Market Place, Romsey	S Jackson (druggist)	Market Place, Romsey
(Dr) James's Mild Fever Powder	—	1769	SJ	Newbery & Carnan	65 St Paul's Churchyard	Newbery & Carnan	65 St Paul's Churchyard
John Lord's Corn Salve	2s 6d	1769	SJ	—		Warren & Co (perfumers)	Golden Fleece, Marylebone St
(Dr) John Scot's Pills	10s 6d	1794	SWJ	Dr John Scot	—	W Bacon	150 Oxford St
Kempson's Fever Julep	—	1807	ABG	Scott Kempson (surgeon)	Cleobury Mortimer, Shropshire	Scott Kempson (surgeon)	Cleobury Mortimer, Shropshire
(Dr) Lamert's Nervous Balsam	4s 6d	1822	SWJ	Dr Lamert	10 Church St, Spitalfields	Dr Lamert	10 Church St, Spitalfields
Lancaster Black Drop	2s 9d	1822	SWJ	M Braithwaite	—	Savory, Moore & Davidson	136 New Bond St
(Dr) Lowther's Antiscorbutic Powders	—	1769	SJ	Dr Lowther	Golden Lamp, Hatton Gardens	Dr Lowther Cooke (bookseller) Paillet	Golden Lamp, Hatton Gardens Paternoster Row Princes St, Leicester Fields
Lymington Marine Epsom Salts	2s 3d	1822	SWJ	West (salt proprietor)	Lymington	West (salt proprietor)	Lymington
Mann's Approved Remedy	2s 6d	1807	SWJ	Mann	—	—	
Mason's Worm Nuts	1s 1½d	1794	LI	Robert Mason	—	John Scott	417 The Strand
Medicine for bite of a mad animal	—	1794	LI	Hill & J Berry	—	Hill & J Berry	—

Medicine for bite of a mad dog (Hey)	–	1769	LM	George Hey	Colne	George Alderson (surgeon)	Ilkley, Yorkshire
Medicine for bite of a mad dog (Hill)	5s 3d	1781	LI	William Hill	Ormskirk	James Berry	London
Medicine for bite of a mad dog (Johnson)	2s	1781	LI	Edward Johnson	Bedale	–	
Medicine for bite of a mad dog (Barton)	3s	1781	LM	Miles Barton (surgeon)	Ormskirk	–	
Mevac's Turkey Rhubarb & Jamaican Ginger	1s 6d	1822	ABG	E H Mevac (chemist)	Bull Ring, Birmingham	E H Mevac (chemist)	Bull Ring, Birmingham
Minster's Remedy for Coughs & Consumptions	3s	1781	ABG	Thomas Minster (surgeon)	Gloucestershire	–	
Molineux's Smelling Medicine	1s	1769	LI	Molineux	Newcastle	T Slack	Newcastle
Montpellier Pectoral Drops	1s 6d	1781	SWJ	–		Swinney & Evetts	Birmingham
Morris's Cough Drops	1s 1½d	1822	SWJ	Geoffrey Morris (chemist)	High St, Kensington	Geoffrey Morris (chemist)	High St, Kensington
Morris's Golden Antibilious Pills	1s 1½d	1822	SWJ	Geoffrey Morris (chemist)	High St, Kensington	Geoffrey Morris (chemist)	High St, Kensington
Naylor's British Ointment for Corns	1s 6d	1794	ABG	William Naylor	London	John Wye F Newbery	59 Coleman St 45 St Paul's Chyd
Nendick's Popular Pills	1s 6d	1781	ABG	–		W Bailey (perfumer) F Newbery Dicey & Co	Cockspur St 45 St Paul's Chyd 10 Bow Churchyard

Orange Peas for Issues	1s	1781	SWJ	—		—	
Oxford Eye Water	1s 1½d	1807	SWJ	—		—	
Parker's Rheumatic Drops	1s 6d	1781	ABG	—		—	
Patirosa Lozenges	2s 9d	1794	SWJ	—		J Fuller	8 South side of Covent Garden
Patton's Pills	10s 6d	1781	SWJ	—		—	
Pilulae Antiscrophulae	1s 1½d	1822	SWJ	Dr Roberts	Bridport	Sutton & Co Barclay & Sons Butlers F Newbery & Sons Shaw & Edwards	10 Bow Churchyard 95 Fleet Market 4 Cheapside 45 St Paul's Churchyard 66 St Paul's Churchyard
Poor Man's Friend	1s 1½d	1822	SWJ	Dr Roberts	Bridport	Sutton & Co Barclay & Sons Butlers F Newbery & Sons Shaw & Edwards	10 Bow Churchyard 95 Fleet Market 4 Cheapside 45 St Paul's Churchyard 66 St Paul's Churchyard
Powell's Cough Electuary	9d	1822	LM	Powell & Co	Loughborough	Barclays & Sons	95 Fleet Market
(Dr) Rambin's Quintessence for Stone & Gravel	5s 3d	1769	ABG	Dr Rambin	King St, Golden Square	Dr Rambin	King St, Golden Square
Randall's Domestic Medicine	1s 1½d	1822	SWJ	J M Randall (apothecary)	Poole, Dorset	J M Randall (apothecary)	Poole, Dorset

Randall's Elixir	2s 9d	1822	SWJ	J M Randall (apothecary)	Poole, Dorset	J M Randall (apothecary)	Poole, Dorset
Ranibin's Quiet Pills	5s 3d	1781	ABG	—		—	London Coffee House
Renlivoglio's Dentrifical Tincture	2s	1781	ABG	'imported by London physician'		Pearson & Rollason	High St, Birmingham
Reynolds's Specific	4s 6d	1822	SWJ	S Reynolds	Enfield, Middlesex	S Reynolds	Enfield, Middlesex
Rooke's Matchless Balsam	2s 9d	1794	LI, LM	Mr Rooke	Kirkby Lonsdale	—	
Royal Cinnamon Drops	3s 6d	1781	ABG	Hilton Wray	14 Birchin Lane	Martha & Hilton Wray	14 Birchin Lane
Royal Stomachic Cordial Bitters	3s 6d	1781	ABG	—		—	16 Carey St
Ruspini's Styptic	7s 6d	1794	SWJ	Chevalier Ruspini	—	Swinney	20 Pall Mall
Rymer's Cardiac and Nervous Tincture	2s 9d	1794	ABG	James Rymer (surgeon & apothecary)	36 Gerard St, Soho	—	
(Dr) Sandwell's Issue Plaisters	1s	1781	SWJ	—		—	
(Dr) Saul's Golden Eye Drops	—	1807	ABG	Dr Saul	Rathbone Place	Dr Saul	Rathbone Place
(Dr) Saul's Pills	—	1807	ABG	Dr Saul	Rathbone Place	Dr Saul	Rathbone Place
Seidlitz Powders	—	1822	SWJ	Savory, Moore & Davidson	136 New Bond St	Savory, Moore & Davidson	136 New Bond St
Sern's Balsamic Aether	—	1781	ABG	N D Falck MD	47 Jewin St	—	
Skene's Attenuating Tincture	3s 6d	1781	SWJ	J Skene (surgeon)	Cursitor St	J Skene (surgeon)	Cursitor St

Smart's Tincture of Cascarilla Bark	2s 3d	1794	LM	W Smart	87 Fleet St	W Smart John Wye	87 Fleet St 59 Coleman St
(Dr) Smellome's Eye Salve	2s 6d	1781	SWJ	—		—	
(Dr) Smith's Tincture	11s	1822	LM	—		The Hermitage	21 Edgeware Road
Snook's Aperient Family Pills	1s 1½d	1822	SWJ	J Snook (chemist)	Bridgewater, Somerset	J Snook (chemist)	Bridgewater, Somerset
Speediman's Stomach Pills	1s 6d	1781	ABG	Mr Speediman	186 The Strand	Mr Speediman	186 The Strand
Stearne's Aether	6s	1781	SWJ	—		—	
Stoughton's Drops	1s	1781	SWJ	—		—	
Strickland's Antiseptic Toothpaste	1s 1½d	1822	ABG	E R Strickland (chemist)	Coventry	E R Strickland (chemist)	Coventry
Strickland's Balsam of Liquorice	1s 1½d	1822	ABG	E R Strickland (chemist)	Coventry	E R Strickland (chemist)	Coventry
Strickland's Antibilious Pills	1s 1½d	1822	ABG	E R Strickland (chemist)	Coventry	E R Strickland (chemist)	Coventry
Sumatra Tooth Powder	2s 9d	1807	ABG	Howard & Evans	42 Long Lane	Howard & Evans	42 Long Lane
Swinfen's Antiacid Lozenges	1s 1½d	1794	ABG	Edmund Swinfen (surgeon & apothecary)	Leicester	W Bacon John Wye Tutt Mrs Newbery	150 Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
Swinfen's Hydropic Elixir	5s	1781	LM	R Swinfen (surgeon)	Hinckley	—	
Swinfen's Jesuits' Drops	2s 6d	1781	LM	R Swinfen (surgeon)	Htinckley	—	

Swinfen's Ointment	1s 1½d	1794	ABG	Edmund Swinfen (surgeon & apothecary)	Leicester	W Bacon John Wye Tutt Mrs Newbery	150 Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
Swinfen's Worm Cakes	1s 1½d	1794	ABG	Edmund Swinfen (surgeon & apothecary)	Leicester	W Bacon John Wye Tutt Mrs Newbery	150 Oxford St 59 Coleman St Royal Exchange St Paul's Churchyard
Switzerland Arquebusade Water	3s	1781	SWJ	—		—	
Taylor's Essence of Jamaican Ginger	2s 9d	1807	LM	Taylor (chemist)	York	Taylor (chemist) R Johnson	York 15 Greek St, Soho
Thompson's Restorative Toothpaste	—	1807	SWJ	Mrs Thompson	73 High St, Southampton	Cobb (chemist)	2 Haymarket
Trowbridge Pills	1s	1781	SWJ	Mrs Wynne	Trowbridge	—	
Turner's Aether	2s	1781	SWJ	—		—	
Tyce's Lotion for Itch	2s 9d	1822	ABG	C W Turner	20 Hatton Gardens	C W Turner	20 Hatton Gardens
Tyce's Wash	2s 9d	1807	ABG	—		—	
Venable's Indian Syrup	4s 6d	1822	LM	Hugh Venables	Greenwich	Butlers (chemists)	4 Cheapside
Volatile Vegetable Essence	2s	1781	ABG	—		—	London Coffee House
(Mrs) Walter's Recipe for Pulmonary Complaints	—	1822	SWJ	Miss Martha Hall	Oldbury on the Hill, Tetbury, Gloucestershire	Miss Martha Hall	Oldbury on the Hill, Tetbury, Gloucestershire
Ward's Celebrated Venereal Specific	2s 6d	1781	ABG	Mr Ward (surgeon)	Henley-in-Arden, Warwickshire	Pearson & Rollason	High St, Birmingham

Ward's Dropsy Powders	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's Essence	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's Liquid Sweat	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's Paste	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's Pill and Sweating Powders	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's Sack or Emetic Drops	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Ward's White Drops	—	1769	SJ	John Fielding & Robert Dingley	—	John Fielding & Robert Dingley	—
Wash for Itch	1s	1769	ABG	—		—	
Wastell's Mercury Preparation	7s 6d	1781	ABG	Henry Wastell (surgeon)	—	—	
(Dr) Waugh's Cuckoo Plaister	1s	1794	LI	Dr Waugh	—	—	Worm Shop, Knaresborough
Welch's Female Pills	2s 9d	1807	LM	C Kearsley	Fleet St	C Kearsley Dicey & Co Bacon & Co F Newbery & Sons	Fleet St 10 Bow Churchyard 150 Oxford St 45 St Paul's Churchyard
Wheatley's Remedies for Itch	1s 9d	1794	LM	—		John Wye	59 Coleman St
William's Aperient Pills	1s 6d	1794	SWJ	T Williams (apothecary)	—	W Bacon	150 Oxford St

Wilson's Anderson's Pills	1s	1769	ABG	Thomas Wilson	Slaney St, Birmingham	Thomas Wilson W Jemeson & Co (linen drapers)	Slaney St, Birmingham Oswestry
Wilson's Antiscorbutic Drops	5s 6d	1807	ABG	Thomas Wilson	9 Worcester St, Birmingham	Thomas Wilson	9 Worcester St, Birmingham
Wilson's Cure for Jaundice	2s 6d	1769	ABG	Thomas Wilson	Slaney St, Birmingham	Thomas Wilson W Jemeson & Co (linen drapers)	Slaney St, Birmingham Oswestry
Wilson's Imperial Antiscorbutic Drops	4s	1794	ABG	Thomas Wilson	32 Edgbaston Road, Birmingham	Thomas Wilson	32 Edgbaston Road, Birmingham
Wilson's Specific Pills for Venereal Disease	2s 9d	1807	ABG	Thomas Wilson	9 Worcester St, Birmingham	Thomas Wilson	9 Worcester St, Birmingham
Wilson's Sugar (Worm) Cakes	1s 1½d	1794	ABG	Thomas Wilson	32 Edgbaston Road, Birmingham	Thomas Wilson	32 Edgbaston Road, Birmingham
	1s 1½d	1807	ABG	Thomas Wilson	9 Worcester St, Birmingham	Thomas Wilson	9 Worcester St, Birmingham
Wood's Corn Dissolvent & Specific for Cancers	—	1822	SWJ	Mr & Mrs Wood	111 Queen St, Portsea	Mr & Mrs Wood	111 Queen St, Portsea
Woodward's Worm Powder	—	1781	ABG	Andrew Ledbroke (druggist)	Leicester	Andrew Ledbroke Mary Woodward	Leicester ?
(Mrs) Wyles's Medicine for Toothache	7½d	1794	SWJ	Mrs Wyles	Chelmsford	Riley	33 Ludgate St
Wyman's Antibilious Pills	2s 9d	1807	ABG	W Wyman (surgeon)	Kettering	Dicey & Sutton	10 Bow Churchyard
Yooll's Anderson's Scotch Pills	1s	1769	ABG	James Yooll (merchant)	Newcastle upon Tyne	James Yooll Parker	Newcastle upon Tyne Birchin Lane

Appendix 3C Additional Patent Medicines

Inclusion criteria: Patent medicines intended for sale in the period which are mentioned in the thesis, but not in advertisements in the studied newspapers. Addresses were in London unless specified otherwise.

Name	*Price*	*Owner*	*Address*	*Wholesaler*	*Address*	*Thesis section(s)*
Coghlan's Medicated Snuff	1s	James Coghlan	37 Duke St, Grosvenor Square	James Coghlan	37 Duke St, Grosvenor Square	3.6B
Dodd's Rheumatic Tincture	—	John Dodd	London	W Harris	70 St Paul's Churchyard	4.3, 6.2
Dover's Powder	—	Multiple				2.2A
Edinburgh Febrifuge Powder	3s (4 powders)	Edward Galliard	Edinburgh	John Murray	32 Fleet St	3.5B, 3.11, 4.3, 5.3
Godfrey's Cordial	—	Multiple				2.2A
(Dr) Jebb's Antibilious Pills	—	—		Thomas Collicott	Oxford St	4.4
Jenner's Tartar Emetic	—	Edward Jenner	Gloucestershire	—		2.2B
Jesuits' Balsamic Cordial	1s	James Coghlan	37 Duke St, Grosvenor Square	James Coghlan	37 Duke St, Grosvenor Square	3.6B
Jesuits' Nervous Pills	1s (10 pills)	James Coghlan	37 Duke St, Grosvenor Square	James Coghlan	37 Duke St, Grosvenor Square	3.6B
(Dr) Johnson's Yellow Ointment	2s	William Singleton	Lambeth Butts	William Singleton	Lambeth Butts	4.4
Jones's Tincture of Peruvian Bark	3s 6d	William Jones	24 Gt Russell St	William Jones	24 Gt Russell St	3.4B, 5.3
Medicine for the Bite of a Mad Dog	1s or more	Elizabeth Shackleton	Colne, Lancashire	Elizabeth Shackleton	Colne, Lancashire	3.6A

Mucilage of Marshmallows	7s	Thomas Curtis	21 Tavistock St Covent Garden	Thomas Curtis	21 Tavistock St Covent Garden	4.4
(Dr) Priestley's Antibilious Powders	21s (21 powders)	Dr Robert Priestley	Kirkgate, Leeds	Dr Robert Priestley	Kirkgate, Leeds	3.5B, 3.11
St Ignatius, or Jesuits' Bean	5s	James Coghlan	37 Duke St, Grosvenor Square	James Coghlan	37 Duke St, Grosvenor Square	3.6B
Sulphurated Laxative Pill	2s 8d	James Coghlan	37 Duke St, Grosvenor Square	James Coghlan	37 Duke St, Grosvenor Square	3.6B

Appendix 4. Patentees of Medicines up to 1830

Derived from Bennet Woodcroft, ed., *Titles of Patents of Invention, Chronologically Arranged* (London: Patent Office, 1854), and Bennet Woodcroft, ed., *Abridgements of Specifications Relating to Medicine, Surgery and Dentistry, 1620-1866* (London: Commissioners of Patents for Inventions, 1872).

All 109 patentees of the 118 medicines patented in England up to 1830 are included, but the four patents with no specification enrolled were probably not legally valid and they are marked as 'no specification'. In addition the Lord Chancellor refused to let Samuel Hannay's patent application pass the Great Seal, the final stage of granting a patent, on the grounds of public decency. Four medicines had more than one patentee (labelled as jt.).

The description of the medicine in the patent may differ from the description in advertisements. Declared occupations are as described and abbreviated in *Titles.* The saints' names are the parish: a precise address was rare.

Surname	*First Name*	*Year*	*Declared address*	*Declared occupation*	*Abbreviated Description of Medicine*
Appleby	Thomas	1768	Knutsford, Cheshire	surgeon	balsam for sand & gravel
Astley	Joseph	1807	Borrowstounness, Scotland	chemist	improved sal. ammoniac
Bacon	John	1779	Covent Garden, Westminster	chymist	medicine for fevers & consumptions
Baker	Walter	1748	–	chymist	Schwanberg's liquid shell
Barclay	William	1802	Manchester Buildings, St Margaret's Westminster	clerk[704]	Revd Mr Barclay's antibilious deobstruent pills
Barton	Joseph	1799	Old St, St Luke, Middlesex.	chymist	aereated, preventative fluid & balsam
Beckett	Thomas	1767	City of London	merchant	Beaume de Vie (jt)

[704] A minister

Beer	William	1802	Ely Place, City of London	medical professor and dealer in medicine	Dr Beer's reanimating vital fluid
Betton	Michael	1742	Wellington, Salop.	gent.	oil for rheumatism & scorbutic complaints (jt)
Betton	Thomas	1742	Shrewsbury, Salop.	gent.	oil for rheumatism & scorbutic complaints (jt)
Brandon	Richard (elder)	1805	Lucas St, St Mary, Rotherhithe, Surrey	—	Brandon's British constitutional pills
Brodum	William	1799	Parish of Christchurch, Surrey	doctor of physick	Dr Brodum's botanical syrup
		1799	Parish of Christchurch, Surrey	doctor of physick	Dr Brodum's nervous cordial
Browne	Henry	1799	Derby	chemist	extract of zinc
Burrows	John	1772	St James, Westminster	doctor in physick	Velno's vegetable syrup
Byfield	Timothy	1711	—	doctor in physick	sal. oleosum volatile
Calvert	Edward	1760	Norton Falgate, Middlesex	druggist	violet cordial
Cerreti	Nicholas	1744	St Martin within, Ludgate, London	dealer in medicine	Greek water for venereal disease
Chase	Samuel	1772	Luton, Bedfordshire	surgeon	antiscorbutic electuary
		1786	Luton, Bedfordshire	surgeon & apothecary	stomach drops
Ching	John	1796	Launceston, Cornwall	chemist & apothecary	worm medicine, two kinds of lozenges
Ching	Rebecca	1808	Rush Common, St Mary, Lambeth	widow of John Ching patentee	improved Ching's worm destroying lozenges
Collett	Joseph	1744	St Clement Danes, Middlesex	dealer in medicine	elixir for dropsy, jaundice, stone & gravel
		1752	—	practitioner in physick	British balsam of health (jt)
		1754	City of London	practitioner in physick	ladies' nervous & cordial drops
		1758	St Martin in the Fields, Middlesex	—	wine & powder for gout
Collins	Benjamin	1773	Salisbury, Wiltshire	—	cephalic snuff
Conwell	William	1822	Ratcliffe Highway, St George in the East, Middlesex	surgeon	improved purgative vegetable oil
Cornwell	Brian	1783	St Dunstan, London	gent.	vegetable cordial

Derbishire	Philip	1828	Ely Place, Holborn, Middlesex	esq.	embrocation for sea sickness
Eaton	Robert	1722	—	doctor in physick	chymical preparation to stop external & internal bleeding
Faynard	James	1773	St Margaret, Westminster	gent.	powder to stop bleeding (no specification)
Felton	Samuel	1809	Berwick St, Soho	botanist	botanical preparation for gravel & stone
Ford	Robert	1816	Crouch End, Hornsey, Middlesex	chemist	medicine for coughs, colds, asthmas called Ford's Balsam of Horehound
Ford	Thomas	1830	Canonbury Square, Islington	chemist	improved Ford's Balsam of Horehound
Fordyce	William	1763	St James, Westminster	surgeon	stomach pill
Foster	Abraham	1766	Seething Lane, All Hallows, Barking, Essex	peruke maker	medicine for ague
Fraunces	Joseph	1751	Daventry, Northamptonshire	apothecary	female strengthening elixir
Gale	Thomas	1782	New Bridge St, London	chymist	spa elixir
Godbold	Nathaniel	1785	Bloomsbury Square, Middlesex	gent.	Godbold's vegetable balsam
		1798	Bloomsbury Square, Middlesex	gent.	Godbold's vegetable balsam, ointment & pill
Greenough	Thomas	1744	St Sepulchre, London	apothecary	tooth tincture
		1757	St Martin, Ludgate, London	apothecary	stomatick lozenges for stomach and bowels
		1757	St Martin, Ludgate, London	apothecary	volatile balsam for pains of stomach and bowels
		1779	Ludgate Hill, London	apothecary	samaritan water
Grew	Nehemiah	1698	—	doctor of physick	salt of purging waters
Grubb	Robert	1777	St Martin, Ludgate, London	gent.	Friar's drops for venereal disease, scurvy and rheumatism
		1793	Old Bailey, St Martin, Ludgate, London	gent.	restorative drops

Hannay	Samuel	1774	Philpott Lane, London	chymist	genital wash to prevent venereal disease[705]
Hayward	Robert	1742	Bristol	apothecary	powder for rheumatism and gout
Hemet	Jacob	1773	St Pancras, Middlesex	dentist	pearl dentrifice
Henderson	Christopher	1767	City of London	merchant	Beaume de Vie (jt)
Henry	Peter	1744	St Andrew, Holborn, Middlesex	doctor of physick	nervous medicine
Henry	William	1816	Manchester	doctor of physick	improved sulphate of magnesia
Hooper	John	1743	Reading, Berkshire	apothecary & man-midwife	medicine called ‘female pills’
		1752	Reading, Berkshire	─	strengthening balsam & pills for children
Hopkins	John	1767	City of London	druggist	Beaume de Vie (jt)
Howe	Thomas	1788	Bath	chymist & druggist	Howe’s pectoral lozenges of horehound
Irwin	James	1773	St George, Hanover Square, Middlesex	confectioner	new method to make medicine lozenges
Jackson	Humphry	1753	East Smithfield, Middlesex	chemist	cordial bitter stomach tincture
Jackson	Thomas	1747	Shropshire	yeoman	medicine for burns, scalds, bruises, sprains
Jackson	Thomas	1761	City of London	chymist	imperial lotion for infections and venereal disease
Jackson	James	1752	─	chymist	British balsam of health (jt)
James	Robert	1747	St James, Westminster	doctor in physick	fever powder
		1774	Bruton St, Middlesex	doctor in physick	analeptic pills
Jewell	Joseph	1807	Stratford, Essex	chymist	improved calomel for medicinal use
Johnston	Robert	1798	Greek St, Soho, Westminster	chymist & apothecary	Whitehead’s essence of mustard
Juniper	John	1762	St Anne, Soho, Westminster	chymist & apothecary	essence of peppermint
Lovell	Edward	1731	─	─	styptick for internal & external bleeding
Langley	James	1751	─	surgeon	medicine from English vegetables
Leake	Walter	1753	City of London	practitioner in physick	Pilula salutaria, health restoring pills

[705] Lord Chancellor refused to let the application pass the Great Seal.

Lena	Innocenzo della	1800	Piccadilly, Middlesex	surgeon	‘Powder of Mars’ urine preparation
Lerat	Charles	1769	St Mary-le-Bone, Middlesex	surgeon	powder to purify the blood
Lobb	Theophilus	1762	─	doctor of physick	tincture for appetite, strength, rheumatism, gout, etc.
La Blache	Louis Goy	1757	St George, Bloomsbury	surgeon	Royal Military Drops for venereal disease
Lowther	William	1755	City of London	gent.	anti-epileptic powders
		1757	Hatton Gardens, Middlesex	esq.	powders & drops
Martin	Benjamin (senior)	1784	Maidstone, Kent	─	‘Antipertussis’ for hooping cough
Mason	Robert	1792	Chipping Sodbury, Gloucestershire	surgeon & apothecary	worm medicine
Mettemberg	Joseph de	1825	Foley Place, St Mary-le-Bone, Middlesex	physician	Mettemberg’s Water
Mushet	John	1829	York Square, Regent’s Park	gent.	medicine for gouty afflictions (no specification)
Necler	Edmund	1746	Hammersmith, Middlesex	gent.	medicinal paste worn on a belt
Norris	Thomas	1768	Duke St, Westminster	chemist	cure for fevers & inflammatory disorders
Norton	John	1764	St James, Westminster	surgeon	Maredant’s Drops
Okell	Benjamin	1726	─	chymist	Dr Bateman’s Pectoral Drops
Pike	Ann	1760	Peckham, Surrey	wife of Thomas Pike	ointment for itch & scorbutic humours
Radley	William	1776	St Andrew, Holborn, Middlesex	druggist & chymist	purging carminative tincture
Roche	James	1803	King St, Holborn, Middlesex	gent.	external application for hooping cough
Rock	Richard	1751	St Bridget, London	licentiate in medicines	medicine for venereal disease
Ryan	John	1758	St Andrew, Holborn	physician & surgeon	Peru Drops for venereal disease
		1762	St Andrew, Holborn	physician	white drops
Rymer	James	1792	Reigate, Surrey	surgeon & apothecary	cardiac & nervous tincture
Savory	Thomas	1815	New Bond St, Middlesex	chymist	new formulation of Seidlitz powder
Sedgwick	William	1749	Newcastle-upon-Tyne	surgeon	purer sal. ammoniack

Severne	Joseph	1785	Bromyard, Herefordshire	surgeon	aromatic ague cake
Sibly	Ebenezer	1795	Upper Titchfield St, St Mary-le-Bone, Middlesex	doctor in physic	reanimating solar tincture
Sigmond	Joseph	1800	Bath, Somerset	surgeon dentist	British Imperial Lotion for preserving teeth
Sinclair	George	1722	—	—	medicines from American plants
Smith	Thomas	1749	Spittlefields, London	gent.	medicinal snuff for hypochondria & melancholy
Spilsbury	Francis	1792	Soho Square, St Ann, Westminster	chymist	antiscorbutic drops
Story	Edward	1759	St James, Clerkenwell	apothecary	worm destroying cakes
Stoughton	Richard	1712	—	apothecary	restorative cordial, Elixir Magnum Stomachicum
Stringer	Richard	1791	The Strand, Middlesex	chemist & druggist	Stringer's Essence of Myrrh for gum scurvy
Stuart	Ferdinand	1809	Billiricay, Essex	esq.	improved Peruvian bark
Sutton	Daniel	1766	Ingatestone, Essex	surgeon	smallpox treatment (jt) (no specification)
Sutton	Robert	1766	Framingham Earl, Norfolk	surgeon	smallpox treatment (jt) (no specification)
Tanner	Francis	1744	St George, Bloomsbury, Middlesex	gent.	local sudorific, in one joint or limb
Taylor	Jeremiah	1755	Bristol	gent.	draught for colic
Thompson	John	1786	—	—	concentrated balsam of arquebusade (no specification)
Tickell	William	1786	Walcot, Bath	apothecary	anodyne oethereal spirit
Towers	John	1816	Little Warner St, Cold Bath Fields, Middlesex	chemist	Towers's New London Cough Tincture
Turlington	Robert	1744	London	merchant	balsam of life for stone, gravel & cholic
Wakefield	Robert	1776	St Paul, Covent Garden	regular bred surgeon, member of Corporation of Surgeons	medicine for children's gripes and convulsions
Walker	Robert	1755	St Sepulchre, London	dealer in medicines	Jesuits' Drops for Venereal Disease
Warren	Richard	1772	St James, Westminster	—	volatile essence of lavender

Warren	William	1826	Crown St, Finsbury Square	gent.	improved Peruvian Bark (no specification)
Watt	John James	1828	Stray St, Stepney, Middlesex	surgeon	gas or lotion of chlorine to prevent venereal disease
Wessels	Hart	1759	St Mary Axe, London	doctor of physick	Tinctura Embryonium
West	George	1752	City of London	surgeon	pectoral elixir for all diseases of the breast
Williams	Thomas	1765	St James, Westminster	apothecary	essence of flowers of benzoin or pulmonic drops
Wilson	Thomas	1781	St Sepulchre, London	chymist	medicine for agues & fevers
Wright	Henry	1760	St Michael, City of London	chymist	Royal Clove Drops
Wright	William	1753	Baldock, Hertfordshire	surgeon	cordial mixture to facilitate childbirth